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Relevance of the history of psychiatry to practising clinicians

Allan Beveridge

Do busy psychiatrists need to pay any attention to the history of their discipline? Surely clinicians should concentrate on keeping up-to-date with the latest developments in their field. Medical history may provide amusing anecdotes about practice in the past, but can it inform modern treatment? Such a response, although familiar, seems rather strange, coming from psychiatrists, who, after all, spend their clinical day, taking 'histories'. By doing so, they seek to understand their patients' problems in the context of their life history. They try to make sense of the present by reference to the past, whether it be events in the patient's childhood, previous conflicts or the individual's genetic inheritance. Given such a perspective, it seems reasonable that psychiatrists might also take an interest in the history of their profession. By attending to the history of its development, its past disputes and its intellectual inheritance, the psychiatrist can reach a deeper understanding of the current state of psychiatry.

It is important for clinicians to have some knowledge of the history of their discipline. The oft-repeated dictum, that those who do not learn from the mistakes of the past are destined to repeat them, certainly applies to the practice of psychiatry. We should consider several aspects of that history, such as case note studies, the evolution of clinical terms, the biographies of individual psychiatrists, the patient experience and the cultural perception of mental illness.

Case note studies

Stimulated by writers such as Foucault and Scull, who suggested that the asylum of the past was used by the state as a means of controlling its unruly elements, psychiatrists have, in recent years, mounted in-depth studies of the surviving case notes of these much-maligned Victorian institutions (Renvoize & Beveridge, 1989; Turner, 1992*a*; Beveridge, 1995; Doody *et al*, 1996). The first finding has been that clinical descriptions of 19th-century patients are very familiar to the modern eye. Thus, there are good accounts of hallucinations, delusions, mood disturbances and movement disorders and it is possible retrospectively to diagnose cases of schizophrenia, manic–depressive illness and organic brain syndromes.

The following examples from the Royal Edinburgh Asylum case notes are typical of 19th-century material.

> James A., a 39-year-old man, thought there was: "a secret organisation whose purpose is to act upon him at night by vapours so as to put him into a condition of somnambulism preparatory to meddling with his sexual organs".
>
> Harold K. was a 37-year-old apprentice who: "believes he hears noises at night from people speaking in no very flattering terms about him" and "he suddenly calls out as if answering someone when no one has spoken".
>
> Mary S. was a 27-year-old woman, who said that there were: "dishes all round the room which give her shocks continually through the nose and throat".

The findings of these case note studies argue for the enduring nature of certain types of mental illness, at least over the past two centuries, and undermines the notion that mental illness is simply a social construct, which varies depending on underlying cultural conditions. Such studies have shown that the form of mental illness has not changed, although the content has of course been strongly coloured by contemporary developments.

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Whereas modern patients complain that they are subject to computers, laser beams and satellites, their 19th-century counterparts said they were tormented by telephones, gas, electricity, mesmerism and Röntgen rays. In studies of the York Retreat (Renvoize & Beveridge, 1989) and the Royal Edinburgh Asylum (Beveridge, 1995), it was found that patients more frequently had a religious theme to their delusions than a scientific one. Klaf & Hamilton (1961), in their comparison of schizophrenia in this century with its manifestation in the 19th, found that in modern times there had been a decline in the frequency of delusions with a religious content, a finding which perhaps reflects the growing secularisation of society.

Case note studies have also allowed observations to be made about the presentation and course of the major mental disorders, prior to the introduction of neuroleptic medication. For example, Turner (1992*a*) in his study of the Ticehurst Asylum, found that several patients with a retrospective diagnosis of schizophrenia had case note descriptions strongly suggestive of tardive dyskinesia. This, taken with McCreadie *et al* 's (1996) study of untreated patients in India, suggests that tardive dyskinesia may be partly the result of schizophrenic illness, rather than simply a side-effect of medication. These case note studies have also found that the prognosis of patients with schizophrenia was worse than that of patients with manic–depressive illness. Patients with schizophrenia stayed longer in the asylum and were more likely to spend the remainder of their life there.

In the 1980s, there was much debate, provoked by the late Edward Hare (1983, 1988), who argued that schizophrenia was a recent disease, which first occurred around 1800 and which increased rapidly in incidence throughout the 19th century. He pointed to the great increase in the number of asylum admissions during this period as evidence for his case. The sociologist, Scull (1984), challenged this hypothesis, and argued that the increasing admission rate could be explained by social factors, such as the widening of the definition of what constituted insanity, and also by the increasing public acceptance of the asylum as a suitable refuge for relatives with mental disorders. Such a debate has more than just historical significance. Those who argue in favour of what is known as the 'recency hypothesis', contend that schizophrenia is infective in origin and speculate that a virus may be responsible for the condition.

Two recent studies, of the Royal Edinburgh (Beveridge, 1995) and the Fife and Kinross Asylums (Doody *et al*, 1996), have made an important contribution to this debate. They found that the rise in asylum admissions could not be explained by a rise in the incidence of schizophrenia. The admission rate of this condition remained stable throughout the latter part of the 19th century and accounted for less than 10% of admissions. In fact, the major proportion of admissions were made up of patients suffering from organic brain syndromes, such as general paralysis of the insane and alcohol-induced mental disorders. Scull's social explanation seems to fit the facts better, and it was also the explanation that 19th-century asylum doctors themselves put forward to account for the apparent rise in asylum admissions. These Scottish studies tend to favour the 'permanency hypothesis': that schizophrenia has always been with us. In a review of the area, Turner (1992*b*) also concluded that the evidence favoured the permanency hypothesis.

Symptoms and syndromes

In parallel to the case note studies, there has also been an interest in how psychopathological terms and psychiatric syndromes have evolved. Such work has emphasised that psychiatric concepts are not fixed and immutable but subject to change. At first sight this seems to contradict the findings of the case note studies. However, what has changed is not what patients say about disturbances in their mental state, but the way in which psychiatrists have described these disturbances. Early 19th-century asylum doctors had comparatively few psychopathological terms at their disposal to describe their patients' symptoms. As Berrios (1996) has shown, these terms gradually evolved in response to clinical experience and to theoretical developments in psychology, neuroanatomy and allied disciplines. For example, the term dementia, which now refers to irreversible cognitive impairment secondary to underlying brain disease, was used at the beginning of the 19th century to refer to a much more diverse range of symptoms, including delusions, hallucinations and mood disorders. The evolution of contemporary psychopathological terminology has recently been described in an erudite book by Berrios (1996), which describes the contribution of the different European and British schools of psychiatric thought to our current system.

Just as psychopathological terms have evolved, so, too, have psychiatric syndromes. Perhaps the best guide to the subject is the book, *A History of Clinical Psychiatry* (Berrios & Porter, 1995). We see how, over the years, psychiatrists have tried to classify their patients' distress, and it is clear that social and cultural influences play a part in psychiatric attempts at nosology, especially as one

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moves from the end of the spectrum, represented by organic and psychotic illness, to that represented by eating and personality disorders and substance misuse. For example, in their wide-ranging search of historical sources, Parry-Jones & Parry-Jones (1996) found descriptions of pathological eating behaviour extending as far back as 1500, but concluded that it been interpreted in different ways, depending on the sociocultural context. Prior to the 19th century, religious explanations were paramount, whereas, in the late 20th century, theorists have suggested that the aetiology lies with family dysfunction, female subjugation or physical disorder. Similarly, Wessely (1996) has suggested that the chronic fatigue syndromes of today bear a striking similarity to the 19th-century condition of 'neurasthenia'. Showalter (1997) has expanded on this suggestion to postulate that a variety of late 20th-century phenomena, such as Gulf War syndrome, multiple personality disorder and recovered memory syndrome are all hysterical in origin. She maintains that hysteria is always with us, but that it manifests itself in different guises, depending on the particular era.

The development of ideas about alcohol dependency has seen the debate shift back and forth, between explanations based on the disease model, and those based on notions of moral failure. This debate has never been resolved, and we see the same issues arise in the treatment of patients, who are deemed to suffer from a personality disorder. A knowledge of how previous generations of clinicians have approached these dilemmas, should prevent us from adopting simplistic solutions to what are complex clinical problems. For example, 19th-century clinicians set up special asylums for inebriates, where it was hoped that a coercive and compulsory regime would bring about the cure of persistent drunkards. Such ventures failed, demonstrating that we should be wary, nowadays, of crude, authoritarian responses to psychiatric problems.

Patient's perspective

So far we have examined what doctors have written about their patients; however, it is increasingly recognised that we must listen to the voice of the patient as well. The recent rise of the user movement and patient advocacy initiatives demonstrate this. Uncovering patients' accounts of their illness and of the experience of the asylum is not just of historical interest. Many of the themes that emerge are familiar today. First, there are patients' accounts of the illness which allow the clinician an insight into the inner world of suffering. For example Porter's *Stories of the Insane* (1987*a*) and his *Faber Book of Madness* (1991) contain diverse and illuminating surveys of patients' experiences of illness. There is Daniel Schreber, the Dresden judge, who felt he was the victim of a catalogue of torments, such as being 'unmanned' and having his mind subjected to divine rays; Sylvia Plath, the writer, who described her bouts of suicidal depression; and James Tilley Matthews, an 18th-century Bethlem patient, who believed that he was being systematically tortured by a gang of French spies, operating a mesmeric machine which controlled his mind and body.

A study of over 1000 letters, written by patients from the Royal Edinburgh Asylum during the latter part of the 19th century (Beveridge, 1997) conveys the experience of a wide range of mental disorders and, like the studies of case notes, demonstrates that mental illness has been very consistent in the form it has taken over the past two centuries, but that the content has changed in response to cultural developments. A quotation from the study will serve to illustrate this point. One patient, Henry B., described delusions of control, which he attributed to a variety of contemporary phenomena, including the recently discovered X-ray. He wrote:

> "A ship full of passengers who were principally thought readers, animal magnetists and hypnotists so tortured me during the whole voyage that previous to arriving in London my head became slightly affected by the constant use of the Rontgen ray. These same thought readers trace me here and combine to make it appear as if my mental equilibrium was affected."

Patients' accounts also illuminate many aspects of the psychiatric process. For example in a further study of patient letters from the Edinburgh Asylum (Beveridge, 1998*a*), the patient response to admission, certification, institutionalisation and the clinical encounter were all examined. All these aspects are still very much part of the patient experience today and, although the responses of the patients in the study are a century old, they still have a modern relevance and should increase our understanding of the difficulties present-day patients meet in dealing with our interventions. Thus, we see the immense social and emotional disruption that a patient can undergo in being compulsorily admitted to hospital. We hear how dull and tedious institutional life can be, and we learn that the clinical interview can raise all sorts of problems for the patient, such as trying to get one's point across and the feeling that one is in an unequal relationship. One extract will give some idea of the patients' impressions about life in a psychiatric institution. William B. wrote of the asylum staff:

> "They are always watching for evidence to justify detention. All your rational conduct, all the evidence of sanity makes no impression on their mind, is quickly or immediately forgotten. While the slightest

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mistake, the slightest momentary forgetfulness, the slightest ebullition of temper is carefully noted, always treasured up and will be remembered against months or even years afterwards. I say that this life in an asylum ... is an immense strain upon the mind".

In similar vein to the Royal Edinburgh Asylum study, there are published accounts by patients of their experiences, for example by Perceval (Bateson, 1962), Beers (1923) and Laing (Laing & McQuarrie, 1989). Although these accounts may be prone to retrospective distortion and may have been written for a variety of polemical purposes, one could quite reasonably level the same charges at the writing of psychiatrists. Patients' accounts help us to understand what it must be like to be mentally ill and to be undergoing psychiatric treatment.

Biographies of psychiatrists

Currently there is a great deal of concern about the pressures facing psychiatrists in their day-to-day work. In reading the biographical accounts of previous generations, we find many of the same pressures described. Nineteenth-century clinicians complained about rising patient numbers, the demands of bureaucracy and the lack of public appreciation of their work.

Scull *et al* (1996) have recently published *Masters of Bedlam*, which looks at the lives of seven Victorian alienists. We see the emerging psychiatric profession coming to terms with the realities of caring for people with mental illnesses. Many had high hopes that the asylum would alleviate the suffering of the mentally disordered; however, they quickly lost this sense of optimism as the patient numbers rose and the incurability of many conditions became apparent. Bucknill (1860), the first editor of the *Journal of Mental Science*, who was also an asylum superintendent in Devon, described with obvious feeling the personal toll of work with the mentally disturbed:

"He who efficiently discharges the arduous functions attendant on the care and treatment of the insane, dwells in a morbid atmosphere of thought and feeling, a perpetual 'Walpurgis Night' of lurid delusions, the perils of which he, who walks through even the most difficult paths of sane human effort, can little appreciate..."

Some asylum doctors sought to escape the daily clinical grind, and managed to find more congenial work. For example, Bucknill became a Lord Chancellor's visitor, Maudsley took up private practice and writing, while D. H. Tuke devoted much of his time to editing the *Journal of Mental Science* (Beveridge, 1998*b*).

Studies of 19th-century alienists also illustrate how their views about mental disorder were influenced by the values of the wider society. Although their opinions were couched in supposedly objective 'scientific' language, psychiatrists embraced the standard Victorian principles of the importance of work, authority and a life of moderation.

The experiences of psychiatrists in the 20th century are described in an interesting book, *Talking About Psychiatry* (Wilkinson, 1993), which contains interviews with many eminent British psychiatrists. This type of oral history gives us a wealth of personal and local information, and illuminates recent developments. It is possible to learn what has motivated doctors to enter psychiatry and how various institutions and schools of thought have evolved. Thus, Shepherd describes the politics of academic advancement, Post discusses the development of psychogeriatrics, and both Jones and Clark recount their attempts to liberalise the mental hospital. Clark describes how grim mid-century mental hospitals could be. Talking about Fulbourn hospital in 1953, he says:

"You were taken in by somebody with a key, who unlocked the door and then locked it behind you. The crashing of the keys in the locks was an essential part of asylum life then, just as it is today in jails. You'd be shown into a big bare room, overcrowded with people, with scrubbed floors, bare wooden tables, benches screwed to the floor, people milling around in shapeless clothing. There was smell in the air of urine, paraldehyde, floor polish, boiled cabbage, and carbolic soap – the asylum smell".

However, a weakness of this book is that it tends to concentrate on the leading players and to ignore the 'rank and file'. Book-length accounts of individual psychiatrists are still rare, which perhaps reflects the rather modest standing of the profession at the current time. One of the few 20th-century psychiatrists to have attracted biographical treatment is R. D. Laing, who, in the past few years, has had at least six books written about him. It has been suggested that the recent resurgence of interest in Laing may represent a growing disquiet with the limits of high-technology biomedicine (Beveridge, 1998*c*). Today's attempts by cognitive therapists to treat patients with psychotic illnesses could be seen as continuing the Laingian project to find 'meaning in madness'.

Treatments

Although attempts have been made over the centuries to alleviate mental distress by means of

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medicines, most of the preparations we use today are of comparatively recent origin. The history of these modern treatments has been examined by Healy (1996) in *The Psychopharmacologists*. Healy asked the leading figures in the field to discuss the development of drugs like chlorpromazine, clozapine, imipramine, lithium and fluoxetine. These interviews rather undermine the view of science as the disinterested pursuit of knowledge; rather, they demonstrate the role played by the personalities of the protagonists, serendipity and the social–cultural context in which the development of psychotropic drugs took place. Healy (1997) has expanded on these themes in *The Antidepressant Era*, in which he outlines his thesis that the concept of depression has enlarged dramatically in the past 30 years, from a condition which was comparatively rare to one which is now deemed to be widespread. Eschewing simple explanations of this apparent expansion, Healy examines the role of the pharmaceutical companies, the contribution of the psychiatric profession and the cultural adoption of fluoxetine with its implied acceptance by the general public of the tenets of biological psychiatry.

Valenstein (1986) has examined the emergence of physical treatments, such as insulin coma therapy, malarial therapy and lobotomy in his book, *Great and Desperate Cures*. Although all of these treatments, with the exception of electroconvulsive therapy, are now in disuse, the book demonstrates how clinicans felt impelled in the face of the unrelieved suffering of their patients to adopt extreme and potentially life-threatening measures. They were motivated by the clinical sentiment that it was better to do something, rather than nothing, to try to ameliorate mental distress. It is an attitude that will be familiar to clinicians today. However, as the history of this area shows, a strong ethical case against such an attitude can be mounted; for example, many of the patients subjected to mutilating brain surgery would have fared better if their physicians had not intervened.

Theories

It is obvious that our current theories about mental illness did not arise *de novo*; rather they owe their origin to earlier views on the subject (Beveridge, 1996). We see the same debates, for example between psychosocial and physicalist explanations of mental disorder, recurring throughout the history of psychiatry. In the early part of the 19th century phrenologists, who held that the brain was the organ of the mind, were locked in a debate with anti-phrenologists, who maintained that the mind was an immaterial entity and was therefore not amenable to physical intervention. In our century, we have witnessed a similar type of debate between 'biological' psychiatrists and psychoanalysts. In the recent *A History of Psychiatry*, Shorter (1997) has maintained that the current ascendancy of biological psychiatry over alternative psychosocial approaches is a significant advance in the treatment of mental illness. However, if history is any guide, we may well witness a reaction to exclusively organic accounts of psychiatric disorder. There are already some signs that this happening, for example in Lown's (1997) contention that an over-emphasis on biotechnology has made doctors neglect the art of listening to their patients.

Mental illness in a cultural context

A knowledge of the history of psychiatry helps us to make a more informed and sceptical judgment about some of the claims of modern-day psychiatric gurus and of popular perceptions of mental distress. For example, there is a current view, articulated by James (1997) in *Britain on the Couch*, that our times and our society are more stressful than those of previous generations, and that many more of us succumb to depression. In fact, James pays especial notice to what he sees as the rising incidence among apparently successful members of society. Likewise, Wurtzel (1995), in *Prozac Nation*, diagnoses modern American society as mentally sick and describes her own case history of an outwardly high-achieving young woman, who was crippled by a depressive illness.

While there might be something to these arguments, it should be remembered that previous generations have also considered that their times were uniquely difficult and productive of mental disquiet. For example, in the 18th century, people in Britain christened their times, "the Age of Nerves", because it was felt that nervous disease was increasing alarmingly among the population (Porter, 1987*b*). People saw it as the price to be paid for living in an advanced civilization. Cheyne (1733), a Scottish physician, caught the mood of the times in his book, *The English Malady*, which contended that the well-to-do were especially prone to "lowness of spirits", because their nerves were much more refined than those of the lower orders.

The Victorians also lamented that they were the victims of their success. Nineteenth-century society, with its hurry and competition, its railways and newspapers, was putting increasing strain on its citizens, and as a result insanity was thought to be increasing at a disturbing rate. In her book, *Shattered*

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Nerves, Oppenheim (1991) describes the concern among Victorians that depression seemed to afflict so many people, especially those who seemed outwardly the most successful. A typical Victorian casualty was the philosopher, John Stuart Mill, who described his breakdown in his autobiography.

The impact of cultural beliefs on psychiatric thinking can be seen in the way it has approached the subjects of women and race. In *The Female Malady*, Showalter (1985) examined how the psychiatric profession, for much of its time an exclusively male preserve, has theorised about women's mental health. In the 19th century it was considered that the female brain was more vulnerable to mental collapse, owing to the stress of menarche, child birth and the climacteric. Females were advised against taxing their fragile brains even further by engaging in intellectual activity, which was held not only to promote mental mischief, but also to weaken a female's reproductive capability. In *Aliens and Alienists*, Littlewood & Lipsedge (1982) showed how beliefs about the inherent inferiority of certain races informed psychiatric theorising such that, for example, the brains of Black people were considered to be less developed than those of White people. These books demonstrate how permeable psychiatric thinking is to the popular prejudices of the day, and how, under the guise of 'science', it can reinforce and give legitimacy to such views.

A particularly grim example of this in our time is the fate of the mentally ill under the Third Reich, when psychiatrists, inspired by Nazi eugenicist theories, participated in the murder of countless patients, who were judged to have "lives unworthy of life" (Lifton, 1986; Delius & Dilling, 1995). Many leading academic psychiatrists, such as Carl Schneider, actively cooperated with the programme of death. An issue of the *British Medical Journal* (1996) was devoted to this subject, and made clear that the medical profession gave a great deal of support to Hitler's regime; rather than being forced to act, many doctors embraced the Nazi project with enthusiasm. A leader in the same issue warns that the atrocities in Nazi Germany were not unique to the place or time, and that they could happen in our times (Leaning, 1996). To prevent them happening again, psychiatrists need to be aware of this dark episode in their history, and to examine critically their present-day attitudes to their patients.

Conclusions

Social and cultural factors influence the practice of psychiatry, the content of psychopathology, the perception of mental illness and ideas about its causes. A knowledge of the history of psychiatry can make us more questioning about our present-day practice.

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