


**MELANCHOLIA IN PSYCHIATRY: BETWEEN VICTORIAN ROMANTICISM AND MODERN NEUROSCIENCE** <https://doi.org/10.56238/sevened2024.041-034>**Guilherme Sundré Brandão<sup>1</sup>, Davi Dias Souza<sup>2</sup>, Eduarda Gomes Abrantes<sup>3</sup>, Felipe Martins Cotta Seleguine<sup>4</sup> and Ricardo Oliveira Vizani<sup>5</sup>.****ABSTRACT**

Since ancient times, melancholia has intrigued and challenged scholars, bridging the realms of medicine, philosophy, and art. Hippocrates first conceptualized melancholia as an imbalance of humors, establishing a foundation for its later identification as a profound psychic condition. By the Victorian era, figures like Falret and Freud further dissected melancholia, associating it with psychomotor retardation, anhedonia, and existential despair. Freud's psychoanalytic framework redefined melancholia as a pathological form of mourning, emphasizing the internalization of loss and the weakening of the self. Despite its historic significance, the distinction between melancholia and Major Depressive Disorder (MDD) remains contentious, particularly following its exclusion from the DSM-III. Contemporary studies highlight melancholia's unique psychopathological features, including vegetative dysfunctions and psychotic symptoms, distinguishing it from broader depressive states. Beyond psychiatry, melancholia profoundly influenced literature and art, shaping works by Machado de Assis and José de Alencar as explorations of existential suffering and social critique. This paper underscores the complexity of melancholia as a multifaceted construct, advocating for its nuanced understanding within clinical and cultural frameworks. The evolving classification systems and their limitations highlight the need for continued interdisciplinary dialogue to address the enduring enigma of melancholia.

**Keywords:** Melancholia. Depression. Psychoanalysis. Victorian era. Freudian theory.

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## INTRODUCTION

Since ancient times, human suffering has captivated and unsettled minds, shaping the paths of medicine and philosophy in their quest to decipher the darkest layers of the psyche. In the 5th century BCE, Hippocrates marked a turning point by attributing disturbed mental states to an imbalance of humors, assigning the body an organic responsibility for the afflictions of the soul. This perspective, both visionary and constrained, laid the foundation for what would centuries later be known as melancholy- a psychic state that transcends mere sadness to become an existential enigma (Oliveira, 2013).

Between medical knowledge and poetic discourse, melancholy emerged as a lens through which humanity has contemplated its deepest emotional abysses, establishing itself as a symbol of torment and introspection in artistic and philosophical works that have shaped the Western imagination (Oliveira, 2013).

In various works of the Victorian era, melancholy was portrayed as a trait of a sad and depressive personality, often in a romanticized tone. This perspective is evident in the *Folie Circulaire*, a study by the French psychiatrist Auguste Jean Falret. He describes forms of mental disorders characterized by cyclical episodes of psychosis alternating between mania and depression. He also detailed the depressive phase of his patients, classifying the melancholic individual as burdened with remorse, prone to isolation, marked by significant anhedonia, and exhibiting motor and autonomic retardation (Falret, 1854).

Many Victorian-era scholars examined melancholy within two contexts: mourning, as explored by Freud in his early psychoanalytic approaches, or in conjunction with paranoid delusions. Freud studied melancholic patients and clarified the mourning process but did not establish what could specifically be termed a "depressive structure" (Freud, 1915).

At the turn of the century, new studies addressed melancholy as responsible for a very specific type of mood, the "melancholic mood," as classified by French psychiatrist Jules Cotard in his work. According to him, the mood becomes entirely negative when the patient experiences a profound moral discomfort (Oliveira, 2013).

During the first half of the 20th century, a notion emerged that physicians needed to differentiate melancholy from sadness in clinical practice, considering the profound nature of this psychic condition. This feeling, in fact, diverged from mere intrinsic sadness and approached a psychological catastrophe that affected the individual's essence as well as their consciousness (Ey; Bernard; Brisset, 1969).

Shortly before the First World War, melancholy was classified as a nosology by Kraepelin. Thus, patients with melancholic depressive symptoms were described as distressed, apprehensive, with trembling extremities, and "illuminated by sinister lights," as

well as exhibiting an exaggerated fear of everything, especially of being imprisoned or dying, whether from any apparent cause or not (Oliveira, 2013).

Melancholia, currently described as a subtype of depression, was previously termed endogenous depression. Del Porto, in his works, emphasizes that although it was included in the DSM-I and DSM-II, the concept was removed from the DSM-III in 1980. This exclusion further complicated the differentiation between Major Depressive Disorder and Melancholic Depression, creating diagnostic confusion that persists to this day (Del Porto, 2011).

## THE IMPACT OF FREUD ON THE STUDY OF MELANCHOLIA ACCORDING TO PSYCHOANALYSIS

In his works, Freud meticulously elaborates on his created classifications: the id, ego, and superego. The superego functions to inhibit impulses that go against moral consciousness and guide the individual towards a state of behavioral fulfillment. The ego is the most logical and rational part, while the id disregards moral rules and seeks pleasure through personal objectification (Laender, 2005).

The Freudian psychoanalysis offers a unique understanding of melancholia, treating it as a pathological manifestation of mourning. Freud observes that the mourning process, when unresolved, leads to the internalization of the lost object and the weakening of the Self. This perspective has strongly influenced modern psychiatric theories, particularly regarding Major Depressive Disorder (MDD), which shares some similarities with melancholia, such as the loss of interest, but is more comprehensive in its symptoms, as evident in his work "Mourning and Melancholia" (Freud, 1917).

For the author, mourning is a painful task of clarification and discovery of an object or thing that is no longer available as a source of love. In his book, Freud presents melancholia as a form of mourning that fails to progress, becoming pathological to extremely dangerous degrees for the self (Freud, 1917).

In the psychoanalytic approach, the melancholic personality is characterized by a significant and deep rupture in the self, which ceases to be perceived as worthy of receiving love. This condition establishes an intrinsic connection between melancholia and narcissism, highlighting a complex psychic dynamic. A closer analysis reveals that, for Freud, what the melancholic loves in the object is, in fact, a projection of their own ego, transforming the relationship with the lost object into a reflection of the internal conflict of the self (Freud, 1917).



## THE STUDY OF MELANCHOLY IN THE 20TH AND 21ST CENTURIES

Currently, many studies still attempt to separate typical depression from melancholic depression, a result of the inadequate classification presented in the DSM-IV, which categorizes it merely as a specifier. The correct classification is justified by the psychopathological differences, as demonstrated by dexamethasone suppression tests, which are generally more commonly positive in melancholic individuals than in those with other types of depression (Lafer et al., 1996).

Parker et al. (1994) highlighted several characteristics that could help psychiatrists and psychologists classify a depressed individual as melancholic, including:

1. Morbid statements, anhedonia, non-reactive mood, constant and excessive apprehension;
2. Psychomotor disturbance;
3. Significant cognitive impairment;
4. Vegetative dysfunction, such as changes in circadian rhythm, weight, and libido;
5. Psychotic symptoms.

The difference between Major Depressive Disorder and Melancholia, although mentioned, is not adequately explored in the psychiatric literature. Melancholia, in its classic context, goes beyond a simple form of depression, characterized by a profound rupture in the individual's relationship with their own Self, often associated with an internalized loss of an object or ideal. This distinguishes it from Major Depressive Disorder, which is broader and includes a variety of causes and symptoms (Parker et al., 1994).

Melancholia involves a pathological self-identification with loss, making it a more introspective and narcissistic condition. On the other hand, Major Depressive Disorder, as per the DSM, is a more generic diagnosis, with less specific symptoms and a greater diversity of clinical manifestations. This lack of a clear and deeper distinction between the two conditions can hinder accurate diagnostic approaches and effective treatment (Parker et al., 1994).

## MELANCHOLIA IN LITERATURE AND ART

Melancholia emerged as an important theme in the construction of Brazilian works from the 19th century, arising as a deep and romanticized reflection on existential anguish and the human condition, especially within the context of the Imperial Society during the Second Reign (1840-1889).

Authors such as Almeida Garrett, José de Alencar, and Machado de Assis addressed the theme of melancholia as a state of the soul that oscillates between the intimate suffering of the main characters and the influence of social conventions (Carvalho, 1990).

In *Memórias Póstumas de Brás Cubas*, a work that marks our literary independence, Machado de Assis employs melancholia to shape the figure of a narrator who, already deceased, observes with irony and disillusionment the ills of his life and society. Melancholia, in this context, serves both as a psychological condition and as a critique of the fragility of institutions (Assis, 1881).

In *Senhora* by José de Alencar, melancholia is present in the internal struggles of the characters, marked by their difficulty in freeing themselves from desires and social expectations. Brazilian literature of the 19th century, in general, reveals a quest for the meaning of life and death, while also exposing the weight of moral norms and the limitations of personal freedom (Alencar, 1875).

## CONCLUSION

Melancholy is a profound and complex theme that should not be viewed as a romanticized depression, and it continues to be explored in various fields of psychology and literature. Although psychoanalysis, with its contributions, was a significant milestone in understanding this phenomenon, there is still much to be studied on the subject.

The fact that psychoanalysis is viewed by many as a pseudoscience does not diminish its historical influence, especially in understanding psychic dynamics and the ways we deal with pain and loss.

At the same time, the evolution of classifications, such as the DSM-5, appears increasingly flawed and limited, often reducing the complexity of human issues to simplistic categories without nuance. This shows that we still have a long way to go to fully understand melancholia and its various facets, and it is important to continue questioning and deepening discussions on this subject.

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