Temperament, personality and the vulnerability to mood disorders. The case of the melancholic type of personality

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Summary
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 the description of the premorbid features of TM personality-orderliness, conscientiousness, hyper/heteronomia and intolerance of ambiguity. After, we present the life world of the TM, i.e. a qualitative descriptions of the lived experiences about the body, self, time, space, and others. Also, we describe the basic principles of Tellenbach’s theory – the method, the concept of endon, rhythmic and situation sensu Tellenbach as a special way of the person of living the relationship with the world per se in an endless reciprocal exchange. Starting from a clinical case, we show the theoretical evolutions of TM concept and underline the typical way which links the premorbid condition to melancholia. Finally, we ask if the TM concept can be still considered a valid construct in today’s society, helpful in understanding and explaining identity crisis leading to depressive decompositions.

Key words
Major depression • Melancholic type • Personality • Pheno-phenotype • Post partum depression • Psychopathology

The features of the typus melancholicus
The concept of typus melancholicus (TM) was shaped by the German psychiatrist Hubertus Tellenbach (1914–1994) ¹ to characterise the premorbid and intermorbid personality structure liable to endogenous depression. Based on the catamnestic recollection of 119 melancholic inpatients hospitalized at the University Hospital of Heidelberg, Tellenbach identified a fundamental set of distinctive features (i.e. orderliness, conscientiousness, hyper/heteronomia and intolerance of ambiguity) that inform the premorbid personality of the TM, i.e. a certain way of being in the world that revolves around the possibility of developing major depression (melancholia). The work of Tellenbach is essential to clarify the relationship between premorbid personality (broadly understood as an anthropological pre-condition for the development of psychopathological crisis in the spectrum of endogenous depression), existential critical events and developmental pathways towards clinically-relevant psychopathological phenomena. According to the author, indeed, the selective combination of the premorbid characteristics of the TM confers a stable and recognisable imprint through which the vulnerability to major affective disorders is expressed already at the level of a specific personality structure. By “personality structure”, it is here intended a relatively homogeneous set of thoughts, emotions, customs, values and behaviours which, as a whole, constitute the anthropological core of individual subjective being and axiological orientation in the social world. Tellenbach emphasised that TM is a personality structure giving rise to a stable mode of relating to the world and oneself in a way that entails a potential for the development of affective episodes. According to Tellenbach, TM is defined by a set of concomitant, stable characteristics that organise the vulnerability to major depression and transpire across premorbid, intermorbid and morbid phases. Crucially, such characteristic imprint is situated at the ethical-ontological level of value-formation. In fact, values are attitudes that regulate the significant actions of the person, and are organised into concepts that do not arise from rational activity, but rather within the sphere of immediate situative feelings emanating from the type of relationship that the person has with him/herself, with others and with the world. Values are essential in putting the meaning of existence per se into order. Thus, values are organised according to the ontological constitution and pre-struc-
ture a world-view that establishes what is relevant and meaningful. In the case of TM, such a world-view already entails a germ of potential decompensation ².

Although in the literature the concept of premorbid personality vulnerable to depression is used with several meanings (e.g. as an attenuated expression of an affective disorder, as a personological variable with pathoplastic effect on the development of depressive symptoms or as a result of recurrent depressive episodes), in the case of TM the notion of premorbid is to be intended in a specific pathogenetic sense, i.e. TM personality is a predisposing factor to the development of an episode of major depression ³.

According to Tellenbach’s phenomenological analysis the core features of the TM are concern with orderliness and conscientiousness (Tables I, II).

Along these lines, originally combining the intuitions of his mentor Tellenbach and Mead’s social theory, Alfred Kraus identified two further of the anthropological structure of the TM: hyper/heteronomy and intolerance of ambiguity. According to Mead’s social theory, self and identity are an import of the social process. Mead ⁴ postulated that such identity is dialectically constituted by two poles, the “Me” (i.e. the self as social object) and the “I” (i.e. the self as subject). Whereas the “me” is the organised set of attitudes of others which an individual assumes, the “I” is the individual, subjective response to such accumulated understanding of how one is being perceived by others (“the generalised other”). Inspired by Mead’s emphasis on how the mind and the self arise out of social interaction and experience, Kraus focused on the typical way of being social of the TM, extrapolating specific TM features of the dialectic between role identity and self-identity. Briefly, role identity is that which each person has to assume on the basis of their own social function; self-identity is the self-determination of the personality, that is beyond simple and straightforward identification with the role. The distancing from the role is a necessary operation to preserve one’s authenticity as a person over and above that of the mere agent of an impersonal role. This means that a person may maintain a sense of autobiographic continuity recognising him or herself in the transformation of role-identities and not being vexed by self-alienation and estrangement ⁵. Such a vital dialectic between role- and self-identity is reduced and suppressed in the TM, which tends to collapse and crystallise self-identity in the simulacrum of the role. Indeed, the TM is unable of going beyond the socially established rules, reinterpreting his relation with himself, the other and the world in a flexible and an autonomous fashion. Therefore, prominent features of the TM are hyper/heteronomy and intolerance of ambiguity (Tables III, IV).

Besides germanophone psychopathology, Japanese tradition also identified specific features of the TM. Shimoda ⁶

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<th>TABLE I.</th>
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<td><strong>Orderliness</strong></td>
<td>An accentuated seeking for order and harmony in the field of interpersonal relationships. 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 and pre-empt any possibility of remaining in debt. E.g.: “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”.</td>
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<td><strong>Conscientiousness</strong></td>
<td>This is an elevated demand above the mean of one’s own possibilities, fuelled by the need to prevent feelings and attributions of guilt. Melancholic persons aim at fulfilling many obligations, always in a consistent, reliable and effective way. The need to cling to one’s own controllable and predictable order assures the state of wellbeing and defends it from potential threats from the surrounding world, from the undefined and uncontrollable. Conscientiousness is inspired by a fundamental need to avert any potential feeling of guilt or accusatory attributions. Hence, the TM is constantly seeking acceptance from the other and his behaviour is not based on one’s personal criterion, but rather on the perceived social expectation. 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. Hence, each interpersonal gesture is a tribute that should be given to existence, a need that protects it from each possibility of loss. 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 will outbreak in the scenario of existence, the TM radical refractoriness to being subject to the unforeseen in his/her existential field, generates an important exposure to vulnerability. In fact, despite the effort in preserving a controlled and ordered existential eco-system, the desired harmony is never a permanent and guaranteed achievement, especially given that the constriction between such rigid limits prevents the TM from developing the necessary transcendence to reach a higher balance. It is as if the TM had acquired once for all, an impersonal order at the cost of sacrificing the margin of subjective freedom that is required to manage the relationship with the world. E.g.: “What would be right to do in such a situation?”.</td>
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in particular conferred critical importance to “immobility” (i.e. the tendency to cling to a certain mood and therefore to certain ways of being and doing). This characteristic, according to Shimoda, would be typical of those structures with the tendency to the development of manic-depressive conditions, representing a functional strategy to prevent manic or depressive decompensation. Shimoda characterises these persons as diligent, honest, scrupulous and efficient.

### The life world of TM

Phenomenological investigations of abnormal human subjectivity suggest a shift of attention from mere symptoms (i.e., state-like indexes for nosographical diagnosis) to a broader range of phenomena that are trait-like features of a given life-world. The phenomenological exploration of patients’ life-worlds is the gathering of qualitative descriptions of the lived experiences about the individuals. As lived experiences are always situated within the grounds of body, self, time, space and others, we adopt these basic dimensions of lived experience to organise the data. The result will be a rich and detailed collection of patients’ self-descriptions related to each dimension, for example, temporal continuity/discontinuity, space flat/filled with saliences, bodily coherence/fragmentation, self-world demarcation/permeability, self-other attunement/disattunement and so on. In this way, using first-person accounts, we detect the critical points where the constitution of experience and action is vulnerable and open to derailments.

In the Table V we summarise the life world of TM.

### Phenomenological method and the centrality of temporality

Tellenbach stated that the analysis of his patients was based on an “empirical-phenomenological” method. This method is “empirical” because it is based on the patient’s self-description of their experiences and behaviours, and “phenomenological” because these phenomena are investigated as manifestations of the way of relating with the world and oneself. His intention was to understand the “what” that characterises the premorbid personality and “how”, that is, the pathway that leads the TM to endogenous depression. The study of Tellenbach focused on the investigation of the essential properties that belong to the endogenous substrate and how these are added up, forming a stable and recognisable structure. Tellenbach’s theory is indeed framed by an overarching, global view of man in continuous and essential relationship with the world with specific attention to the “essential forms of the human condition” (or, more specifically, to the “essential forms of being melancholic”). This comprehensive view of human existence refers to the concept of *endon* as a way of connection between the psychic and somatic and between the person and the world. The endogenous is comparable to the *nature (physis)* of the Greeks and indicates the basic imprint prior to the formation of the personality, i.e. its structure. The endogenous is not considered only in relationship with the somatic or psychic sphere, but also includes a concept of person in his/her relationship with the world. Central in this theory is the role of *temporality* since all this is directly
related to the rhythmic processes of life, that is, to the normal tendency of man to adjust and synchronise one’s own biorhythm (sleep, awakeness, etc.) with the world. This emphasis on temporality is the central feature of all phenomenological theory of the pathogenesis of depression. 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 behaviour. Tellenbach understands this to be an endo-cosmo-genetic periodicity. This periodicity – yearly, monthly, circadian rhythm cycles – are considered fundamental organisers of the life of a person. Rhythm is not a passive reaction to the environmental influence; on the contrary, it is the indicator of a natural tendency to the synchronisation of the person 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 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 TM strives not to lag behind himself – that is behind his duties and obligation deriving from the social role he has taken up. His entire life can be interpreted as an effort to pay his debts before he contracts them. In order to avoid the danger of remaining behind regarding the subject’s own expectations and the emergency of the duty, the time of TM is characterised by a constant need to anticipate the requests of others and timely comply with the duties related to their social roles.

Table V. TM’s life world.

| Self/Identity | TM structure does not entail disorders of the pre-reflexive self as is the case with schizophrenia. It implies a different kind of depersonalisation involving the process through which we form the representation of our identity, that is, the narrative self. The narrative self is the concept one constructs of oneself. One’s own narrative identity arises from the interplay between I-am’s and I-can’s. I-can’s are what one is not, one’s own possibilities. TM persons insist on a finite and un-chosen perspective of stable characteristics that they consider their own, and with which they over-identify and experiences other possibilities merely as a source of alienation or nullification. This intolerance to other possibilities and the avoidance of the dialectic between I-am’s and I-can’s immanent in the constitution of one’s narrative self leads to an identification with partial, external and reified identities, such as role-identity, i.e. external/socially appreciated representations of identity. They internalise role-identities and through this internalisation they acquire a stable, although inflexible, self-identity. Their identity is based on a reified, sclerotic self-representation. It implies an over-simplified categorisation of oneself and others, who appear in the light of their social roles, rather than in that of their ego-identity.

| Time | The TM strives not to lag behind himself – that is behind his duties and obligation deriving from the social role he has taken up. His entire life can be interpreted as an effort to pay his debts before he contracts them. In order to avoid the danger of remaining behind regarding the subject’s own expectations and the emergency of the duty, the time of TM is characterised by a constant need to anticipate the requests of others and timely comply with the duties related to their social roles.

| Space | To preserve inner harmony, each thing should occupy a dictated place within a pre-established order. Taking refuge within the limits of one’s order is a way or assigning oneself a place, a defined and limited space within which the melancholic person feels able to exercise her own “autonomy”.

| Other | Its mere existence cannot give satisfaction to anyone. Thus, being loved is an acquired right. TM persons can hardly enjoy 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 relational space is a right to be conquered and earned with effort and determination in a rigid regime of meritocracy. In fact, spontaneous free exchanges without any obligation of return are not contemplated, the sense of “justice” is reduced to a circle of do ut des (I give and you give back) in which the TM is already in a position of disadvantage, one step behind.
sults all average meanings of human states characterized by being shattered [Zerrissenheit]. To be precise, despair is not just hopelessness and desperation, not an ultimate or an arrival at an endpoint, but rather the movement backward and forward, an alternation, so that a definite decision [endgültige Entscheidung] is no longer possible 1 (p. 165 [149]; translation modified).

As a consequence of the ambiguity, the person experiences ambivalent feelings in the sense of being simultaneously moved towards two opposite directions. The person is aware of this contradiction, but is not able to resolve it. The core of despair is therefore indecision, and its contrary mental state is not hope, but decision. In despair, this opposition comes to an extreme which results in a profound alteration of temporality: “[w]hat previously came about in the mode of succession, now appears only in the necessity of simultaneity” 1 (p. 167 [151]). The same happens with lived space. Whereas we usually organise our actions in the mode of succession, in despair movements remain stuck in the indecisiveness of juxtaposition, that is, a kind of paralysis of action and thinking, but not a static one, rather a frenzied, restless, disconcerting paralysis.

The concept of “situation”

The concept of “situation”, and especially “pathogenic situation”, has been for decades a focus of psychopathological research. Indeed, the pathogenic situation expresses the intimate relationship between a type of event and a type of personological vulnerability, that is, between the psychological structure of the person and the quality of the event. An event is traumatic if it hits the person in his/her weak point. In this case, the event concept assumes the meaning of personal experience (Erlebnis), that is, the very individual way that person lives a particular event. The event turns into a traumatic experience when it acts like a key in its lock (trauma-key-lock). Phenomenological psychopathology makes a distinction between two prototypes: the pathological reactions to the event and the development of personality. Jaspers 14 emphasises the importance that a specific event assumes for a person as a lived experience in relation to the emotional upheaval that it generates in determining pathological reactions. This pathological condition “does not occur because of a single experience, but for the sum of the various effects”. In pathological reactions, on the one hand there is a link between the experience and personality, and on the other a link between traumatic experiences and the psychopathological contents (such as emotions, thoughts, etc.). The notion of “personality development” 14 emphasises the personological ground on which an event falls. One of the best known examples of such development of personality is provided by Ernst Kretschmer 15 in his seminal study on “sensitive delusion of reference”. This particular persecutory delusion appears to be the prototype of the psychological intelligibility of psychotic manifestations 16. Kretschmer pointed out the importance of a particular personality (i.e. the sensitive type) structure in the unleashing of a progressive psychopathology under the triggering pressure of a particular type of interpersonal event, which has a selective, specific potential to upset that kind of personality.

According to Tellenbach, man is linked/engaged in a relationship of special interdependence with the context perse. Therefore, a situation cannot be either reduced to a way in which a person is passively hit by an event, or to a constellation of events simply induced by the person. The situation transcends the dyad individual-surrounding environment and rather cuts-across the constant modeling of the self-world relation. The notion of situation captures 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 an explicit intention or desire to create the situation in itself by the person or that they could not do it in another way). The event and the person are reciprocally reflected in the situation. The TM tends to be located within the typical self-world relationships and being engulfed in characteristic pre-melancholic situations 1. In other words, the pathogenic situation mirrors the person’s vulnerability and the person can see vulnerability reflected in one’s own pathogenic situation. 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, each person tends to co-create the kind of situations that characterise them. The way of being of a person, with his/her anthropological structure, way of understanding life and expressing relationships with the other, the hierarchy of priorities and values, leads to having relationships that are typical for this person. In the case of TMs, this moves from their structure of values characterised by the concern for orderliness and conscientiousness. TMs have high interpersonal sensitivity and do not judge their own behaviour on the basis of personal criteria, but rather on the basis of social standards. Since the main latent existential aim of TMs is social desirability, they intensively strive to comply with the expectations and needs of the others, even before these have been expressed. This double ethical path leads TMs to recursively approach situations characterised by the constellation of incluence and remanence 17,18.

The pre-melancholic phase: incluence, remanence and despair

The pre-melancholic situation seems to be the crucial connecting point to understand the link between the
TM personality structure and melancholy. In this phase, there is a critical matching between the existential situation and a certain personality structure, which generates the pathogenic situation. The pre-melancholic situation is characterised by a constant increase of the fixed tasks that overburdens the capacity of TM to preserve predetermined order. In such conditions, the TM is not capable of establishing a hierarchy of priorities, and is unable to discriminate what can be momentarily left aside or postponed. Two key moments characterise the pre-melancholic phase: the situative constellations of inculdence and remanence, and, finally, despair (i.e. a radical transformation of the self-world relation).

The constellation of inculdence indicates a self-contradiction that sees the TM, at the same time, in the extreme attempt to maintain order and in the need to overcome it, exceeding his own limits. This is the moment in which the undesired is manifested and imposed in the existence, so that the typical meticulous and orderly form of being of the TM is destabilised 1. In the words of Tellenbach’s patient: “I am very orderly, I need a lot of time, I’ve always been that way, this is terribly painful for me”. The anxiety related with a possible change in the order of things is clear.

The other constellation is that of remanence. This is characterised by the danger of remaining behind regarding the subject’s own expectations and the emergency of the duty. The TM is conditioned by the paradoxical tendency of cancelling possible debts in advance. When they are up against the unexpected and chance and unforeseen breaks the schemes, this may precipitate the melancholic episode. Tellenbach described his patient as follows: She had “never shown herself to be guilty of anything” but “I feel deprived of establishing the possibility of being helped. 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 18. 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 19 is manifested and specifically, the lack of capacity to establish priorities. That which previously had an order (one after the other) is now found in the need of the contemporaneity, which becomes inaccessible to the evolution of existence. Tellenbach described 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”.

Herein, the concept of despair should not be understood as a condition without hope, but a situation in which you cannot take any decision. The person who becomes despaired is in suspension in the face of still un-actualised possibilities, having the intention of contemporarily being in two places 1. This is the moment in which melancholy is initiated. Pre-melancholic despair seems to be the pathway through which the TM becomes stagnated, even on a somatic level: the TM person undergoes psychomotor block because of the incapacity to reach a compromise with themselves and with the world.

The evolution of TM concept

Starting with the major contribution of Tellenbach, a series of investigations further explored the TM construct both in the theoretical and empirical directions 1-3 8 11 12 20-65. Alfred Kraus is possibly the author who has most studied the characteristics of premorbid personality 9 10 22-26 and the psychopathological characteristics of melancholy in the most depth 25 26 66 67. One of his most important contributions is the definition of the characteristics of the TM construct as opposed to the anancastic behaviour 27. Whereas 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 behaviour 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. A converging research line was developed in Japan where the first self-applied TM test was proposed in 1984 by Kasahara 27, and followed by a series of other studies in nonclinical sample 47-53. Moreover, several authors have explored the concept of TM with regard to personality disorders 30 36 68 and development of major depression or manic depressive disorder 20 37 40 41 58. In recent years, the TM construct has been studied as a possible indicator of vulnerability to depressive postpartum disorders 65.

An example of the clinical importance of TM: postpartum depression

An important focus of research into postpartum pathology is the identification of risk factors for this common and often disabling disorder. Risk factors can be divided into three main categories: psychosocial, clinical and those factors related to pre-morbid personality or temperamental features 65. Although the most frequently cited are marital conflict 69, lack of a confidant 70, difficult psychosocial conditions 70 71, negative life events during the
year preceding childbirth, financial and professional difficulties, the personality style of women vulnerable to postpartum depression has been neglected. Recent studies on the relationship between TM and motherhood highlight two key points: first the pathogenic role of masculine discourse on motherhood in TM women. Indeed, women who blindly accept the standard discourse on motherhood are obliged to exercise their procreative function in an impersonal way. In this way, motherhood ceases to be a personal experience and acquires value only to the extent to which it adheres to social and cultural stereotypes. If women surrender unconditionally to the myths of motherhood, created by men and secularised by culture, they are more likely to feel inadequate, unworthy and incapable. Every attempt made to adhere to an ideal prototype is destined to fail, according to society and conventional expectations. Women may present a pathological valence in so far as they bring forth a particular kind of mindset and behaviour that reflects the myths of motherhood we described above. TM mothers seem over-identified with social representations of maternal roles that reflect time-honored male expectations. Their system of values, which shapes the inner core of these women’s personalities, heights their psychopathological vulnerability.

Motherhood can assume a pathological valence for women – it is the case of TM mothers – who tend to adhere to the impersonal and masculine discourse on motherhood. This discourse – which has been popular from the times of ancient Greece up to the present, but also informs the technical jargon of psychoanalysis – presents motherhood as the apotheosis of femininity and leads mothers into assuming a role that is functional to the stability of the family and social order. This means giving up many prerogatives of women that are not compatible with motherhood. In the case of these hetero/hypernomic women, who tend to abide by social norms, play the established social roles and hide their inner conflicts and tensions, myths of motherhood contribute to suppress the contradiction which is intrinsic to motherhood itself making this contradiction invisible but still painful and hence uncontrollable and potentially devastating. Heteronomy, as well as the attitude to subscribe acritically to these myths on motherhood, forcing oneself to live motherhood in keeping with rigid and impersonal schemes that do not take into consideration women’s authentic experience of motherhood, signalling a conception of motherhood as the fulfillment of female nature instead of presenting it as a period of existential crisis characterised by the dichotomy between social expectations – “how I should be” – and personal experience – “how do I feel with regard to this new situation” – may worsen this contradiction and bring the mother on the verge of psychopathological illness.

This urge to meet social expectations that are construed around the idea of motherhood-as-apotheosis of femininity, rather than the idea of motherhood-as-crisis, together with the constant growth of tasks related to motherhood, creates an emotional overload that is hard to deal with and leads to the development of depressive pathology. The second point highlights the possibility of considering the TM personality structure as a valid model for the early diagnosis of women at risk to develop an episode of postpartum depression, even in those cases in which a clear anamnesis of major depression, as well as other types of mood disorder or symptoms before and during pregnancy, cannot be established. Indeed, motherhood is like a quid novi in which a previous existential equilibrium is put at risk. TM women are compelled to adapt their own way of being to the new situation and to the changes it involves. Motherhood is a threat to the rigid existential order of TM women, and it is a danger to their orderliness. TM women tend to distort the meaning of birth, which is not perceived, at the same time, as a moment of task/duty as well as an opportunity/possibility of self-development and existential self-realisation. The reason for this distortion of the meaning of birth lies in the feature of TM called intolerance of ambiguity. The birth is conceived as an obligation characterised by necessity, tasks to fulfill – according to the rules given by consciousness and hyper/heteronomy – which are typical of TM personality. As a consequence of this, disorganised behaviour and confusion may characterise the prodromal phase of postpartum depression. The pre-melancholic situation is thus characterised by the presence of the situation of inculdence, i.e., the TM encloses herself within the boundaries of her ordo – and remanence – i.e., she remains encapsulated within these boundaries thus “remaining in self-default”.

**TM and social change: hyper/heteronomy in the liquid society**

The TM concept was shaped in the mid-1950s in a type of society with its set of values and cultural constraints that have radically changed. Among these changes, the affirmation of individualistic values like the increasing importance attributed to liberty and the decreasing importance of security, the advent of liquid society where nothing is fixed (including social bonds and work careers) and everything changes very quickly, and the triumph of instantaneousness over long-term projectuality. All these have determined radical changes in late modern identities and led to the conceptualisation of personal identity as a con-
tinuous task rather than a heritage to be preserved. In this light, can the TM concept be still considered a valid construct in today’s society that is helpful in understanding and explaining identity crises leading to depressive decompositions?

In an unpublished general population study in which 500 university students underwent a protocol for the validation of a self-report TM questionnaire, the dimension “hyper-heteronomy” did not feature among the characteristics of students who could be typified as TM. Of 500 interviewees, 49 (about 10%) were positive for the TM profile. Yet, among these, hyper-heteronomy was absent in 90% and difficult to diagnose in the remaining 10%.

Hyper-heteronomy consists in the rigid adaptation to stereotypical social norms, an unconditional adherence to established socially-shared roles. It is not surprising that in our flexible society (so different from the post World War II rigid German society in which the TM concept was established) hyper-heteronomy may have become non-characteristic in TMs, that is, in people who share all the other features of socially adapted individuals, and chiefly conscientiousness and orderliness. The question is which of societal values are (or are not) interiorised.

In a previous paper, we found that hyper-heteronomy is a key feature in TM women who developed a melancholic depression in the postpartum. Our interpretation is that the development of postpartum depression may be a consequence of these women’s adherence to old-fashioned, if not atavistic, myths of motherhood, including the centrality of the maternal function in defining a woman’s identity leading to an idealisation of motherhood. We argued that in hyper-heteromic mothers, who tend to abide by social norms, play the established social roles and hide their inner conflicts and tensions, myths of motherhood contribute to suppress the contradiction which is intrinsic to motherhood itself making this contradiction invisible but still painful, and hence uncontrollable and potentially devastating. The conception of motherhood as the fulfillment of female nature, rather than a period of existential crisis characterised by the dichotomy between social expectations – “how I should be” – and personal experience – “how do I feel with regard to this new situation” – is at the heart of this contradiction.

These two examples may suggest that the adherence to old-fashioned values that are in conflict with the mainstream mind-frame, rather than the presence of hyper-heteronomy, may be the crucial risk factor for the development of major depression.

In fact, social norms have changed and heteronomy may have remained the form of a given personality structure whose content has changed with the transformation of societal standards. Conformism is no more than compliance to the values of modern sociality, but adherence to the liquid instantaneity of the contemporary late-modern mediatic-social world. The historical prototype of the TM template on the European social codes of the previous century is plausibly rather changed in several apparent social features. The relative eclipsing of the no longer functional faithfulness to cultural standards of the past (in which adherence to tradition and dedication to it were to be considered functional to the task envisaged within the roles imposed by society) has unveiled the TM of the third millennium as a neurotic-like, conflictual structure which seeks a continuous adaptation between the need for order and an “atmosphere” characterised by social instability and disorder.

Next to this “neurotised” heteronomic structure, there grows other forms of heteronomy that are totally syntonic to the Zeitgeist. It is the case of what can be called the “I can” value structure and its psychopathological decomposition that can be named “manager depression”. Whereas for the TM the moral imperative can be summed up with the “I must” formula, that circumscribed a limited set of goals to be achieved by restricting one’s sense of freedom, “I can” personalities are characterised by an inextricable escalation of goals to be achieved that goes together with an exalted sense of freedom. This anthropological structure is endlessly projected towards new objectives and unable to be satisfied with goals once they are achieved. “I can” is the modal verb that reflects late modern Lestungsgesellschaft or the society of performance. In this type of culture, the must is being performing and personal identity is conceived as a task to be achieved via being the manager of one’s own life. Of course, “I can” personalities are totally egosyntonic with respect to the value of performance. Depressive forms stemming from this anthropological make-up are radically different from melancholic depressions and characterised by exhaustion, burn-out and insolvency and are accompanied by a feeling of shame. This is just another example of the metamorphosis of depression and its mirroring of the transformations of society.

Conflict of interest
None.

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