

Short History of Psychiatry

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TRANSLATED BY

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A SHORT HISTORY OF PSYCHIATRY

by

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A SHORT HISTORY
OF PSYCHIATRY



PINEL

To the memory of Ruth Benedict

PREFACE TO THE SECOND EDITION

THE nine years that have passed since the first appearance of this book have seen its translation into English, Spanish and Japanese. Much detailed work has been done in the field, to which my pupils and I have contributed. I have attempted to incorporate this new knowledge into my book without disturbing its overall structure and I have also tried as far as this was possible to take note of the suggestions of my critics who were on the whole friendly. One negative comment, however, which was often made surprised me: that the history of psychiatry can be written only by psychiatrists. So far the efforts of psychiatrists turned historians have not been altogether successful, and since when must one be a politician or a soldier to write political or military history, a creative artist to write the history of art or literature?

I was glad that despite some reservations, my small book has been found useful by many psychiatrists and I hope this will continue. I would like here to thank my wife, Edit, for her many stimulating suggestions.

ERWIN H. ACKERKNECHT

Zürich
Spring, 1967

PREFACE TO THE FIRST EDITION

PSYCHIATRY is more than a medical speciality. 150 years ago it was described by Reil as one of the three basic disciplines of medicine, together with internal medicine and surgery. One might even go further and say that there is no case of illness in which the psychiatrist has not some contribution to make. The social significance of psychiatry, too, can hardly be exaggerated. In the United States, for example, 50% to 70% of available hospital beds are required for mentally ill patients.

Nevertheless, to write the history of psychiatry is an unrewarding task. The psychiatric historian cannot as yet indulge in the paeans of progress and achievement which nowadays usually make the work of his colleague in general medicine so much easier. As Griesinger said a hundred years ago, and his gloomy statement is still unfortunately often true today, we know as little about mental disorders as men knew about diseases of the chest in the days before Laennec. One is indeed frequently tempted to wonder whether the well-known "historical spiral" is in this case just a simple circular movement. This is, of course, the fault neither of the historians nor of psychiatrists. Psychiatry is the youngest branch of medicine. For historical reasons, which will be more closely examined below, its renaissance occurred two hundred years later than that of the other medical disciplines. In addition, psychiatry still suffers from the hostility which has always been directed against the mentally ill and against their physicians. Above all, psychiatry is concerned with the most difficult medico-physiological problem: that of the body-mind relationship which has remained unsolved to the present day. Anatomy, physiology, morbid anatomy and chemistry, which have contributed so much to other disciplines during the last hundred years, have been far less helpful in the elucidation of mental illnesses. For this reason large numbers of different and often dogmatic schools continue to exist in psychiatry today, as they existed in internal medicine in earlier times. This increases the difficulties of surveying

and of understanding the subject but is, of course, no reason for abandoning the study of psychiatry or of its history; on the contrary, it makes it perhaps all the more necessary. But it seemed best to point out these difficulties frankly in the hope that the reader will thereby be better able to understand both the short-comings of this book and its subject matter. Indeed, just because progress in psychiatry has been so very slow, study of the past may have more to offer to the psychiatrist of today than to his medical and surgical colleagues.

A further obstacle in the way of writing a short history of psychiatry is the fact that very few basic studies, and even fewer good ones, have been carried out in this field, particularly in recent times. I have, therefore, had to depend primarily upon my own studies of original sources and to present many summaries of texts of the older writers. At the same time, for reasons of space I have had to limit myself in this to the writings of a few men of particular importance. This does not mean that I support the "great man" theory of history. Great men are made possible only by the work of their contemporaries and of their predecessors. If Pinel or Kraepelin or Freud had never lived others would have carried out their work with greater or lesser distinction. This is not to deny that these great men were the most able representatives of the psychiatry of their day and that they merit the closest study in a short historical review. In reporting the older texts, I have attempted to reproduce the sum total of the opinions expressed in them and have not, as is unfortunately the current trend, merely selected what appears to be modern in them.

I have tried to be as brief as possible and am, therefore, liable to be reproached for various omissions. I am however encouraged to hope that because my book is short, it will be read; and this seems to me to be a reasonable aim. Because I wished and needed to be concise, I have had to limit myself to the presentation of only a small selection of the many great names and of the abundant literature of the nineteenth century. In dealing with the twentieth century however I have restricted myself still further and have not ventured to do more than touch on its basic trends. This is not only for reasons of space: I am convinced that it is almost impossible for an historian to produce anything of value if he is too close to the period he is studying. As a medical historian I have here concerned

myself only with medical psychiatry, although a philosophical psychiatry has been known to exist since the time of the Greeks. The decision to limit myself in this way was relatively easy to make, since it seems to me that philosophical psychiatry has never been of much help in practice. I have perhaps not always shown the proper respect for attempts, so common in the history of psychiatry, to conceal ignorance behind new words and a spurious profundity. It is high time, however, that someone revealed what stuff the emperor's new clothes are made of.

Although, even in the twentieth century, psychiatric achievements have lagged behind those of internal medicine and surgery, the last fifty years have seen the emergence of much that is promising. Psychiatry has always been in many ways the most human and most interesting of the medical sciences. I venture to hope that the reader will find at least a reflection of this in my small book.

I am very grateful to Dr. Joachim Bodamer of Winnental and to Professor Victor Gourevitch of Chicago, for sparing the time to read and criticise my manuscript, despite our basic differences in outlook.

ERWIN H. ACKERKNECHT

Zürich
May, 1957

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The excellent recent articles by H. Ellenberger and George Rosen on the history of psychiatry will I hope be available soon, as abstracts or as collected papers in book form.

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CHAPTER 1

ETHNOLOGICAL COMMENTS

IN this book we shall be concerned with the history of psychiatry, that is with the science of mental diseases. We can therefore be brief in our discussion of primitive ideas which have no claim to be scientific. The concept of disease held by primitive peoples is totally different from ours. They do not, with a few exceptions,¹ have mental illnesses in our sense. Disease is to them a monistic concept; there is no division between diseases of the body and the mind, but the nature of disease is the same, whatever the symptoms. Almost all illnesses are attributed to the intervention of supernatural forces such as evil spirits, gods, witches or magicians. Illnesses of all kinds are frequently explained on the basis of possession by evil spirits, and this is particularly so in the case of mental illnesses. So long as one can believe in spirits this explanation carries conviction. It can help one to understand fairly easily how quantities of strange, obscene and nonsensical material can spring from what until then had been a familiar and reasonable human being. One might even ask oneself whether this explanation which is used by many primitives for all diseases, did not originate from empirical observations made on cases of mental illness.

The methods of treatment used are of the greatest interest to the modern observer. Primitive societies are familiar with several effective drugs and several effective physical methods of treatment, such as massage and some surgical procedures. These are however used only within the framework of magico-religious treatments which consist of conjuring, magical charms, invocations, songs and dances. This follows naturally from the basic concept of the primitives that all illnesses are of supernatural origin. We can explain the efficacy

¹ Wieschhoff, H. A., *Concepts of Abnormality among the Ibo of Nigeria*, J. Am. Orient. Soc. 63: 262, 1943.

of these measures (and they are often quite successful) only on the basis of their psychotherapeutic elements. A closer study of these treatment rituals reveals that they involve a great deal of confession and suggestion, and are often not very different even in form from our methods of treatment.

The personality of the therapist for the mentally ill is determined by the concepts of illness existing within each society. His roles change in different communities from those of the magician or medicine man, to the later roles of priest, general practitioner, lay healer or medical specialist. How primitive tribes contained their chronically aggressive patients is unknown. No doubt at times they were put to death, but the regular killing of such patients was as rare as it was to kill the aged or those with incurable diseases.

If we dwell a little longer on ethnographic material, we are only following an old psychiatric tradition. From Benjamin Rush and J. C. Prichard to Kraepelin and A. Marie, psychiatrists have been attracted to comparative psychiatry. In recent times too several ethnologists, particularly in North America (where they call themselves cultural anthropologists) have I think contributed greatly to our understanding of the nature of mental illness, its social origins, and in particular the relativity of its symptoms. Most noteworthy are the works of Ruth Benedict, E. Sapir, I. A. Hallowell and their successors.² Their argument briefly is as follows: we look upon certain behavioral phenomena, such as ideas of persecution, grandiose ideas, states of ecstasy, hallucinations, compulsive ideas and marked changes of facial expression and of gesture, as symptoms of mental illness. But the study of foreign cultures has shown that all these so-called symptoms can, under different circumstances, be regarded different place and at a different time. For instance, ideas of persecution are normal among the Dobuans, grandiose ideas among the Kwakiutl, and hallucinations among the Siberians and the Zulus. Homosexuality is regarded as normal by many tribes who even give their transvestites a legal status, known as *Berdache*. The belief in taboo often leads to behavior which we would consider to be com-

² Those interested in a detailed exposition of this material, and a comprehensive bibliography, are referred to my article, "*Psychopathology, Primitive Medicine and Primitive Culture*," reprinted by Bobbs Merrill, 1962, *Bull. Hist. Med.* 14: 30-67, 1943; and to Ruth Benedict's most important and easily accessible work: "*Patterns of Culture*."

pulsive. Conversely people commonly considered to be abnormal by these societies, such as kind and generous individuals in Dobu, would be regarded by us as normal. We have therefore thought it useful to introduce into comparative psychopathology the terms autonormal and autopathological on the one hand, and heteronormal and heteropathological on the other. Autonormal and autopathological would apply to individuals regarded as normal or pathological, respectively, by their own society; heteronormal and heteropathological to those regarded as normal or pathological, respectively, by members of another society observing them.

It follows that what is psychologically normal depends to a high degree on the attitudes of different societies. The same is true incidentally of crime. The criterion by which a person in any society is judged to be mentally ill is not primarily the presence of certain unvarying and universally occurring symptoms. It depends rather on whether the affected individual is capable of some minimum of adaptation and social functioning within his society, or whether the psychological change has progressed to such an extent that he has become an outcast in his society.

The relativity of symptoms can be observed in historical as well as in ethnological material. Henry E. Sigerist³ pointed out many years ago that the troubadour who appeared quite normal to his contemporaries would by us be regarded as insane. The same is true for many other characters of the Middle Ages and of the early Renaissance, e.g. the ecstatic religionists, the witch hunters and the ascetic puritans. There is little doubt that the normal man of today would have seemed abnormal in many earlier centuries. This may be related to the fact that the nature of mental diseases is apparently changing with the course of time. Thus Jaspers, for instance, sees schizophrenia as the predominant mental illness of the present day, whereas hysteria occurred more frequently in the nineteenth and earlier centuries.

This relativity of symptoms is seen in our own society in relation to differences of social class and status. If a poor peasant believes in the evil eye, one can by no means assume that he is mentally ill. If the same belief is held by a university professor, this assumption becomes inevitable. Modes of behavior regarded as normal in artists

³ "Psychopathologie und Kulturwissenschaft" Abh. aus der Neurol. Psychiatrie, Psychol. u. ihren Grenzgeb. Vol. 61, p. 140-146, 1930.