

A brief history of psychiatry

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Key learning objectives

- To understand that, to a large extent, the history of psychiatry reflects major paradigmatic shifts in the history of ideas
- To appreciate that historical constructions of 'madness' have helped to shape current perceptions of mental disorders and psychiatric practice
- To learn a bit about the most famous of all psychiatrists, Freud and Jung

Ancient Greece: the birth of psychiatry

In antiquity, people used the term 'madness' to refer indiscriminately to both the psychosis of schizophrenia and to the 'affective' psychoses of mania and depression. In those days, they did not think of 'madness' in terms of mental disorder, but in terms of divine punishment or demonic possession. For example, the Old Testament relates that Saul became mad after failing in his religious duties and angering God, and nothing is more revealing of Saul's madness than the story of his senseless slaughter of the 85 priests at Nob. The fact that David used to play on his harp to make Saul better suggests that, even in antiquity, people believed that psychosis could be successfully treated.

But the spirit of the Lord departed from Saul, and an evil spirit from the Lord troubled him.

And it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him.

1 Samuel 16.14, 16.23 (King James Version)

In Greek mythology and the Homeric epics, madness is similarly thought of as a punishment from God, or the gods. Thus, Hera punishes Hercules by 'sending madness upon him', and Agamemnon confides to Achilles that 'Zeus robbed me of my wits'. It is in actual fact not until the time of the Greek physician Hippocrates (460–377 BC) that madness first became an object of scientific speculation. Hippocrates thought that madness resulted from an imbalance of four bodily humours. Depression, for instance, resulted from an excess of black bile (*melaina chole*) and could be cured by restoring the balance of humours by such treatments as special diets, purgatives,

and blood-lettings. To modern readers Hippocrates' ideas may seem far-fetched, perhaps even on the dangerous side of eccentric, but in the fourth century BC they represented a significant advance on the idea of madness as a punishment from God. Aristotle (384–322 BC) and later the Roman physician Galen (129–216 AD) expanded on Hippocrates' humoral theories, and both men played an important role in establishing them as Europe's dominant medical model.

It is interesting to note that not all minds in Ancient Greece invariably thought of 'madness' as a curse or illness. In the *Phaedrus*, Plato quotes Socrates as saying:

Madness, provided it comes as the gift of heaven, is the channel by which we receive the greatest blessings ... the men of old who gave things their names saw no disgrace or reproach in madness; otherwise they would not have connected it with the name of the noblest of arts, the art of discerning the future, and called it the manic art ... So, according to the evidence provided by our ancestors, madness is a nobler thing than sober sense ... madness comes from God, whereas sober sense is merely human.

Plato, *Phaedrus*

The Roman Empire

In Ancient Rome, the physician Asclepiades (106–43 BC) and the statesman and philosopher Cicero (106–43 BC) rejected Hippocrates' humoral theories, asserting, for example, that melancholy resulted not from an excess of black bile but from emotions such as rage, fear, and grief. Cicero's questionnaire for the assessment of mental disorders bore remarkable similarities to today's psychiatric history and mental state examination (see Chapter 2). Used throughout the Roman Empire, it included, amongst others, sections on *habitus* (appearance), *orationes* (speech), and *casus* (significant life events). Unfortunately, around the time of Jesus Christ, the influence of Asclepiades and Cicero declined and the influential Roman physician Celsus (25 BC–50 AD) reinstated the idea of madness as a punishment from the Gods.

The Middle Ages

The fall of the Roman Empire and the rise of Christianity represented important setbacks to the natural progression

of thought, and the Church promoted the idea of madness as divine punishment or demonic possession. Accordingly, religion became central to cure and, alongside the mediaeval asylums such as the Bethlehem (an infamous asylum in London that is at the origin of the contemporary expression, *like a bad day at Bedlam*), some monasteries transformed themselves into centres for the treatment of mental disorder. This is not to say that the humoral theories of Hippocrates had been supplanted, but merely that they had been incorporated into the prevailing Christian dogma. Indeed, older treatments such as blood-letting and purgatives continued alongside the prayers and confession.

During the Middle Ages classical ideas had been kept alive in non-Christian centres such as Baghdad and Damascus, and their re-introduction by Saint Thomas Aquinas (1224–1274) and others in the 13th century once again resulted in an increased separation of mind and soul, and in a shift from the Platonic metaphysics of Christianity to the Aristotelian empiricism of science. This movement laid the foundations for the Renaissance and, later, for the Enlightenment.

The Renaissance

The burning of the so-called heretics began in the early Renaissance and reached its peak in the 14th and 15th centuries. First published in 1563, *De Praestigiis Daemonum* (The Deception of Demons) argued that the madness of heretics resulted not from divine punishment or demonic possession, but from natural causes. Perhaps unsurprisingly, the Church proscribed the book and accused its author, Johann Weyer, of being a sorcerer.

From the 15th century scientific breakthroughs such as Galileo's (1564–1642) heliocentric system began challenging the authority of the Church. Man, not God, became the centre of attention and study, and it is also around this time that Vesalius (1514–1564) published his landmark *De humani corporis fabrica libri septem* (The Seven Books on the Structure of the Human Body). The *Fabrica* represented the first serious challenge to Galenic anatomy and brought its author considerable fame and fortune. By the age of 28 Vesalius had become physician to the Holy Roman Emperor (neither Holy nor Roman, but actually the Emperor of Germany), Charles the Quint.

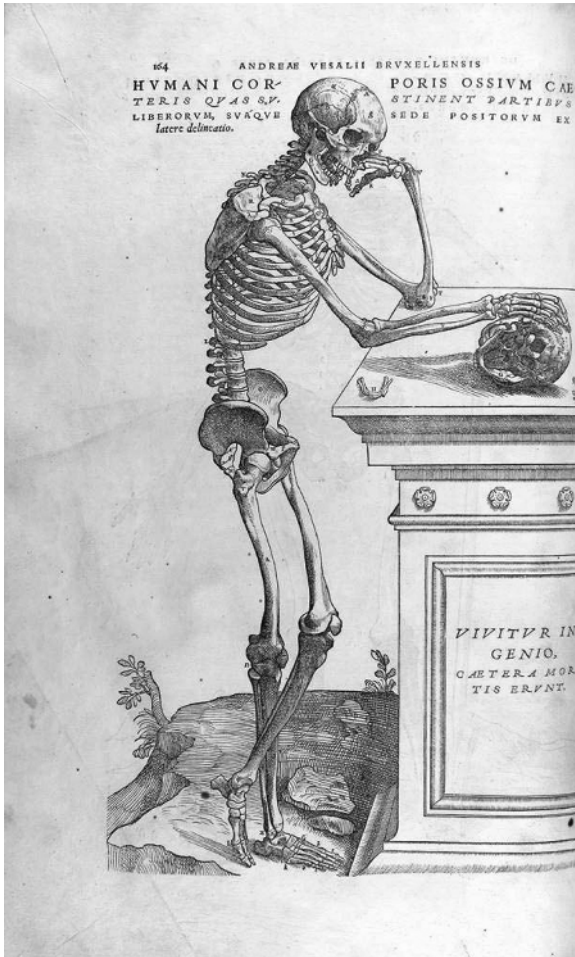


Figure 1.1 An illustration from the *Fabrica*, by Vesalius.

The Enlightenment

Despite the scientific developments of the Renaissance, Hippocrates' humoral theories persisted into the 17th and 18th centuries to be mocked by Molière (1622–1673) in his plays (notably *Le Malade imaginaire* and *Le Médecin malgré lui*). Empirical thinkers such as John Locke (1632–1704) in England and Denis Diderot (1713–1784) in France challenged this *status quo* by postulating that the psyche arose from sensations to produce reason and emotions. Also in France, Philippe Pinel (1745–1826) began to regard mental disorder as the result of exposure to social and psychological stresses and, to a lesser extent, of heredity and physiological damage. A landmark in the history

of psychiatry, Pinel's *Traité Médico-philosophique sur l'aliénation mentale ou la manie* (Medico-Philosophical Treatise on Mental Alienation or Mania) called for a more humane approach to the treatment of mental disorder. This 'moral treatment', as it had already been dubbed, included respect for the patient, a trusting and confiding doctor–patient relationship, decreased stimuli, routine activity and occupation, and the abandonment of old-fashioned treatments such as special diets, purgatives, and blood-lettings. At about the same time as Pinel in France, the Tukes (father and son) in England founded the York Retreat, the first institution 'for the humane care of the insane' in the British Isles.

The Modern Era

In the 19th century, hopes of successful cures lead to the burgeoning of mental hospitals in North America, Britain, and many of the countries of continental Europe. Unlike the medieval asylums, these hospitals treated the 'insane poor' according to the principles of moral treatment. Like Pinel before him, Jean-Etienne-Dominique Esquirol (Pinel's student and successor as physician-in-chief at the Salpêtrière Hospital in Paris) attempted a classification of mental disorders, and his resulting *Des maladies mentales, considérés sous les rapports médical, hygiénique, et médico-légal* is considered to be the first modern treatise on clinical psychiatry. Half a century later Emil Kraepelin (1856–1926) attempted another classification of mental disorders, and divided them into exogenous, curable disorders and endogenous, incurable disorders. Kraepelin is notable for having distinguished 'dementia praecox' (schizophrenia) from the affective psychoses, and for having further distinguished three clinical presentations of schizophrenia: paranoia, dominated by delusions and hallucinations; hebephrenia, dominated by inappropriate emotional reactions and behaviour; and catatonia, dominated by extreme agitation or immobility and odd mannerisms and posturing. His classification, *Compendium der Psychiatrie*, is the forerunner of modern classifications of mental disorders such as the *Diagnostic and Statistical Manual of Mental Disorders 4th Revision* (DSM-IV) and the *International Classification of Diseases 10th Revision* (ICD-10, see Chapter 2).

In the early 20th century, Karl Jaspers (1883–1969), a German psychiatrist and existentialist philosopher, brought the methods of phenomenology – the direct investigation and description of phenomena as consciously experienced – into the field of clinical psychiatry.

This so-called *descriptive psychopathology* (see Chapter 2) created a scientific basis for the practice of psychiatry, and emphasised that psychiatric symptoms should be diagnosed according to their form rather than according to their content. This means, for example, that a delusion is a delusion not because it is deemed implausible by a person in a position of authority, such as a doctor, but because it is ‘an unshakeable belief held in the face of evidence to the contrary, and that cannot be explained by culture or religion’.

Sigmund Freud (1856–1939) and his disciples influenced much of 20th century psychiatry, and by the second half of the century a majority of psychiatrists in the USA (but *not* in the UK) believed that mental disorder resulted from unconscious conflicts originating in childhood. As a director of the US National Institute of Mental Health put it, ‘From 1945 to 1955, it was nearly impossible for a non-psychoanalyst to become a chairman of a department or professor of psychiatry.’ In the latter part of the 20th century, neuroimaging techniques, genetic studies, and pharmacological breakthroughs such as the first antipsychotic chlorpromazine reversed this psychoanalytical model of mental disorder and prompted a return to a more biological, so-called ‘neo-Kraepelinian’, model of mental disorder.

There are more ideas on earth than intellectuals imagine. And these ideas are more active, stronger, more resistant, more passionate than ‘politicians’ think. We have to be there at the birth of ideas, the bursting outward of their force: not in books expressing them, but in events manifesting this force, in struggles carried on around ideas, for or against them. Ideas do not rule the world. But it is because the world has ideas ... that it is not passively ruled by those who are its leaders or those who would like to teach it, once and for all, what it must think.

Michel Foucault (1926–1984): philosopher, social anthropologist, and author of *Madness and Civilisation*, *The Birth of the Clinic*, and other books

One of Foucault’s central arguments is that ‘madness’ is a social construct dating back to the Enlightenment, and that its ‘treatment’ is nothing more than a disguised form of punishment for the sort of thinking and behaviour that society finds unacceptable. He is one of the principal forerunners of the antipsychiatry movement (see Chapter 2).

At present psychiatrists recognise that several factors are involved in the aetiology of mental disorder and that different approaches to treatment should be seen not as competing but as complementary.

An introduction to Freud

I do not break my head very much about good and evil, but I have found little that is ‘good’ about human beings on the whole. In my experience most of them are trash, no matter whether they publicly subscribe to this or that ethical doctrine or to none at all.

S. S. Freud, from a letter to Oskar Pfister

People with a high level of anxiety have historically been referred to as ‘neurotic’. The term ‘neurosis’ derives from the Ancient Greek *neuron* (nerve) and loosely means ‘disease of the nerves’. The core feature of neurosis is anxiety, but neurosis can manifest as a range of other problems such as irritability, depression, perfectionism, obsessive–compulsive tendencies, and even personality disorders such as anankastic personality disorder. Although neurosis in some form or other is very common, it can prevent us from enjoying the moment, adapting usefully to our environment, and developing a richer, more complex, and more fulfilling outlook on life. The most original, influential, and yet contentious theory of neurosis is that of Sigmund Freud.

Freud attended medical school at the University of Vienna from 1873 to 1881, carrying out research in physiology under the German scientist Ernst von Brücke and later specialising in neurology. In 1885–1886 he spent the best part of a year in Paris, and returned to Vienna inspired by the French neurologist Jean-Martin Charcot’s use of hypnosis in the treatment of ‘hysteria’, an old-fashioned term referring to the conversion of anxiety into physical and psychological symptoms. Freud opened a private practice for the treatment of neuropsychiatric disorders but eventually gave up the practice of hypnosis, instead preferring the method of ‘free association’ which involved asking patients to relax on a couch and say whatever came into their minds. In 1895, inspired by the case of a patient called Anna O, he published the seminal *Studies on Hysteria* with his friend and colleague Josef Breuer. After publishing *The Interpretation of Dreams* in 1899 and *The Psychopathology of Everyday Life* in 1901, both public

successes, Freud obtained a professorship at the University of Vienna where he began to gather a devoted following. He remained a prolific writer throughout his life, publishing (amongst others) *Three Essays on the Theory of Sexuality* in 1905, *Totem and Taboo* in 1913, and *Beyond the Pleasure Principle* in 1920. After the Nazi annexation of Austria in 1938, he fled to London, where he died the following year of cancer of the jaw. His daughter, Anna Freud, became a distinguished psychoanalyst who developed the concept of ego defence mechanisms (see Chapter 8).

In *Studies on Hysteria*, Freud and Breuer formulated the psychoanalytical theory according to which neuroses have their origins in deeply traumatic and consequently repressed experiences. Treatment requires the patient to recall these repressed experiences into consciousness and to confront them once and for all, leading to a sudden and dramatic outpouring of emotion (catharsis) and the gaining of insight. This can be achieved through the methods of free association and dream interpretation, and a relative lack of direct involvement by the psychoanalyst so as to encourage the patient to project his or her thoughts and feelings onto him or her – a process called ‘transference’ (by contrast, in ‘countertransference’ it is the psychoanalyst who projects his or her thoughts and feelings onto the patient). In the course of analysis, the patient is likely to display ‘resistance’ in the form of changing the topic, blanking out, falling asleep, or coming late to or missing an appointment; such behaviour merely suggests that he or she is close to recalling repressed material but is afraid of doing so. Other than dream interpretation and free association, other recognized routes into the unconscious are parapraxes (slips of the tongue) and jokes. For this reason, Freud famously noted that ‘there is no such thing as a joke’.

In *The Interpretation of Dreams* (1899), Freud developed his ‘topographical model’ of the mind, describing the conscious, unconscious, and a layer between the two called the preconscious which, though not conscious, could be readily accessed. Freud later became dissatisfied with the topographical model and replaced it with a so-called ‘structural model’ according to which the mind is divided into the id, ego, and superego (Figure 1.2). The id is fully unconscious and contains our drives and repressed feelings and emotions. It is dominated by the ‘pleasure principle’ and so seeks out immediate gratification. The id is opposed by the partly conscious superego, a sort of moral judge arising from the internalisation of parental figures and, by extension, of society itself. In the middle

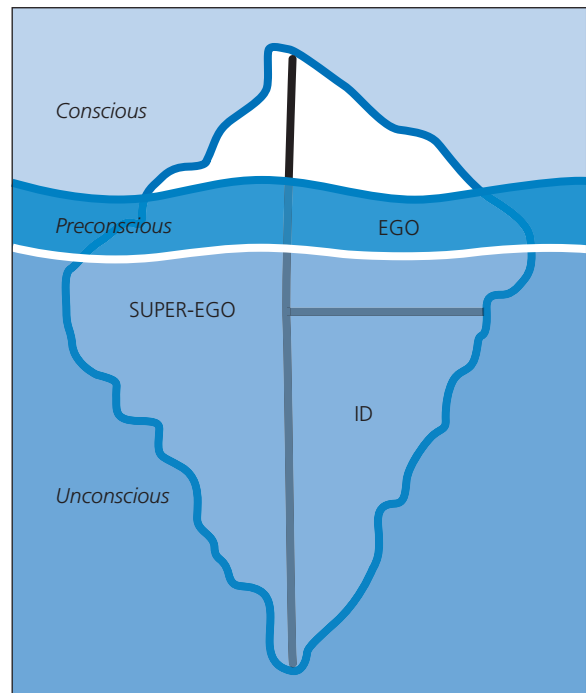


Figure 1.2 Freud's topographical and structural models of the mind.

sits the mostly conscious ego. Dominated by the ‘reality principle’, the function of the ego is to reconcile the id and the superego and thereby enable us to engage with reality. Neurotic anxiety arises when the ego is overwhelmed by the demands made upon it by the id, the superego, and reality. To cope with these demands, the ego employs defence mechanisms to block or distort impulses from the id, and so to make them more acceptable and less threatening. A broad range of ego defence mechanisms have since been recognised (see Chapter 8).

For Freud, the drives or instincts that motivate human behaviour (‘life instinct’) are primarily driven by the sex drive or *libido* (Latin, ‘I desire’). This life instinct is counterbalanced by the ‘death instinct’, the unconscious desire to be dead and at peace (the ‘Nirvana principle’). Even in children the libido is the primary motivating force, and children must progress through various stages of psychosexual development before they can reach psychosexual maturity. Each one of these stages of psychosexual development (except the latent stage) is focused on the erogenous zone – the mouth, the anus, the phallus, or the genitals – that provides the greatest pleasure at that stage.

Name	Age	Principal task
Oral stage	Birth to 18 months	Weaning
Anal stage	18 months to 3–4 years	Toilet-training
Phallic stage	3–4 years to 5–7 years	Sexual identity
Latent stage	5–7 years to puberty	Learning
Genital stage	From puberty on	Genital intercourse

Table 1.1 Freud's stages of psychosexual development.

For Freud, neuroses ultimately arise from frustrations encountered during a stage of psychosexual development, and are therefore sexual in nature. Freud's stages of psychosexual development are summarised in Table 1.1.

The Oedipus/Electra complex is arguably the most controversial of Freud's theories, and can be interpreted either literally (as Freud intended it to be) or metaphorically. According to Freud, the phallic stage gives rise to the Oedipus complex, Oedipus being a mythological King of Thebes who inadvertently killed his father and married his mother. In the Oedipus complex, a boy sees his mother as a love-object, and feels the need to compete with his father for her attention. His father becomes a threat to him and so he begins to fear for his penis ('castration anxiety'). As his father is stronger than he is, he has no choice but to displace his feelings for his mother onto other girls and to begin identifying with his father/aggressor – thereby becoming a man like him. Girls do not go through the Oedipus complex but through the Electra complex, Electra being a mythological Princess of Mycenae who wanted her brother Orestes to avenge their father's death by killing their mother. In the Electra complex, a girl this time sees her father as a love-object because she feels the need to have a baby as a substitute for the penis that she is lacking. As she discovers that her father is not available to her as a love-object, she displaces her feelings for him onto other boys and begins to identify with her mother – thereby becoming a woman like her. In either case, the main task in the phallic stage is the establishment of sexual identity.

Although much derided in his time and still today, Freud is unquestionably one of the deepest and most original thinkers of the 20th century. He is credited with discovering the unconscious and inventing psychoanalysis, and had a colossal influence not only on his field of psychiatry but also on art, literature, and the humanities. He may have been thinking of himself when he noted that, 'The voice of intelligence is soft, but it does not die until it has made itself heard' (*Die Stimme des Intellekts ist leise, aber sie ruht nicht, ehe sie sich Gehör verschafft hat*).

An introduction to Jung

To be normal is the ideal aim of the unsuccessful.

C. G. Jung (1875–1961)

Carl Gustav Jung was born in 1875 in the canton of Thurgau to Paul Jung, a poor rural pastor in the Swiss Reformed Church, and to Emilie Preiswerk, a melancholic woman who claimed to be visited by spirits at night. His paternal grandfather, Carl Gustav Jung, after whom he was named, was a physician who was rumoured to be the illegitimate son of Goethe, and who rose to become Rector of Basel University and Grand Master of the Swiss Lodge of Freemasons. His maternal grandfather, Samuel Preiswerk, was an eccentric theologian who had visions, conversed with the dead, and devoted his life to learning Hebrew in the belief that it was the language spoken in heaven. He used to make his daughter Emilie sit behind him whilst he composed his sermons, so as to prevent the devil from peering over his shoulder.

When Jung was three years old, his mother had a nervous breakdown for which she needed to spend several months in hospital. In his autobiography, *Memory, Dreams, Reflections*, he wrote, 'From then on, I always felt mistrustful when the word 'love' was spoken. The feeling I associated with 'woman' was for a long time that of innate unreliability'. His father was kind but weak-willed, and all too accepting of the religious dogma in which he had long lost all faith.

Jung was a solitary and introverted child who imagined that he had two personalities, that of a typical schoolboy of his time (Personality No 1), and that of a dignified, authoritative and influential man from the past (Personality No 2). He once carved a tiny mannequin into the end of a wooden ruler, which he kept together with a painted stone in a pencil case in his attic. He periodically returned to the mannequin, bringing to it scrolls inscribed in a secret language of his invention. Perhaps unsurprisingly,

he was not popular at school. At the age of 12, he received a blow to the head and for a moment was unconscious. He lay on the ground for much longer than necessary and thought, 'Now you won't have to go to school anymore.' For the next 6 months he avoided school by fainting each time he was made to go, an experience which gave him an early insight into hysteria.

Inspired by a dream, Jung entered the University of Basel in 1895 to study natural science and medicine. His father's premature death a year later prompted his mother to comment, rather eerily, that 'He died in time for you'. During his early years at the University of Basel, Jung had a dream in which he was making painful headway through dense fog, with a tiny light in the cup of his hands and a gigantic black figure chasing after him. When he awoke he realised that the black figure was his own shadow, brought into being by the light that he was carrying, '...this light was my consciousness, the only light that I have. My own understanding is the sole treasure I possess, and the greatest'. After presenting a paper on *The Limits of the Exact Sciences*, he spent 2 years attending and recording the séances of a young medium, his cousin, Hélène Preiswerk. He submitted his observations in the form of a doctoral thesis entitled *On the Psychology and Pathology of So-Called Occult Phenomena*.

Towards the end of his studies, a reading of Krafft-Ebing's textbook of psychiatry led Jung to choose psychiatry as a career. The Preface alone had such a profound effect on him that he had to stand up to catch his breath, 'Here alone the two currents of my interest could flow together and in a united stream dig their own bed. Here was the empirical field common to biological and spiritual facts, which I had everywhere sought and nowhere found'. Jung was taken on at the renowned Burghölzli Psychiatric Hospital in Zürich as an assistant to Eugen Bleuler, who went down in history as the man who coined the term 'schizophrenia'. Bleuler set Jung to work on Galton's word-association test, and in 1906 Jung published *Studies in Word Association* which provided hard evidence for the existence of unconscious complexes. He sent a copy to Freud, and on their first meeting in Vienna the two men conversed without interruption for 13 hours.

Jung needed a father as much as Freud needed a son, and Freud formally anointed Jung his 'son and heir'. However, as time passed, it became increasingly clear that Jung was unable to accept Freud's assumptions that human motivation is exclusively sexual, or that the unconscious mind is entirely personal. For Jung, sexuality was but one aspect or mode of expression of a broader 'life

force', and beneath the personal unconscious there lay a deeper and more important layer that contained the entire psychic heritage of mankind. The existence of this 'collective unconscious' had been hinted at by Jung's childhood dreams and experiences, and confirmed by the delusions and hallucinations of psychotic patients, which contained symbols and images that occurred in myths and fairy-tales from all around the world. In *Transformations and Symbols of the Libido*, Jung replaced Freud's concept of libido with a much broader concept of undifferentiated psychic energy, arguing that undifferentiated psychic energy could 'crystallise' into the universal symbols contained in dreams and myths, for example, into the hero's slaying of the dragon, which represents the struggle of the adolescent ego for deliverance from parental dominance. For Jung, the purpose of life was 'individuation', which involved pursuing one's own vision of the truth and, in so



Figure 1.3 According to Jung, beneath the personal unconscious there is a deeper and more important layer called the collective unconscious, which contains the entire psychic heritage of mankind. Photo by Neel Burton.

doing, fulfilling one's fullest potential as a human being. If this meant disagreeing with Freud, then so be it. In 1913, on the eve of the First World War, Jung and Freud broke off their relationship.

Once again Jung was alone, and he spent the next few years in a troubled but highly creative state of mind that verged on psychosis and led him to a 'confrontation with the unconscious'. By then Jung had had five children with his wife Emma Rauschenbach, the daughter of a rich industrialist. Despite being happily married, he felt that he needed a muse as well as a home-maker, observing that 'the pre-requisite of a good marriage ... is the licence to be unfaithful'. The marital strife that resulted from his affairs, and particularly from his affair with a former patient called Toni Wolff, contributed to his troubled state of mind, and Emma accepted Toni as much from a concern for Jung's sanity as from a desire to save her marriage.

During his confrontation with the unconscious, Jung gained first-hand experience of psychotic material in which he found a 'matrix of mythopoeic imagination which has vanished from our rational age'. Like Gilgamesh, Odysseus, Heracles, Orpheus, and Aeneas before him, he travelled deep down into an abyssal underworld where he conversed with Salome, a beautiful young

woman who was the archetype of the feminine, and Philemon, an old man with a white beard and the wings of a kingfisher who was the archetype of the wise old man. Although Salome and Philemon were products of his unconscious, they had a life of their own and said things that he had not previously thought. In Philemon, Jung had at long last found the father-figure that both Freud and his own father had singularly failed to be. More than a father-figure, Philemon was a guru, and the projection of what Jung himself was later to become: the 'wise old man of Zürich'. At the end of the First World War, Jung re-emerged into sanity, and considered that he had found in his madness 'the prima materia for a lifetime's work'.

Recommended reading

- The Meaning of Madness* (2009) Neel Burton. Acheron Press.
Madness: A Brief History (2003) Roy Porter. Oxford University Press.
Madmen: A Social History of Mad-houses, Mad-doctors and Lunatics (2001) Roy Porter. Tempus Publishing Ltd.
A History of Psychiatry: From the Era of the Asylum to the Age of Prozac (1998) Edward Shorter. John Wiley & Sons.
What Freud Really Said (1997) David Stafford-Clark. Schocken Books.