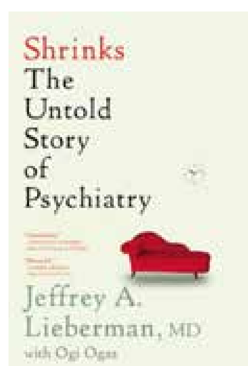
HOW WE BECAME SHRINKS: THE HISTORY OF PSYCHIATRY

Renata Schoeman

The Feature is based on a presentation given by Prof. Schoeman at the Sanofi In-Focus academic weekend in Somerset West on 9th March 2019

THE INITIAL INSPIRATION

Surviving a long-haul flight without some crochet or other work in hand is almost unthinkable to me. So, a recent crisis when I ran out of wool, forced an emergency bookstore stop, and I happened to stumble across *"Shrinks: The untold story of psychiatry"* (Lieberman, 2015). The cover promised *"The fascinating story of psychiatry's origins, demise, and redemption, by the former President of the American Psychiatric Association. Psychiatry has come a long way since the days of chaining "lunatics" in cold cells and parading them as freakish marvels before a gaping public… Dr. Lieberman traces the field from its birth as a mystic pseudo-science through its adolescence as a cult of "shrinks", to its late blooming maturity - beginning after World War II - as a science-driven profession that saves lives. With fascinating case studies and portraits of the luminaries of the field - from Sigmund Freud to Eric Kandel – Shrinks is a gripping and illuminating read, and an urgent call-to-arms to dispel the stigma of mental illnesses by treating them as diseases rather than unfortunate states of mind."* The book is divided in three parts: focussing on the history of diagnosis, treatment, and the "brain revolution". It is both a homage to science and expose of the pseudoscience used to justify the massive missteps—like defining homosexuality as a mental illness, and using fevers and induced comas to "cure" mental illness. From a variety of angles and historical perspectives, he probes two central questions: what is mental illness, and how do we treat it?



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INITIALLY I WAS REALLY CAPTURED BY THE BOOK AND THE AUTHOR'S READABLE STYLE, AND ASKED MYSELF REPEATEDLY THE QUESTION: *"WHY IS THIS NOT INCLUDED IN OUR TRAINING AS PSYCHIATRISTS? WHY DO WE NOT KNOW WHERE WE ARE COMING FROM?"*.

However, my initial excitement gradually turned into scepticism: *"These Americans…Surely there is more to the story? Is this how Lieberman sees the world?"*. I was relieved to find, during an internet search, that I am not the only sceptic: *"This history of (American) psychiatry by a high-ranking insider is ultimately too partial and limited in scope." (Psychodynamic Psychiatry, 2015)*

WHY IS OUR NARRATIVE IMPORTANT?

The question of whether a knowledge of medical history makes for better doctors has long been debated. Warner (2001) has queried its potential to make clinicians more humane and, instead, suggests that an engagement with the subject *'looks both inward, offering the individual student a source of reflection on his or her own professional formation, and outward, offering a forum for discussing how values, prejudices and inequalities came to be built into the current medical enterprise taking nothing for granted'*.

THE WORLD HISTORY OF PSYCHIATRY

In no branch of the history of science or medicine has there ever been less interpretive consensus. In recent decades ideological battles have raged over how the history of psychiatry should be interpreted.

SHOULD THE EMERGENCE OF PSYCHIATRY IN THE LATE 18TH CENTURY BE SEEN AS THE TRIUMPH OF THE ENLIGHTENMENT, USHERING IN A RATIONAL APPROACH TO MENTAL ILLNESS AND OVERTURNING THE PRIMITIVE AND OFTEN BARBARIC IDEAS OF PREVIOUS ERAS?

Or should the rise of psychiatry be seen in a more sinister light? Does it represent the extension of the state into the lives of its citizens, controlling and policing the disaffected and discontented? Are psychiatrists benign humanitarians or agents of oppression? Should the historical narrative be one of progress, as psychiatry steadily extends its knowledge of mental illness and develops more and more effective therapy? Or is the reverse true: has the advent of psychiatry been a calamity for the mad?

UNTIL RECENT DECADES, THE HISTORY OF PSYCHIATRY WAS WRITTEN MAINLY BY PSYCHIATRISTS. THE TALE THEY TOLD WAS OF BENIGN PROGRESS: PSYCHIATRY WAS BECOMING PROGRESSIVELY MORE HUMANE AS CLINICIANS DEVELOPED MORE AND MORE EFFECTIVE TREATMENTS.

However, these histories came to be viewed by those outside the discipline as self-congratulatory and serving to legitimise psychiatry's role in the present. This cosy view of psychiatry's past was challenged by those outside the psychiatric profession such as Foucault (1961) who called it the dawn of *"the great confinement"*. The best and most objective views of psychiatry are most likely those of the historians Porter and Bynum with *"The Anatomy of Madness"* published in the mid 1980s. Porter (a historian) and Berrois (a psychiatrist) also co-founded the journal "History of Psychiatry" in 1991.

So let me try to present a brief history of our discipline:

ANCIENT TIMES

Archaeological evidence of trepanation (to release evil spirits from the head/ cure psychiatric illness) dates to prehistoric times (c. 10000 BC onwards). Bone regrowth indicates that some people did survive this procedure. The Ebers Papyrus, an Egyptian medical papyrus of herbal knowledge (1550 BC) was purchased at Luxor (Thebes) in the winter of 1873–74 by Georg Ebers. It describes illnesses which sound like depression, dementia, and schizophrenia. The Ancient Egyptians believed that the heart was the seat of these emotions, and that being literally heavy-hearted led to low mood. The ancient Indian texts, Charaka Samhita and Atharva Veda (1400 BC) contain descriptions of mental illness arising as a result of imbalanced humors and elements within the body. In 1400 BC, the Yellow Emperor, Huang Di, founder of acupuncture and dietetics, documented cases representing dementia, "madness" and epilepsy.

The work of Hippocrates (460 BC) marks a move away from the supernatural and demonic causes of mental illness towards more rational explanations of causation and treatment.

HIPPOCRATES DESCRIBED THE CONCEPTS OF DEPRESSION, MANIA, HYSTERIA, AND DEMENTIA. HIS WORDS "FOOLISH THE DOCTOR WHO DESPISES THE KNOWLEDGE ACQUIRED BY THE ANCIENTS" WERE ALMOST PROPHETIC AS WE NOW REALISE THE IMPORTANCE OF THE BRAIN-GUT BIOME, AS HE WAS OF THE OPINION THAT "ALL DISEASE BEGINS IN THE GUT".

In 280 BC, Theophrastus wrote the "*Characters Ethicae*" describing 28 types of personality or temperament, followed by descriptions of depression and mania by Aretaeus of Cappadocia (Turkey) in 150 BC. Aretaeus is now the trade name of a Zydus product. The ancient times are concluded with the refinement of Hippocrates' theory by Galen (129-200 AD). He believed that depression was caused by an accumulation of black bile (melancholikos). His works form the basis of European medicine for the next thousand years.

THE MIDDLE AGES

The Middle Ages, the medieval period of European history, which started with the sacking of Rome by the Visigothic armies, heralded a decline and decay of scientific knowledge in Europe – the "Dark Ages" indeed. Europe returned to demonological explanations for mental illness such as possession and witchcraft, and mentally ill people were seen as the responsibility of their families and the community - excluded from general society, or burnt at the stake.

THANKFULLY, ANCIENT TEXTS WERE PRESERVED IN THE BYZANTINE EMPIRE AND BY THE ISLAMIC DOCTORS AND SCHOLARS.

In 705 AD, the first hospital for those with mental illnesses opened in Baghdad, with Fes and Cairo following in the next few decades. These hospitals were called "Bimaristans" – a Persian word meaning "the house where sick people were welcomed and cared for by qualified staff", and where they received treatment of the soul, and healing of the heart. In 980 AD Abu Ali Sina Balkhi published his famous medical works "The Book of Healing" and "The Canon of Internal Medicine" which details amongst other things cases of hallucinations, dementia, mania and depression.

BACK IN EUROPE, BETHLEM WAS ESTABLISHED AS A PRIORY FOR THE ORDER OF THE STAR OF BETHLEHEM. IT BECAME A HOSPITAL IN 1330 AND TOOK ITS FIRST PSYCHIATRIC PATIENTS – THE "INCURABLES" - IN THE 1350S.

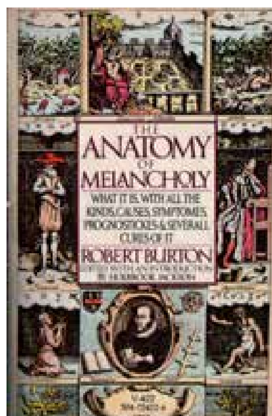
Bethlem was infamously dubbed "Bedlam" and "the hospital that defined madness" – with no trace of any of the compassion and empathy which were afforded the patients at the Bismaristans. The hospital has moved site and been rebuilt several times, and is today part of the South London and Maudsley NH Foundation Trust.

THE RENAISSANCE AND THE REFORMATION

With the Renaissance in Europe (1500s), the scientific method re-emerged, and mental illnesses were once again viewed as being connected with the body, with a move away from demonological and religious explanations for psychiatric symptoms. Early figures who propounded these ideas include Theophrastus, Paracelcus, Cornelius Agrippa and Johann Weyer.

A SIGNIFICANT EVENT WAS THE FOUNDING OF THE ROYAL COLLEGE OF PHYSICIANS (1518) - ON THE ORDER OF KING HENRY VIII - TO PROTECT THE PUBLIC FROM UNREGULATED AND UNQUALIFIED "QUACKS". IN 1601, WORKHOUSES WERE ESTABLISHED TO PROTECT THE POOR AND MENTALLY ILL FROM "IDLENESS".

The first formal social responsibility towards the mentally ill became a legal requirement with Act 1670. A significant publication was "*The Anatomy of Melancholy: What it is, with all the kinds, causes, symptoms, prognostics and several cures of it" (Burton, 1621)*. Unfortunately, another publication, *"Discourse de la Methode"* (Descartes, 1637) described the mind as being something distinct from the rest of the body – which left a legacy of stigma and marginalization of mental health as separate from physical health to this day. Even worse, was the condition in the Salpetriere hospital in Paris which became (in) famous for the use of mechanical restraints, iron chains, cuffs and bars, and other instruments, for the "treatment" of the poor and mentally ill.



THE ANATOMY OF MELANCHOLY
WHAT IT IS, WITH ALL THE KINDS, CAUSES, SYMPTOMES, PROGNOSTICKES & SEVERALL CURES OF IT
ROBERT BURTON

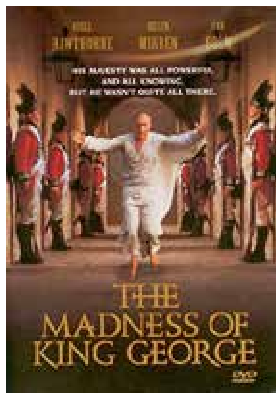
DISCOURS
DE LA METHODE
Pour bien conduire sa raison, & chercher la verité dans les sciences.
Plus
LA DIOPTRIQVE.
LES METEORES.
ET
LA GEOMETRIE.
Qui sont des essais de cete Methode.

Contrasting with the American view (see Initial Inspiration), psychiatry has always been a branch of medicine. It developed during the 18th and 19th centuries as a branch of neurology, incorporating new theories about psychology and the expertise of doctors working in asylum. The Asylum period (1650-1950) is marked by two phases: the first being the period where an asylum had a custodial role - to confine raging individuals who were dangerous or a nuisance; the second, the "discovery" that an institution itself could have a therapeutic effect. Asylums were reformed to therapeutic institutions by Battie (St Luke's, 1751), Chiarugi (Florence, 1785), Pinel (Paris, 1995) and Tuke (York Retreat, 1796).

One of the historical figures, often neglected in our knowledge of psychiatric history, is Philippe Pinel (as mentioned in the previous paragraph), who can be considered the father of modern psychiatry. He released the "*curable lunatics*" – in favour of a more humanitarian approach in an "*institution morale*" (see painting).

PINEL DID AWAY WITH BLEEDING, PURGING, AND BLISTERING IN FAVOUR OF A THERAPY THAT INVOLVED CLOSE CONTACT WITH AND CAREFUL OBSERVATION OF PATIENTS. HE VISITED EACH OF HIS PATIENTS, OFTEN SEVERAL TIMES A DAY, ENGAGED WITH THEM IN LENGTHY CONVERSATIONS, AND KEPT DETAILED NOTES.

This enabled him to keep detailed case histories, and to follow the natural history of the patients' illnesses over a period of two years and culminated in him classifying patients as suffering from melancholia, mania (or insanity), dementia, or idiotism.



Perhaps we should spare King George III a thought. He suffered from bouts of mental illness during his life. It is still a matter of debate whether he had porphyria, or bipolar mood disorder. His recovery between bouts gave hope that mental illness was potentially treatable, while it also had constitutional implications for the management of patients.

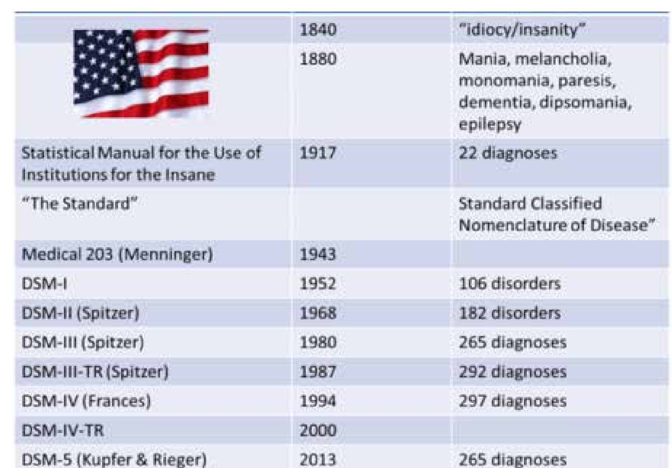
CLASSIFICATION, DIAGNOSIS AND CAUSATION

Contrary to the American view, the need for a classification system for mental disorders has been present long before the arrival of the DSM system. Not only did the ancient physicians categorise disorders and personality (see above), but as far back as 1818, Nasse attempted to organize the conceptualization of mental disorders by establishing the *Journal for the Healing and Diagnosis of Pathological Mental Disorders* (Wunderlich, 1999). However, there was very little agreement regarding how psychopathology should be classified. Nasse summed up the situation accurately by stating that every worker dealing with mental disorders felt he had to offer a classification system of his own (Stengel, 1956). In his review article, Stengel identified and described 39 official and unofficial classifications systems. The proposed classification systems varied drastically because they focused on different aspects of psychopathology (e.g. phenomenology, etiology, prognosis or course) as the defining features of mental illnesses. Important examples include De Sauvages's "Nosologie Mehodique" Pinel's classification (1798), and Nasse's work (1818).

In America, the Feighner Criteria were developed by Robins, Guze, Winokur, and Feigner at Washington University in St. Louis from the late 1950s to the early 1970s, and published in 1972.

FOURTEEN CONDITIONS WERE DEFINED, INCLUDING PRIMARY AFFECTIVE DISORDERS (SUCH AS DEPRESSION), SCHIZOPHRENIA, ANXIETY NEUROSIS, ANTISOCIAL PERSONALITY DISORDER, AND - NOTORIOUSLY SO – HOMOSEXUALITY.

These criteria instigated a paradigm shift in terms of the approach to mental disorders, and were expanded in the publication of the Research Diagnostic Criteria on which many of the criteria of the American Psychiatric Association's DSM III (1980) were based, which in turn shaped the World Health Organization's ICD manual. Other, lesser known (in South Africa) classification systems are the Chinese Society of Psychiatry's Chinese Classification of Mental Disorders (CCMD-3), Latin American Guide for Psychiatric Diagnosis (GLDP), and the Research Domain Criteria (RDoC) of the NIMH. Unfortunately, we have not yet achieved a perfect system with the recent DSM-5 criteria being shrouded in controversy, and cultural differences still causing the interpretation of systems to differ – even when the same diagnostic criteria are being used.



	1840	"idiocy/insanity"
	1880	Mania, melancholia, monomania, paresis, dementia, dipsomania, epilepsy
Statistical Manual for the Use of Institutions for the Insane	1917	22 diagnoses
"The Standard"		Standard Classified Nomenclature of Disease"
Medical 203 (Menninger)	1943	
DSM-I	1952	106 disorders
DSM-II (Spitzer)	1968	182 disorders
DSM-III (Spitzer)	1980	265 diagnoses
DSM-III-TR (Spitzer)	1987	292 diagnoses
DSM-IV (Frances)	1994	297 diagnoses
DSM-IV-TR	2000	
DSM-5 (Kupfer & Rieger)	2013	265 diagnoses

The unconscious (initial proponents being e.g. Freud, Jung and Menninger) versus brain (with e.g. Wernicke (neuroanatomy), Meynert (histology), and Alzheimer (pathology)) debates are also still ongoing. More recently, with newer technologies (e.g. neuroimaging) and research capabilities, most psychiatric disorders are considered bio-psycho-social disorders.

OTHER FAMOUS NAMES IN PSYCHIATRY/ NEUROSCIENCE

Before we move on to treatment, let's quickly halt to honour some of the other big names in psychiatry:

To date, three Nobel prizes have been awarded to psychiatrists or to researchers in recognition of psychiatric therapies: Wagner-Jauregg in 1927 for his discovery of the therapeutic value of malaria inoculation in the treatment of dementia paralytica, Moniz in 1949 for his discovery of the therapeutic value of leucotomy in certain psychoses, and Kandel in 2000 for his research on the physiological basis of memory storage in neurons. However, the list of nominated psychiatrists is much longer.

Perhaps a word on psychosurgery. Burckhardt, who in the 1880s performed some of the first psychosurgeries on patients' frontal lobes as well as other parts of their brains, was followed by Moniz, who began experimenting on patients.

MONIZ'S FIRST SURGERY, ON A MENTALLY ILL WOMAN, INVOLVED DRILLING TWO HOLES IN HER SKULL AND PUMPING ALCOHOL INTO HER FRONTAL CORTEX. LATER SURGERIES INVOLVED "CORING" SEVERAL REGIONS IN THE FRONTAL CORTEX WITH HOLLOW NEEDLES - LITERALLY SUCKING OUT PARTS OF THE BRAIN TO SEVER NEURAL CONNECTIONS. ALL THESE SURGERIES WERE DONE BLIND, I.E. WITHOUT VISUALIZATION – LITERALLY DRILLING INTO THE SKULL AND GUESSTIMATING WHERE AN AREA SHOULD BE CORED OR CUT.

While Moniz was treating patients in Europe, Freeman started using an ice pick-shaped instrument in America to perform up to 25 lobotomies a day, without anaesthesia, while reporters looked on. Even John F. Kennedy's sister Rosemary was subjected to a lobotomy from Freeman - which left her "zombified" for the rest of her life.

One other very important person is missing from the previous list - Johann Christian Reil (1759-1813). He was the first to describe the nature and importance of the therapeutic relationship, the placebo effect, and the character of a (successful) psychiatrist: *"perspicacity, a talent for observation, intelligence, goodwill, persistence, patience, experience, an imposing physique and a countenance that commands respect"*.

TREATMENT

We have come a long way from the whirling chair, the tranquilizer chair, hydrotherapy, bloodletting, orgonotherapy, camphor, Metrazol, and insulin comas. Yet, we still encounter sham treatments, false claims, and pseudoscience on a regular base. However, we have entered the Community Treatment Era emanating from the 1960s, made possible by effective treatment.

PATIENTS BEGAN TO IMPROVE TO THE POINT WHERE MANY COULD BE DISCHARGED BACK TO THEIR FAMILIES. MORE DRUGS WERE DEVELOPED, FROM CHLORPROMAZINE TO IMIPRAMINE (FOR DEPRESSION). THE OLD ASYLUMS BEGAN TO EMPTY…

Arguably one of the most important years in treatment for psychiatry was 1938, when Charpentier, building on Laborit's work, formulated compound 4650RP for use as an anaesthetic adjunct.

DELAY AND DENIKER NOTED THE "EUPHORIC QUIETUDE" IT PRODUCED AND TESTED IT IN AGITATED PSYCHOTIC PATIENTS – THE "BIRTH" OF PHENYTOIN. IN THE SAME YEAR, CERLETTI DEVELOPED AND ADMINISTERED ECT.

WHEN	WHAT
1903	Barbiturates
1917	Malaria for neurosyphilis
1930	Insulin coma for schizophrenia
1935	Amphetamine (narcolepsy)
1937	Bezedrine (ADHD)
1938	Phenytoin introduced; ECT
1942	Antihistamines
1948	Lithium in mania (Cade)
1952	Chlorpromazine (Delay & Deniker)
1954	Lithium (Schou)
1957	Iproiazid, psychic energizer -MAOIs
1958	Haloperidol (Janssen) Imipramine (Kuhn): TCAs, MARIs
1961	Chlordiazepoxide; benzdiazepines
1967	Depot antipsychotic injections: Modecate
1968	Lithium prophylaxis
1973	Carbamazepine in mania
1982	SSRIs
1988	Clozapine (Kane et al) Fluoxetine approved SSRIs in panic disorder
1994	Valproate in mania
	Atypical antipsychotics; risperidone, olanzapine
1999	Atypical antipsychotics for bipolar disorder

based on Cookson, Core Psychiatry, 2012

Not withstanding the Decade of the Brain (NIMH, 1990s) and huge financial investments, pharmaceutical innovation all but dried up in the 2000s. No new classes of medication or blockbuster psychiatric drugs were discovered. Moreover, previously unrecognized or under-appreciated side-effects of widely used medications hit the headlines. Pharmaceutical companies were fined repeatedly and for huge sums for promoting powerful, expensive psychiatric medications for unapproved uses.

HOWEVER, WE BELIEVE WE ARE MOVING EVER CLOSER TO UNDERSTANDING THE FUNDAMENTAL CAUSES OF PSYCHIATRIC ILLNESSES, AND TO DEVELOPING INCREASINGLY EFFECTIVE TREATMENTS.

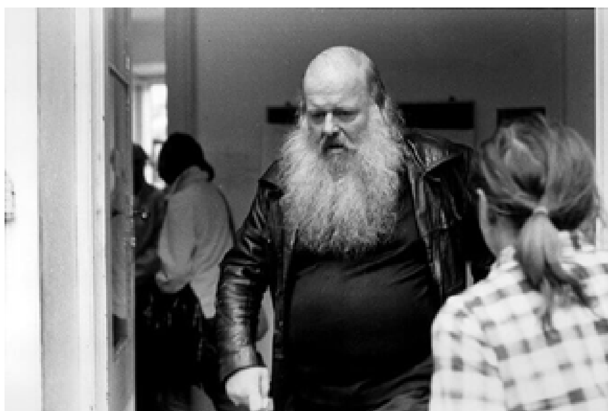
We are now also faced with novel targets, novel administration techniques, new technology such as machine learning and artificial intelligence, genetics and personalised medicine. With all the recent advances in neuropsychology, neuroimaging, neurochemistry, psychopharmacology and genetics, this is a very exciting time for psychiatry.

ANTIPSYCHIATRY

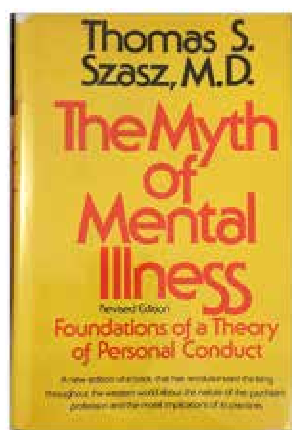
Although the 1950s was a decade of genuine innovation and progress, the social climate of liberal thinking, student socialism, mind-altering drugs, and the "Three hospital study" (Wing and Brown, 1961) which highlighted the effect of institutionalization, led to the birth of the "*antipsychiatry movement*". David Graham Cooper, a local psychiatrist who qualified at the University of Cape Town in 1955, coined the term "antipsychiatry" and joined RD Laing and Thomas Szasz.

ANTIPSYCHIATRY IS A MOVEMENT BASED ON THE VIEW THAT PSYCHIATRIC TREATMENT IS MORE OFTEN DAMAGING THAN HELPFUL TO PATIENTS. THE MOVEMENT ACCUSED PSYCHIATRY OF NEITHER HEALING MENTAL ILLNESS NOR BEING A LEGITIMATE BRANCH OF MEDICINE. IT CONSIDERS PSYCHIATRY A COERCIVE INSTRUMENT OF OPPRESSION DUE TO AN UNEQUAL POWER RELATIONSHIP BETWEEN DOCTOR AND PATIENT AND A HIGHLY SUBJECTIVE DIAGNOSTIC PROCESS.

Thomas Szasz argued throughout his career that mental illness is a metaphor for human problems in living, and that mental illnesses are not "*illnesses*" in the sense that physical illnesses are; and that except for a few identifiable brain diseases, there are "*neither biological or chemical tests nor biopsy or necropsy findings for verifying DSM diagnoses.*"



Cooper published "*Psychiatry and Anti-psychiatry*" in 1971, in which he clearly stated that madness and psychosis are the manifestation of a disparity between one's own '*true*' identity and our social identity (the identity others give us and we internalise).



COOPER'S ULTIMATE SOLUTION WAS THROUGH REVOLUTION. TO THIS END, COOPER TRAVELLED TO ARGENTINA AS HE FELT THE COUNTRY WAS RIFE WITH REVOLUTIONARY POTENTIAL.

R.D. Laing claimed that Cooper underwent Soviet training to prepare him as an Anti-Apartheid communist revolutionary, but after completing his course he never returned to South Africa. Instead, he ran an experimental unit for young schizophrenics in London - called "*Villa 21*" which he saw as a revolutionary 'anti-hospital' and a prototype for the later Kingsley Hall Community.

CONCLUSION

The American version of history is American… Psychiatry constantly reinvents itself, though it may not be always apparent. In our everyday world of scheduling evaluations, wrangling with insurers, documenting progress, and, of course, being compassionate healers, it's easy to lose sight of the longer arc of psychiatry over the years.

The history of psychiatry should be a fundamental part of resident training. It should not be seen only as curious and/or interesting, but as a source of wisdom – and warnings.

IT OFFERS US INSIGHTS INTO TREATMENTS AND DIAGNOSES THAT ONCE FLOURISHED AND NOW, FROM OUR MODERN-DAY PERSPECTIVE, SOME BEING SEEN AS APPALLING AND SHOCKING. HOWEVER, THERE IS ALSO MUCH OF BENEFIT IN PSYCHIATRY'S PAST – SAFE AND EFFECTIVE THERAPEUTIC AGENTS, DIAGNOSES, AND APPROACHES. STUDYING HISTORY MAKES ONE MORE QUESTIONING OF CONTEMPORARY PSYCHIATRY THEORIES AND MORE AWARE OF THE PATIENT'S VIEWPOINT, AND THE ENORMOUS INFLUENCE THAT CULTURE EXERTS ON HOW WE CONCEIVE MENTAL ILLNESS AND HOW WE THINK IT SHOULD BE ALLEVIATED.

Like psychoanalysis before it, the new dominant paradigm, psychiatry as a "neurobiological" specialty, perhaps has also overreached. The pendulum needs to stabilise - the future of psychiatry can be neither "brainless" nor "mindless."

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Lethargics are to be laid in the light, and exposed to the rays of the sun for the disease is gloom.

Aretaeus