

Consider the changing understanding and treatment of melancholia cross the centuries.

Melancholia, also known as the first term for 'depression' was first discovered and researched in Greece by a man called Hippocrates. He suggested that black bile from the spleen is a direct cause for melancholia (Galen, 130AD- 210AD). The other first theoretical symptoms of melancholia are also phlegm, blood and yellow bile. This instigated the development of Hippocratic medicine. There were various treatments that were produced in order to minimise melancholia in the early ages. Melancholia was one of the first psychological terms to be discovered, it forms a basis for all future developments of psychological terms and treatments.

Melancholia was later developed beside the philosophy of Greece. In the medieval ages, melancholia was one of the greatest interests of people in that age. The two were intertwined by linking these bodily fluids to seasonal influences. For example, blood is linked to spring by it being moisture-laden and searing. Black bile is linked to the autumn term which is usually a sapless period of the year. Yellow bile represents warmth and humidity which is closely related to the weather of summertime. Finally, they linked the coldness and dampness of the winter to. This was believed to help doctors sustain an understanding of treatments to balance these internal functions to minimise melancholia. The treatment for this was to change the temperature of these components to minimise the immoderate amount, weather that be less or more than average to prevent melancholia by burning objects; like hot iron to cause blistering (Dols, M 1992). For phlegm they used methods including dried out foods to minimise the amount of saliva being produced, therefore they can absorb the phlegm and remove it from the body, leading to stabilisation. With black bile they would use the method of bloodletting. Bloodletting is where they cut the person being treated so they are able to free the person suffering from the inside. Furthermore, with yellow bile they used a form of natural laxatives and emetics as it makes them easily bypass any bile in the system that is misplaced or miscalculated. Therefore, the first understanding and treatments of melancholia were not empirically tested and are only a small understanding of the knowledge we were going to develop.

However, in the late 1700s and early 1800s it was found that melancholia was a result of poor intelligence or opinions. It was found to be linked to the madness of the 1800s. In the 1800s melancholia grew fashionable as it was presented in many different art forms such as poetry and art. The descriptions in a person's work can be analyzed and therefore led to a massive growth in understanding. Later (Gulsain, Buckhill and Tuke, 1850s), concluded that melancholia was not linked to intellect. This shows that there was a major change in the understanding of the illness. They made the final link that melancholia was solely based on emotions and moods. This made a large change in treatments as they stop medieval ways of curing and start to use drug trials on men as well as focusing on a persons physical conditions such as change of diet by improving healthy choices and cutting out detrimental eating habits, exercise such as running

and even suggesting herbal medicine such as rosemary, lavender and sage. Eventually, at the end of the 1800s, five novelists (Griesinger, Sankey, Maudsley, Krafft-Ebing and Kraepelin 1880s) each came to the conclusion that they believe that melancholia was strictly delusions derived from an emphasized mood. Therefore, through the 1700s-1800s there were drastic changes between the thoughts of melancholia and also the action behind treatments.

In the 1900s the explanation on melancholia really showed that mood was the causation. However, they also expanded to analyse cognition work within the brain and psychomotor behavior, meaning that they were reflecting upon how the movement of the brain, such as neurotransmitters and hormone receptors react whilst suffering from melancholia. To analyse cognition means to listen to people's thoughts and feelings as well as their physical state. Cognition examination included how people who suffered with melancholia changed their personality such as motivation, physical reactions to emotions etc (Kraepelin, 1900s). He began to link melancholia to "depressive states" however they did not make the link that it was the primary issue. As we go further into the 20th century, melancholia as a disease began to disintegrate and the increasing concern was depression. Melancholia was reinforced as "unipolar depression" and the introductions of SSRIs and medication for this disease was born (DSM III, 1980). At the late 1900s there was a large increase on the impact of antidepressants and how popular consumption of the medication was due to its usefulness in treating people's depression. As the decline of melancholia came to an end the incline of depression was just beginning and would be deemed to be the biggest mental health issue worldwide. Treatment had a massive transformation from the 1800s to the 1900s via SSRIs, cognitive behavioral therapy and medication. Consequently, there was an evolutionary change between the therapies provided and the ideation of what caused these mood discrepancies.

In modern day it is established there are many times of depression, that can stem from after childbirth, trauma, bipolar depression or low mood. Depression is a disorder that is linked to upset and distress as well as loss of pleasure with life activities such as work and socialising. Depression can also be linked to a hopeless feeling, loss of self-worth and sorrow. Due to research, they have found that depression is linked to low dopamine levels and high cortisol. They also found in the modern century that it is not only biological factors but also environmental factors such as relationships, childhood, work and living environments etc. This is a large argument throughout many mental health illnesses in the 21st century to see if they were caused by nature or nurture. This is due to research in case studies, laboratory experiments and field studies which give us a larger variety of understanding of people's behaviors. Treatments are more specified and tailored due to a person's need as there is a large variety of help out there, such as cognitive behavioral therapy, drug therapy, dream analysis, SSRIs etc.

It is evident that there has been a drastic change in the understanding of melancholia now referred to as depression. From a condition that was associated with bodily fluids to a condition that is associated with mood and cognitive function. Not only has there been a change in understanding but also in the treatments, from inhumane, cruel and aggressive forms to cure melancholia that were generalized to treatments that are specific to individuals, more humane and work alongside the now discovered scientific understanding of mood disruptors. The current understanding and treatments for depression are widely accepted and have been empirically tested, there is however discussion amongst psychologists and researchers as to whether the reinstatement of the term 'melancholia' should be made to identify a separate and distinct mood disorder that has psychotic and somatic features.

References:

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