## History of Mental Illness and Intervention

‘Insanity in individuals is rare; but in groups, parties, nations, and epochs it is the rule.’

Nietzsche

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### History of Mental Illness and Intervention

- By no means an exhaustive compilation of the developments of Mental Health Care
- We will look at major points of interest through time while focusing next week on chiropractic’s involvement with Mental Health

#### Prehistoric Times

- Mystical views dominate this period
- No division between health care, magic, and religion - no understanding of why diseases occur
- Abnormal behavior attributed to the supernatural
- Treatment included spells cast by Shamans, exorcisms, and perhaps trepanning

#### Trepanning

- **Trepanning** (8000 BCE - 500 BCE)
- Earliest known surgery
- Used to drive alien spirits from the body
- Remedy for insanity, epilepsy and headache

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Ancient Greece and Rome

Asclepius (4th Century BCE)

"A Visit to Aesculapius", Sir Edward Poynter, 1880

Ancient Greece and Rome

- Between 500 BCE – 500 CE numerous mental disorders were identified
  - Melancholia
  - Mania
  - Dementia
  - Hysteria
  - Delusions
  - Hallucinations

Ancient Greece and Rome

- Two theories of mental illness
  1. Mental illness is caused by possession (treatment?)
  2. Belief that all illness, including mental illness, has natural origins

Ancient Greece and Rome

- Hippocrates (460 BCE)
  - Described mental illnesses of melancholy, postpartum psychosis, phobias, and phrenitis
  - **Humoral theory**: Classified personalities based on the 4 humours (phlegm, black bile, yellow bile, and blood)
  - Treatment? Rest, bathing, exercise, and dieting

Ancient Greece and Rome

- Plato (400 BCE)
  - Theorized that childhood experiences shaped adult behaviors
  - Aristotle
    - Contemplated the role of genetic inheritance
    - Viewed actions, feelings and thoughts as a single unit
Ancient Greece and Rome

- Cicero (110 BCE) conducted interviews:
  - Clan/tribe, region, connections
  - Sex, nationality, family status age, physique
  - Education, association, habits/life-style
  - Social Class (Rich/poor, free/slave)
- Appearance
- Emotions, temperament
- Interests
- Motivation
- Work hx
- Significant life events
- Form and content of discourse

Ancient Greece and Rome

- Galen (129-201 CE)
  - Incorporated anatomical knowledge
  - Emphasized knowing through observation and experimentation; however, this concept would be lost until the mid 16th century

Ancient Greece and Rome

- Al-Rāżī (865-925 C.E.)
  - Persian physician
  - “No fear of demons” — those with mental illness were thought to be supernatural spirits, but not necessarily “evil”
  - Presented definitions, symptoms, and treatments for illness, including mental illness
  - Emphasized compassionate treatment

Ancient Greece and Rome

- An enlightened view was not shared by all of Rome
- Many continued to believe that illness was caused by the Gods

Middle Ages (500-1500 CE)

- The Age of Faith
  - Christ healed by faith, therefore people believed only the grace of God would provide a cure for physical or mental illness
  - Cause of mental illness was demonic possession
  - Treatment – exorcism

The Renaissance (15th and 16th Centuries)

- Witch hunts begin
- Provoked, at least in part, by anxiety about the sexual activities of some monks and nuns
- Who was to blame for this inappropriate behavior?
15th Century

- *Malleus Maleficarum*
  - Arguments for the existence of witches
  - 'Proof' that witches are mostly women
  - How to identify a witch (deviant behavior, i.e. sexual)
  - Insanity was caused by possession by the devil

15th Century

- *Malleus Maleficarum*
  - How should witches be treated?
    - Salvation of the immortal soul was more important than the comforts of the possessed body
    - Physical punishments were used to make the body an intolerable refuge for the devil

17th Century

- General belief: If mad people behaved like animals, they should be treated like animals
- Thomas Willis (neuroanatomist and doctor) advocated the following treatments:
  - Curative discipline
  - Fetters
  - Blows
  - Medical treatments

17th Century

- Alternative views during the 17th century
  - Robert Burton’s *Anatomy of Melancholy* (1621) was written from his own experience
    - He proposed a therapeutic program of exercise, music, drugs, and diet
    - Stressed the importance of discussing problems with a close friend or doctor

17th Century

- “Private madhouse”
  - In the 17th century people with mental health problems were often cared for privately
  - This evolved into a business where people housed numerous patients – “private madhouse”
  - Treatment varied according to ability to pay

18th Century

- Development of new asylums
  - Built to house people with mental health problems separately from houses of correction and poor houses
  - Bethlem Royal Hospital (Bedlam)
  - Prisons with neglectful conditions?
  - At this time, mental illness was considered a moral weakness
18th Century

'A Rake's Progress'
William Hogarth, 1735

Bedlam 1860s

Review
- Prehistoric times
- Ancient Greece and Rome
- Middle ages
- Renaissance
- 17th century
- 18th century
- Mental Health in America: Colonial era to present

Colonial America to Present
- 18th century: Hospitalization
- 19th century: Moral management
- 20th century: Society cooperation & interaction

18th Century: Hospitalization
- Hospitalization
  - Mentally ill referred to as “Lunatics”
- Colonists declared these lunatics possessed by the devil, and usually they were removed from society and locked away

18th Century: 'WG' hospitalized at Bethlem for 'acute mania' (1850s)
- Photo therapy
  (Museum of London, Bedlam Exhibit)

Colonial America to Present
- 18th century: Hospitalization
18th Century

- Two categories of mental illness: mania and melancholy
- Treatment involved inducing crisis or expelling crisis from the individual
- How to induce or expel a crisis?
  - Ice baths, bleeding, shocks with eels, induction of vomiting, induction of fevers with rats and malarial mosquitoes

- Barbaric? Why didn’t society do anything?

18th Century

- Barbaric? Why didn’t society do anything?
  - Although the Colonial Era’s methods of handling the mentally ill and medical procedures could be considered barbaric by present-day standards, the vast majority of people were content because the lunatics were no longer visible in society
  - Integration of the mentally ill is a modern-day concept

18th Century

- Benjamin Rush (1745-1813)
  - Father of American Psychiatry
  - 1st US psychiatric text book: Observations and Inquiries upon the Diseases of the Mind (1812)

18th Century

- Benjamin Rush
  - Mental illness is a disease of the mind and not a "possession of demons"
  - Treatment
    - Involuntary commitment in asylums
    - Diet, purges, bleeding, baths/showers, horticulture, emetic for vomiting, gyrator, tranquilizing chair, Dover’s powder
18th Century: Hospitalization

- Hospitalization
  - Williamsburg Hospital "Public Hospital for Persons of Insane and Disordered Minds" (1773)
  - 24 locked cells
  - Room contained a mattress, a chamber pot, and an iron ring in the wall to which the patient’s wrists or leg fetters were attached

19th Century: Moral Management

- “Moral Management”
  - The environment plays a vital role in the treatment of the mentally ill
  - Recovery would more likely occur if conditions and surroundings resembled the comfort of home
  - Beds, pictures and decorations replaced shackles, chains and cement cells
Moral management included:
- Mentally ill to be treated in special facilities
- Structured daily schedule (work therapy)
- Inappropriate behaviors were to be confronted with the goal of eliminating the behavior
- Ultimate goal - restore sanity and to return the patient to society as a fully functioning, productive member of society
- Punitive treatments were abolished

Challenges:
- The “unchaining” of patients, phrenology, and animal magnetism did not treat everyone
- Some of the seriously mentally ill would become a danger to self and others when not restrained
- What should patients do with their time?

Due to public demand, asylums began to appear all over the country
- Thomas Story Kirkbride was a designer of asylums at the time, and became well-known for his popular architectural ideas
- Athens (Ohio) adopted the “Kirkbride Plan” and opened an asylum in January of 1874
Athens Asylum

- Athens Asylum as a community
  - Efficient community
  - Patients took part in community tasks both indoors and outdoors
  - Recreational activities
  - Asylums became a status symbol

Northern Michigan Asylum, Traverse City

Dexter Asylum, Providence, R.I.

Athens Asylum

- Athens asylum as a community
  - Grew into a very efficient community (farms, dairy barn, greenhouses, transportation system, graveyards)
  - Patients took part in tasks to benefit their living situation
  - Patients engaged in recreational activities

Sheep Barn
Dining Together

Athens Asylum

- Beautiful buildings and campus
- Self sufficient community
- Adequate food
- Clean
- Support
- Social and recreational activities

Problems for asylums
- Populations skyrocketed - no established criteria for accepting or rejecting patients into care
- Overcrowding caused patient care to suffer
- At Athens Asylum, patient population jumped from 200 to nearly 1800, with an insignificant alteration in staffing
- Asylums became the solution for many “problem people”

Consequences of overcrowding
- Sharp decline in patient care: revival of old procedures and medical treatments
- Restraints, ice water baths, electro-convulsive therapy
- Overcrowded sleeping arrangements
Medical Treatments of the 1930s

- Few mental health specialists
- Numerous theories were proposed about the cause of mental illness and its treatment
- Treatments included:
  - Removal of a person’s teeth and large intestines
  - Induction of fevers
  - Sleep therapy
  - Hypothermia
  - Bath treatments
  - Lobotomy

Trans-orbital lobotomy

- Walter J. Freeman developed the trans-orbital lobotomy
- This new medical procedure could be performed quickly and required limited after-care for the patient

Trans-orbital lobotomy

The procedure:

- To induce sedation, inflict two quick shocks to the head
- Roll back one of the patients’ eyelids
- Insert a device, 2/3 the size of a pencil, through the upper eyelid into the patients’ head
- Guided by the markings indicating depth, tap the device with a hammer into the patient’s head/frONTAL LOBE
- After the appropriate depth is achieved, manipulate the device back and forth in a swiping motion within the patient’s head

Trans-Orbital Craze

- Asylums were overcrowded with no apparent way to cure these patients
- Along comes a procedure that is quick and easy that appears to result in a marked behavior change in patients
- What happens?

- Freeman: “the traveling lobotomist” (performed over 3,000 lobotomies)
- Lobotomies were performed on hundreds of Athens Asylum patients in the early 1950s
- Newspapers ran articles about the success of the lobotomy
- Some health professionals considered Freeman’s work: “euthanasia of the mind”
Lobotomy
PBS documentary, on Walter Freeman
http://www.youtube.com/watch?v=_0aNILW6ILk

‘My Lobotomy’: Howard Dully’s Journey

Dismal Conditions Continue in Asylums
- Lobotomies and electroconvulsive shock treatment are the dominant treatments
- Numbers continued to rise while caregivers remained scarce
- Rumors of abuse and neglect flooded communities who once were proud of their community asylums
- In the 1950s, the Athens Asylum reached its peak population of nearly two thousand patients

Thorazine: A Salvation?
- Psychotropic medication was pioneered
- 1954: Thorazine is introduced for the treatment of the mentally ill
- In rapid succession, other psychotropic medications became available, making it possible to cut substantially the length of time patients stayed in mental institutions

De-institutionalization
- Changes in mental health institutions
  - Emphasis on protecting the human rights of the mentally ill
  - Individualized treatments instead of group cure-alls
  - Movement toward de-institutionalization
    - 500,000 patients in 1960
    - Development of outpatient services

- Shortly after the asylum population explosion in the mid 1900s, when mental health treatment was arguably at its worst, an apparent salvation emerged

- Reflecting the changes in the treatment of the mentally ill brought about by drug therapy, and state and federal public policies in the 1960’s, state institutions changed their procedures resembling the previous moral management revolution
De-institutionalization

- Movement toward de-institutionalization
  - JFK’s community mental health movement
  - Insurance coverage provided to the mentally ill by the Comprehensive Mental Health bill in 1964 and the Medicare and Medicaid Acts in 1966
  - States greatly restricted long-term

De-institutionalization

- 1972 federal court ruling declared that patients could no longer work at mental institutions without pay

Ken Kesey's 'One Flew over the Cuckoo's Nest'

Biological therapies criticized

Psychiatric care criticized

Deinstitutionalization

- Government pushed for deinstitutionalization of psychiatric hospitals
  - Federal regulation
  - Insurance
  - Community mental health movement
  - States offered monetary rewards for asylums decreasing their populations

Deinstitutionalization

- During the de-institutionalization process, 3-4 patients were released from the Athens Asylum
  - There were benefits to deinstitutionalization, but what about the consequences?

Deinstitutionalization

- Consequences
  - Relocation trauma
  - Patients were released to their families, nursing homes, and half-way houses
  - Homeless population soared
  - By 1986 number of patients in mental institutions in the U.S. was reduced to 100,000
Modern-day focus on treatment

- Today, emphasis remains on hospitalization of only the most severe cases
- Chronic institutionalization is avoided
- Emphasis is placed on acclimation into independent living between hospitalization stays
- Cognitive and behavioral therapy is often utilized
- Recovery Movement
- Positive Psychology