Mood Disorders: An Introduction

There is a pitch of unhappiness so great that the goods of nature may be entirely forgotten, and all sentiment of their existence vanish from the mental field. For this extremity of passion to be reached, something more is needed than the observation of life and reflection upon death. The individual must in his own person become the prey of pathological melancholy. . . . Such sensitiveness and susceptibility of mental pain is a rare occurrence where the nervous constitution is entirely normal: one seldom finds it in a healthy subject even where he is the victim of the most atrocious cruelties of outward fortune . . . it is a positive and active anguish, a sort of psychical neuralgia wholly unknown to healthy life.

William James¹

The Varieties of Religious Experience (1923)

Two Case Histories

Melancholia

By all objective accounts he was indeed a prominent lawyer. The policeman, who had found him sitting at 4 A.M. in an empty public square chewing aspirin tablets, said he was, and his wife, when called, confirmed it. And yet he described himself as a “shell of a person” fit only to be prosecuted for moral decay. A loud voice—“heh”—was ridiculing him. He was not a man. Had he not neglected his wife, both emotionally and sexually? Was he not cursed and ignored by God as a failure? All his benevolent acts were a cover for self-aggrandizement. He was the model for the wretched lawyer whom Camus had portrayed in his novel The Fall. He had indulged himself in a life of pseudoservice. He should never have entered the legal profession. Rather, he should have been a janitor. In fact, he wondered at times whether he was a lawyer. Perhaps he had been once, but now he was clearly an imposter, an empty, useless wretch who could no longer concentrate or make the simplest decisions, who paced his office late into the night, afraid to go home and face another restless, sleepless night. He felt

¹ P. C. Whybrow et al., Mood Disorders
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caught in something repetitious and uncontrollable, beset by sinful thoughts that threat­
ened to destroy him. He was “wiped out,” “fallen apart,” so alienated from his
creator and his family that he wondered whether he even existed. Who were the
authorities to deprive him of his final, perhaps only, courageous act?

He had left his office just before dawn. There had been some planning. He knew
that enough aspirin would kill him. It would be a logical solution, a precise reversal of
his birth half a century before. He sat down in his favorite public square—on the steps
of the Gallery of Art, a place where he had spent so many happy free hours. The colors
in the paintings were now pale and drab, drained of their previous ability to provide
him with pleasure. So, with fixed stare, preoccupied with thoughts of a wasted life, the
events of which now paraded before him in sad contrast to the beauty of the dawn, he
proceeded to deliberately and slowly chew the small, bitter white tablets. As the
minutes passed, there came a distinct ringing in his ears. It reminded him of his
childhood, of mass in the early morning at his father’s church.

Approximately 1 in 20 people will experience melancholia during their lifetime. It is an ancient malady, described in the earliest writings of man’s experience. It is the
subjective state that the Greeks equated with a dark mood, a black bilious humor. It
must be distinguished from the “depression” at its fringe, which is accepted as
commonplace and ubiquitous. All of us have known sadness and self-doubt, but the
destructive power with which the lawyer struggled is an experience peculiar to severe
depressive illness.

Mania

In similar mode, a great joy and pleasure in the surrounding world can grow in
some to a disruptive euphoria and a devouring excitement. Aretaeus described such a
condition in Rome during the second century. The experiences he drew upon probably
differed little from the subjective report that follows. The author is a young man, a
clerk in a northeastern tax office, frustrated by his work and desperately wishing to be a
writer.

“It was in the spring that I first began to be plagued by sleeplessness for which I
sought medical advice and was given at various times Elavil and Librium (I think). I
was drinking, not heavily but steadily, both socially and in order to help the sleeping
problem. It also served to break the boredom of my job. For the first time I felt it was
becoming unmanageable. I disliked the sycophancy demanded of the workers—dis­
liked is not strong enough here—I despised any expression of authority, whether it
applied to me or not. I was becoming angry over little things, feeling I could run the
place better, more efficiently, more humanely. Everything seemed static, futile, even
though I was earning a reasonable wage and intended to leave for Europe within
weeks.

“Retrospectively I suspect I was a little depressed. I know I was anxious about
not sleeping, as I kept telling people about it, wanting to acquaint them with my
difficulties. Then during the week or two before departing for Europe, my mood
lightened quite suddenly. Things seemed almost humorous at the office and my col­