

AN EXCURSUS ON TEMPERAMENTS IN CONTEMPORARY PSYCHIATRY (I)

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Abstract:

Starting from Kraepelin's concept of "fundamental states", but employing the classical term of temperament, the authors focus on "affective temperament" as a specific constitutional disposition, a dimensional construct; only the extremes can be considered abnormal in statistical and perhaps in a clinical sense; he proposed some criteria for a better and shared definition of the affective temperaments in accord with Akiskal views. In modern classifications the term "Major Depression" replaced the terms of melancholia and endogenous (the reference to the endogenous has been abandoned because its theoretical implications). Melancholia has been considered "a term of the past", used, in this manual, to indicate a typically severe form of depression that is particularly responsive to somatic therapy; the criteria of DSM are conceived in order to define a sub-classification (Major Depressive Episode with Melancholia). According the authors, the temperament still has an important role in determining the clinical picture of the affective episodes and the longitudinal course of the illness.

Keywords: temperament, historical perspective, contemporary psychiatry

Kraepelin's master, the physiologist Wilhelm Wundt, already theorized that temperaments could not simply be limited to the bodily fluids (1879), describing two dimensions of temperaments: "speed of variability" and "intensity of emotions". He believed that no individual was completely of one temperament; rather that everyone typically has varying proportions of two or more. All four temperaments were basic dimensions of the human personality and the temperaments fell along axes of "speed of variability" and "intensity" of emotions.

		intensity	
		strong	weak
speed of variability	fast	choleric	sanguine
	slow	melancholic	phlegmatic

Tab. I: Dimensions of temperaments in Wilhelm Wundt

Kraepelin (1856 – 1926), in his winning nosographic systematization of major psychoses, legitimized the old terms of melancholia and mania and described "fundamental states" (the manic-depressive temperaments):

On the grounds stated we consider ourselves justified in incorporating in the group of manic-depressive "fundamental states"¹ of our description besides, those morbid phenomena, which appear

¹ Kraepelin employed the term *Grundzustände*.

in the attacks, those disorders also which on the one hand frequently accompany the “free” intervals between the attacks, on the other hand characterize the manic-depressive temperament in such cases also in which the full development of the malady is absent. The clinical forms, which would here perhaps have to be kept separate, are principally the depressive temperament (“constitutional moodiness”), the manic temperament (“constitutional excitement), and the irritable temperament; along with these, mention would have to be made of those cases in which moodiness and excitement frequently and abruptly with other (cyclothymic temperament).

At the beginning he provided the description of melancholia simplex, melancholia gravis, fantastic melancholia and delusional melancholia amongst the depressive states.

Until the eight edition (1921) of his *Lehrbuch der Psychiatrie* the Author maintained the involutional melancholia as a distinct entity. He described this picture as a “depression with fear, with various delusions of self-accusation, of persecution and of hypochondriac type... which in the most part of the cases, after a prolonged course, evolved into a moderate mental deterioration. In the eighth edition Kraepelin included also the involutional melancholia within the manic-depressive illness among the mixed states.

The kraepelinian dichotomous conception of major psychoses, based on the course, has been subsequently supported by its therapeutic implications after the introduction of pharmacotherapy (the different forms of schizophrenia respond to neuroleptics and manic-depressive illness or bipolar disorder responds to lithium and to other mood stabilizers). Through the reception in the North-American nosography, it prevailed everywhere.

Freud

After Kraepelin, Freud also utilized the term melancholia in his psychoanalytic conceptualization of the mental disorders.

Abraham, in 1913, was the first author who wrote about the melancholia in psychoanalytic literature, and according to his view, melancholia develops when the subject has lost the hope to satisfy his libidinal aspirations. The enormous sense of guilt is caused by his real destructive wishes, remaining unconscious.

Freud deals with this issue in 1915 in *Metapsychology*, later published in 1917 in *Mourning and Melancholia*.

“The affect corresponding to melancholia is that of mourning, that is, longing for something lost. In melancholia it must be a question of love – a loss in instinctual life. (...). Melancholia consists in mourning over loss of libido.”

In the sixth paragraph he concludes that the melancholia “is a psychic inhibition with instinctual impoverishment and grief with regard to this”.

Freud reminds that the melancholy appears in different forms; some of them refer rather to affections of somatic than psychogenic.

The melancholy is characterized by a deep and painful downheartedness, by a failure of the interest toward the external world, by the loss of the of the ability to love, by the inhibition in front of any activity and by a discouragement of the sentiment of self, expressing itself with self-reproaches and self-insults and culminating in the delirious waiting for a punishment.

The constitution

While Kraepelin (1921) described the cyclothymic disposition as one of the constitutional temperament as one from which manic-depressive illness arose, Kretschmer (1936) went one step further and proposed that this constitution represented the core characteristic of the manic-depressive illness.

In some cyclotimics, depressive or irritable moodiness predominates in others subclinical hypomanic traits (hyperthimics).

“We describe as schizoid and cycloid those abnormal personalities which fluctuate between sickness and health, which reflect the fundamental psychological symptoms of the schizophrenic and circular psychoses in the lighter form on a personality oddity; such schizoid and cycloid types we find in the first place in the pre-psychotic personalities of the psychopaths themselves, and then in their nearest blood-relations.” E. Kretschmer, 1922

And again:

“With regard to such genealogical tables it is particularly enlightening to observe that we can never do justice to the endogenous psychoses so long as we regard them as isolated unities of disease, having taken them out of their natural heredity environment, and forced them into the narrows of a clinical system.

Viewed in large biological framework, however, the endogenous psychoses are nothing other than marked accentuations of normal types of temperament”. Ibidem

	<i>Cyclotymes</i>	<i>Schizotymes</i>
Psychoesthesia and mood	Diathetic proportion: Between raised (gay) And depressed (sad)	Psychaesthetic proportion: Between hyperesthetic (sensitive) Anaesthetic (cold) ²
Psychic tempo	Wavy temperamental curve: between mobile and comfortable	Jerky temperamental curve: between unstable and tenacious alternation mode of thought and feeling
Psychomotility	Adequate to stimulus, Rounded, natural, Smooth	Often inadequate to stimulus: restrained, lamed, inhibited, stiff, etc.
Physical Affinities	Pyknic	Asthenic, athletic, dysplastic, and their mixtures

Tab. II: The Temperaments in Kretschmer

The Pavlovian experimental confirmation

Not really well-known is the experimental confirmation of temperaments by the researches about conditioned reflexes of Ivan P. Pavlov.

In *A physiological study of the types of nervous systems*, published in 1928, Pavlov suggests a physiological study of temperaments beginning from his studies of the higher nervous activity according to the conditioned reflex method.

He distinguishes three well-defined types of nervous systems (the central or equilibrated, and two extreme types, the excitatory and the inhibitory) and four different groups among the dogs used in the experiments: two extreme groups of markedly excitatory and inhibitory animals and two central groups of well balanced, equilibrated animals, but also different (one being quiet and the other exceedingly lively). Pavlov considers a perfect right to use the facts established concerning the dog's nervous systems for defining the human temperament. Temperament represents an important part of constitution, the most general peculiarity of every person, the most basic essentiality of his nervous system. The results of Pavlov's experiments seem to confirm the ancient grouping of Hippocrates of four temperaments – choleric, melancholic, sanguine and phlegmatic. The excitatory type is the choleric, the inhibitory type is the melancholic; the two forms of the central type correspond to the phlegmatic and the sanguine temperaments.

² Schizoid is *reizbar und stumpf*, with an affective anesthesia and iperesthesia

It is a neurobiological theory, which understands temperament as determined by underlying neurobiological processes, especially levels of arousal, revealed in response to the conditioned reflexes.

And in consideration of all the above mentioned facts it seems that, in the thousand-year-old question of temperaments, the laboratory has an important and unequivocal contribution to make.

Leonhard tried to validate the distinction between bipolar and unipolar psychoses in terms of genetics, familiarity, response to therapy and prognostics (1957). Perris (1966), Angst (1966) and Winokur (Winokur et al., 1969) contributed in the success of this Leonhard's theory, which has influenced the current official nosology (ICD-10 (WHO, 1992) and DSM-IV (APA, 1994).

Hippocratic	Pavlovian	
Choleric	Excitatory	Pugnacious, passionate
Sanguine	Central type	Well balanced, equilibrated, healthy, stable
Phlegmatic		
Melancholic	Inibitory	He believes in nothing, hopes in nothing

Tab. III: Temperaments: comparison between Hippocrates and Pavlov.

The Typus melancholicus

In his book *Melancholie*, Tellenbach describes the structure of the melancholy on the basis of a specific premorbid personality. The *Typus melancholicus* is anchored to an accentuated version of order, with a high claim, above the average, over their performances, serious, rigid, lacking in humour, overconscientious, and stereotyped. Rigid adherence to a high ethical code, overwhelming overconscioussness and strained meticulousity are other typical characteristics.

There is the threat of a vicious circle between extension and accuracy of performances.

The melancholicus type tries to protect himself from the irruption of the disorder of the unpredictable, but he tends to decompensate himself and to slide toward the melancholy. Hubertus Tellenbach *Melancholie*, 1961

“They at peace only if they can meet their self-imposed standards”. F.J. Ayd, 1961

If apparently the typus melancholicus has the features of the obsessive, Kimura (1971) explains that the depressed persons live for the others and are disposable whereas the world of the obsessive, where the attachment to the order is defensive, is closer to the relation with the other.

The orderliness of the *typus melancholicus* is fundamentally oriented towards interpersonal relationships, whereas the obsessive's is towards the organization of things (Stanghellini, 2004).

In Tellenbach the classic relation which sets off the affective role seems to overturn; it is not the mood anymore that affects the temperament and afterwards the knowledge. A structuring of the personality moves towards events that afterwards encourage the depressive breakthrough. Almost a Jaspersian development of character.

When the *typus melancholicus* suffers a decompensation, we can point out counter-polar elements of agitated depression off – therefore mixed features, in this being consumed by the tasks in order to not be left behind.

The endogenous doctrine

Ludwig Binswanger, instead, supports the classic conception. He writes:

“The impossibility of interpreting the melancholy as an accentuation of pessimistic or sad character results already as a matter of fact by the consideration that in the case history of melancholy persons, as any psychiatrist knows, we find a larger number of cheerful (“syntonic”, “sanguine”, or “optimistic”) constitutions or “temperaments” rather than pessimistic”.

In the melancholic contents we can not find a psychological relation, but the expression of an endogenous mental illness. He quotes, from the diary of Swiss writer Reto Ross, that melancholy is “the loss of a hold”, of an anchor, of a vital contact with the things (Binswanger, 1960), and from Hubertus Tellenbach’s patient M.B.K., that it is the lack itself of an object.

“It does not matter which fuel you put into the furnace of suffering and for which reason the fire develops. In a sense it is a good that objects are found, even though this sharpens the suffering; because the true and horrible essence of anguish, in the depression, is its lack of an object.”

The cognitive theory

A complete reversal of the affective conception of the depression is carried out in cognitive perspective by Beck (1967):

“Since the disturbing of sentiments is generally a peculiar feature of depression, in the last years is become usual to consider this state as a “primal mood disorder” or as an “affective disorder” (...) To describe it as an affective disorder is as much misleading as it would be to define the scarlet fever as a “skin disease” and a “primal fever disorder”.

His cognitive theory considers the thought connected not to the influence of depressive mood, but to the cognitive distortions. He identified the primary triad in depression: construing experiences in a negative way, viewing himself in a negative way and viewing the future in a negative way

These 3 patterns: negative view of the world, of self, and of future (1970) would lead to depressed mood.

He considered his theory applicable to the various types of depressive states including those that might be classified psychotic or endogenous. In studies of both patients and high-risk subjects, particular patterns of personality have been found to be associated with affective disorders. Neuroticism and features of the melancholic type of personality seem to be risk factors for depression while premorbid features of the manic type of personality predominate in patients with more manic than depressive episodes. While neuroticism prevails in the majority of mental disorders, the 'affective' personality variants appear to be more specifically associated with affective disorders. The identification of highly predictive risk factors provides an opportunity for the development of prevention programs (Hecht et Al., 1998).

Studying the relationship between premorbid personality and subtypes of affective disorder, by means of the Biographical Personality Interview (BPI) and by a self-rating scale, von Zerssen et

Al. (1997) confirmed that, in a eteroevaluation rating, “typus melancholicus” features were found to be more pronounced in unipolar depression or bipolar II disorder than in bipolar-I patients and control subjects. “Typus manicus” features were also distinguished between both clinical groups, whereas anxious-insecure features were not significantly different between the groups of patients.

REFERENCES:

1. Di Fiorino M., Martinucci M., *The Figures of Melancholy and Mania*, Bridging Eastern and Western Psychiatry, Forte dei Marmi, 2007
2. Agrippa von Nettesheim H.C. (1533), *De occulta philosophia* In Opera, Lugduni, s.d., with an Introduction by Richard H. Popkin, Hildesheim-New York, Georg Olms Verlag, 1970
3. Akiskal H. S., *Introduction in Comprehensive Textbook of Psychiatry*, Kaplan H.I., Sadock B.J. (Eds), 1995, Williams & Wilkins.
4. Alighieri D. (1955), *La divina commedia. Inferno*. La Nuova Italia Editrice, Firenze
5. Allen J. (1732), *Synopsis universae medicinae practicae sive Doctissimorum Virorum De Morbis eorumque causis ac Remedia judicia*, Venetiis, Apud Laurentium Basilium.
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 3rd ed. Washington DC: The Association, 1980.
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington DC: The Association, 1994.
8. Angst J. (1966), *Zur Aetiologie und Nosologie Endogener Depressiver Psychosen. Eine Genetische, Soziologische und Klinische Studie*. Berlin, Springer.
9. Aretaeus of Cappadocia (1856), *The Extant Works of Aretaeus*. Adam F. (ed.), London
10. Aristotle, *Problemata*, IV century b.C.
11. Baillarger J. (1854), *Note sur un genre de folie dont les accès sont caractérisés par deux périodes régulières, l'une de depression, l'autre d'excitation* Bulletin de l'Académie Impériale de Médecine, t. XIX.
12. Battistini M. (2002), *Simboli ed allegorie, Dizionario dell'arte*, Electa, Milano.
13. Berrios G. E. (1996), *The history of Mental Symptoms. Descriptive psychopathology since the nineteenth century*. Cambridge University Press, Cambridge.
14. Boerhaave H. (1709), *Aphorismi de Cognoscendis et Curandis Morbis*. J van der Linden, Lugduni Batavorum.
15. Bonhoeffer K. (1917), *Die exogenen Reaktionstypen*. Archiv für Psychiatrie und Nervenkrankheiten, 58, 58-70.
16. Burton R. (1621), *Anatomy of Melancholy*, New York, Vintage Books, 1977.
17. Caelius Aurelianus (1950), *On Acute Diseases and on Chronic Diseases*, ed. and trans. I.E. Drabkin, Chicago, University of Chicago Press, 1950
18. Cassano G.B., Akiskal H.S., Frank E., Miniati M., Fagiolini A., Shear K., Pini S., Maser J (1999). *The bipolar spectrum: A clinical reality in search of diagnostic criteria and an assessment methodology*. J Affect. Disor. 54:319-328.
19. Cassano G.B. (2002), *Verso un concetto unitario per lo spettro dell'umore al di là della dicotomia bipolare-unipolare*. In Maj M, Akiskal HS, Lopez-Ibor JJ, Sartorius N (eds): *Bipolar Disorder*. World Psychiatric Association Series Evidence and Experience in Psychiatry. London, John Wiley & Sons, Italian edition Disturbo Bipolare; CIC Edizioni internazionali, Roma 2004.
20. Cassien J. (1965), *Institutions cénobitiques*. Ed. J.C. Guy, Cerf, Paris
21. Cloninger C.R. (1999), *Personality and Psychopathology*. American Psychiatric Press, Inc.; Washington, DC.
22. Cloninger C.R., Svrakic D.M., Przybeck T.R. (1993), *A psychobiological model of temperament and character*. Arch Gen Psychiatry, 50: 975.
23. Cloninger C.R., Przybeck T.R., Svrakic D.M., et Al. (1994), *The Temperament and Character Inventory (TCI): A Guide to Its Development and Use*. Center for Psychobiology of Personality, Washington University, St Louis, MO.
24. Cratonis à Kraftheim J. *Epist. med.* 1, I, 3 p. 192, in Sprengel C. (1813) *Storia Prammatica della Medicina*. Venezia
25. Chiarugi V. (1794), *Della pazzia in genere, e in specie* Carlieri, Firenze.
26. Cullen W. (1793), *Synopsis of Methodical nosology* Parry Hall, Philadelphia
27. Di Fiorino, M., Pavesi, E. (1994): *Le virtù come fattore di equilibrio psico-fisico* in E. Pavesi (Ed) *Salute e salvezza, Prospettive interdisciplinari*. Di Giovanni editore, San Giuliano Milanese.
28. Dufour J.F. (1770), *Essai sur les opérations de l'entendement et sur les maladies qui le dérangent* in Foucault M. (1963), *Histoire de la folie à l'âge classique*, Éditions Gallimard, 1963. (Italian Edition: *Storia della follia nell'età classica*, Biblioteca Universale Rizzoli, 1963).
29. Ehart U., Brieger P., Marneros A. (2003), *Temperament and affective disorders – historical basis of current discussion* Fortschr Neurol Psychiatr. Jun;71(6):323-31.
30. Ellenberger H.F. (1970), *The Discovery of the Unconscious*, Basic Books, New York (Italian Edition: *La scoperta dell'inconscio. Storia della psichiatria dinamica*, Bollati Boringhieri, Torino, 1976)
31. Esquirol J.E.D. (1820), *Mental maladie: A Treatise on Insanity*, trans. E. K. Hunt, Lea and Blanchard, Philadelphia, 1845.
32. Esquirol J.E.D. (1819), *Mélancholie. Dictionnaire des sciences médicales*, Paris.
33. Évagre le Pontique (1978), *Traité pratique*, Ed. A.C. Guillaumont, Sources Chrétiennes 170-171, Paris
34. Faivre, A, Needleman, J. (Eds) (1992), *Modern esoteric Spirituality*, Crossroads, New York.
35. Falret, J.P. (1854), *Mémoire sur la folie circulaire, forme de maladie mentale caractérisée par deux périodes régulières de l'état maniaque, de l'état mélancolique et d'un intervalle lucide plus ou moins prolongé*. Bulletin de l'Académie Impériale de Médecine, 19, 340-352.

36. Fernel J. (1607, 1813), *Physiologia*, Universa Medica in C. Sprengel (1813), *Storia Prammatica della Medicina*. Venezia.
37. Figueira M.L. (2002), *Syndromes, Symptoms and Spectra*. In Maj M, Akiskal HS, Lopez-Ibor JJ, Sartorius N (eds): *Bipolar Disorder*. World Psychiatric Association Series Evidence and Experience in Psychiatry. London, John Wiley & Sons
38. Fludd R. (1617), *Utriusque cosmi historia* Typis Hieronymi Galleri, Francofurti.
39. Forrest D. (2004), *Hypnotism*. Penguin Group, New Zealand
40. Foucault M. (1963), *Histoire de la folie à l'âge classique*, Éditions Gallimard, 1963. (Italian Edition: *Storia della follia nell'età classica*, Biblioteca Universale Rizzoli, 1963)
41. Galeni G. L. (1547), *Pergameni de Morborum & Symptomatorum differentiis a causis*. Lugduni, apud Goe-fridum & Marcellum Beringos.
42. Galynker II, Cohen LJ, Cai J. (2000), *Negative symptoms in patients with major depressive disorder: a preliminary report*. Neuropsychiatry Neuropsychol Behav Neurol.13(3):171-6.
43. Galzigna M. (1988), *La malattia morale. Alle origini della psichiatria moderna* Saggi Marsilio, Venezia.
44. Giannini A., Castrogiovanni P. (1977), *L'euforia morbosa*. Franco Angeli Editore, Milano.
45. Goracci A., Martinucci M., Mazza A., Filippone G., Castrogiovanni P. (2004), *Aspetti transnosografici delle dimensioni psicopatologiche della mania. I L'impulsività*. Giornale Italiano di Psicopatologia; 10: 468-478.
46. Guerrero J. R. (2001): *Censura y Paracelsismo durante el Reinado de Felipe II*", Azogue, n° 4
47. Guardini R. (1928), *Vom Sinn der Schwermut* In Die Schildgenossen, 8, 1928, S. 103-125.
48. Haller A. (1751), *Herman Boerhaave Praelectiones Academicae Institutiones Rei Medicae*, Venetiis, apud Simonem Occhi.
49. Haslam J. (1809), *Observations on Madness and Melancholy* Callow, London
50. Haynal A. (1976), *Le sens du désespoir. La problématique de la dépression dans la théorie psychanalytique*. Presses Universitaires de France, Paris. (Italian edition: *Il senso della disperazione. La problematica della depressione nella teoria psicanalitica*, Feltrinelli Editore, Milano, 1980).
51. Hecht H., van Calker D., Berger M., von Zerssen D., *Personality in patients with affective disorders and their relatives*. J Affect Disord. 1998 Oct;51(1):33-43.
52. Hecht H., van Calker D., Spraul G., Bohus M., Wark H.J., Berger M., von Zerssen D., *Premorbid personality in patients with uni- and bipolar affective disorders and controls: assessment by the Biographical Personality Interview (BPI)*. Eur Arch Psychiatry Clin Neurosci. 1997;247(1):23-30.
53. Heinroth F.C.A. (1818), *Lehrbuch der Störungen des Seelenlebens* zit. 376 f.u. Anh. zu 371. Leipzig: F. Vogel, in Muller C. 1980 *Lexikon der Psychiatrie*. (Italian Edition: *Lessico in psichiatria. Raccolta dei termini più usati in psicopatologia* Piccin Editore, Padova, 1980)
54. Hildegard of Bingen (1903), *Causae et cura*. P. Kaiser Ed., Leipzig, 145-33.
55. Hippocrates, *Works of Hippocrates* 1931, W. H. Jones, F. T. Withington (Eds) 4 vols Cambridge, Harvard University Press.1923-31.
56. Hoffmanni F. (1745): *Medicinae Rationalis Systematicae*. Venetiis, Ex typographia Balleoniana.
57. Jackson S.W. (1986), *Melancholia and Depression. From Hippocratic Times to Modern Times*. Yale University Press.
58. Jamison K.R. (1993), *Touched with fire*. Free Press, New York. (Italian Edition: *Toccato dal fuoco*. Foreword of G.B. Cassano, Longanesi, Milano, 1994).
59. Janet P. 1904 *Névroses et idées fixes*, 2° ed, in Ellenberger H.F.1970: *The Discovery of the Unconscious*, Basic Books, New York.
60. Janowsky D., Hong L., Morte S., Howe L. (1998) Underlying personality characteristics related to affective disorders and suicidality. In *Neurobiology of depression and related disorders* (Ed. J. Nomura), pp 9-29, Mie Press, TSu, Mie, Japan.
61. Janzarik W. (1968) *Schizophrenie Verläufe: Eine Strukturdynamische Interpretation*. Berlin, Springer.
62. Jaspers K. (1959) *Allgemeine Psychopathologie*. Berlin, Springer Verlag
63. Johnson S. (1750, 1969) E.T. *The Rambler* In W.J. Bate, Albrecht B. Strauss (Eds) *The Yale Edition of the Works of Samuel Johnson*. Vols 3-5, New Haven Yale University Press, 1969.
64. Jones W.H., Withington, E.T., Potter P. (1923), eds. & trans., *Hippocrates, Works*, 6 vols., London: Loeb Classical Library/Heinemann, 1923, Vol. II, p 177.
65. Kessing L.V. (2004) Endogenous, reactive and neurotic depression – diagnostic stability and long-term outcome. *Psychopathology*. 37(3):124-30.
66. Klibansky R., Panofsky E., Saxl F. (1964), *Saturn and Melancholy. Studies in the History of Natural Philosophy Religion and Art*. Nelson & Sons, London.
67. Koelbing H.M. (1985), *Die ärztliche Therapie: Grundzüge ihrer Geschichte, Wissenschaftliche Buchgesellschaft* (Italian Edition: *Storia della terapia medica. Momenti Fondamentali*, Ciba-Geigy ed., 1989)
68. Kraepelin E. (1883), *Kompendium der Psychiatrie* Leipzig, A.Abel
69. Kraepelin E. (1904), *Lehrbuch der Psychiatrie* ed.7. Leipzig, J.A. Barth
70. Kraepelin E. (1921), *Manic-Depressive Insanity* English translation of the Eighth edition of *Lehrbuch der Psychiatrie*. Leipzig, transl. R.M. Barclay, E&S. Livingstone, Edinburgh.

71. Krafft-Ebing R. (1874) v. *Die Melancholie*, Erlangen, Enke.
72. Koukopoulos A, Koukopoulos A. *Agitated depression as a mixed state and the problem of melancholia*. Psychiatr Clin North Am. 1999; 22:547-64.
73. Lanczik M., Beckmann, H (1991). *Historical aspects of affective disorders*. In J.P. Feighner and W.F. Boyer *Diagnosis of Depression*. J. Wiley & Sons, Chicester
74. Lara DR, Pinto O, Akiskal K, Akiskal HS. Toward an integrative model of the spectrum of mood, behavioral and personality disorders based on fear and anger traits: I. Clinical implications. *J Affect Disord*. 2006 Aug;94 (1-3):67-87.
75. Leonhard K., Korff L., Schulz H. (1962) *Temperament in families with monopolar and bipolar phases psychoses*. Psychiatr Neurol 143, 316
76. Leonhard K. (1957), *Aufteilung der Endogenen Psychosen* Akademie, Berlin.
77. Maier Michael, *Atalanta fugiens, hoc est, Emblemata nva de secretis naturae chimica accomodata* (1618) Oppenheimii Ex typographia Hieronymi Galleri, MDCXVIII
78. Maj M., Pirozzi R., Magliano L., Fiorillo A., Bartoli L., *Agitated "unipolar" major depression: prevalence, phenomenology, and outcome*. *J Clin Psychiatry*. 2006; 67: 712-9.
79. Marneros A., Deister A. (1990), *Chronische Depression. Psychopathologie, Verlaufaspekte und Prädisponierende Faktoren*. In H.J. Möller (Ed) *Therapieresistenz unter Antidepressiva-Behandlung*. Berlin, Springer.
80. Marneros A., Rohde A. (1997), "Residual States" in Affective, schizoaffective, and schizophrenic Disorders, 75-86 in H.S. Akiskal, G.B. Cassano (Eds) *Dysthymia and the Spectrum of Chronic depressions*, New York., Guilford.
81. Montaigne M.E. de, in Haynal A. (1976) *Le sens du désespoir. La problématique de la dépression dans la théorie psychanalytique*. Presses Universitaires de France, Paris. (Italian Edition: *Il senso della disperazione. La problematica della depressione nella teoria psicanalitica*, Feltrinelli Editore, Milano, 1980).
82. Muller C. (1980), *Lexikon der Psychiatrie*. (Italian Edition: *Lessico in psichiatria. Raccolta dei termini più usati in psicopatologia* Piccin Editore, Padova, 1980).
83. Nelson J.C., Charney D.S., Quinlain D.M. (1981), *Evaluation of the DSM-III Criteria for Melancholia*. *Arch. Gen. Psychiat.*, 38, 555-559.
84. Newman, William R. (2006), *Atoms and Alchemy: Chemistry and the Experimental Origins of the Scientific Revolution*. 235 p.
85. Nietzsche F., in Haynal A. 1976, *Le sens du désespoir. La problématique de la dépression dans la théorie psychanalytique*. Presses Universitaires de France, Paris. (Italian Edition: *Il senso della disperazione. La problematica della depressione nella teoria psicanalitica*, Feltrinelli Editore, Milano, 1980)
86. Pauleikoff, B. (1983), *Das Menschenbild im Wandel der Zeit. Ideen-geschichte der Psychiatrie und klinischen Psychologie*. Hurtgenwald Pressler.
87. Pavesi E. (1999): *Hoffnung und freier Wille: Eine kulturgeschichtliche Betrachtung*. Heft 4, Heftreihe der Gustav-Siewerth Akademie. Weilheim-Bierbronnen.
88. Pavlov I.P. (1928), *A physiological study of the types of nervous systems*. *Arztliche Rundschau*, Bd 38, 1928, S. 329-332. (Italian translation from Russian: *Teoria fisiologica sui tipi del sistema nervoso, cioè sui temperamenti*. In I.P. Pavlov *Scritti psichiatrici*. Con prefazione di I. Marks e O. Lapshin. *Psichiatria e Territorio*, Forte dei Marmi, 2004) Pp. 21-30)
89. Perris C. (1966), *A study of bipolar (manic-depressive) and unipolar recurrent depressive psychoses*. *Acta Psychiat Scand. (Suppl.)* 194
90. Perugi G., Musetti L., Simonini E., Piagentini F., Cassano G.B., Akiskal H.S., *Gender-mediated clinical features of depressive illness. The importance of temperamental differences*. *Br J Psychiatry*. 1990; 157: 835-41.
91. Pinel P. (1816), *Mélancolie*, Encyclopédie méthodique, Médecine, tome IX, 2 parte, Paris.
92. Pinel P. (1801), *Traité Médico-Philosophique sur l'Aliénation Mentale, ou La Manie*. Richard, Caille et Ravier, Paris.
93. Plinius, *Naturalis Historia*, book 25, in Starobinski J. 1960, *Histoire du traitement de la mélancolie des origines à 1900*. Geygy, Basel, (Italian Edition: *Storia del trattamento della malinconia dalle origini al 1900*. Edizioni Guerini e Associati, Milano, 1990).
94. Ranzoli C. (1916), *Dizionario di scienze filosofiche* Hoepli, Milano.
95. Ronsard P. de, in Haynal A. (1976), *Le sens du désespoir. La problématique de la dépression dans la théorie psychanalytique*. Presses Universitaires de France, Paris. (Italian Edition: *Il senso della disperazione. La problematica della depressione nella teoria psicanalitica*, Feltrinelli Editore, Milano, 1980).
96. Rutz W., Walinder J., Rhimer Z., Pestaloty P., *Male depression – stress reaction combined with serotonin deficiency?* *Lakartidningen*. 1999; 96(10): 1177-8.
97. Schneider K. (1922), *Klinische Psychopathologie*. Stuttgart, ThiemeVerlag.
98. Schipperges H. (1985), *Der Garten der Gesundheit. Medizin in Mittelalter*, Artemis, München und Zürich (Italian Edition *Il giardino della salute. La medicina nel medioevo*, Garzanti, Milano, 1988).
99. Sigerist H. E. (1961), *A History of Medicine*, 2 vols, New York, Oxford University Press
100. Spitz D. (2001), *Melancholia. Part of a Continuum of Experience, or a Discrete Entity?* In *Melancholia: philosophical and clinical dimensions*, Annual Meeting APA, New Orleans.
101. Sprengel K. (1792 – 1803), *Versuch einer pragmatischen Geschichte der Arzneikunde*. 5 Bde. Halle, Gebauer, Italian edition: *Storia Prammatica della Medicina*. Tipografia Picotti, Venezia, 1813.

102. Starobinski J. 1960, *Histoire du traitement de la mélancolie des origines à 1900*. Geygy, Basel, (Italian Edition: *Storia del trattamento della malinconia dalle origini al 1900*. Edizioni Guerini e Associati, Milano, 1990).
103. Swieten van G. (1759), *Commentaria in Hermannii Boerhaave. Aphorismos de cognoscendis morbis. Venetiis, Typis Jo. Baptistae Pasqual.*
104. Sydenham T. (1784), *Dissertazione sull'affezione isterica*, in *Médecine pratique*, in Foucault M., 1963 *Histoire de la folie à l'âge classique*, Éditions Gallimard, 1963. (Italian Edition: *Storia della follia nell'età classica*, Biblioteca Universale Rizzoli, 1963).
105. Vallejo-Nágera J.A. (1994), *Ante la depresión*. Planeta, Barcelona.
106. Tellenbach H. (1961), *Melancholie. Zur Problemgeschichte, Typologie, Pathogenese und Klinik*. Springer, Berlin, Gottingen.
107. Von Stuckrad K. (2005), *Western esotericism: Toward an integrative model of interpretation*. Religion 35 78-97.
108. Walker P. D. (1958), *Spiritual and demonic magic from Ficino to Campanella*, Warburg Institut, London
109. Weitbrecht H. J. (1963), *Psychiatrie im Grundriss*. Springer, Heidelberg, (trad. it. *Compendio di Psichiatria*. Piccin Editore, Padova, 358, 1970)
110. Weyer J., *De praestigiis daemonum* in Foucault M. 1963 *Histoire de la folie à l'âge classique*, Éditions Gallimard, 1963. (Italian Edition: *Storia della follia nell'età classica*, Biblioteca Universale Rizzoli, 1963).
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