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THE EVOLUTION OF CONCEPTS OF MENTAL ILLNESS AND MENTAL HEALTH CARE

by

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One of the best developed parts of the human brain is that part which allows us to glorify ourselves. It is this part which man has always called upon when thinking about evolution, and the brain usually responds rather predictably by putting man at the pinnacle. Just as the cave man proudly thought he had reached the end-point of human evolution when he invented fire, we too secretly think that we have reached the highest possible perfection of man with our ideas and our institutions.

Evolution, however, belies such thoughts in its very concept. It is a dynamic process which continues on and on, oblivious of the static self-glorification which man claims along its way. Inherent in evolution are false starts and dead ends, though man perceives these with difficulty except in retrospect. To be specific, concepts of mental illness and mental health care have been evolving for hundreds of years and are still evolving. Our present concepts are not necessarily a pinnacle; in fact, they may even be a false start, or a dead end. It is important that we keep these possibilities in mind, though it is difficult for our brain to do so.

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A second preliminary point which must be kept in mind is that developing countries can play a very important role in the evolution of ideas and institutions. In countries which are highly developed, ideas and institutions become set, cemented in place by tradition and the natural inertia of those who would like to think that they have final answers. Developing countries have a greater latitude for choice and a wider range of options than developed countries do simply because these traditions and inertia have not yet become inalterably fixed.

This is certainly true in the case of mental illness and mental health care. Developed countries have arrived at rather fixed ideas during this century about who should be labelled mentally ill and what kind of care they should receive. These ideas become codified as "The Truth" in textbooks of psychiatry and in sets of regulations and recommendations such as those of the World Health Organization.

A developing country can either accept these"truths" from developed countries or it can logically think through and adopt a system for itself. Unfortunately the former is usually the case. The pressure in a developing country to adopt a model from a more developed country is great-decision-making officials who have been trained in the developed countries and are eager to apply what they have learned; a hope that by adopting ideas from the developed countries the developing country will also adopt its status and/or prosperity; and the fact that importing answers is easier than building them at home. But, if a developing country decides to go it alone and build its own system of mental health care, then it can participate in the evolution of ideas and institutions. Maybe developed countries are following a dead end branch on the evolutionary tree. Maybe the best system for providing

services to the mentally impaired is still to emerge. This is both the fascination and the challenge of being in a decision-making role in developing countries. It should be kept in mind as we trace the evolution of concepts of mental illness and mental health care. There are three major streams of thought - the religious, the medical, and the psychological.

The Religious Stream

Religious explanations for aberrant behaviour date to the beginning of man. At whatever point man first conceptualized devils, demons, and his own disembodied spirit, that was when, he also saw the possibility of these things being responsible for strange behaviour. Religious explanations have always been widespread and continue to be very common explanations around the world.

During the Middle Ages the religious stream became very strong. People who acted strangely, by the standards of the day, were thought to be afflicted with devils and demons. This reached a culmination in the witch-hunts and the Inquisition during which hundreds of people were put to death. The Catholic Church staunchly supported the movement, with Pope Innocent VIII issuing a papal bull in 1484 in support of witch-hunting. In addition two Jesuit theologians wrote the notorious Malleus Maleficarum, the tract which became the authoritative bird-book of witch-hunting telling you not only how to recognize various witches by their colour, call, and behaviour but prescribing the best torture to confirm identification in each case.

Burning people at the stake because they act strangely may seem like a cruel and absurd remedy to us but that is only because we do not share the concepts of mental illness prevalent in the Middle Ages. If you really believe that devils and demons exist, and that they afflict people and cause them to act strangely, then a logical remedy is to drive the devils and demons out of the body.

Beating the afflicted person is one way. If this fails, more extreme measures are called for, up to and including burning the devils and demons. The fact that the afflicted persons die in the process is unfortunate but incidental; you have the consolation of knowing that you saved their soul even if you couldn't save their body.

I emphasize this example because it makes an important point, concepts of mental health care follow directly and logically from the prevalent concepts of mental illness. This is true of all three streams that we will be discussing. The burning of witches didn't arise by itself or out of a malicious, sadistic desire to hurt others. I suspect that most of the judges and bishops who condemned suspected witches to death were well-meaning individuals who actually thought that they were helping the poor afflicted souls brought before them. It is important to keep this in mind.

A variant of the religious stream is the belief that aberrant behaviour is caused by God or gods as a punishment for wrongdoing or sin. This idea is very prevalent in every country in the world. It is not usually found in textbooks of psychiatry but it is found in the thinking of people who present for help. The logical approach to this problem if you accept a religious framework, is expiation, confession, and prayer. If, however, the God or gods are beyond the call of man, and don't listen to us, then the only logical response may be fatalistic resignation to our fate.

The Medical Stream

The medical stream of thought about aberrant human behaviour is almost as old as the religious stream. The two are fused at many places and times in history, as in the physician-priests of Mesopotamia and their counterparts in many parts of the world today. The medical stream assumes , in one form or another

that aberrant human behavior is caused by disorders of the body, including the brain.

It was during ancient Greece and Rome that the medical stream reached its initial prominence. Irrational behaviour of various kinds was attributed to an imbalance of the humors, as for instance depression being due to excessive bile. Another medical explanation was that of a displaced organ, as in explaining hysteria by a wandering uterus. This is the early beginnings of the medical model that has come to dominate our thinking about irrational behaviour; the idea that "for every distorted thought there is a distorted molecule" is just a more sophisticated extension of this model. The person behaving irrationally is "sick" just as surely as a gall stone causes pain.

During the Middle Ages the medical stream went into a decline as religious explanations took over. From the Renaissance onwards the medical stream regained its dominant position as an explanation of irrational behaviour. At Geel in Belgium the word "sickroom" was written over the annex to the church where "possessed" people were coming to be "cured" in the thirteenth century.[1] A major step was the beginning of confinement for such persons. Although at first this was done just as part of a general confinement of the poor and criminal it soon developed a medical rationale. The ships of fools came to anchor and they were called "hospitals". From the end of the eighteenth century, the medical certificate becomes almost obligatory for the confinement of "madmen".[2] And simultaneously religious explanations of irrational behaviour ebbed.

By the end of the nineteenth century the medical stream had become very powerful indeed. This is the century of rationalism and positivism, the belief

that man was governed by natural laws and that all these laws could be elucidated through science. It is the era of Darwin showing man in his place alongside other species, fixed there by laws of natural selection. Freud acknowledged a strong attraction to Darwin's theories," ...for they held out hopes of an extraordinary advance in our understanding of the world."[3]

In medicine the major advances were in microbiology and surgery, both reinforcing the role of the patient as a passive receptacle for organisms, stones, and growths. Virchow, Pasteur, Lister, and Semmelweis in the 1850's and 1860's were the beginning. Then when Koch demonstrated the bacteria that causes anthrax in 1876, a period began which was to bring new discoveries of bacteria and other organisms almost monthly for the next twenty-five years. There was every reason to believe that bacteria would explain everything wrong with man, including his occasionally irrational behaviour. Further support for such thoughts came from the three most common nonsurgical diseases of the era--syphilis, tuberculosis, and typhoid. Each sometimes produced irrational thinking or behaviour in those it afflicted; other such thinking or behaviour, it was reasoned, must be caused by other diseases.

The rise of neurology in this era further reinforced the medical model. For the first time it began to become possible not to just speculate about brain diseases but to actively explore them. Sir Charles Bell initiated the neurological advances in 1811 with his proposal about how sensations are carried by the spinal cord. Neurophysiology received an impetus from the work of Hitzig and Fritsch in the 1860's, electrically stimulating the brains of dogs and later of man. Sechenov and Pavlov carried on this mechanistic tradition and further

refined the idea that the brain was a stimulus-response machine. Advances in neuroanatomy resulted in localization of specific areas of the brain for specific function (e.g. speech). Studies in neurohistology clarified the cell structure of the brain, and brought Golgi and Ramon y Cajal a Nobel Prize in 1906. The status of eminent neurologists was very high--men like Carl Wernicke in Germany, John Hughlings Jackson in England, and Silas Weir Mitchell in America-- and all believed that irrational behaviour was caused by "mental disease," disease in the brain.

In the midst of these advances in microbiology and neurology, psychiatry began to emerge as an entity. And it was firmly a medical entity. Its providence was restricted to only a portion of people who were acting irrationally -the madmen, insane, and lunatics. Most of these people we now call"psychotics". The leaders of this emerging medical specialty were Griesinger in Germany, Maudsley in England, and Rush in the United States, and all were strongly medically included. Psychological explanation of irrational behaviour were anathema to them. Griesinger believed that "we recognize in every case of mental disease a morbid action of that organ (the brain)".[4] And Rush, the founder of American psychiatry, used a spinning chair as his mair therapeutic tool to counteract congested blood in the brain :

> " In my intended publication upon madness, I hope to satisfy you that the disease is <u>arterial</u>, and that without morbid action in the blood vessels of the brain no form of the disease can exist."[5]

The culmination of this total medicalization of irrational behaviour was Emil Kraepelin. In the early years of the twentieth century he put the final

medical seal on irrational behaviour by naming it and categorizing it. Irrational behaviour could now hold its head up in medical company for it had names--names like dementio praecox and paranoia. These names described everything and explained nothing. Kraepelin believed strongly that irrational behaviour was caused by heredity and constitution. He was antipsychological and a therapeutic nihilist. His classificatory system continues to dominate psychiatry up to the present, not because it has proven of value--indeed it is largely ignored by younger psychiatrists-- but because it is the ticket of admission for psychiatry into the orderly house of medicine.

The Psychological Stream

The psychological stream is considerably newer than either of the other two, and it has never had the strength of either. Rather than fixing the cause of man's aberrant behaviour in wandering incubi (devils) or wandering uteri (disorders of the body), the psychological stream postulates that man is fundamentally in control of himself and can, given sufficient intellect and self-understanding, act rationally. This stream has roots which stretch back into the Greek tradition of rational psychologym the belief that reason will enable a person to overcome error and irrational behaviour. New behaviour, in this system, was thought to be brought about by admonitions and exhortations. Through the ages small contributions to the psychological stream continued to appear but they were always overshadowed by the other two dominant traditions. Johann Weyer, sixteenth century physician, advocated seeing witches as "poor, miserable, old, deteriorated and melancholic women" rather than as possessed by demons. He even used a form of therapy similar to modern psychotherapy.[6] But his contribution is so unusual that it simply provides a relief against which to observe the dominant picture of that period.

Another contribution to this stream was the work of Pinel and Tuke. Through their emphasis on the human-ness of "madmen" they focused on the person himself. When they cut the chains and freed "the insane" they were not only liberating them so that medicine could claim them as "patients", but allowing irrational behaviour to be seen as human action by human beings. This was an important precedent for the psychological stream.

Franz Mesmer, the father of hypnotism, was another contributor to the psychological stream. He believed that his powers were due to a magnetic fluid so in actuality he was in the medical tradition. However, the net effect of his contribution was to advance the psychological stream considerably. He was the first to appreciate the qualities of the person doing the "magnetizing", and by the nineteenth century textbooks on magnetism included a chapter on the personality of the magnetizer and his professional ethics.[7] Nor did Mesmer believe it was necessary to be a physician to be a good magnetizer. The golden age of magnetism in the first half of the nineteenth century produced a dual concept of conscious and unconscious, exploration of the psychological dimensions of the mind, and the realization that one person could help another person change his irrational behaviour.

Magnetism exerted a powerful influence on the thought and literature of the nineteenth century. Schopenhauer said that "from a philosophical point of view, Animal Magnetism is the most momentous discovery ever made"[8]. Others like Poe and Balzac were similarly influenced. And it was from the writers and philosophers of the period that the psychological stream received its greatest impetus. Nietzsche, Herbart, Fechner, Stendhal, Shaw and Ibsen all wrote insightful accounts of human motivations and behaviour. Dostoevsky's

brilliant description of madness, representing the psychological stream, stands out in sharp contrast to Kraepelin's sterile attempts to pigeonhole the same behaviour in the medical stream. One of the very few physicians to contribute anything to the psychological view of man was William James, and his contribution only came as he evolved away from medicine into philosophy.

One other development at the end of the nineteenth century gave brief hope that the psychological stream might achieve maturity as an independent model for viewing man's behaviour. In France two new schools of psychiatry were emerging, a Salpetriere School under Charcot and a Nancy School under Bernheim. They both made hypnosis respectable once again, described and studied many conditions which were to be labelled as "neuroses," promoted the idea that many emotional disorders could be cured without exorcising devils or brain cells, and coined the term "psychotherapy" about 1890. Pierre Janet, another major French figure of this period, added the idea that neuroses were due to "subconscious fixed ideas" and advocated "automatic talking" (a precursor of free association) as a type of therapy. These men were within the medical tradition, but clearly stood in sharp contrast to the mainstream of medicine of their time. They strained the model, but they were not to prevail.

It was at this point that Sigmund Freud came upon the scene. Though his theories have become an integral part of the psychological stream, Freud himself was clearly part of the medical stream. His principal teachers (Brucke, Meynert and Brentano) were all wedded to the medical and scientific tradition. Freud's early work was in neurology, and the framework of his

early observations were conceptualized in mechanistic terms compatible with medicine. His early writings read like a handbook of physics, with mental energy (especially "libido") having the properties of an electrical charge, being blocked by "resistances," and causing havoc if it were excessively dammed up. The unconscious was conceived of as a deepseated organ operating with laws similar to those of physical energy. At some points if you substitute the word "humor" for "libido" it begins to sound very much like the ancient Greeks. In one of his early writings on neurosis Freud says :

> "All that I am asserting is that the symptoms of these patients are not mentally determined or removable by analysis, but that they must be regarded as direct toxic consequences of disturbed sexual chemical processes," specifically from "excessive masturbation and too numerous nocturnal emissions."[9]

Late in his career Freud apparently decided that he had made a mistake in categorizing his observations under medicine. His fight to enable psychoanalysis to be performed by lay persons was the culmination of his efforts to reverse his previous work. Non-physician (lay) analysts had been very important in the development of his theories from the beginning. Reik and Sachs in the "inner circle" were joined by Bernfield, Reik, Pfister, Anna Freud, Melanie Klein, Aichhorn, Kris, and Walder. These people were not doctors, yet they were practising psychoanalysis and making major contributions to Freud's psychological theories. Freud logically realized that something was wrong with his medical model, and fought bitterly for the acceptance of lay analysts. This fight "most keenly engaged Freud's interest, and indeed emotions during the last phase of his life." [10]

Freud himself is very clear on the subject :

"....The internal development of psychoanalysis is everywhere proceeding contrary to my intentions away from lay analysis and becoming a pure medical speciality, and I regard this as fateful for the future of analysis."[11]

He never changed his mind on this. One year before his death he affirmed it : "The fact is, I have never repudiated these views and I insist on them even more intensely than before..."[12] Jones says that Freud believed that "It was a matter of indifference whether intending candidates for psychoanalytic training held a medical qualification or not,"[13] and even urged such candidates not to bother with medical school.

Where Are We Now ?

Freud in the end lost the fight. With his death and the decimation of European psychoanalysis during World War II, the field was left to American psychoanalysis. And in America the medical model had strongly prevailed.

This remains true up to the present, at least in theory. The medical stream has continued to be dominant, as illustrated by the very title of this seminar -- "The Organization of Mental Health Services." It is not entitled "Organization of Services for Those Possessed by Devils" nor is it entitled "Organization of Services for Those WHO Need Further Education and Insight to Control Their Behavior." The medical stream has continued to flow swiftly and strongly. It has been aided in this century by further medical discoveries (such as the spirochete which causes neurosyphilis) which gave impetus to the hope that all mental aberration will turn out to have a bacteria or virus behind them; by advances in genetics which have promised similar answers;

by psychosomatic medicine which showed how closely the body is tied to the brain; by the mental hygiene and community mental health movement which has promised the prevention of mental diseases just as typhoid and cholera have been prevented; and (not least) by the growth of a large psychiatry-mental health consortium of professions, lay organizations, public support, and use of public tax money for their support.

Now you can, if your like, say that the present strength of the medical stream is the natural and inevitable culmination of the evolution of concepts of mental illness. This is the way most textbooks of psychiatry present history. Or you can say that the present situation is a temporary one, a way station on a much longer road. It may even be that the medical answers which are being proffered for problems of aberrant behaviour are not the best answers.

Some of us in Western countries see cracks in the medical model which may be harbingers of some basic changes coming in the next few decades. Large mental institutions such as state hospitals are being shut down as inefficient and counterproductive. Involuntary hospitalization is under question. Patients are demanding the right to treatment and the courts are setting minimum standards of care. It is being increasingly questioned whether psychiatrists belong in the courtroom and whether persons should be denied the right to trial because of mental incompetence. Increasingly non-medically trained individuals are doing psychotherapy and in other ways taking responsibility for mental patients. The lay public is demanding representation on boards which review psychiatrists' practice. And some professionals have questioned whether the very concept of mental illness might not be a myth.

All of this can be written off merely as growing pains of the medical model. Or it may be, as I suspect, symptoms of basic conceptual change which is underway. For a person planning mental health services in a developing country, it is important to keep the latter alternative clearly in mind. And rather than simply accepting the recommendations of professionals from developed countries on what you should do or not do for mental health services, it is far better to listen politely but then go home and think it through for yourself. Ask yourself the following set of questions as a starter :

1. Who, among the people who behave strangely in your society, should be labelled mentally ill (i.e. has brain disease)? Whose problems are more likely caused by lack of understanding about themselves ? Whose problems are caused by devils, spirits, of God's (gods') will? What other causes are contributing to strange behaviour?
2. Depending on your answers to the first question, what kind of help do these people need? Therapy? Education? Religious counselling? Exorcism?
3. What kind of institutions need to be set up to provide this help?
4. Which of these people should be deprived of the freedoms and civil liberties enjoyed by other members of the society?
5. Who should help these people, how should they be trained, and how should their helping activities be accredited and monitored?
6. How should the system or systems be financed?

If you ask yourselves such questions, and then go ahead and set up a system which logically follows for your country, then you will be taking the harder but the more exciting path. To import answers is easier but in the

long run the answers may not be as good. Most importantly, by merely importing answers you are simply following evolution but if you create your own answers then you are participating in evolution. This requires considerable courage.

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