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A Case History Analysis of the "Manic Type" and the "Melancholic Type" of Premorbid Personality in Affectively Ill Patients

J. Pössl and D. von Zerssen

Max-Planck-Institut für Psychiatrie, Kraepelinstrasse 2, D-8000 München 40, Federal Republic of Germany

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Summary. The use of case histories in examining the premorbid personality of affectively ill patients is especially useful in the case of patients with a predominantly manic course of the disorder, because this kind of affective illness is very rare. The concept of the "manic type" of premorbid personality is described in detail and contrasted with the concept of the "melancholic type" often found in patients with a purely depressive course of the illness.

Key words: Premorbid personality – Unipolar depression – Bipolar disorder – Affective illness – Case history analysis – "Manic type" – "Melancholic type"

Introduction

The mass of clinical psychiatric experience collected in case histories is rarely used in the framework of current research projects. There are, however, a number of questions to which the information found in case histories could be applied. Classical examples are Conrad's (1958) study on the onset of schizophrenia or Janzarik's (1968) longitudinal study on chronic schizophrenic psychoses. Further examples are the predictions of course and outcome of schizophrenic psychoses (Möller and von Zerssen 1986) as well as of unipolar depression and anxiety disorders (Wittchen and von Zerssen 1988) on the basis of data extracted from case records.

Studies on the premorbid development of psychotic patients have also utilized case history notes (Dietrich 1961; Rowe and Dagett 1954; Tellenbach Jr 1975). The two German authors, Dietrich and Tellenbach Jr, derived information on the patients' early development from case histories. By this approach, they made an important contribution to the concept of the "melancholic type", formulated by Tellenbach (1961), which was based on explorations of remitted patients and their family members. This concept illuminates the premorbid personality of unipolar depressives of the melancholic subtype.

As to the concept of the "manic type" of premorbid personality formulated by von Zerssen (1977a) for patients with a predominantly manic course of a bipolar affective disorder, validation studies are difficult to carry out for the following reasons. Prospective studies on premorbid personality, such as the Zurich study (Angst and Clayton 1986), are not feasible because of the extreme rareness of this kind of affective illness. For the same reason, it is difficult to recruit a sufficient number of fully remitted patients with this special subtype in a follow-up study of affective psychoses. In addition, these patients' mobility, a feature of their illness and in part probably also of their personality, makes it difficult to locate them for such a study.

Owing to the problems encountered in gathering an adequate sample, the use of case histories presents a reasonable alternative for the study of the premorbid personality of manic patients. Textbooks dealing with the question of how case records ought to be written repeatedly emphasize that, in addition to psychopathological phenomena, it is also important to describe the patient's personality *before* the onset of the disease (e.g. Huber 1981; Mayer-Gross et al. 1969; Neumann et al. 1984). This should be done as vividly as possible without using the technical terms of psychology, psychoanalysis or sociology (Bleuler 1967; Ernst 1988).

The statements made by family members on the patient's premorbid development make an important contribution to the validity of psychiatric case records, because they are usually not directly influenced by the dis-

Offprint requests to: D. von Zerssen

order, as might be the case with a patient's answers to such questions. It is this influence that is difficult to assess when using self-rating scales, even if they are applied to remitted patients. Furthermore, data on the early development, which are of outstanding importance in the determination of premorbid development, can only be collected exclusively through statements made by a patient's parents or siblings.

Finally, considering the limited number of papers on the premorbid personality of manic patients published so far, it is to be expected that features which are rare in other clinical groups or in the general population but characteristic of the majority of manics have not been taken into account in the construction of standardized rating instruments.

For this reason, the first section of this paper deals with the degree to which a homogeneous image of the premorbid personality can be extracted from case histories of patients with a predominantly manic course of an affective illness. In the second section, we present a detailed description of the "manic type" of personality, which is based on the results of the first section but now with special reference to the opposing relationship between the "manic type" and the "melancholic type" of personality (von Zerssen 1977a, b, 1982, 1988). For this description of types, the pertinent literature has also been consulted. In the third and final section, the premorbid personality of affectively ill patients is assessed by applying the "type images" as described before to case history notes on the patients' premorbid development. On this basis, the postulated association between the "manic type" and a predominantly manic course of the disorder and between the "melancholic type" and a unipolar depressive course is evaluated.

The three sections correspond to the following qualitative methods of typological analyses, i.e. the detection, the description and the recognition of types (von Zerssen 1973, 1977b). In this context, the paper focuses on a detailed description of the types, because it is an indispensable prerequisite for adequately relating cases to the type concepts. In addition, this should enable others to use the type concepts appropriately in replication studies.

Section 1: Detection and Preliminary Description of the "Manic Type"

The question to be answered in this part of the study is whether premorbid personality features, common to all or many patients with predominantly manic episodes of an affective illness, could be detected in their case histories.

Subjects and Methods

Subjects. The sample consisted of 14 former inpatients (10 women and 4 men) of the Psychiatric Department of the Max Planck Institute of Psychiatry (MPIP). Thirteen patients were classified as unipolar manics according to ICD-8 (296.1); 6 patients were hospitalized more than once at the MPIP for purely manic episodes. One patient was diagnosed as unipolar manic at the first admission and as schizomanic at the second one.

This group of manic patients was selected because their premorbid personality had already been analysed in another study with the aid of self-rating questionnaires (von Zerssen 1988). So it would be possible to compare the results of the two studies.

Methods. The case histories of the 14 patients were intensively studied by the first author, who, prior to this evaluation, had no knowledge of any concept regarding the premorbid personality of affectively ill patients. He was instructed to examine these case histories without any theoretical bias and with an open mind for all impressions. Those premorbid personality features repeatedly found in the records should be written down, but without arranging them systematically.

This approach corresponds to the "eidetic detection of types" (von Zerssen 1973; 1977b). Here, the task of the investigator is to look passively at the information available in order to gain an image from a host of impressions. This way, features repeatedly found in a sample are reinforced in the investigator's memory, while rare features tend to get lost in the global impression (Kretschmer 1977; von Zerssen 1977b).

Results

The review of the case histories showed that these patients had many features in common in their premorbid development, which can be briefly summarized as follows (a more detailed description is given in the second section of this paper):

A. Nearly all patients were described as active, vivid, strong-willed and imaginative children who easily made contacts and often played the role of the leader within peer groups.
B. Their performance at school was described as good to very good. A lot of interests outside school were mentioned.
C. Frequently more than one vocational training had been taken up and broken off before the final training was completed. The patients were often self-employed.
D. An inclination towards eccentricity and towards esoteric or mystic subjects (yoga) were frequently mentioned. As far as sports were concerned, a noticeable tendency towards adventurous enterprises was reported.
E. Contacts with the other sex were made very early, resulting, however, in a rather late establishment of a stable relationship (marriage). The subjects often had a clearly marked longing for an ideal partnership, whereas they were never satisfied with the present situation. This contradiction between wishful thinking and reality did not only concern their partnerships but other spheres as well.
F. Some relatives complained about the patients' permanent unreliability, their irritable temper and their unwillingness to compromise. Their readiness to help, their generosity, their cheerfulness and enthusiasm as well as their vivid imagination were highly valued. The sociability of nearly all patients was emphasized; however, empathy was usually lacking.
G. Two of the 14 case notes differed markedly from this description of premorbid development. The personality traits mentioned were not found in the other patients. These two patients displayed an anxious character, clearly

recognizable from early childhood on, with a tendency to avoid stress and strain.

Discussion

The results are remarkable above all in that a number of traits depicted in the case histories of the majority of patients or disclosed by examples of behaviour in specific circumstances of their lives resemble each other so much that a homogeneous personality image emerges. This image obtained by a rater, who at the time of his inquiry had no knowledge of any theories about the premorbid personality of affectively ill patients, is in agreement with the hypothetical concept of the "manic type" described earlier by von Zerssen (1977a). A comparison with questionnaire data obtained in the same sample also revealed a remarkable concordance. The 14 manic patients deviated in their premorbid personality from all other groups examined (other psychiatric as well as physically ill patients) on the scales of "Extraversion" and "Esoteric Tendencies" (von Zerssen 1988).

The same personality traits (e.g. extraversion, sociability, general activity, and unreliability) are found in the pertinent clinical literature on the premorbid personality of manic patients (Arieti 1974; Blankenburg 1967; Dietrich 1968; Häfner 1962; Jung 1903; Kraepelin 1913; Saiz 1907; Sone and Ueki 1984; Tellenbach 1965) as well as in the results of other psychometric studies (Eiband 1980; Rowe and Daggett 1954; von Zerssen 1977a; 1982). Because of these agreements no further review of the case records by a second rater was carried out at this stage of the study.

It could be argued that the clinician in charge of a patient was influenced by the concept of the "manic type" when exploring the patient and his or her family members and wrote the case record accordingly. However, most of the physicians were not familiar with this concept. They were rather influenced by psychoanalytical theories on character formation. Nonetheless, they avoided any technical terms in describing a patient's premorbid development and simply recorded what was reported to them by the patients and their key persons. Furthermore, at the time when the case notes of our patients were recorded, esoteric tendencies, which – in conjunction with a vivid imagination – may lead to permanent conflicts with reality, had not yet been incorporated into the concept of the "manic type" or described in the pertinent literature. This contradicts the assumption of an investigator bias and underscores the usefulness of the case history approach for the study of premorbid personality.

Section 2: Elaboration of Type Concepts and Final Description of the "Manic Type" and the "Melancholic Type"

According to a hypothesis formulated at an earlier stage (von Zerssen 1977a, b, 1982, 1988) and according to the results of the first section, the premorbid personality traits of manic patients are in distinct contrast to those of the "melancholic type" described in detail by Tellenbach (1961). We have therefore tried to conceptualize the "manic type" as opposed to the "melancholic type" on the basis of our own findings and those reported in the literature.

Methods

We further elaborated our concept of the "manic type" by incorporating features of the premorbid personality of manic patients described in the pertinent literature (from Jung 1903 to Sone and Ueki 1984; see above). The results of the above-mentioned questionnaire inquiry (von Zerssen 1988) and two studies on creativity and affective illness (Akiskal and Akiskal 1988; Richards et al. 1988) were also taken into account, above all with respect to the esoteric and artistic tendencies of the "manic type".

Our concept of the "melancholic type" was primarily based on Tellenbach's (1961) description. Additional information on childhood development was provided by the papers of Dietrich (1961) and Tellenbach Jr (1975), who both used the information from case histories. We further included descriptions by Kraus (1971, 1977), Shinfuku and Ihda (1969) and Steinmeyer (1980). Finally, contributions on the character development of melancholic patients by psychoanalytically oriented authors, as summarized by Mendelson (1976) and Chodoff (1972), have been taken into consideration.

Both type concepts should serve as yardsticks for the evaluation of case histories. Therefore, only those traits were considered which could be found in case notes or could easily be inferred from them. This was checked on the basis of further case records of affectively ill patients.

The following description of both types is written in a style which avoids theoretical terms and corresponds to the description of the premorbid development found in case histories. This should facilitate the blind assignment of case notes to the type concepts, which is illustrated in the third section of this paper.

Results

The "Melancholic Type"

Patients with this type of personality are quiet and well-adjusted in their childhood. They have few but stable friendships. In kindergarden and at school, they are well integrated in their peer groups and they tend to play the role of the "follower". Generally their performance at school ranges from average to good as a result of diligence and constant effort. Favourite subjects at school or other special interests are rare. These persons seldom interrupt or break off their training; if they do so, they must have very good reasons for their decision. In most cases, the chosen occupation is taken up immediately after the corresponding training.

As far as the actual choice of a job is concerned, the sense of security overrides all other motives. Thus, these persons often choose jobs as employees or civil servants. They seldom change their occupations or places of work and, if so, only because they are forced to do so. Such changes usually do not result from their own decisions or initiatives.

These people are respected as reliable, conscientious, and cooperative colleagues who work a great deal, even

at the expense of their private lives. To them success means that their colleagues and superiors are satisfied with them. They themselves are completely satisfied with rather dependent and inferior positions. Leadership positions are too challenging for them because they feel responsible for everything and have great difficulties in refusing to accept work or delegating it to others.

As they are not able to make claims on their own behalves, it may happen that they are overlooked and not sufficiently appreciated, which actually hurts them deeply; but they tend to swallow their anger instead of expressing it. This is not only true for their occupational but also for their private lives.

Severing ties with home takes place very late or sometimes not at all. Even when these persons are separated from their families (e.g. due to their choice to study at a university), they like to return home whenever possible. Even after settling down and having their own family, it is not unusual for them to live together with their parents, whose attitudes and ways of life are adopted by them.

Marriage and family are of great value to them. Their family obligations as bread-winner or housewife and mother are taken very seriously. In most cases, the first partnership leads to marriage. Faithfulness is very important to them; although extramarital escapades of the spouse are tacitly accepted in order to avoid trouble, they are never completely forgiven, let alone forgotten. The same is true for their own unfaithfulness, should it ever occur. It is always accompanied by heavy pangs of conscience lasting for a long time. In case of problems, they are inclined to maintain marriage and family at almost any cost and do not risk any separation from their spouse. Conflicts which might interfere with the marital harmony are avoided whenever possible.

Persons of this type are deeply engrossed in their jobs or in their tasks as mother and housewife and work hard to fulfil the demands of their roles. Therefore, they are not able to understand that anyone can find his self-actualisation in dangerous sports, adventurous trips or in esoteric fields and avant-garde art. Their attitude towards life is sober and pragmatic. They do not approve of ambitious plans and fantastic ideas. As far as politics are concerned, they also reject radical ideas and tend to have conservative or cautiously reformatory views.

Persons of the "melancholic type" do not wish to attract attention. They feel most at ease in the company of a few acquaintances and avoid large parties. They hesitate to make contacts; however, when contacts are made they turn out to be very stable and constant.

Their mode of living is modest and unselfish. Addiction problems are unusual (no alcohol or drug abuse), although there may be an excessive use of prescribed medicine (e.g. sleeping or headache pills).

There is a clearly marked orientation towards social norms, rules and values. If they offend against them, intentionally or not, they are filled with remorse for quite a long time. Their religious life primarily takes place within the framework of the official institutions.

Such people try to adjust themselves to reality. They consider it difficult to take the initiative, are afraid of any risk and very suspicious about abrupt changes, although they do not fanatically defend their opinions if the ideas of the majority, which they always endorse, change. On the whole, they are closely tied to tradition, or their location, and their country. This trait limits their mobility considerably.

The "Manic Type"

Persons of this type are described by their parents as active, vivid, and strong-willed children who learn to speak and to walk at an early age. Their lively imagination easily tempts them into lying and conceiving strange stories. Among their peers, they often play the role of the leader and are always ready to make contacts. Their performance at school is usually above average, although they do not work hard. They are described as very ambitious and often have favourite subjects and a lot of interests outside school in which they do particularly well. Their marks are not marred by a lack of talent but by a lack of motivation to learn for school and an inclination to become easily distracted.

The education and training of these persons is by far not as straightforward and consistent as is the case with persons of the "melancholic type". They often complain that their training does not meet their interests. People of this type are therefore ready to quit one course of training and begin another. Their choice of an occupation also corresponds to a high degree with their own wishes and ideas. Self-employed professions (e.g. doctor, tax consultant) or jobs which involve frequent changes of location (e.g. stewardess) are often selected. Artistic professions (e.g. actor, photographer, writer) are frequently chosen as well as jobs which result in many contacts with other people (e.g. sales representative). As long as these persons are satisfied with their occupations, they can be very successful and gain leading positions, which is in compliance with their often clearly marked ambition.

During puberty they feel permanently restricted and patronized by their parents. They are frequently in dispute with them and try to detach themselves from their views. However, the relationship with them has always been rather ambivalent or distant. Severing ties with home often takes place abruptly at an early age. On the whole, their family life is far from the close, constant one of the "melancholic type". Nevertheless, an ambivalent relationship to one of the parents, which vacillates between proximity and distance, may persist.

Social contacts are often superficial – easily made but as easily broken off. Relationships which restrict or oblige them are avoided as much as possible. People of the "manic type" quickly fall passionately in love, but they are often not able to maintain a stable partnership. If a relationship continues for a longer period of time, it is mainly due to the partner's readiness to compromise.

Persons who meet the characteristics of the "manic type" enjoy being the focus of social events and drawing everybody's attention towards them. In this case, their charm, wittiness, and self-assuredness are of considerable assistance. Their activity can be an incentive for

others; they are, however, in constant danger of overestimating their own capabilities, and it may happen in the long run that other people are either not able or willing to follow their highflown plans.

Persons of the "manic type" feel very comfortable as social leaders in contrast to the "melancholic type". In human interactions, they do not avoid quarrels and can easily become verbally aggressive, but they are never resentful. Their lack of distance and especially their lack of empathy are difficult to bear. They place their own needs far above those of others.

They are never satisfied with the "status quo" and always struggle with reality, wanting to improve it. Because of their constant search for ideals, they suffer from the contradictions of the world. Thus, in their striving for an ideal partnership, they prefer giving up an unsatisfying relationship or marriage to maintaining it at all costs. Generally, they like to take the initiative and do not shrink back from risks.

They love travelling and adventures and also go in for a variety of extreme sporting activities. On the whole, they like everything that is unusual or special. They have a vivid imagination, and pursue manifold cultural and artistic interests. Their search for new experiences can also bring them in touch with esoteric spheres, such as yoga. Their attitude towards religious subjects is characterized by an inclination towards mystical and magical thinking, whereas they are not attracted by the official church as an institution.

Persons of the "manic type" often spend more money than they have at their disposal, which is so unlike the behaviour of the "melancholic type". It is not typical of them to save their money or to be thrifty; they prefer trying to make money by daring speculations. Having earned it, however, they spend it as quickly, often treating other people in a most generous way. But here again, as these persons do not take obligations too seriously, their generosity often seems a bit arbitrary.

Since they frequently do not know their limits, there is a certain risk of addiction problems, mainly caused by drugs promising new experiences.

In pursuing their aims, they tend to disregard social norms or simply ignore them but do not intend to hurt or injure anyone. The "manic type", for whom social conventions are not as obliging as for the "melancholic type", does not feel deep remorse over a longer period of time for transgressions against moral rules. Nevertheless, these persons are often ready to help and be socially involved but in a way which is not always understandable to others. For example, they tend to take radical stands when making political decisions. Accordingly, their social commitments might only reflect their eccentricity and their need to impress others.

Discussion

It has to be emphasized that the two concepts of premorbid personality presented here do not necessarily imply a pathological or abnormal deviation in the sense of a personality disorder. This is in accordance with a study by Charney et al. (1981), who reported that of a group of 66 unipolar depressives of the melancholic subtype only 14% had a DSM-III Personality Disorder. As early as 1966, Angst reported an approximately equal proportion. Opposite findings were provided by Tölle et al. (1987). However, in this study the percentage of definite DSM-III Personality Disorders also amounted to 11.5%, which would correspond to the results achieved by Angst and by Charney et al.

The "manic type" and the "melancholic type" of personality represent special patterns of personality traits which are usually well within the normal range. Although the "melancholic type" display anancastic features, they lack the marked rigidity so characteristic of obsessive psychopaths. When public opinion changes, the "melancholic type" are quite able and willing to go with the majority. As the present paper focuses on the "manic type", the reader is referred to the pertinent literature (Blankenburg 1988; Glatzel 1974; Tölle 1987; von Zerssen 1969, 1977a) for the discussion of the "melancholic type".

The "manic type" may exhibit hyperthymic and hysterical traits (Dietrich 1968). However, descriptions of hyperthymic and/or hysterical personalities usually contain only abnormal and even pathological features, because they have often been used in conjunction with psychopathic personalities (Bürger-Prinz 1950; Kahn 1928; Schneider 1934; Tölle 1966). They focus on dysfunction rather than on positive characteristics of individuals. Yet there are indications that those liable to develop a manic-depressive illness may be more creative than others (Richards et al. 1988), and creativity is one of the positive features of the "manic type".

Furthermore, it should be mentioned that the concept of hysterical personality is primarily applied to women, while disorders of a predominantly manic course are more often encountered in men (Angst 1980; Blankenburg 1967). The "manic type" is not characterized by infantile traits either, commonly attributed to hysterical personalities (Kahn 1928). Kraus (1977), too, contrasts the theatrical, glamorous, and elusive behaviour of the hysterical personality, which easily conveys the impression of being artificial (Binder 1960), with the more natural and convincing behaviour of manic patients, who are not in a manic episode. Nevertheless, the "manic type" exhibits traits of the hysterical personality in that they also shy away from binding commitments, have, in most cases, only superficial social contacts, and like to be at the centre of attention.

With regard to hyperthymic features, the elated mood, on which Schneider (1934) concentrates, is not of central importance for the concept of the "manic type". Rather, the "manic type" tend to suffer from the contradictions of the world and from the failures of their plans in the face of reality. More characteristic of the "manic type" is the hyperthymic's increased activity (Akiskal 1989).

Even Jung's concept (1921) of the extraverted type cannot substitute for that of the "manic type". According to Jung, the extraverted type is oriented to the object world and is deeply engrossed in it. The actions of such persons are guided by objective conditions and require-

ments (customs and manners, opinions). However, this orientation towards social norms is only true for the "melancholic type".

Many items of extraversion scales, including such features as sociability, general activity, impulsiveness, aspiration for influence, and elation or love of life, correspond to the "manic type" (as to the construct of extraversion see Amelang and Bartussek 1981; Herrmann 1969). This is expressed in the increased extraversion scores of manic patients (Eiband 1980; von Zerssen 1988). There are, nevertheless, some important aspects of the "manic type" which the construct of extraversion does not cover or does so only marginally. Among them are interests in subjects which are somewhat out of the ordinary (e.g. esoteric matters), a vivid imagination, unconventional behaviour, a tendency to idealize, and the resulting conflicts with the realities of life.

Section 3: Recognition of Types

It remains to be examined in what way the concepts of the "manic type" and the "melancholic type" can be used for assessing the premorbid personality on the basis of case histories. This problem has been dealt with in a study applying the two type concepts as outlined in Section 2 to case history data on the family background and personal premorbid development of patients with different subtypes of an affective disorder. The design of that study and its main results are briefly summarized in the following section. A more detailed description is given in another paper (von Zerssen and Pössl 1990). In the present paper, the emphasis is on problems of assignment of our type concepts to case history data.

Subjects and Methods

Subjects. The sample consisted of 42 former inpatients of the Max Planck Institute of Psychiatry (MPIP), distributed over four different subgroups of an affective illness:

A. "Unipolar" mania (ICD-8, 296.1; $n = 10$): patients with either purely manic episodes or with a predominance of manic episodes (m) to depressive episodes (d), with m:d being greater or equal 4:1 during the course of the disorder.
B. Bipolar manic-depressive disease (ICD-8, 296.3; $n = 11$): patients with at least one full-blown manic episode in addition to depressive episodes, i.e. bipolar I according to Dunner et al. (1976), however, excluding patients of subgroup A.
C. Bipolar depression (ICD-8, 296.3; $n = 11$): patients with at least one hypomanic episode besides depressive episodes, but have not exhibited any manic episode so far, i.e. bipolar II according to Dunner et al. (1976).
D. Unipolar "endogenous" depression (ICD-8, 296.0/.2; $n = 10$): patients without any manic or hypomanic episode in the course of the disorder.

Materials. Information sheets from the case records of these 42 patients were compiled, solely containing information on the patients' family background and their premorbid development. Data on personal or family psychiatric illness were carefully deleted.

Methods. These information sheets were given to the first author who was not involved in the selection of the case records or their preparation. His task was to decide whether the information on premorbid development matched either the "melancholic" or the "manic type". He was blind to the course of the affective illness of the individual patients; that is, he did not know to which diagnostic subgroup the patient belonged. He also had no information on the distribution of age and gender or on the number of patients in each diagnostic subgroup.

The personality traits described in the information sheets were to be assessed according to the two personality concepts elaborated in the second section described above. It was not intended to infer psychometrically defined trait dimensions, such as "extraversion" or "rigidity", from the information sheets; neither were the descriptions of the two personality concepts to serve as lists of criteria, a specific number of which had to be fulfilled for assigning the case in question to one of the two types. This procedure could not be followed because case histories do not contain information on each individual personality feature in question. Therefore, a global kind of "pattern recognition" was applied to the case history data.

There were three evaluations for the assessment of the premorbid personality according to the two type concepts. In the *first evaluation,* the rater examined the information sheets one at a time; in the *second evaluation,* all 42 information sheets were given to him simultaneously. In the *third evaluation,* two subgroups were formed, one including "unipolar" mania and unipolar depression, the other bipolar I and bipolar II disorder. The rater had to complete the assignment procedure analogously to the second evaluation, but for both groups separately: first for the "unipolar" and then for the "bipolars". He was not told that the two subgroups were chosen systematically and hence believed that they resulted from a random subdivision of the total sample.

In the first and second evaluation, the rater had the additional task of differentiating between the pure and the mixed personality types, the latter, however, with the "tendency" in the direction of one of the pure types. In the first evaluation, he also had to record a "differential typological diagnosis" in addition to his primary diagnostic decision. Finally, in the third evaluation, he had only to determine whether the "manic" or the "melancholic type" dominated in a patient's case history.

After the evaluations, the personality type assigned to each patient was related to the course of his affective illness. Differences in the distribution of the two personality types were predicted between the two unipolar groups. It was further expected that the ratio of assignments to the "manic type" versus to the "melancholic type" would decrease from "unipolar" mania over bipolar I and bipolar II disorders to unipolar depression. This prediction is based on the hypothesis that the "manic type" is more pronounced in bipolar subjects whose illness has a stronger manic component (bipolar I), whereas the "melancholic type" prevails in bipolar II subjects with a predominantly depressive course (von Zerssen 1988). It should be noted that this assumption is not in line with findings reported by Cassano et al. (1987). However, these authors used the temperamental type as a criterion for the clinical diagnosis of a bipolar II disorder, which makes their findings difficult to interpret.

Results

Rating Problems

A. The procedure of the first evaluation unexpectedly proved less difficult than that of the second. In the first evaluation, the information sheets were assessed one at a time; the rater was able to concentrate completely on one information sheet while applying both type concepts. In the second evaluation, all the 42 information sheets were given to the rater at the same time. The opportunity to compare the individual sheets with one an-

other led to a host of information which complicated the assignment rather than facilitating it. Although the procedure of the third evaluation, where only "a tendency in the direction of one of the two types" had to be determined, considerably reduced the number of decisions to be made, it did not facilitate the assignment of cases showing slight tendencies towards both types.

B. Brief descriptions of the premorbid development often presented sufficient information for the assignment, while diffuse descriptions over several pages often contained redundancies or irrelevant information, thus leading to a blurred image of the personality. In none of the case histories were technical terms, such as hyperthymic, cyclothymic, introverted or extraverted, oral, anal, or narcissistic, used. The reports were merely descriptive and apparently unbiased by theoretical considerations of the interviewer.

C. The personality traits of the "manic type" emerged more clearly from the case notes than those of the "melancholic type". In addition, the traits of the "melancolic type" did not vary in degree as much as those of the "manic type". Therefore, the discrimination between the pure and the predominantly "melancholic type", to be performed in the first and second evaluation, proved to be particularly difficult.

D. Difficulties arose in the assignment of eight cases with slight tendencies to both the "melancholic" and the "manic type". Distinct and marked traits of both types were present simultaneously in only one patient. Another patient revealed traits of the "manic type" in his childhood and adolescence, while, according to his own description, his personality since the time of his marriage in early adulthood has rather corresponded to the "melancholic type". Furthermore, it was difficult to assign two personalities exhibiting a strong isolation tendency – completely uncharacteristic of the "manic type" – together with markedly dreamy and romantic features, which did not fit in with the "melancholic type".

E. In seven cases, the personality development was determined and, in some way, distorted by particular factors so that our type concepts could not readily be applied. Such factors were a neurotic relationship with the father reaching from childhood into adulthood, homosexual tendencies or problems with sexual identity, a speech disorder which impaired social contact or a very hard childhood with deteriorating effects on personality development.

The rating problems described under D and E emerged, often simultaneously, in almost one-third of the 42 case histories.

Data Analysis

In Table 1, the association between course of the illness and personality type with regard to the unipolar subgroups (1a) and the bipolar subgroups (1b) according to the third evaluation is presented. The results are representative for all evaluations (see von Zerssen and Pössl 1990).

Table 1. Frequency distribution of personality types in the subgroups of affectively ill patients

	a) "Unipolar" mania and unipolar depression		
	"Manic type"	"Melancholic type"	Σ
"Unipolar" mania	8	2	10
Unipolar depression	3	7	10
Σ	11	9	20

Phi = 0.50; $P = 0.035$ (Fisher's exact test)

	b) Bipolar I and bipolar II disorder		
	"Manic type"	"Melancholic type"	Σ
Bipolar I disorder	6	5	11
Bipolar II disorder	4	7	11
Σ	10	12	22

Phi = 0.20; $P = 0.33$ (Fisher's exact test)

It is evident that the "manic type" is more frequently found for a "unipolar" manic course, while the "melancholic type" predominates in unipolar depressives (Table 1a). The Phi coefficient, which reflects the degree of association between personality type and clinical course, is 0.50. According to the Fisher exact test, the probability is 0.035 (significant at the 5% level), which confirms our hypothesis.

In the case of two manic patients (see Table 1a), who had been classified as belonging to the "melancholic type", it has to be noted that introverted features coincided with a tendency to romanticism and daydreaming; the homosexual tendencies of one of these patients complicated the assignment even more. Three unipolar depressives (see Table 1a), who had been assigned to the "manic type", were a woman suffering from a post-partum depression, a man who had displayed traits of the "manic type" in his childhood but after his marriage turned into a "melancholic type" (see above), and a third case with scarce information on premorbid personality which suggested extraverted tendencies.

Table 1b shows the results regarding the bipolar subgroups. Although there is no significant association between the course of the illness (bipolar I or bipolar II) and the personality type, the distribution is in line with our assumption that the "manic type" is more frequently found in bipolar I than in bipolar II patients.

Discussion

The results outlined in the present paper confirm that the analysis of case history data offers an approach for elucidating the relationship between the premorbid personality and the course of an affective illness. Not only the detection of types can be based on such data but also

the recognition of types, even if the data on clinical features have been completely erased from the records. For this assignment procedure, the approach used in our first evaluation (successive rating of case notes) or the third evaluation (comparison of all case notes within the two unipolar and the two bipolar subgroups separately) should be applied. The procedure of the second evaluation (all information sheets were given to the rater simultaneously) proved to be less practicable.

According to our experience with case notes of the Psychiatric Department of the MPIP taken during 1979–1987, the information on premorbid development in these records was sufficient to determine at least a tendency in the direction of one of the two personality concepts in question. In our opinion, the introduction of a category for cases difficult to decide upon would not be very helpful. The rater would be tempted to avoid a decision, as is the case in questionnaires with a category for "neither-nor" answers. It is better if the rater, after the rating procedure, points out difficulties in evaluating a specific case history and specifies the reasons for them. Some of these difficulties have been described here and may be overcome in subsequent studies. For example, introverted tendencies in combination with an intense fantasy life may indicate a "manic type" rather than a "melancholic type". The latter can be excluded because of the melancholic's pragmatic and sober attitude to life. In general, the diagnosis of a "manic type" should be preferred, depending on the number of features of an unconventional mode of living.

In order to decrease existing uncertainties in assigning cases, we intend to develop an operational definition of type features. However, this will not be in the usual manner, according to which a certain number of traits must be present for diagnosing the respective type. As outlined above, this approach is not feasible in evaluating case records because they do not contain information on all relevant features of the types in question. Rather, the assignment has to be based on the ratio of features of the "manic type" versus the "melancholic type". A list of those features derived from the above description of types is now being tested by other members of our group.

A quantitative operational approach as outlined here promises an increase in the reliability of the type diagnosis, especially for patients in whom features of both types are combined. This point will be of major importance in future investigations of the premorbid personalities of bipolar patients who could not be assigned to type concepts as clearly as unipolar patients (von Zerssen and Pössl 1990).

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