

Lecture 2: From Madness to Mental Illness

Dr. Mat Savelli
savellm@mcmaster.ca
Office Hours: Mondays, 230-520
KTH 230

Notes

- Note taker needed! sas.mcmaster.ca
- TA: Aneeqa Aslam,
aslama2@mcmaster.ca
- Her office hrs: Thurs, 4pm-5:30, KTH 221.
- Wednesdays will include optional classes on essay writing, exam review, etc.

Key Themes

- Madness -> Mental illness
- Mental illness on the rise (?)
- Treatment/conception of mentally ill does not necessarily fit simply story of medical progress.
- How old are disorders? Are historical symptoms the same as historical diseases?

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Pre-Institutional History I

- Earliest recordings from 2nd c. BCE, *potentially* mania, depression, and delusions.
- Hippocrates and Galen -> situated madness in brain.
- Rome falls, medicine declines. Revived by Islamic scholars (Al-Razi, Ibn Sina), treatment wards for mad found across Muslim world.

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Pre-Institutional History II

- In Europe, some cited spiritual basis for madness, others argued for imbalance of humours (biological).
- “Treatment” in monasteries. Some witches and madmen (especially dangerous) burnt at stake, etc... Others treated through prayer, bloodletting, whipping, etc...yet most stayed with family.

Dancing Plague

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Trepanation

Practice continued in some places until nineteenth century (and beyond).

The Extraction of the Stone of Madness
(The Cure of Folly) – Hieronymus Bosch, late 15th c.

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Bethlem Hospital

- Est. of Bethlem Hospital in 14th c.
- Henry VIII later assigned it primarily for madness, already going by the name Bedlam.

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Bethlem in Popular Culture

- Marks rising interest in madness, literary trope by 16th c. becomes oft-used topic of ballads and songs.

This Bethlem is a place of torment;
Here's fearful notes still sounding;
Here minds are filed with discontent,
And terrors still abounding.
Some shake their chains in woeful wise,
Some swear, some curse, some roaring,
Some shrieking out with fearful cries,
And some their cloths are tearing.

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Hogarth's 18th c. "A Rake's Progress"

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Bedlam as Zoo

- "“Swarms of people’ came to see the ‘freak show’, in which the inmate was regarded as a beast or monster.”
- Inmates tormented, teased, filled with drink.
- Required special precautions to “prevent sexual contact between visitors and women patients.”
- By mid 18th century, 17 000 a year. In 1770, visitors were banned...but not for moral reasons.

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Vagrancy Act 1714

- Differentiated “pauper lunatics” from “vagrants, sturdy beggars, rogues.”
- Charged JPs with apprehending individuals who “by lunacy, or otherwise, are furiously Mad, and dangerous to be permitted to go Abroad” and to see that such individuals were “kept safely Locked up in such secure place within the County” and if necessary “to be there Chained.”
 - Confinement funded by parish.
 - Lunatics, unlike normal poor, not to be whipped.
 - No requirement for treatment, however.
 - First time state begins to forcibly confine lunatics on account of predicted dangerousness.
 - But where? Bedlam could only hold about 150 people...

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Rise of Private Madhouses

- “Trade in lunacy” develops during 18th c. Open to anyone.
- Profit driven in new service economy.
- Places of custodial care rather than treatment.
- Wrongful confinement fears.

I’m not the lunatic, THAT’s the lunatic!

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1774 Act for Regulating Madhouses

- Law required inspection and licensing of madhouses by the Royal College of Physicians.
- Involuntary confinement possible only after physician and JP had reviewed case.
- Beginning of state control of lunacy broadly (not simply dangerousness).
- Step in medicalizing madness.

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The Age of Enlightenment

- Advances in science –couldn't madness be explained?
- Improvability, changeability, curability.
- Asylum could be purpose designed, not simply custodial.
- Transformation of madness into mental illness, madhouse into therapeutic facility.

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Tukes and the York Retreat

- Founded by Quakers, 1796. Lay facility.
- Mad free to work land.
- Kindness, rather than harsh regimen, the guide to treatment.
- Leading model of “moral treatment.”

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Moral Treatment I - Philippe Pinel

- Appointed to head French mental hospitals in 1793.
- Believed he could improve reasoning ability of mentally ill.
- If treated with dignity, patient more likely to recover.
- “Therapeutic conversation.”

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Moral Treatment II - Rise of the Treatment Asylum

- Jean-Etienne Esquirol (early 19th c.)
 - Physicians w/ special training needed to treatment mentally ill, first classes on “maladies mentales.”
 - Special curative institutions necessary – further medicalization of madness.
 - Regimen is therapeutic.
 - Isolation from environment that had “caused” madness.

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Moral Treatment - Basic Tenets

- Kindness and control, understanding and discipline.
- Active role in own treatment.
- Purpose-built asylum.
 - Calm setting, large grounds, farmland, self sufficiency.
 - Architecture important (i.e. rational, no bars, bright, airy, segregation of patients by gender/disorder).
 - Discipline (self-control) and routine (to combat impulsiveness).
 - Restraint to used sparingly, not to incite terror or pain.
 - Stress on doctor-patient relationship.
 - Orderly life is restorative = scheduling, with work, games, religious reading, education, all built in. Idleness opposed.
 - Getting away from emotional turbulence of family life, learning to behave well w/ strangers in communal setting.

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Asylum Building Era

- 1800 to mid-1900s, from last resort to first?
- From few (private) small hospitals to many massive state institutions, explosion of pop.
- The alienist – first specialized professional for mental illness.

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Legacy of Asylums

- “Good intentions gone bad.”
- New medical profession.
- Therapy gives way to custodianship.
- Notion that patients, once in the asylum, remained there until their death. Accurate?
- By 1900, asylums full, psychiatrists looked down upon by fellow medical professionals, little active therapy.
- Psychiatry “lost touch” with medicine.

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What caused massive increase in mentally ill?

Social Control OR Real Rise?

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Foucault - The Great Confinement

- Growing state authoritarianism. Mad were those who did not accept new logic of society, victims of social rationalization.
- Not confined for humanitarian or medical reasons but for control. An attempt to silence/remove the mad.
- Link between Enlightenment and the confinement of the insane – an attempt to impose reason on the ‘unreasonable.’

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Social Control

- Asylums as “dumping grounds.”
- 19th c witnessed mad being segregated from other deviants by bureaucratic capitalist state machine due to economic unproductivity.
- Madness transformed into mental illness.
- Existence of asylum accounts for rise in the mentally ill, rather than vice versa.
- Upper middle class trying to impose order and control on lower classes (sexual norms, dipsomania).
- Development of psychiatric profession an attempt to establish hegemony over madness to boost own authority. Lumber room thesis.
 - Growing numbers of patients reflects widespread labelling of undesirable behaviour as mental illness.

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Criticism of Foucault/Social Control

- Foucault’s “Golden Age of Madness” a myth?
- Not the state, nor profession, but families at forefront of confinement.
- Asylums not “dumping grounds” but on-again, off-again institutions.
- People simply being diverted from other institutions, like poorhouse, prison.
- Not all mentally ill treated in asylums.

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A Real Rise in Insanity?

- Idea that real rates of insanity have increased typically insist that the Industrial Revolution and urbanization are responsible. Why?
 - Dietary changes (gluten and potatoes)
 - Alcohol availability and consumption
 - Toxins (e.g. insecticides, latex)
 - Medical care improvements (saving those that would have died previously)
 - Infectious agents (syphilis, vaccines affecting the brain, polio epidemic)
 - Immigration led to new social stresses, poor sanitary conditions, exposure to new viruses, etc...
 - Pet cats

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Conclusions

- Treatment of mentally ill not as good or bad as many critics/defendants propose.
- Both biological/psychological approaches wax and wane over time, not always mutually exclusive.
- Large rise in people labelled mentally ill – not much agreement on why.

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