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The Beginnings of Modern Psychiatry:

The system of psychiatric therapy about 1800 and its consequences

Seminar at the Nagoya University Medical School - Department of Psychiatry

Monday, February 8th, 1999

8. Feb.
(basic ideas)

Psychiatric Historiography: two different attitudes

There are two myths of contemporary historiography of psychiatry - at least in the Western world -, which dominate more or less all the scientific discussions: Firstly, history of psychiatry develops diachronically, outgoing from pre-scientific occult concepts like demonology and superstitious methods of healing and then shifts to rational medical and social concepts; and, secondly, the history of psychiatry really starts only at the end of the 18th century, when the French doctor Philip Pinel "took the chains off" the brutally fixed insanes. Both myths are supported by two very important theories of epistemology: (1) Michel Foucault's "Madness and Civilization", first published in 1961 (Foucault, 1977); and (2) Thomas S. Kuhn's "The Structure of Scientific Revolution", first published in 1962 (Kuhn, 1976). Both works - discussed sometimes very critically - marked a new era of psychiatric historiography (Still / Velody, 1992, p.3)

In this perspective the whole period before the 18th century ^{would} can only be recognized as a primitive or pre-historcial stage of the development of psychiatry, when demonology ^{possession} and exorcism were the only concepts of orientation. Such a view means a shortcut of historical reality: There were long before the 18th century scientific investigations and theories as well as rational and empirical healing methods dealing with mental illness. (Kutzer)

So, we have to distinguish two different approaches: (1) The usual diachronical division into certain periods of history of psychiatry, which suggests a continuous process ^{or evolution} (folio); and (2) The synchronous perspective of fundamentally different attitudes to mental illness (folio). (1) (2)

Obviously it is very useful to keep in mind, that in reality there is often more than one guideline or so-called ruling „paradigm“ (Kuhn), and that therefore contradictions and conflicts can be produced. I only remind you ^{of} the period about 1800 in Germany, when e. g. on the one hand brutal methods of fixation were applied to the insane inmates of lunatic asylums, and on the other hand the doctors in the era of Romanticism studied their patients with psychiatric symptoms with ^{deep} strong empathy.

I would like to focus my lecture on the historical moment, when modern psychiatry was first constituted in between the Enlightenment, traditional healing concepts, new theories of neurophysiology and the social impetus ^{impact} of the French Revolution. It was a fascinating constellation, because old traditions were combined with new movements, rational and irrational healing methods, humane and inhumane treatments came together. (Goethezeit)

Moral and physical treatment

In the early 19th century, the famous French psychiatrist Jean Etienne-Dominique Esquirol divided the treatment of psychic disorders into two groups: (a) moral treatment and (b) physical treatment. "Moral" and "physics" appeared about 1800 as the two basic elements of medicine. „Moral“ meant medical psychology and education, „physics“ meant the somatic or organic aspects. The moral treatment was deduced from the anthropology of the Enlightenment according to Kant's concept of reason. A healthy human being was imagined as an ¹autonomous reasonable person, whereas a mentally ill was imagined as an unreasonable person, who lacked freedom and self-responsibility. "The permanent lacking of freedom

and reason, even if somebody seems to be healthy, defines completely the whole concept of the disorders of the mind." (Jacobi, 1830, vol. 1, p.24) (folio: **psychiatric treatment in lunatic asylum: upper part**) (3)

The moral or psychological education followed the principle of a "healing limitation" of the insane. Freedom can be only regained by the law, that means, the limitation." (Heinroth) So, the idea of the moral treatment was clear: it was the idea of the education ^{ab of} and the penal system: at first the limitation of the wild passions, the crude instincts by conquest, domestication and punishment; then the development of the somatic and mental gifts by working, lifestyle and religious reflection. The healing "moral emotion" included the fixation on the compulsory char ^(Krankensaal) as well as the reading together in the bible. The combination of moral and physical ^{methods} that means educational and medical methods, was characteristic for the onset of modern psychiatry ^{in Europe}.

(=Brownianism)

Brownianism : the principle of the physical treatment

The treatment in the lunatic asylums about 1800 reminds us today sometimes of inhumane tortures against the poor insane people, without any other reason than to hurt helpless patients brutally with sadistic feelings. But the impression is wrong. The treatment followed ~~f~~ strictly a logical and very simple system: namely the theory of John Brown (1735-1788), called Brownianism. This healing system had conquered all fields of medicine in Europe and America ^{about 1800}. Brown declared every disease as an imbalance between the amount of stimulation and the degree of excitability in the human organism. So, he divided all diseases into two groups: The "sthenic" (or hypersthenic) diseases originated from a too strong excitation - like mania, maniacal rage - and the "asthenic" diseases were a consequence of too weak excitability - like hypochondria ^{is} and melancholy. The therapeutic principle was simply to deduce from this theory in accordance to the Galenic ~~dogma~~ "contraria

doctrine of treatment

contrariis". The imbalance should be healed by a contradictory input. (folio: psychiatric treatment: lower part) ③

I give you an example. ^(Craniology) Spurzheim, a ^{pupil} disciple of Franz Joseph Gall, the founder of phrenology, explained like his contemporary colleagues, that mania originated from an inflammation of the brain ("phrenitis"), that means: it was a hypersthenic state. Erotomania and nymphomania are suscitated by such a disorder ^{(in/ (mania- from))} of the small brain. Consequently he recommended weakening methods like blood-letting behind the ears, cold compresses around the neck. This is paradigmatic for all the other authors starting with Pinel, who followed John Browns system as well. The Brownianism had some advantages for psychiatrists: it was a very simple system including all possible mental disorders and enabling the doctors to deduce ^(- to - make) all their manipulations and to justify them as a scientific-based therapy. Moreover, Brownianism seemed to be very suitable for psychiatry, because it focussed on the physiology and pathology ^{of} the nerves and stressed the idea of a vital force, flowing through the nervous system. With other words: it stressed the viewpoints of neurophysiology and vitalism, which were very relevant ^{for} to the current situation about 1800.

^{Generally,} Brownianism legitimized the drastic and brutal methods in a sophisticated manner. A very prominent example is the chair for compulsory fixation (Zwangsstuhl), which was introduced by the famous American physician and philanthropist Benjamin Rush. He called the chair apparatus "tranquillizer", because it would calm down the maniac by proper fixation and make cold showers on the head and blood-letting easily possible. Apart from this such procedures influenced the patient also morally: they directed the perception and attention from outside to inside and domesticated him. So, John Browns dogma legitimized very different methods of physical and moral manipulations as rational and science-based.

Therapeutic Techniques

I show you a list of the common methods of treatment about 1800, which were often still applied until the end of the 19th century. All the techniques had some essential ideas in common:

(1) Mental illness is induced by a disorder of the brain and nervous system (e. g. an inflammation). Therefore all methods have to concentrate on the brain (or more generally on the nervous system): directly e. g. by copping the neck; or indirectly e. g. by purgation of the bowels. (Head or ^{the} one hand and stomach or abdominal organs on the other hand were thought to communicate sympathetically.)

(2) The mental illness is connected with inbalanced or poisoned body humours. The therapy has to draw out or retransfer such humoural pathology into a healthy (well-tempered) state.

(3) There were mainly two opposite tasks of therapy: stimulation of the melancholic type of patients and calming down the maniac type of patients. This included also psychological, sociological, dietetic, and last but not least physical methods like hydrotherapy. (folio: **therapeutic techniques**) (4)

Psychiatry versus psychotherapy

It is quite useful to look at the further development of psychiatry and compare it with the development of psychotherapy. About 1800 mentally ill persons could be treated very differently. It depended on their location. When they were treated within a lunatic asylum, those procedures were applied, which I have just described in detail. When they could stay at home or in the household of a doctor, which was then not unusual, the treatment could be very individually handled, and subtile methods like mesmerism, galvanism, homeopathy, or herbal medicine could be applied.

E.g., The Swabian doctor and poet Justinus Kerner treated about 1825 the so-called „Seeress of Prevorst“ for two and a half years in his household - a patient

suffering probably from schizophrenic psychosis, if a modern psychiatrist would have diagnosed her. Professor Hamanaka joined our international Kerner-Symposium 1986 in Weinsberg, where we discussed the psychological investigations of Kerner as an important input for the history of psychiatry and psychotherapy.

In the following outline I will show you very briefly the synchronous perspectives of psychiatry and psychotherapy from the late 18th until the early 20th centuries. There are remarkable shifts:

(a) The shift in the history of psychotherapy: from Mesmerism (animal magnetism), which combined the traditional natural magic with new physical theories like electricity, to hypnotism and psychoanalysis, with their pure neurophysiological respectively psychological theories.

(b) The shift in the history of psychiatry: from the lunatic asylum with its rigorous regime to the academic psychiatry at university hospitals, where the rough compulsory manipulations were replaced with more sophisticated methods and evidence-based medicine. Nevertheless, the treatment remained more or less drastic before the introduction of the the first efficient psychiatric drugs ^{Psychopharmaceuti} in the 1950ies.

The table shows some of the most important authors of the two shifts, which developed not separately, but in a close interrelation. (folio: psychiatry and psychotherapy) (5)

Psychiatry in the 20th century

The psychiatry of our century can be characterized as a period of wrong tracks and great innovations. (folio: psychiatric historiography: the usual division) (1)

There was one crucial event in Germany, which marks an absolute ethical catastrophe: I mean the so-called „euthanasia“-programme of the national socialists. Nazi-doctors, especially psychiatrists, were involved in the killing of more than 70.000 psychiatric patients. Since the 1970ies, this crucial event is

investigated very intensively and even at the moment, many scholars and research groups, often doctors and medical students of psychiatric hospitals, study still hidden details. But this doesn't belong to my topic.

Dealing with psychiatric patients is still a great challenge, not only for psychiatry but also for society. The abuse of psychiatry, the inhumane treatment of helpless patients is a danger in all countries. Psychiatrists have to be aware of it. To know about the history of psychiatry may give some orientation and insight.

Literature

in the following articles of the author:

"Heilkonzepte um 1800 und ihre Anwendung in der Irrenbehandlung". In: Vom Umgang mit Irren. Beiträge zur Geschichte psychiatrischer Therapeutik. Ed. by Johann Glatzel / Steffen Haas / Heinz Schott. Regensburg 1990, pp. 17-35.

"Psychotherapie und Psychiatrie: ihre historische Auseinandersetzung und die Folgen. Psychother. med. Psychol. 26 (1986), pp.253-258.

"Psychiatrie". In: Theologisches Realenzyklopädie vol. 27 (1997). pp. 672-676.

Slides A. Psychotherapie (1)

226/2

A magnetizer, probably a doctor, mesmerizes (that is magnetizes) a young lady. The magnetic influence is imagined outgoing from the palms of the magnetizer and being transferred to the patient. A servant holds the candle.

Copperplate by Chodowietzky, late 18th century.

226/1

The so-called baquet of Franz Anton Mesmer in his saloon in Paris. You see the magnetic tub in the middle. It was supposed to accumulate cosmic fluidum, which could be transferred to the patients as a healing energy. In the background you see musicians. Music should intensify the magnetic flow, also the mirrors at the walls.

Coloured Copperplate about 1785.

320 M.

Left side: The so-called "Seeres of Prevorst" looking like a Saint. The patient's name was Friederike Hauffe (1801-1829). She was treated by Justinus Kerner, who applied mainly animal magnetism and published the complete case history in two volumes in 1829.

Right side: The so-called nerve-tuner published by Kerner in his work on the "Seeress". It was constructed in accordance with a vision of the "Seeress". It was a special form of a Mesmeric baquet.

323 M.

A lady is getting to be hypnotized. The picture shows a fantastic atmosphere reminding (of) former magnetic manipulations. At the end of the 19th century, the tradition of mesmerism was still alive and very often the concept of mesmerism is mixed with the concept of hypnotism.

Painting by Sven Richard Bergh, 1887.

B. Psychiatrie (1)

236/2

The general hospital at Vienna with the tower for lunatics in the background - one of the first special psychiatric institutes, erected 1884.

241/1

Philippe Pinel visits the hospital for lunatic women in Paris: La Salpêtrière. The legend tells us, that here he took off the chains from the insane. (1795)

265/

Three groups of lunatic women are trained by reconvalescent soldiers. They have wooden guns and rucksacks filled with sand (from Horn, 1818).

(Prussia)

265/2 (Prehstahl)

Swivel chair for lunatics: a method of the treatment of mania. The rapid rotation of the chair evoked vomiting and dizziness, which was thought to be curing (Guislain, 1826).

265/3

Patient
An insane fixed at a bed (from J. E.D. Esquirol, 1838) - illustration from the ~~1st~~ ^{first} handbook of psychiatry: „Des maladies mentales“.

330 M.

A compulsory chair (so-called tranquillizer) for the long-term fixation of the mania patients. Early 19th c.; Psychiatric Museum Haina, Germany.

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Psychiatrie (2)
James Braid (1795-1860), a Scottish surgeon. For the first time he formulated the concept of „hypnotism“ or medical hypnosis, which he called „nervous sleep.“ He was fascinated by mesmeric demonstrations, but refused the theory of animal magnetism and replaced it by a neurophysiological explanation.

326/1

Hypnotic session: the lady has fallen in hypnotic sleep, her eyes are closed *hypnotized* probably by a doctor (after a painting by G. R. Falkenberg, 1893).

307/1

The famous neurologist Jean Martin Charcot (1825-1893) demonstrating the effects of hypnosis with the hysterical Blanche Wittmann in the Salpêtrière (A. Brouillet, 1887).

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The Interpretation of Dreams by Sigmund Freud, first edition 1900. This is the official beginning of Freud's psychoanalysis, the most important milestone in the history of psychotherapy.

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Sigmund Freud (1856-1939) and his „alter ego“ Wilhelm Fließ, his nearest friend during the period before 1900, when Freud developed the principles of psychoanalysis.

391 M.

Emil Kraepelin (1856-1936), a founder of modern psychiatry. He coined the classification of mental illness.

390 M.

Eugen Bleuler (1857-1939) introduced the concept of Schizophrenia and was nearly the only psychiatrist, who was interested in Freud's psychoanalysis from the beginning.

394 M.

Drawing of a psychiatric patient (1909-1910), who was anxious of electrical waves coming from a psychiatrist outside his cell. He called the dangerous influence an „automatic telehypnotism“ (from the Prinzhorn collection, Heidelberg).

(jap. translation available?)