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# Typus melancholicus from tellenbach up to the present day: a review about the premorbid personality vulnerable to melancholia

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The concept of Typus Melancholicus (TM) was shaped by Tellenbach to describe the premorbid and intermorbid personality vulnerable to endogenous depression. The first part of this paper aims to point out the basic principles of Tellenbach's theory – the method, the concept of *endon*, of *rhythmic*, of *situation*, of *rimanence*, of *includence* and of *despair*. Then, we present a systematic description of the premorbid personality features – *orderliness*, *conscientiousness*, *hyper/heteronomía* and *intolerance of ambiguity*. Furthermore, we present two clinical cases, one from Tellenbach and the other from our clinical practice to underline the typical way which links the premorbid condition to melancholia. Also, we propose a review of the scientific literature from Tellenbach's work to the present day. Finally, we discuss the clinical importance of the TM construct.

**Key-words:**  
Typus Melancholicus, Premorbid personality, Melancholia, Major Depression

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## El Typus melancholicus de Tellenbach en la actualidad: una revisión sobre la personalidad premórbida vulnerable a la melancolía

El concepto de Typus Melancholicus (TM) fue desarrollado por Tellenbach para describir la personalidad pre-mórbida e inter-mórbida vulnerable a la depresión endógena. En la primera parte de este artículo se propone describir los principios básicos de la teoría de Tellenbach – el método, el concepto de *endon*, de *rítmico*, de *situación*, de *remanencia*, de *includencia* y de *desesperación*. Posteriormente se presenta una descripción sistemática de los rasgos de la personalidad pre-mórbida-ordenali-

*dad, concieciosidad, hiper/heteronomía e intolerancia a la ambigüedad*. Para destacar la forma típica como se enlaza la condición pre-mórbida con la melancolía, se presentan dos casos clínicos, uno de Tellenbach y otro de nuestra práctica clínica. Además, se propone una revisión de la literatura científica del trabajo de Tellenbach en la actualidad. Finalmente se discute la importancia clínica del constructo del TM.

**Palabras Clave:**  
Typus Melancholicus, Personalidad pre-mórbida, Melancolía, Depresión Mayor

## I The principles of the theory of Tellenbach

The concept of Typus Melancholicus (TM) arose from the work of the German psychiatrist Hubertus Tellenbach (1914–1994). Based on the catamnesis of 119 melancholic patients hospitalized in the University Hospital of Heidelberg, he identified those characteristics of personality as fundamental, distinctive or constitutive traits that characterize a certain way of being that gravitates around the possibility of developing Major Depression (Melancholy). The work of Tellenbach is essential to clarify the relationship between premorbid personality, understood as a pre-condition for psychotic decompensation, and endogenous depression. According to the author, the significant combination of premorbid characteristics constitutes a personality structure, that is, a stable and recognizable imprint through which vulnerability to the disease is expressed.

Tellenbach stated that the analysis of his patients was based on an "empirical-phenomenological" method. The "Empirical" is because he based his analysis on the description of the experiences and behavior of his patients and the "Phenomenological" because he considered these phenomena as manifestations of the way of relating with the world and oneself. His intention was to understand the "*what*" that characterizes the premorbid personality and "*how*", that is, the pathway that leads the MT to endogenous depression (melancholy). The study of Tellenbach focused on the investigation of the essential properties that belong to the

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endogenous substrate and how these are added up, forming a stable and recognizable structure.

Based on the theory of Tellenbach, there is a global view of man in continuing and essential relationship with the world with specific attention on the "essential forms of the human condition" and more specifically, on the "essential forms of being melancholic." This global view of human existence refers to the concept of *endon* (within) as a way of connection between the psychic and somatic and between the person and the world. According to the author, the endogenous is comparable to the *nature (physis)* of the Greeks and indicates the basic imprint prior to the formation of the personality, we could say, its structure. In this point of view, the endogenous is not considered only in relationship with the somatic or psychic sphere, but also includes a concept of man in his/her relationship with the world. All this is directly related to the rhythmic evolution of life, that is, to the normal tendency of man to adjust and synchronize one's own biorhythm (sleep, awakesness, etc.) with that which is of the world itself.

In normal situations, the *rhythmic* is understood as a fundamental form of the flow of life, which is expressed in some of the characteristics of human behavior. Tellenbach understands this to be an endo-cosmo-genetic periodicity. This periodicity -yearly, monthly, circadian rhythm cycles - are considered fundamental organizers of the life of man. Rhythm is not a passive reaction to the environmental influence. On the contrary, it is the indicator of a natural tendency to the synchronization of man with the world. Both the slowness and speed of a rhythm contribute to the harmony of movement and are a result of a capacity of control and an inner measure. Both would represent normality and would be the characteristics of movement. In the disease, measure and rhythm seem to be absent. Rapidness - understood as swift rhythm - may be replaced by agitation and slowness by delay. Agreement between subjective and objective rhythm defines a state of harmony. Melancholy may be considered an endogenous condition as it breaks such harmonic state. Melancholy is linked to transformation of the movement of life and more specifically inhibition of passing of inner time and loss of ground regarding the flow of the world. This transformation is translated into a modification of the rhythm in all its manifestations: mood, impulses and motivations.

### The Characteristics of the pre-morbid personality: the Typus Melancholicus

In the European and Japanese psychopathology tradition, TM is considered the construct that most accurately describes pre-morbid personality vulnerable to melancholy. To formulate a discourse on vulnerability in depression, it must be specified what is understood in this study by

"personality structure" and how this concept differs regarding the personality *per se*.

In general, the concept of personality can be understood as that relatively homogeneous set of thoughts, customs, values and behaviors which, as a whole, make up the nucleus on which the being and doing are constituted.

Tellenbach stated that TM is a personality structure, showing two fundamental points: a) it indicates a significant combination of stable characteristics; b) these characteristics make up the nucleus around which the vulnerability of the disease is organized. In addition to the genetic imprint, which is fundamental in the analysis of the course that interconnects pre-morbid, inter-morbid and morbid personality, the role that the values have in putting the meaning of existence *per se* into order is stressed. In fact, the values are attitudes that regulate the significant actions of the person, being organized into concepts that do not arise from rational activity but rather within the sphere of feelings. They are organized according to the ontological constitution, that is, from a certain type of relationship that the person has with him/herself, with others and with the world.

Given these characteristics, the values structure a view of the world that establishes assumptions on which is just and what is important. In this sense, it can be affirmed that in the case of TM, it is seen how style of life and structure of values of the person, the germ of the decompensation *per se*, is already registered.<sup>1</sup>

In the literature, the concept of pre-morbid personality vulnerable to depression is used with several meanings, as an attenuated expression of an affective disorder, as a personological variable with pathoplastic functions in the development of depressive symptoms or as a result of recurrent depressive episodes. In the specific case of TM, personality is considered a predisposing factor to the development of an episode of major depression in the pathogenetic sense.<sup>2</sup>

According to Tellenbach, the characteristics that emerge on the first level as typical of the TM personality structure are concern with orderliness and conscientiousness.

Concern with orderliness is defined as an accentuated version of order that is particularly clear in the field of interpersonal relationships. Re-initiation and ordering of the TM are essentially in relationship with the relationships with others. It is manifested, above all, in the domestic and work setting and its function is to maintain the surrounding setting free of possible conflicts that may entail feeling of guilt. TM embodies the prototype of the very high demands by means of the subject's way of being, so that with the other, the TM tries to anticipate any possibility of remaining in debt.

A paradigm of this functioning would be in the following statement of a female patient: *"when someone helps me, I feel guilty. If anyone helps me, I need to forget about it afterwards. I cannot think about having to thank them."* Its mere existence cannot give satisfaction to anyone. Thus, being loved is an acquired right. Melancholics do not know the pure and simple fact of being with the other. Their intersubjectivity does not foresee the implicit pleasure of *being-together-with another*. Occupying a place in the physical or relationship space is a right to be conquered, to earn with effort and determination in a regime of rigid meritocracy. In fact, free exchange without the obligation of return is not contemplated, the sense of "justice" is reduced to a circle of *do ut des* (I give and you give) in which the melancholic person is already in a position of disadvantage, one step behind.

The exaggerated sense of order is complemented with another fundamental trait: an elevated demand above the mean of one's own possibilities.<sup>3</sup> The melancholic person wants to fulfill many obligations and to do so in a consistent and steady way.

The need to cling to one's own controllable and predictable order assures the state of well being and defends it from potential threats from the surrounding world, from the undefined and uncontrollable. Taking refuge within the limits of one's order is a way of assigning oneself a place, a defined and limited space within which the melancholic person feels able to exercise their own "autonomy."

Conscientiousness is manifested with the need to prevent attribution and feeling of guilt. The TM behavior is motivated to seek acceptance from the other. It is not based on one's personal criterion, but rather on the social expectation. Each gesture is a tribute that should be given to existence, a need that protects it from each possibility of loss. The question hidden behind each action of the TM is "What would be just to do in such a situation?" This is the way in which the subject attempts to keep the conscience scrupulously clean and to protect against any feeling of guilt. It is fundamental to not be blamed by the other. To preserve inner harmony, each thing should occupy a dictated place within a pre-established order. In fact, *conscientiousness* is the expression of an internal order founded on an excessive rigor, of an extraordinarily accentuated sensitivity in the management of personal and material relationships. The idea that the TM has about his/her order does not foresee exceptions, as they are not open to flexible adaptation in accordance with the circumstances. Given that sooner or later, the unforeseen is manifested in the scenario of existence, the absolute refractoriness of the TM, on being faced without something unforeseen in his/her thinking, generates a very important opening of vulnerability. In fact, the precise composition of each element of this order does not guarantee the desired harmony, given that the constriction between the rigid

limits excludes the necessary transcendence to reach a higher balance. It is as if the TM had acquired a time for all, an impersonal order that exclude the margin of freedom necessary to manage the relationship with the world subjectively.

Alfred Kraus, student of Tellenbach, identified two more characteristics of this anthropological composition, focusing on the way of being social of these existences: *hyper/heteronomia* and *intolerance of ambiguity*. Kraus analyzed TM based on the theory of social roles<sup>4</sup> and stressed the unconditional demonstration of the preestablished and socially recognized roles.

To classify the typical way of being social of the TM, Kraus referred to the dialectic between role identity and self identity. Role identity is that which each person has to assume on the basis of their own social function, egoic identity is the self-determination of the personality, that which man is beyond simple and straightforward identification with the role. The distancing of the role is a necessary operation to conserve the organization of oneself as a person and not as a simple agent of the role per se. This means that a person may preserve a sense of continuity of their biography, recognizing oneself in spite of the transformation and not being converted into a stranger to oneself.<sup>5</sup>

The dialectic between identity of role and egoic identity is not present in the TM, as the TM is not capable of going beyond the socially established rules, giving life to a subjective interpretation of themselves, of the other and of the world. The TM continuously attempts to have external confirmation of their own identity through the *modus operandi* that Kraus defines as hyper/heteronomia. The *hypernomia* consists in an excessively rigid adaptation of the standard practice, where the excessive aspect is given by the indiscriminate and stereotyped application of the rule, not linked to the context. The other facet of this incapacity of monitoring the situation in an independent and personal way is made up by the *heteronomia*, an exaggerated reception of the external standard practice by which each action is guided by an impersonal motivation, referring to the socially established criteria.

The need to include oneself within a rigid identity makes it necessary to perform typing of others reduced to their prototype. This would mean, in a simplified way, that the coexistence of opposite characteristics regarding a same object, person or relationship is not anticipated. *Intolerance to ambiguity* permits the TM to only experience social situations that confirm the preestablished image they have of themselves and of others. This compromises the capacity of maintaining true interpersonal relationships and contemplating situations that presuppose recognition of an emotive complexity. The TM is not capable of

perceiving their own individuality and that of others (*idioagnosia*), given that the exemplary prototype completely absorbs their attention. In this sense, their intersubjectivity is mutilated, while deprived of the emotive implications regarding recognition of one's own subjectivity and that of the other. In fact, relating with the other only through their role, the TM does not respond to need, to the desires, and individual feelings. The TM only responds to that directly derivable from the social identity. Apparently, the TM is extremely attentive with others, anticipating their needs and working intensely to satisfy the other, but in reality, their altruistic availability is not directed at the person in the flash, but rather is aimed at maintaining social balance. What they have is an "impersonal" empathy, based on the effort of synchronizing with the other as regards social actor, which moves following the predetermined rules and guidelines.<sup>6</sup>

Among the authors of the Japanese psychopathology tradition, the contribution of Shimoda<sup>7</sup> seems to be of significant importance to observe another aspect of the TM personality: "immobilitythymia," that would indicate the tendency to cling to a certain mood and therefore to certain ways of being and doing. This characteristic, according to the author, would be typical of the structure with the tendency to the development of manic-depressive conditions, representing a functional strategy to prevent manic or depressive decompensation. Shimoda characterizes these persons as diligent, honest, scrupulous and efficient.

An operative version of the criteria for the definition of the TM personal taken from the validation study of the CTM (Criteria for *typus melancholicus*<sup>8</sup>) semi-structures interview is shown in the following (table I).

## The concept of situation

The concept of *situation* is core in the theory of Tellenbach and indicates a special way of the person of living the relationship with the world *per se* in an endless reciprocal exchange. It is not the simple relationship between the events of life and the subject that is set to management them. Rather it is an essential legacy that sees man linked/*engaged*<sup>9</sup> in a relationship of special interdependence with the context *per se*.

In this point of view, *situation* is not a way in which the surrounding setting constitutes a means in which events that foresee a response from man are developed, nor is it a way of thinking in the man as capable of producing situations. The situation cannot be created from the surrounding environment or the individual. It is considered a section of the context Self-World in a constant modeling of this relationship. Therefore, the event and the person

reciprocally are reflected in the situation. Therefore, the TM tends to be located within the typical relationships and to find situations that characterize it.<sup>3</sup>

As a rule, the events are considered as stimuli originating externally to the person and within a supposed objectivity of mere events. However, in the attempt to systemize such view, subdividing the *life events* into independent v/s dependents and controllable v/s uncontrollable by the subject, the substantially mechanist structure of the paradigm has not been modified, with an underlying implicit logic mainly causal and insensitive to understand the relationship between the personal history and specific quality of the event for the person. What is being ignored is the personal meaning of the event, that is, the value of one's own experience.<sup>9</sup>

Another crucial element that is often left in second place is the active role of the person in the constitution of the event. Tatossian<sup>10</sup> observed that the TM does not consider the situations constituted as their own and corresponding to their specificity. Because the human life is by nature a self-positioning (*situationner*, *situieren*), it can be stated that the human being does not find the echoes of themselves in the events they eventize - however, this does not mean that they create their echoes under the form and in the manner they want to.

The concept of situation illuminates a hidden aspect of the relationship between the event and the person in the sense that each person may theoretically find any type of event. However, they tend to look for situations that characterize it. The way of being of a person, with their anthropological structure, their way of understanding life and expressing relationships with the other, the hierarchy of their priorities and values, leads them to having relationships that are typical for this person. In the case of TM, this moves from their structure of values characterized by the concern for orderliness and conscientiousness. The TM has high interpersonal sensitivity and does not judge their own behavior on the basis of personal criteria but rather on the basis of the social standards. From the time in which the principal objective of the TM is social desirability, the subject persistently attempts to satisfy the expectations and needs of the others, even before these have been expressed. This double ethical path recurrently leads the TM to approach situations characterized by the constellation of *includence* and *remanence*.<sup>9,11</sup>

The notion of *situation* shows both the active role in the sense that the person actively concurs in creating the situation and the passive role in the sense that there is not intention or desire to create the situation in themselves by the person or that they could not do it in another way. Through the situation, the person palpates their own incapacity of existing any other way.

Table 1	Operative criteria for typus melancholicus based on the CTM
Concern with orderliness	<p><b>Fixation on the harmony of the interpersonal relationships.</b>  <i>Typical statements</i>            "My happiness depends on the happiness of those around me."            "I am not capable of expressing disagreement with the others."            "I would sacrifice my career if it were to enter into conflict with the harmony of my family."            "I always do as much as possible to please everyone and not displease anyone."</p>
Conscientiousness	<p><b>Need to prevent feelings and attributions of guilt.</b>  <i>Typical statements</i>            "The most important is to have a clear conscious."            "If I quarrel with someone, after I feel guilty."            "When I have done something wrong, I continue thinking about it."            "To avoid criticism, I do my work, and if necessary, also that of the others."</p>
hyper/heteronomia	<p><b>Exaggerate adaption to the rule and exaggerate receptivity of an external rule.</b>  <i>Typical statements</i>            "When I do something, I should always do it exactly and perfectly."            "Duty comes first."            "When a sudden decision is made, I always try to grasp what the others would prefer I did."            "I feel like I have serious problems when I cannot do what others expect of me."</p>
Intolerance of ambiguity	<p><b>Inability to emotionally and cognitively perceive opposite characteristics in relationship to a same object, person or situation.</b>  <i>Typical statements</i>            "It bothers me when the people with whom I am going to do something change their idea."            "I feel very bad when someone who respects me behaves strangely with me."            "A good person is good in every way."            "It is very hard for me to adapt to a new situation."</p>

## The premelancholic phase: inclusion, remanence and despair

In the following, one of the six clinical cases of postpartum Depression reported by Tellenbach in his monography "Melancholy" in 1961 and the case of a female patient in our clinical practice with the same diagnosis, is presented in order to show the characteristics of the pre-melancholic phase, specifically of the three moments -*inclusion, remanence and despair*- and to clearly and comprehensibly express the way that the pre-morbid personality, pre-melancholic phase and melancholy are connected.

### Case no. 2<sup>3</sup> (Case 2, page 115-116).

*The patient Ilse St. states that she has been subjected to excessive precision since she can remember. If she had made an exception, she would have been disturbed and would have been unhappy with herself. She inherited her thirst for order from her mother, who was a diligent and ordered woman. This quality was approved by her father. For her, there was peace when things occurred as foreseen, but she became disturbed if something came out differently from that foreseen. When she finished school, the patient was prepared to*

*work as a secretary. She had always liked this profession, above all because it was a job that required extreme precision. She had performed this professional activity with care as she had done so in her home.*

*Initially, she was capable of satisfying both activities, but she had to give up the office because of the cares she had to give to her mother, seriously ill. Some time later, her mother died and just after, she became pregnant. She felt well and it was hard to obligate her to impose limitations: she wanted the child very much. In her fourth month of pregnancy, she began with the obsessive manifestations for the first time. She always had to find something to do in the wardrobe. Although she knew that no one touched anything there, she tried to put everything in an exact place and that its place was exactly that. In the end, she could not free herself from this work and could not do anything else without thinking about the wardrobe that pursued her. Over time, this mania for order also extended to other fields: everything had a relationship with cleanliness and the kitchen.*

*She let herself go. The disorder became increasingly accentuated. In the seventh month, other disorders, above all sleep, appeared. After falling asleep without*



problems, she was already awake at 4 in the morning. The obsessive impulses were manifested in a clearer way. Little by little, such inhibition became established in the morning, and it was very difficult for her to be able to do anything. This situation had been partially arduous. On the one hand, she had the continuous impulse to work as much as possible and as accurately as possible, but on the other, the inhibition hindered the way. She became worse and worse. When she entered the clinic to give birth, the alterations slowly disappeared but reappeared and increased when she returned home.

Anguish reappeared: "I can't go on with this, I am not up to it." At the end, she did not have enough strength to begin new works. "I am too demanding, I need too much time and I've always been that way; this has been terrible for me." She "was not guilty of anything;" but "I feel guilty because I haven't been able to do my work." After several serious suicide attempts, the patient was committed.

#### Case A (from our clinical practice)

A. is a 25-year-old woman. During her first visit, she reported strong headaches and chest pain, feeling noises and humming sounds in her head, always being tired but not being able to rest, being afraid because she did not feel capable of taking care of her daughter. "I can do everything but rest. I've always been that way. Since I was young, I had to be doing something." Furthermore: "in the morning I clean everything rapidly because I think something's going to happen to me. Therefore, if something happens to me everything will be ready. When someone helps me I feel guilty. If anyone helps me, after I need to forget that they've done it. I don't want to be in the position to have to thank someone for anything. I do everything alone." She continues, stating: "I do everything because I have to do it. That's how things are done. If I cannot organize the day, I get nervous. If I cannot complete the program planned for the morning, I feel anxious and I need to try to recover the lost time. I have many things to do and I cannot think of giving up doing any of these things or not doing them in an exact way. When I feel very overburdened with tasks, I don't know where to begin, I cannot establish a priority. I feel blocked against everything I have to do without being able to finish any task." This ordered existence, she says, entered into crisis with maternity: "yesterday, for example, I fell asleep while breast-feeding my child. I woke up at 4 o'clock in the morning and I realized I had slept during the entire time. I was very angry because I should have ironed and done many things. I don't know how I can be attentive to everything, I don't feel capable of doing anything, I don't recognize myself."

The pre-melancholic situation seems to be the crucial connecting point in order to understand the link between

the TM personality structure and melancholy. In this phase, there is a meeting between the existential situation and a certain personality structure, which contributes to making up the pathogenic situation. Tellenbach stated that the pre-melancholic situation is characterized by a constant increase of the preestablished tasks, which creates an overburden regarding the capacity of the TM to preserve the preestablished order. In such conditions, the TM is not capable of establishing a hierarchy of priorities, and is not capable of discriminating what can be left aside momentarily or postponed.

Two moments are distinguished in the pre-melancholic phase. The first is characterized by the presence of the constellation of *inclusion* and *remanence*. Beyond this path, a second moment is reached that is called *despair*, characterized by a radical transformation between oneself and the world.

The constellation of *inclusion* indicates a self-contradiction that sees the TM parallelly in the extreme attempt to maintain their order and in the need to overcome it, exceeding their own limits. This is the moment in which the undesired is manifested and imposes in the existence to thus destabilize the typical meticulous and orderly form of being of the TM (3; p. 181, 192).

In the words of the patient of Tellenbach: "I am very orderly, I need a lot of time, I've always been that way, this is terribly painful for me." This also occurred in the account of our patient: "If I cannot organize the day, I get nervous. If I cannot complete the program planned for the morning, I feel anxious and I need to try to recover the lost time." The anxiety related with a possible change in the order of things is clear.

The other constellation is that of *remanence*. This is characterized by the danger of remaining behind regarding the subject's own expectations and the emergency of the duty. The TM is characterized by the paradoxical tendency of cancelling possible debts early. When they are up against the unexpected and chance and the unforeseen breaks the schemes, this may precipitate the melancholic episode. Our patient expressed this in the following way: "in the morning I clean everything rapidly because I think something's going to happen to me. Therefore, if something happens to me everything will be ready." Tellenbach described his patient as follows: She had "never shown herself to be guilty of anything;" but "I feel guilty because I haven't been able to carry out my work."

The two constellations are always manifested in the pre-melancholic situation but they are not clear until the melancholic phase has begun. The bridge that joins the pre-melancholic phase to the melancholic one is called *despair*. The concept of "despair" cannot be translated,

either as hopelessness or helplessness.<sup>11</sup> This concept does not indicate, in fact, either loss of hope or feeling deprived of establishing the possibility of being helped. Rather, with the term despair, "coming and going" towards possibilities for which none are reachable is indicated. In this way, in despair, a cognitive dissonance<sup>12</sup> is manifested and specifically, the lack of capacity to establish priorities. That which previous had an order (one after the other) is now found in the need of the contemporaneity, which become inaccessible to the evolution of existence. Tellenbach described (reports) the experience of his patient as follows: "*This situation had been partially arduous, on the one hand she had the constant impulse to work as much as possible and as accurately as possible but on the other, the inhibition hindered the way.*" and our patient states: "*I don't know how I can be attentive to everything, I don't feel capable of doing anything, I don't recognize myself.*"

Herein, the concept of despair should not be understood as a condition without hope, rather as a pendular fluctuation, so that it cannot be reduced to a final decision. The person who becomes despaired is in suspension in the face of still unreal possibilities, having the intention of contemporarily *being* in two places.<sup>3</sup> This is the moment in which melancholy is initiated.

Pre-melancholic despair seems to be the pathway through which the TM becomes stagnated and has psychomotor block because of their incapacity to reach a compromise with themselves and with the world.

The description of the clinical characteristics of depression faced by these patients is outside of the reach of this work, which instead of this, focuses on the subject - the pre-melancholic situation -so that in general it does not approach either the nosography or the psychopathological description of the depressive syndrome. Table 3 indicates in simple terms the typical clinical characteristics of major depression, called «melancholy», that is, that form of depression that is associated with the TM personality, as would be predicted by Tellenbach<sup>3</sup> and confirmed in successive empirical studies.<sup>13, 14, 15</sup>

In table 2, an operative version of the pre-melancholic situation is presented in order to translate the psychopathological terminology into a more current and usable language in the clinical practice.

## THE TM NOWADAYS

Beginning with the contribution of Tellenbach in the TM, a series of investigations aimed in two directions have been developed. One has a more theoretical character<sup>11, 16, 17, 18</sup> and the other an empirical orientation.<sup>2, 8, 13, 14, 18-35</sup>

Alfred Kraus is possibly the author that has most studied the characteristics of the premorbid personality in depth<sup>5, 16, 36-39</sup> and the psychopathological characteristics of melancholy.<sup>40-42</sup> One of the most important works of this author is related with the definition of the characteristics of the TM construct regarding anancastic behavior.<sup>5</sup> It specifies that while in the case of obsessive disorder there is an orientation with the individual standard that is maintained through ego-dystonic thinking that assumes symbolic and magical meanings, the TM bases his/her behavior on the social expectations and his/her way of reaction is ego-syntonic.

Other authors such as von Zerssen and Mundt have carried out works that are mainly empirical, attempting to outline and define the specificity of this construct more precisely and to design a test for the diagnosis of the TM personality. An analogical situation can be found in Japan where the first self-applied test was created for TM in 1984, a work directed by Kasahara, as well as a series of other studies with nonclinical sample.<sup>29, 35</sup>

Introducing the keywords of "typus melancholicus" and "premorbid personality vulnerable to depression" into the data base *Web of Knowledge*, we found 23 articles from 1992 up to date. Among these, only one is a theoretical work that is concerned with defining the core characteristics of TM and clarifying the meaning that the concept of personality vulnerable to melancholy assumes regarding this construct. The remaining 22 articles dealt with:

- Validating a self-applied test for the diagnoses of TM<sup>34</sup> and a semistructured interview;<sup>8</sup>
- Verifying the relationship between different tests validated for TM;<sup>23, 28, 31, 34</sup>
- Studying the relationship between personality disorder according to the DSM classification of TM personality;<sup>18, 23</sup>
- Analyzing the relationship between TM personality and the development of depressive symptoms;<sup>14, 24</sup>
- Going deeper into the relationship between TM personality and manic-depressive disorder;<sup>26, 27, 43</sup>
- Investigating aspects of the TM premorbid personality and schizophrenia;<sup>44</sup>
- Analyzing the notion of TM personality structure in relationship to the theory of the five factors of personality, supporting the hypothesis that the TM is a constellation of traits, that is a set of unstable characteristics over time that may be found as a whole;<sup>31, 34</sup>
- Examining the relationship between the parents with anamnesis of major depression and children with TM premorbid personality;<sup>27, 32</sup>
- Going deeper into the relationship between TM and affective temperament;<sup>15, 33, 35</sup>
- Evaluating the tendency of the melancholic patient to achieve high standards of efficiency regarding the

Table 2	Operative version of the pre-melancholic situation <sup>3</sup>
Influence constellation	It indicates a self-contradiction of the TM, insistent in the attempt to maintain an unchanged order. However, the TM feels the need to overcome it, modifying his/her own objectives in relationship to a new situation.
Remanence constellation	It is characterized by the impossibility of bringing one's own duties to a successful conclusion and thus feeling in debt with oneself and with the others.
Situation of despair	It indicates feeling pushed through the objectives, among them incompatible or totally exorbitant, that lead to psychomotor inhibition.

Table 3	Clinical characteristics of the Major Depression "Melancholic" <sup>14</sup>
Affective anesthesia	The patient regrets a loss of capacity of affective resonance, of an affective vote.
Delusional-type guilt	The patient is convinced of having transgressed the laws or betraying the faith of someone, having infringed the commandments of God or of a superior moral authority.
Lost of vital drive	Sensation of loss of vitality, of coolness, of physical and psychic integrity, of strength, of vivacity, sensation of tiredness (dejection), of weakness, of fatigue, of physical malaise.

- change of social values from 1950 to 1990;<sup>45</sup>
- Verifying the relationship between TM and postpartum depression;<sup>46</sup>
  - Analyzing, in a nonclinical population, the presence of TM personality,<sup>28</sup> studying the associated behavioral patterns<sup>22</sup> and verifying the hypotheses of relationship between certain type of temperament and TM personality structure, that can be considered as a predictive model of development of a major depression disorder.<sup>35</sup>

## AN EXAMPLE OF THE CLINICAL APPLICATION OF THE TM CONSTRUCT

In a recent study,<sup>46</sup> the hypothesis of the pathogenic role of the TM personality structure in the pathogenesis of a form of major depression that occurs in the immediate postpartum days was studied.

The existence of patients analyzed by Tellenbach in the first half of the last century in Germany, as our patient, are characterized by a "worrisome concern" about falling behind in regards to their obligations and the events of life and that are expected of them.<sup>3,46</sup> This way of being towards the world is referred to the type of existence of TM characterized by: *orderliness*, *conscientiousness*, *hyper-heteronomia* and *intolerance to ambiguity*. The existence of TM revolves

around these cardinal points, with the aspiration of eternally maintaining the radius of a life that attempts to neutralize what is new limited and safe, and preserve the order constituted, avoid conflict and extinguish the debt before contracting it.

Even after several decades and different cultures, for these women, maternity seems to be a *quid novi* (that which is new) that endangers a previous existential balance. This character of novelty intrinsic to maternity places the TM woman against the task of adapting her own way of being to the new situation. In this sense, maternity makes the TM woman aware of her incapacity to modify her own way of being, thus acquiring a meaning of danger. Maternity is a threat regarding the rigid existential order of the TM woman, that is, danger regarding *orderliness*. The moment of rupture is given by the distortion of the meaning of the birth, which is perceived as a task/duty and as an opportunity/possibility of development and existential self-fulfillment. The reason of this distortion in the meaning of the birth is found in the characteristics of the TM to *intolerance to ambiguity*. Birth, which is not experienced in its true complexity, is only conceived as a bond characterized of needs, as an essential task that must be fulfilled - according to the laws dictated by *conscientiousness* and the *hyper-heteronomia* typical of the TM. The condition of maternity is paradigmatic because it characterizes the pre-melancholic situation in general.



Within this typical modality of being, meticulous and rigid, maternity represents a situation of a very exhausting endeavor as it introduces a new role and one more burden of responsibility to manage. The TM woman feels important against maternity, because she is not capable of considering it a possibility of self-fulfillment and only considers it as an event that requires her to develop other obligations conceived rigidly and in an idealized way. The elevated expectations in relationship to the features per se in accordance with the old and new tasks open the entrance to failure that represents the principal pathway to guilt, this being the characteristic subject of postpartum depression.

Therefore, maternity for the TM woman hides a tragic paradox. On the one hand, maternity would fulfill the existential project in which, to the maximum degree, could embody *l'ordo melancólico* (the melancholic order): the family, as the stone which, in the moral and traditionalist view of TM, represents the *principal cornerstone of social order*. On the other hand, in the arduous construction of this order, a terrible trap is hidden: incapacity to make the family function on the basis of their own values and own rigid expectations. The crisis of the idea itself of family and of the continuity regarding the tradition inherited precedes the melancholic decompensation. All these situations generate a conflict in the TM woman between the tendency to accuracy and certainty and incapacity to function. The woman has great difficulty to renounce both one as well as the other and thus is increasingly more trapped within a situation of *despair* characterized by doubt, in which it is not possible to reach a final decision. This stagnation represents the prelude to melancholic inhibition and guilt related with the inadequacy per se.

## CONCLUSIONS

The review of the scientific literature shows that in spite of being a concept that comes from the middle of the last century, TM continues to be studied in psychopathology and used in research, above all as a predictor for the development of a new major depressive episode.<sup>27, 32, 35</sup> During the last six years, two new instruments have been validated for the evaluation of the TM personality<sup>8, 34</sup> to stress the conviction that such construct, together with other risk factors (for example, temperament), may be considered as a good indicator to prevent the development of depressive episodes.

In this latter part, we present an example of how the TM construct can be used in the investigation of early detection of women at risk of developing postpartum condition, and specifically postpartum depression or psychoses.<sup>46</sup> If this hypothesis is considered valid, the construction of the TM could also be useful in the development of primary and secondary prevention programs, specifically in the psychotherapeutic treatment.

These considerations allow us to form a hypothesis that the structure of the TM personality may represent a valid model to diagnose women at risk of a postpartum depression episode even without a positive anamnesis of major depression. And on the other hand, they serve to understand the relationship between personality traits, characteristics of maternity and presentation of the symptoms.

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