



History of Mental Illness

Instructor Manual

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Understanding the history of mental illness provides an important context for all study of psychology and mental health. From the earliest definitions of abnormality through the present, well-defined standard in the DSM, the definition and treatment of mental illness has continually evolved. This module provides a brief lesson to provide this context – starting with an introduction to the criteria to define mental illness, the history of mental illness from earliest humankind through the present, and finally with an overview of diagnostic methods.

Learning Objectives

Content Specific Learning Objectives:

- Identify what the criteria used to distinguish normality from abnormality are.
- Understand the difference among the three main etiological theories of mental illness.
- Describe specific beliefs or events in history that exemplify each of these etiological theories (e.g., hysteria, humorism, witch hunts, asylums, moral treatments).
- Explain the differences in treatment facilities for the mentally ill (e.g., mental hospitals, asylums, community mental health centers).
- Describe the features of the “moral treatment” approach used by Chiarughi, Pinel, and Tuke.
- Describe the reform efforts of Dix and Beers and the outcomes of their work.
- Describe Kraepelin’s classification of mental illness and the current DSM system.

Relevant APA Learning Objectives (Version 2.0)

- 1.1 Describe key concepts, principles, and overarching themes in psychology
- 1.2 Develop a working knowledge of psychology's content domains
- 1.3 Describe applications of psychology
- 2.1 Use scientific reasoning to interpret psychological phenomena
- 2.2 Demonstrate psychology information literacy
- 2.3 Engage in innovative and integrative thinking and problem solving
- 2.5 Incorporate sociocultural factors in scientific inquiry
- 3.3 Adopt values that build community at local, national, and global levels
- 4.1 Demonstrate effective writing for different purposes
- 4.2 Exhibit effective presentation skills for different purposes
- 4.3 Interact effectively with others
- 5.4 Enhance teamwork capacity

Abstract

This module is divided into three parts. The first is a brief introduction to various criteria we use to define or distinguish between normality and abnormality. The second, largest part is a history of mental illness from the Stone Age to the 20th century, with a special emphasis on the recurrence of three causal explanations for mental illness—supernatural, somatogenic, and psychogenic factors. This part briefly touches upon trephination, the Greek theory of hysteria within the context of the four bodily humors, witch hunts, asylums, moral treatment, mesmerism, catharsis, the mental hygiene movement, deinstitutionalization, community mental health services, and managed care. The third part concludes with a brief description of the issue of diagnosis.

Class Design Recommendations

This material can be covered in one to two class sessions. One session concerns itself with the timeline and history of our understanding of mental illness, and the other with the weightier topics of definition and diagnosis thereof. The first session introduces important frameworks through which to understand the historical background. The second uses this framework to explore specific topics in greater depth.

Topic Outline

- Introduce concept of etiologies
 - Supernatural
 - Somatogenic
 - Psychogenic
- History of Mental Illness
 - Ancient ideas
 - Classical Greek and Egyptian contributions
 - Trends in the Middle Ages
 - Humanitarian and moral reforms during 18th and 19th centuries
 - Charcot, Breuer and Freud in the 20th century
- Introduce diagnostic changes
 - Krapelin's establishment of an authoritative reference in 1883, and the subsequent establishment of the DSM in 1952.
 - Multi-axial system introduced in DSM-III, 1980
 - Current DSM 5, 2013

Module Outline

- **The etiology of mental illness:** This section focuses on how mental illness has shifted from cultural norms into a less relativist view that seeks to treat harmful mental abnormality.
 - "Etiology" refers to core theories. In the case of mental illness, there have been three:
 - Supernatural: Gods, demons, spirits, curses, sin, etc.

- Somatogenic: Deficiencies in physical function, traumatic events, genetics, etc.
 - Psychogenic: Traumatic experiences, maladaptive thinking, perceptions, etc.
- Treatment varies depending on the supposed source of the abnormality. Treatments that were once discredited have sometimes “recycled” back into vogue in later times.
 - **History of humanity’s conception and understanding of mental illness – the push/pull of supernatural influences to scientific/somatogenic/psychogenic understandings:** Pre-historical evidence of treatment of mental illness from supernatural theories (**trephination**). Ancient Chinese theories and philosophies emphasized balance of forces in the body – somatogenic. Classical Greek and Egyptian theories included the somatogenic theory of the wandering uterus to explain **hysteria** as well as a number of supernatural theories.
 - **Hippocrates** (460 – 370 BCE) built a theoretical basis that rejected supernatural influences across mental illness (and medicine in general) by systematizing the belief that a deficiency or excess of any of the four bodily fluids (blood, phlegm, black bile, yellow bile) caused illness.
 - Later, **Galen**(130-201 CE), another classical physician, introduces psychogenic causes of mental imbalance.
 - Middle ages are dominated by return to supernatural explanations, led by religious tenets and included mass persecution and execution of witches (witch hunters were guided by the authoritative text, the *Malleus Maleficarum* written by the Dominican monks Kramer and Sprenger in 1486, many of whom were likely mentally-ill rather than possessed).
 - Sixteenth century, “modern” establishment of hospitals and asylums treating the mentally ill, though these were largely run under inhumane conditions, with inmates left unclothed, chained to walls in unsanitary conditions, cold, underfed and with little or no free movement or socialization; these notably included St. Mary of Bethlehem in London, known as **Bedlam**.
 - Growing humanitarian concerns in 18th century. In Italy and France, hospitals began to institute humanitarian reforms due to these concerns. In England, humanitarian concerns had a religious underpinning, and Friends (Quaker) hospitals began a model of reform that included a focus on moral reform of the mental ill as well as dignity, courtesy, and the therapeutic and moral value of hard physical work.
 - During the 19th century, hospitals for the mentally ill often followed the Friends model

and included a focus on **moral reform, compassionate care, and physical labor**. These same principles were major foundations of prison reforms around the same time, for many of the same reasons. However, the push for moral reform had to be abandoned over time as conditions became overcrowded and care therefore less compassionate. **Dorothea Dix** responded to this with a major push for reform in the care of the mentally ill institutionalized population, helping to open over 30 hospitals in the US and Canada.

- **Charçot, Breuer, and Freud** were major figures who helped move thinking from the 19th into the 20th century, which saw the growth of psychogenic theories and what ultimately was founded as psychoanalysis. These men advocated for the use of hypnosis in treating hysteria among women, a rather common complaint of the time. Freud, of course, also developed the “talking cure” for mental illness based on theories entirely psychogenic in nature.
 - Currently, there are hundreds of schools training practitioners with different epistemologies. However, all have a biopsychosocial focus emphasizing both somatogenic and psychogenic factors, and an awareness that “**common factors**” underlie therapeutic growth seen across modalities. Additionally, the explosive growth and availability of pharmaceutical options for treating mental illness has meant that our understanding of somatogenic factors including imbalances of neurotransmitters has been an important component of modern treatment approaches.
- **Diagnosis of Mental Illness:**Diagnosis has been core to treatment of mental illness. Emil Krapelin first published a comprehensive reference of mental illnesses in 1883. In 1952, the DSM was first published. DSM-III began multi-axial classification system with biopsychosocial focus in 1980. In 2013, the current edition of DSM (DSM-5) was published, with triple the number of diagnosable illnesses found in the 1952 edition; this edition dropped multi-axial system.

Difficult Terms

Biopsychosocial model

Cathartic method

Cultural relativism

Etiology

Maladaptive

Psychogenesis

Psychotropic

Somatogenesis

Supernatural

Syndrome

Lecture Frameworks

Overview: This lesson will introduce the concept of supernatural, somatogenic, and psychogenic etiologies of mental illness, as well as frameworks for diagnosis over time. It also provides an overview of important historical events and concepts related to mental illness. This overview suggests two lectures due to the depth of history that could be chosen for discussion, although the material could easily be condensed into a single lecture.

Session 1 (45 - 60 minutes): The evolving definition and diagnosis of mental illness

- **Introduce Learning Objectives**
- **Warm Up Activity:** The purpose of this warm-up is to engage the class in beginning to think about how they perceive mental illness and encourage them to consider physical, environmental, experiential or other causes of mental illness. See “activities/ demonstrations” section below for detailed description.
- **Introduce Concept of Etiologies:** Supernatural, Somatogenic and Psychogenic
- **Discussion:** Thinking critically about trephination (see “Discussion Points” section).
 - **Introduce Diagnostic Changes:** From Krapelin’s establishment of an authoritative reference in 1883, and the subsequent establishment of the DSM in 1952, to modern DSM nosology, these systems are a medicalized categorical classification system that assumes disordered behavior does not differ in degree but in kind. The number of diagnosable disorders has tripled since the first DSM in 1952.
- **Discussion:** The purpose of this activity is to promote students in thinking critically about advantages and potential disadvantages of our particular diagnostic system.

- **Interview with Galen Activity:** The purpose of this activity is to have students prepare for class by researching the historical Greek physician Galen, using online resources, texts, or other research tools, then complete the following during class. If preferred, this could be assigned as a group homework assignment and then processed during class time with the questions provided. See Activities section for a description on how to complete this activity. See “activities/demonstrations” section below for detailed description.
- **CAT: Concept Maps.** The purpose of this activity is for students to draw or diagram the mental connections they make between a major concept and other concepts they have learned. Have students draw a circle in the center of their paper containing one of the diagnostic categories reviewed – supernatural, somatogenic, or psychogenic. Then have them diagram via connecting lines other encircled ideas that they relate back to this concept.

Session 2 (30 – 50 minutes): The history of mental illness, from the dawn of humanity through the modern age

- **CAT Revisited:** Review student responses from previous lecture’s CAT.
- **Direct Instruction of History of Mental Illness**
- **Discussion:** The purpose of this activity is to promote connection between students’ own existing ideas and constructs about etiology and mental illness with ideas specifically from this lesson.
- **Mental Illness in Early America Activity:** The purpose of this activity is for students to learn about a variety of treatments that have been used “behind closed doors” in mental hospitals across the country over the past century. They will learn about reforms in treatments and mental institutions that have occurred over the past 50 years. See Activities section for directions on how to administer this activity, including a “Synthesis” section that can be assigned for in-class completion or as homework. See “activities/demonstrations” section below for detailed description.
- **Conclusion-Wrapping Up:** Discuss with students how the history of mental illness has evolved and ask them to speculate about how this history can inform psychologists to make sound decisions of policy and assessment of mental illnesses.
- **CAT: Group Instructional Feedback.** The purpose of this CAT is to facilitate a discussion on how students’ understanding of mental illness has changed throughout their lifetime –

either through personal experience or the evolution of relevant science.

In addition to the above described lesson, two supplemental lessons are provided. See Appendix B for a lesson on Thomas Szasz and his problematizing of the language and approaches of modern psychiatry, which may be useful in helping students begin to think critically about current issues much as they have about historical ones. Appendix B contains a second supplemental lesson about current discussions in the definition and treatment of mental illness in the modern era that focuses on biomarkers, and how these may impact our thinking moving forward to help round out students' thinking about historical issues with some contemporary perspective.

Activities & Demonstrations

- **Warm up Activity:** The purpose of this warm-up activity is to prompt some quick Q&A about how the class perceives mental illness. Encourage the students to consider physical, environmental, experiential or other causes of mental illness.
 - Time: 2 to 5 minutes
 - Materials: None required
 - Directions: Prompt students with provided questions and moderate discussion to set the stage for critical thinking and upcoming topics.
- **An Interview with Galen Activity:** The purpose of this activity is to have students prepare for class by researching the historical Greek physician Galen, using online resources, texts, or other research tools, then complete the following during class. If preferred, this could be assigned as a group homework assignment and then processed during class time with the questions provided.
 - Time: can be modified for 10 minutes to 30 minutes
 - Materials: Handout (see Appendix A).
 - Directions: Have students work in groups of two or three. Have each group select one student to act as Galen, and the others as interviewers. Instruct students that each "Galen" is to act in character, answering questions as they think he would actually have answered during his time. Allow 5 to 15 minutes for students to interview. Ask students

to re-assemble as a class, and process the activity by asking students:

- What surprised you about how Galen answered these questions?
 - What would have surprised Galen about how modern physicians would answer these questions?
 - What is the one thing that will stick with you the most about how Galen viewed illness and its etiology?
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- **CAT: Concept Maps.** The purpose of this activity is for students to draw or diagram the mental connections they make between a major concept and other concepts they have learned.
 - Time: 5 to 10 minutes
 - Materials: paper and pen
 - Directions: Have students draw a circle in the center of their paper containing one of the diagnostic categories reviewed – supernatural, somatogenic, or psychogenic. Then have them diagram via connecting lines other encircled ideas that they relate back to this concept.
 - **Treating the Mentally Ill in Early America Activity:** In this activity, students will learn about a variety of treatments that have been used “behind closed doors” in mental hospitals across the country over the past century. They will learn about reforms in treatments and mental institutions that have occurred over the past 50 years. Students will also use primary sources to create diary entries of patients who lived in mental institutions in the early-20th century.
 - Time: Modifiable from 30 to 50 minutes
 - Materials: Internet access; Information and handouts provided in Step 2
 - Directions: Introduce students to the activity by posing the two questions from the “Questions” section below. From the “Activities” section below, select any combination of activities from steps 1-3, allow students sufficient time to complete these steps, then complete the activity with steps 4 and 5. Step 5 can be completed during class time or as homework.
 - Questions:

- (1) How have mentally ill patients been treated in asylums both in the early-1900s and in more recent history?
- (2) How have the treatments for mental disorders been reformed over time, and have these reforms benefited the patient?
- Activities (Teacher may choose any combination of activities 1 through 3 to lead into activities 4 and 5):
 - *Step 1: Setting the Purpose.* The teacher should begin this lesson by asking students to brainstorm reasons why a person may need to be institutionalized. Students should also think about what types of treatments might be used in asylums, as well as stereotypes that exist about mentally ill patients and mental institutions. Students should be familiar with basic mental disorders and treatments prior to this lesson.
 - *Step 2: Study.* The teacher should divide the students into 6 groups and create 6 stations around the classroom. Each of the 6 stations will include information about treatments that were used in mental institutions in the early-20th century. The teacher should also hand out the Treatment Analysis Sheet to the students. The stations should include information about the following:
 - Station #1: Bloodletting - Source: <http://upload.wikimedia.org/wikipedia/commons/0/01...>
 - Station #2: Hollow wheels - Source: <http://www.behavioral.net/Media/PublicationsArticl...>
 - Station #3: Utica crib - Source: http://farm4.static.flickr.com/3085/2818046353_ccd...
 - Station #4: The Gyrator and O'Halloran Swing - Source: <http://www.behavioral.net/Media/PublicationsArticl...>
 - Station #5: Hydrotherapy - Source: http://www.cqlr.cn/a/_files/Image/ssww/feature4.jp...
 - Station #6: Sensory Deprivation - Source: <http://upload.wikimedia.org/wikipedia/commons/9/92...>
- *Step 3: Research.* If possible, the teacher should then take the students to the computer lab to investigate mental institutions in the early-20th century. Students should analyze the information and primary sources on the following websites to use in their diary entries:
 - <http://www.mantenostatehospital.com/>
 - <http://www.kirkbridebuildings.com/index.html>

- <http://www.abandonedasylum.com/index.html>
- Students should focus on the following questions when viewing the websites:
 - How are the mental institutions designed? Why are they designed this way?
 - How might the design of these institutions impact the patients?
 - In what ways might these institutions need to be reformed or improved?
- *Step 4: Conclusion.* The teacher should conclude the lesson by discussing reforms in psychological treatments and mental institutions over the course of the 20th century. The teacher may want to talk about modern day medical and behavioral treatments, as well as the structure of mental institutions today.
- *Step 5: Synthesis.* After completing the lesson, the teacher should assign the diary entry assignment to the students. Students must first assume the role of a patient in a mental institution in the early-1900s and compose one entry using the sources they have analyzed in class. Students should then assume the role of a patient in a mental institution in the late-20th century and compose another entry using the sources they have analyzed in class and their knowledge of reforms in treatment. As an alternate assignment, students may compose a letter to a Congressman detailing the treatment of mentally ill patients in the early-1900s and suggesting reforms that could be made in patient care.
- **Behind Closed Doors: Reforms in the Treatment of the Mentally Ill Diary Assignment:**

Over the past few days, you've learned about a variety of psychological treatments that were used in the early 1900s in the nation's mental institutions to treat patients with psychological disorders, as well as the ways in which these treatments have been reformed over the last half century. Using your knowledge of these reforms and the primary sources that you have analyzed, you will assume the role of two patients: one living in a mental institution in 1920 and one living in an institution in 1990. You will compose two (2) diary entries — one for each person.

 - Time: 10 to 20 minutes
 - Materials: pen and paper
 - Directions: Students must first assume the role of a patient in a mental institution in the early-1900s and compose one entry using the sources they have analyzed in class. Students should then assume the role of a patient in a mental institution in the late-20th century and compose another entry using the sources they have analyzed in class and their knowledge of reforms in treatment.

- In your diary entries, you must:
 - Include information about what it was like to live in a mental institution at the time.
 - Think about the design of the institutions, the treatments that patients received, and the sources that you have viewed.
 - Show evidence of your knowledge of the reforms that have occurred in mental health treatment over the past 100 years.
 - Be as creative as possible with your entries without fabricating conditions that did not exist or treatments that were not administered.
- Each of your entries should be at least one (1) page in length. You may type or write your entries, but make sure that any written entries are legible.
- Source: <http://www.usd116.org/profdev/ahtc/lessons/Goerss0...>
- **CAT:** In this CAT, students will be assessed based on the diary entries they create highlighting the treatment of patients in mental institutions throughout the last century. Students will also be assessed based on their ability to link reform movements to the improvement or lack of improvement in treatments in the nation's mental institutions.
 - Time: 10 to 20 minutes
 - Materials: Pen and paper
 - Directions: Complete diary entries as above.

Appendix A: Handout for “Interview with Galen”

The student printable handout file for the interview activity can be found in Appendix A of the PowerPoint presentation associated with this module.

Appendix B:

Special Topic Lesson on Thomas Szasz, Mental Illness, and Social Control

Overview: The purpose of this optional special topic lesson is to provide students with a modern perspective on ways in which the DSM's medicalized approach may be problematic and some ways in which to conceptualize such criticism. This lecture should take about 10 minutes, with time allotted for discussion as the teacher wishes.

- The work of Thomas Szasz (1920 – 2012) embodies many of the themes relevant to this chapter and the history of mental illness. Szasz was a psychiatrist who advocated for a non-coercive view and practice of psychiatry.
- Szasz and “The Myth of Mental Illness”
 - Szasz pointed out that many of the illnesses defined by modern psychiatry have no identifiable biological origins and no definitive way to either confirm or disconfirm their presence in any individual, whether we view their origins as either psychogenic or somatogenic
 - He further pointed out that the institutions that legitimate modern psychiatry have enormous power over groups and individuals; he questioned this power and sought to undermine the vast power of agencies and authorities.
 - For example, one of his early articles took the position that “mental illness” is not nor should it be a legal term, with no more relevance to the guilt or innocence of a criminal suspect than the proposition of possession by supernatural forces should have.
 - Szasz took a hardline position that much of modern psychiatry is in fact about the practice of social control, and the elimination or obfuscation of undesirable or troublesome non-conformity, rather than about the practice of medicine or healing.
 - He pointed out that, when a mentally ill person is institutionalized against his or her will, this is a fundamental violation of the doctor-patient relationship, turning the physician into a warden and the patient into an inmate.
- Because he believed that coercive psychiatry was about the monopolizing of power and its use for social control, Szasz took the position that modern relationships to the concept of mental illness are primarily about a powerful party (a doctor) controlling the definition of a person (a patient) in order to wrest control from that person.
 - For example, Szasz distinguished between a “disease” (which is something you have) and a “behavior” (which is something you do). For him, a disease is something that can be located with specificity at the autopsy table. On the other hand, a behavior is a choice

for which the actor bears full responsibility, regardless of the origins of that choice. If, however, the powerful decide that problematic behaviors are indicators of incompetence, then autonomy can be taken from the actor, who can be subject to the control of the state and its agents.

- Szasz pointed to the medicalization of behaviors such as masturbation (“onanism”), not accepting the ruling authority of one’s husband (“hysteria”), and slaves running away from owners (“drapetomania”) as examples of the use of psychiatry for simple social control.
- While much of modern psychology debates the relative contributions of somatogenic factors and psychogenic factors to mental illness, Szasz took the position that the construct of mental illness is itself a social construct, with no roots in either the biology or the psychology of the patient; rather, the modern practitioner is treating the much less medicalized “problems in living” that can occur for any person, without regard to origin.
- **CAT:** Divide the class into three approximately equal groups. Assign one group to debate from a strictly Szaszian perspective that the state should never institutionalize a person against her will on the grounds of mental illness alone. Assign another group to debate from the perspective of more conventional modern perspectives about the origins of mental illness. Assign a third to judge the debate and assign a winner at the end. Allow about ten minutes for discussion of the proposition: The state has the right and medical professionals the responsibility to institutionalize actively suicidal individuals for their own safety.

Appendix C: Special Topic Lesson on Biomarkers

Overview: The purpose of this optional special topic lesson is to provide students with a very current topic of discussion that may be reframing how we view etiology, nosology, and treatment to supplement what they may view as something only of historical concern. The lecture itself should take about 10 minutes, with time allotted for discussion as the teacher wishes.

- As the science of modern medicine advances, our understanding of the etiology of all types of illnesses continues to evolve. One of the trending scientific and clinical pursuits at this moment in time is the pursuit of “biomarkers,” or biologically-based, measurable signs that are meaningfully predictive of a specific illness.

- We stand at a unique moment in the history of psychology, as this pursuit may fundamentally change whether we view mental disorders from a somatogenic, a psychogenic, or a biopsychosocial perspective.
- For example, the criteria for diagnosis of illnesses defined by the DSM-5 are largely behavioral rather than quantifiable, biological criteria. For ADHD, some currently proposed biomarkers include very specific genetic variations seen at specific gene sites as well as some specific brain activity patterns identifiable on EEG or fMRI. For schizophrenia, some currently proposed biomarkers include blood-based molecular criteria found in blood serum.
- Biomarkers could conceivably be added to the current behavioral criteria for diagnosis, or take the place of some or all of those behavior-based criteria.
- Biomarkers could be seen as a necessary replacement for clinical judgment, or as a supplementary adjunct to necessary diagnostic judgment of a practicing clinician.
 - This may be very different question for disorders that are discrete versus continuous in nature. For example, schizophrenia is an illness that a person either does or does not have; it is a discrete category and it is an all-or-nothing diagnosis. On the other hand, ADHD is an illness that a person can have a “mild” or “severe” amount of, much like depression or autism are illnesses that a person can have a “mild” or “severe” amount of; it is a continuous category.
- The interests of clinicians, researchers, and payers (e.g., managed care) may not all agree about the best direction to take this possibility, or any findings as they develop.
 - For example, clinicians may view a complicated clinical picture in more dimensions than one biological measure, while payers may view a straightforward biomarker as a way to save money on unnecessary treatment efforts.
- **CAT:** Imagine you are a member of a patient-advocacy group advising the working group that is writing the criteria that will define ADHD for the next version of the DSM. Write one paragraph summarizing whether you think the criteria for diagnosis should include one or more biomarkers for the disorder. State whether your perspective is basically somatogenic in its view of the disorder, basically psychogenic, or a combination (biopsychosocial).

Additional Activities

Goodwin, J. C. (n.d.) The newspaper activity. In *History of Psychology Class Activities*. Retrieved from http://historyofpsych.org/images/Activities_Histor...

- This activity allows students to synthesize information about the social and cultural contexts that informed important developments in the history of psychology by selecting an important year in the history of psychology and writing a journalism-style overview of that year and its importance.

Woody, W. D. (2011). Faculty role-playing. In *Promoting Student Engagement, Volume 2: Activities, Demonstrations, and Exercises for Psychology Courses*. Ebook retrieved from: <http://teachpsych.org/Resources/Documents/ebooks/p...>

- This activity allows students to feel a major figure from the history of psychology come alive as the professor indulges his or her inner actor by selecting an historical figure, the role playing this person in class and allowing students to ask questions of the historical figure.

Discussion Points

- There is widespread evidence that trephination was practiced for long periods of time in various cultures. This practice must have made some difference in outcomes if people used it so widely for so long. Today, we think that trephination was believed by ancients to be effective due to their supernatural explanations; they thought it allowed evil spirits to escape, perhaps. Using a somatogenic perspective, propose some reasons that trephination may have been an effective agent of change in some cases of problematic behaviors or sudden illness.
 - Students thinking critically may connect the use of trephination with modern surgical procedures used to reduce intracranial pressure in the case of illness or injury causing such pressure. Reducing excessive intracranial pressure would be expected to reduce or eliminate symptoms in situations where swelling or pressure is causing them.
- Asylums in the 16th century were designed primarily to protect society from the mentally ill and without prioritizing individual rights. Imagine that you are the parent of a person

with serious mental illness who has acted in a disruptive or violent fashion, at times, though nobody has been seriously hurt. Do you advocate for this person to be institutionalized? Why or why not? Now imagine that you are a police officer who has responded to incidents involving this person. Do you advocate for this person to be institutionalized? Why or why not?

- Students may discover a conflict between the interests of the parent and the interests of the law enforcement officer, and find it necessary to navigate this discrepancy in a thoughtful way.
- Early Friends (Quaker) hospitals and prisons instituted and promoted the use of hard physical labor as a source of reforming the morals and character of mentally ill people. Today, there is a great deal of empirical data supporting the idea that regular physical activity promotes mental health in a number of ways. What effect, if any, do you think the physical labors required in these institutions may have had on the mentally ill? If it did have any effect, was it spiritual/moral in nature, as intended at the time? Was it somatogenic? Psychogenic? Some combination of the three?
 - Students may discuss the connections between hard labor in the Quaker hospitals and modern day encouragements to engage in exercise to benefit mental health, and explore the nature of such benefits (somatogenic vs. spiritual, for example).
- The patients that Freud and Charcot treated in the 19th and 20th centuries for “hysteria” were nearly exclusively women. Why? Were the reasons primarily somatogenic (i.e., are women particularly prone to this illness for a physiological reason)? Were there social or cultural reasons that women displayed these symptoms more than men? What might Freud or Charcot have said about this?
 - Students may discuss the differences between biological causes of illness and social and cultural pressures that drive symptomatology, diagnosis, and treatment. Students may articulate evolutions of thought over time as they navigate Freud and Charcot’s perspectives on such things.
- Thinking through what we have learned about the history of psychology, what surprised you the most about this history, and why? What aspects of current trends and future directions in psychology do you have the most questions about?

- Students may engage in reflection on specific topics or information that conflicts with or supports ideas or beliefs they had prior to class.

Outside Resources

Video: An introduction to and overview of psychology, from its origins in the nineteenth century to current study of the brain's biochemistry.

<http://www.learner.org/series/discoveringpsychology/01/e01expand.html>

Video: The BBC provides an overview of ancient Greek approaches to health and medicine.

<https://www.tes.com/teaching-resource/ancient-greek-approaches-to-health-and-medicine-6176019>

Web: Images from the History of Medicine. Search \"mental illness\"

<http://ihm.nlm.nih.gov/luna/servlet/view/all>

Web: Science Museum Brought to Life

<http://www.sciencemuseum.org.uk/broughttolife/themes/mentalhealthandillness.aspx>

Web: The Social Psychology Network provides a number of links and resources.

<https://www.socialpsychology.org/history.htm>

Web: The UCL Center for the History of Medicine

<http://www.ucl.ac.uk/histmed/>

Web: The Wellcome Library. Search \"mental illness\".

<http://wellcomelibrary.org/>

Web: US National Library of Medicine

<http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?query=mental+illness&v:project.nlm-main-website>

Evidence-Based Teaching

Fox Lee, S., & Fox Lee, S. (2016). Digital methods for the history of psychology: Introduction and resources. *History of Psychology*, 19, 72-75. doi:<http://dx.doi.org/10.1037/h0101509>

- This article examines and articulates digital resources currently available to assist in the teaching and learning of the history of psychology.

Nawrot, E. (2014). "Victor the Wild Boy" as a teaching tool for the History of Psychology. *Teaching of Psychology*, 41, 237-241. doi:<http://dx.doi.org/10.1177/0098628314537977>

- This article describes an innovative technique for teaching the History of Psychology (HoP) using the story of Victor the "Wild Boy" of Aveyron.

Landrum, R. E. (1992). Ideas for teaching history and systems. *Teaching of Psychology*, 19, 179-180.

- This article presents some ideas and activities (reaction journal, intellectual genealogy, textbook comparisons, and multiple timelines) for the history and systems class.

Links to ToPIX Materials

Activities, demonstrations, and handouts: History in the Classroom

<http://topix.teachpsych.org/w/page/19981004/History%20in%20the%20Classroom>

Books & Films: History of Psychology

<http://topix.teachpsych.org/w/page/39234838/History>

Video: History of Psychology

<http://topix.teachpsych.org/w/page/19981003/History%20Videos>

Teaching Topics

Teaching The Most Important Course

https://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage

https://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students

https://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes

https://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning

https://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology

https://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at https://nobaproject.com//images/shared/supplement_editions/000/000/243/History%20of%-20Mental%20Illness.ppt?1478799768.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award-winning university teachers.

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