A HISTORY

of

PSYCHIATRY

From the Era of the Asylum
to the Age of Prozac

EDWARD SHORTER

# A History of Psychiatry

From the Era of the Asylum to the Age of Prozac

Edward Shorter



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## Preface

For historians of psychiatry who wrote 30 or 40 years ago—the last time anyone attempted an overview of the discipline—the story seemed relatively straightforward. First there were those wicked biological psychiatrists in the nineteenth century, then psychoanalysts and psychotherapists came along to defeat the biological zealots, establishing that mental illness resulted from unhappiness in childhood and stress in adult life. Freud's insights opened a new frontier in our understanding of mental illness and little more needed to be said.

Between the 1950s and the 1990s, a revolution took place in psychiatry. Old verities about unconscious conflicts as the cause of mental illness were pitched out and the spotlight of research turned on the brain itself. Psychoanalysis became, like Marxism, one of the dinosaur ideologies of the nineteenth century. Today, it is clear that when people experience a major mental illness, genetics and brain biology have as much to do with their problems as do stress and their early-childhood experiences. And even in the quotidian anxieties and mild depressions that are the lot of humankind, medications now can lift the symptoms, replacing hours of aimless chat. If there is one central intellectual reality at the end of the twentieth century, it is that the biological approach to psychiatry—treating mental illness as a genetically influenced disorder of brain chemistry—has been a smashing success. Freud's ideas, which dominated the history of psychiatry for the past half century, are now vanishing like the last snows of winter. The time has therefore come for a new look.

There is a place for a new history of psychiatry, a one-volume overview that will tell the basic story, highlight national differences, and point out

how culture and psychiatry influence each other. A history is needed that will give the dramatic outlines of the story without sprawling into an encyclopedic country-by-country account. This volume takes on that task. I have not tried to tell it as intellectual history, as the arid succession of ideas and theories one after another, but rather as social history, recapturing the lives of some of the major players who now hover on the cusp of oblivion. It is a social history that identifies distinctive national contributions while not chronicling events in all places. And it is a social history that demonstrates how culture and commerce infiltrate what is often presented as a narrative of purely scientific triumphs.

Above all, I have tried to rescue the history of psychiatry from the sectarians who have made the subject a sandbox for their ideologies. To an extent unimaginable for other areas of the history of medicine, zealotresearchers have seized the history of psychiatry to illustrate how their pet bugaboos—be they capitalism, patriarchy, or psychiatry itself—have converted protest into illness, locking into asylums those who otherwise would be challenging the established order. Although these trendy notions have attained great currency among intellectuals, they are incorrect, in that they do not correspond to what actually happened. Psychiatry is, to be sure, the ultimate rulemaker of acceptable behavior through its ability to specify what counts as "crazy." Yet there is such a thing as mental illness. It has a reality independent of conventions of gender and class, and this reality can be mapped, understood, and treated in a systematic and scientific way. Just as one would not insist that Parkinsonism or multiple sclerosis are socially constructed, one may no longer argue that schizophrenia and depression are social constructs lacking a basis in flesh and blood. Yet how patients experience these conditions, and how society makes sense of them, are indeed subject to the influence of culture and convention.

The story I want to tell is straightforward. It begins in the newly therapeutic asylums of the late eighteenth century and ends in the quiet offices of private practitioners late in the twentieth. It commences with psychiatrists who believed that the brain was the basis of mental illness; it is then interrupted by half a century of divorcing brain from mind with the dominance of Freud's theories; and it concludes in our own time with the renewed triumph of views stressing the primacy of the brain.

The account the reader finds here is not unabashedly apologetic but rather semiapologetic. Once upon a time, real apologists of psychiatric history dominated the field, who argued that the rise of the asylum represented undiluted progress in the alleviation of human misery. Then in

the 1960s, this judgment was completely overturned. The children of the 1960s insisted that psychiatrists and their institutions of brick and mortar had led us not into "progress"—a delusory notion at best, they scoffed—but into a historic nightmare of breathtaking proportions. Rather than alleviating madness, it was argued, the perpetrators of the "great confinement" had locked up people whose only offense was their poverty, their rebelliousness, or their unconventional manner of life. Indeed, the whole notion of mental illness appeared suspect to the activists of the 1960s, who preferred to use—always in mocking quotation marks—such bygone terms as madness or lunacy, the very ludicrousness of these phrases discrediting the proposition that mental disorder exists as a natural phenomenon. These detractors, I regret to say, now dominate the academic history of psychiatry, and the chapters that follow are intended to confront head-on their revisionism, which has become in its turn the new orthodoxy.

If mental illness is real, past efforts to relieve it do not automatically constitute a bourgeois plot. Nor are psychiatrists who point out this reality automatically guilty of self-serving efforts to boost their own professional influence. There are historians who detect professionalization and medicalization behind every turn in the history of psychiatry, meaning that doctors act not in the interest of their patients or of science, but to shore up their own sagging authority. Doctors, of course, wish to enhance their own influence and authority (as do the rest of us), but reducing the history of psychiatry to professional self-servingness ends up explaining little of a complex story.

The history of psychiatry is a minefield. Both the revisionists and neoapologists such as myself risk being blown up by uncharted pieces of evidence. The very richness of the sources makes it possible to demonstrate through selective quotation just about anything. But what counts is gaining a sense of the central tendency, the larger picture. After many years of studying the sources, I present the following chapters as being much closer to historical events than the revisionist version. Yet this is a young field of study, and many surprises may lie in store for us all.

I have several great debts to acknowledge. The last two chapters owe much to the generosity of David Healy, who shared with me the interviews he had conducted with important contemporary figures in psychiatry's history, and let me profit as well from the manuscript of his forthcoming book on the history of the antidepressants. Thomas Ban also very kindly read parts of the manuscript. Susan Bélanger helped with much of the library work. Any book addressing two hundred years of the history of world

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psychiatry will inevitably rely heavily on interlibrary loan services, and Roy D. Pearson of the Science and Medicine Library of the University of Toronto has done yeoman service here. Andrea Clark, the administrator of the History of Medicine Program at the University of Toronto, has been a great help to me throughout. Finally, it has been a great pleasure for me to work with Jo Ann Miller, my editor at John Wiley & Sons.

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## The Birth of Psychiatry

Before the end of the eighteenth century, there was no such thing as psychiatry. Although individual doctors had occupied themselves with the care of the insane and had written manuals about it since the time of the ancient Greeks, psychiatry did not then exist as a discipline to which a group of physicians devoted themselves with a common sense of identity. Yet except for surgery, few other specialities had come to life either. The advent of medical specialism was a phenomenon of the nineteenth century.

Yet mental disorder as such had always been familiar. Having a partly biological and genetic basis, psychiatric illness is as old as the human condition. Although not all mental disturbances are buried in the integuments of our nervous system, some certainly are, arising from disorders of the chemistry of the brain itself. It follows then that human society has always known psychiatric illness, and has always had ways of coping with it.

## A World without Psychiatry

What is it like to live in a world without psychiatry? In Ireland, it was like this: In 1817, a member of the House of Commons from an Irish district said, "There is nothing so shocking as madness in the cabin of the Irish peasant. . . . When a strong man or woman gets the complaint, the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to

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prevent his getting up. This hole is about five feet deep, and they give this wretched being his food there, and there he generally dies."

One may abandon immediately any romantic notion of the insane in past times as being permitted to gambol on the village green or ruminate idly in the shade of the oak tree. Before the middle of the nineteenth century, the people of villages and small towns had a horror of those who were different, an authoritarian intolerance of behavior that did not conform to rigidly drawn norms. Living in tightly organized face-to-face communities, the villagers of Europe attached great importance to inherited social roles, to customs preordained by tradition, and to daily lives dictated by the march of the seasons. Those who were forced by disorders of mind and mood to be different, to deviate from any of these rhythms, were dealt with in the most brutal and unfeeling manner. Consider, after all, the fate of those with major mental illnesses in the days of King Lear:

Poor naked wretches, wheresoe'er you are, That bide the pelting of this pitiless storm, How shall your houseless heads and unfed sides, Your loop'd and window'd raggedness, defend you From seasons such as these?<sup>2</sup>

If turned out of their homes and villages, the mentally ill swelled the streams of beggars that wandered the roads of early modern Europe. Many of the "village idiots" were those who had suffered mental retardation or schizophrenia from birth trauma (protracted labor in the days of pelves narrowed by rickets). The "fool" with his staff was a standard iconographic image. Yet the picture of the insane as always having been with us requires nuancing. Outside of England, most people with mental disorders in past times had the right to be taken in and given poor relief in the place they were born. They could not be simply turned out.

So it was the family, not the community, that had to deal with them. Before the nineteenth century, looking after the insane was a family affair. And home care in the world we have lost was a horror story. Anton Müller, who in 1798 became chief of psychiatry at the Royal Julius Hospital in Würzburg, gave an account of some of the newly admitted patients. "A youth of sixteen, who for years had lain in a pigpen in the hut of his father, a shepherd, had so lost the use of his limbs and his mind that he would lap the food from his bowl with his mouth just like an animal." When admitted to the hospital, Müller's patients who had initially been in home care were routinely found to have "backs beaten

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blue, with bloody wounds." One man had been chained by his wife to the wall of their house for five years, losing the use of his legs. And when patients discharged from the Würzburg asylum were spotted in the village, the local youths would run after them shouting, "Looky looky, there goes the kooky." These accounts are in every way typical of home treatment of the mentally ill during these years.

Such conditions persisted well into the nineteenth century. In the 1870s just prior to introducing an asylum, officials in the Frenchspeaking Swiss canton of Fribourg conducted a census of the mentally ill. The investigators could scarcely believe their eyes. One-fifth of the 164 mental patients they identified had been under restraint at home, mostly in unheated rooms and stables, "narrow, dark, damp, stinking lockups." Two individuals detained in a stall were said to have "lain upon straw in their own feces, their faces covered with flies." As Louis Caradec, a retired marine surgeon practicing in Brittany, commented in 1860 of the surrounding countryside, "In our rural areas, where people are still imbued with absurd prejudices, public opinion sees having madness in the family as shameful and will not send the person to an asylum. This is the principal reason that motivates our peasants to keep such poor afflicted individuals at home. If the insane person is peaceful, people generally let him run loose. But if he becomes raging or troublesome, he's chained down in a corner of the stable or in an isolated room, where his food is brought to him daily. . . . This happens quite frequently in the countryside, and often a number of years may pass before the authorities are informed of this crime [of sequestration]."5

In England, such patients, if not chained at home, might be fastened to a stake in a workhouse or poorhouse. Dr. William Perfect, who ran a small rest home in Westmalling, Kent, recalled being summoned in 1776 by the parish officers of Friendsbury to see "a maniacal man they had confined in their workhouse. . . . He was secured to the floor by means of a staple and an iron ring, which was fastened to a pair of fetters about his legs, and he was handcuffed." Was he integrated into the community? Through the bars of his windows, "continual visitors were pointing at, ridiculing and irritating the patient, who was thus made a spectacle of public sport . . . by several feats of dexterity, such as threading a needle with his toes." So much for community care in this particular version of a supposedly gentle and caring "preindustrial society."

Conditions were scarcely better in the New World, as Dorothea Dix, the New England social reformer, discovered in the early 1840s when she rode about rural Massachusetts investigating local arrangements for "the insane poor."

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At Lincoln she found, "One woman in a cage."

Medford: "One idiotic subject chained, and one in a close stall for 17 years."

Barnstable: "Four females in pens and stalls; two chained certainly, I think all."

Not all the mental patients in Massachusetts were confined at home. Some lay in the almshouses, as Dix found, "in wooden bunks filled with straw, always shut up." At Danvers, far before she reached the almshouse Dix could perceive "wild shouts, snatches of rude songs, imprecations, and obscene language" coming from a formerly respectable young woman who had been returned from a nearby hospital as "incurable." Now at Danvers, the woman stood beating upon the bars of her tiny uncleaned cage, "a foul spectacle. . . . the unwashed frame invested with fragments of unclean garments, the air so extremely offensive, though ventilation was afforded on all sides save one, that it was not possible to remain beyond a few moments without retreating for recovery to the outward air."

These anecdotes do not represent the extreme or bizarre end of the spectrum; they are typical of the situation of those with a serious psychiatric illness in the years before the advent of the asylum. In a world without psychiatry, rather than being tolerated or indulged, the mentally ill were treated with a savage lack of feeling. Before the advent of the therapeutic asylum, there was no golden era, no idyllic refuge for those supposedly deviant from the values of capitalism. To maintain otherwise is a fantasy.<sup>8</sup>

## Traditional Asylums

But since the Middle Ages, there have been asylums. The asylum is by no means an invention of the late eighteenth century. If we switch our view from villages and small towns to cities, the urban world has always had to confront the problem of homeless psychotic or demented individuals, and cities have organized institutions to accommodate them, sometimes within hospices for the sick, the criminal and vagrant, sometimes in jails and workhouses. Full-fledged asylums also existed. All of these institutions had solely custodial functions. Traditional society had no notion of delivering therapy to patients.

Among the oldest psychiatric hospitals in Europe was Bethlem, founded in the thirteenth century as the Priory of St. Mary of Bethlehem, which by 1403 housed six insane men among other denizens. In

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later centuries, the hospice was given over almost entirely to the insane, the name inevitably corrupting itself to Bethlem, or "Bedlam." In 1547, the City of London acquired custodianship of Bethlem, and it would remain a city-run asylum until 1948. Recent scholarly accounts have mitigated somewhat the ghastly pictures of Bedlam that have come down to us from such sources as the eighth scene of William Hogarth's *The Rake's Progress*, drawn in 1733, showing the almost naked Rake lying manacled on the floor, his head shaved for lice, while a keeper or physician examines him. The private patients at Bethlem must have fared somewhat better because their families paid for their keep, yet the term "Bedlam" resonates as a synonym for chaotic madness. By 1815, this most famous of all historic psychiatric hospitals had only 122 patients. It therefore bulked little in the overall scene of care.

Although eighteenth-century England possessed seven other asylums or public charities, such as the Bethel in Norwich (founded in 1713), 12 it is likely that an equal if not greater number of patients were hospitalized in the private sector, in the numerous private "madhouses," or what would later be called "private nervous clinics," that dotted the landscape. Ranging in size from a handful of patients accommodated in a physician's home to facilities of four or five hundred, these private institutions offered custody, not therapy, for individuals too unmanageable for their own families at home. Conditions in the private madhouses were little superior to those in the public ones. 13 As John Haslam, the physician ("apothecary") of Bethlem, said of the private sector in 1809, "It is a painful recollection to recur to the number of interesting females I have seen, who, after having suffered a temporary disarrangement of mind, and undergone the brutal operation of spouting [forcing 'an entrance into the mouth through the barriers of the teeth'] in private receptacles for the insane, have been restored to their friends without a front tooth in either jaw."14

By 1826, when national statistics became available in England, only minimal numbers of individuals found themselves in either private or public asylums. Not quite five thousand insane people were confined in any form, 64 percent of them in the private sector, 36 percent in the public. Bethlem and St. Luke's together numbered only 500 patients, and a further 53 insane individuals were in jails—this in a country of 10 million people. In England, it would be nonsense to speak, as the French philosopher Michel Foucault does, of any kind of "grand confinement."

In contrast to the English tradition of private-sector custodialism, on the continent of Europe the public sector had always offered care. In France, through an administrative reorganization of 1656, Louis XIV