History of psychiatry in the United States and Northern Europe since the nineteenth century

Isabelle I. C. de Vink

Pedagogical and Educational Sciences

Abstract
History of psychiatry knows many sources, which provides for many different possible historical interpretations through the process of selective highlighting. This article provides a brief overview of the history of psychiatry in the United States and Northern Europe since the nineteenth century. Three main paradigms are considered: early biological psychiatry, psychoanalysis and later biological psychiatry. Early biological psychiatry emerged in the nineteenth century and proposed mental diseases had a neurological origin. Early biological psychiatry was followed up by psychoanalysis. Psychoanalysis was based on the ideas by Freud about suppressed sexual memories and fantasies. The last paradigm described here is later biological psychiatry. Later biological psychiatry had a focus on quantitative data and differentiating between family and hereditary influence. History of psychiatry is multifaceted, therefore selective highlighting proves itself to be an inescapable problem.

Keywords: *History, psychiatry, neurology, psychoanalysis, psychopharmacology, biological psychiatry*

Introduction

Freud and Esquirol: Two equally important names within the history of psychiatry, yet they are not equally well-known names. Most people will probably be able to recall some of Freud's ideas (for example his psychosexual stage theory) but not nearly as many people will be able to discuss Esquirol's main legacy, namely the *therapeutic community*. Psychiatry is has a rich and broad history, but accurately describing this history poses challenges. The enormous number of sources known within psychiatry provide for selecting information selectively, making wildly different interpretations about its history possible (Shorter, 1998). Therefore it is always possible to highlight some ideas more than others in relating the history of psychiatry.

An example of this selective highlighting is to be found in the positions of psychiatry's leading figures. Esquirol is not the only one who has been undervalued. Alexander Crichton was important in the history of psychiatry (Esquirol even admitted to being influenced by Crichton) and proposed ideas about underlying biological mechanisms in psychopathology (Charland, 2008). Despite his influence on developments within psychiatry he barely receives mention within works on the history of the discipline (Charland, 2008). Engstrom's (2008) description of the position of the institution is another example. The history of psychiatry has traditionally been dominated by descriptions of institutions, even though a process of deinstitutionalization started in the second half of the twentieth century.

The process of selective emphasis does not always provide an accurate historical overview of psychiatry. But it is not the only subject on the minds of historians describing psychiatry. Psychiatry has gone through many paradigm changes (Engstrom, 2006). One can imagine how this would pose a problem in giving a complete picture of psychiatry's past. Furthermore, the number of factors used to describe the history of psychiatry keeps adding up (Engstrom, 2006). This growing number of factors means historians have to find new ways to methodologically account for the diversity in psychiatry's history (Engstrom, 2008). Recent

studies focusing on presenting the history of different psychiatric diseases provide a more practical and conceptual view of the discipline's history.

As Engstrom (2006) describes, there is a need for a more complete history of psychiatry, integrating institutional and socio-political factors. Shorter (1998) also contends that an overview of the history of psychiatry is much needed. In this essay I will attempt to provide such an overview: not the complete overview, but a brief one, in which I will mainly draw from information provided by Edward Shorter in his book *History of Psychiatry*, published in 1998. The main question I ask myself in this essay is: How has psychiatric science and practice evolved since the nineteenth century in the Western world?

The first biological psychiatry

What Edward Shorter calls "the first biological psychiatry" arose during the nineteenth century (Shorter, 1998). Biological refers to the attempts of psychiatrists to integrate neuroscience into explanations of normal and abnormal mental functioning, and psychotherapy. Shorter (1998) describes beginnings of biological psychiatry in his book. The first biological psychiatry consisted less of concrete findings than of a movement of thoughts and ideas. These ideas evolved from questions that psychiatrists asked themselves, like: In what ways do genetics and neurochemistry account for mental illness? To answer questions like this, systematic research needed to be conducted to uncover the relationship between mind and brain.

The consequence of establishing a more neurological basis for mental illness was that doctors needed to obtain knowledge about mental illness. This is why a process of medicalization started. The idea behind this process was that doctors needed to know how the brain and central nervous system worked, in order to be able to treat mental illness.

Psychiatric education had to make sure that not only psychiatrists, but general practitioners as well, appreciated the neurological basis of mental illness. This accounted for the dual nature of psychiatry.

What is interesting to note here, is that these early developments in biological psychiatry for the most part occurred in Germany. The reason for this German domination lies in the universities and institutions that were founded by the German state and its precursors. This led to rapid developments in the century research and education in that country beginning in the first half of the nineteenth century. Two mechanisms assured a continued linkage between education and research: on the one hand there was the doctoral thesis and on the other hand the postdoctoral research project.

Looking at the beginnings of biological psychiatry, one can identify Wilhelm Griesinger (1817-1868) as one of its leading figures. Not only was Griesinger the most influential representative, he also was the founder of the modern model from the specialty of psychiatry (which focused on education and research). Led by Griesinger, academic psychiatry gained ascendance over institutional psychiatry. But Griesinger was not the only important figure within psychiatry. Another figure worth noting here is Theodor Meynert (1833-1892). It was Meynert who, in 1868, advocated a fundamental re-orientation of psychiatry involving research on the biological bases of mental diseases and who called for a stop to labeling patients (while Griesinger advocated similar ideas in Berlin). Meynert's ideas constitute the beginning of the last phase of early biological psychiatry which led to extensive neuro-anatomical research taking place in academic clinics (Shorter, 1998).

If Meynert's ideas consititute the beginning of the end of the first biological psychiatry, Carl Wernicke's ideas be said to have brought this phase to an end. Wernicke was interested in associating specific symptom complexes with specific brain areas. Wernicke's ideas contrasted with those of Emil Kraepelin, a physician and one of his contemporaries. Wernicke thought of patients' symptoms as the most important predictor of the course of

mental diseases. Kraepelin believed that the development of the disease was the most important predictor, showing a more longitudinal approach. The domination of Kraepelin's ideas over Wernicke's finally marked the end of the first biological psychiatry.

Psychoanalysis

As I said at the outset, Sigmund Freud is a household name. Freud is also a name that is indissolubly connected to psychoanalysis. Most psychiatric historical sources consider psychoanalysis to be extremely essential to the history of psychiatry (Shorter, 1998; Shorter, 2008). In his book, Shorter pursues a different approach. He does not think of psychoanalysis as the culmination of preceding events in the history of psychiatry, but as an interruption of that history. Even though Shorter (1998) does not have many positive feelings about psychoanalysis, he admits psychoanalysis has been extremely influential consequences in the history of psychiatry.

Before describing how psychoanalysis emerged I will provide a brief explanation of it. Psychoanalysis is based on the idea that suppressed sexual memories and fantasies stemming from childhood can cause neuroses when reactivated in adulthood. The core of psychoanalysis as a movement was the concept of neurotic symptoms as a compromise between sexual and aggressive instincts on the one hand, and the demands of reality (Shorter, 1998). Remarkably, even though psychoanalysis attained widespread popularity, its therapeutic value was not clear. Even Freud himself could not accurately describe the therapeutic value of psychoanalysis (Shorter, 1998). In addition, those representing psychoanalysis (specifically in the United States) held the extraordinary position that psychoanalysis as a practice should have a monopoly on psychiatry (Scull, 2011).

It was at the very end of the nineteenth century that Freud's new ideas concerning therapy started to make sense to others, though psychoanalysis reached the peak of its popularity the 1960s. Freud's ideas were extremely popular among the middle classes. His ideas were a representation of the quest for self-understanding that was omnipresent in bourgeois culture (Shorter, 1998). In the United States, psychoanalytic practitioners organized themselves in the *Group for the Advancement of Psychiatry*: by doing this they quickly gained influence within psychiatry, even dominating the American Psychiatric Association (Scull, 2011).

Even though psychoanalysis was and is a historically influential factor within psychiatry, a number of critical remarks are in order. One of these criticisms is expressed by Shorter (2008) in his book. According to him, an important reason why psychiatrists turned to psychoanalysis *en masse* was that it provided a way out of the institutions. Therapy based on psychoanalytic ideas made it possible for psychiatrists to open private clinics which were much more profitable, earning psychiatrists a higher social status. But as described by Neve (2004), there was also resistance to psychoanalysis among certain psychiatrists, on the grounds that it was expensive, theoretically weak and had no value in treating chronic psychotic cases. Shorter (1998) points out that most of the resistance against Freud's ideas originated from a disbelief in his sexual reductionism.

Psychoanalysis continues to be important to the history of psychiatry, but at some point in time lost its position as a predominant paradigm. The first threat to psychoanalysis as a paradigm was the psychopharmacological revolution that started in 1950 (Scull, 2011). Psychoanalysts responded by ignoring drugs as an influential factor. Initially this worked and the drugs revolution was tempered as a threat. Twenty years later though, psychoanalysis really started losing influence. Antipsychotic drugs proved to be very successful in treating patients and that led many to wonder what the benefits of psychoanalytic therapy actually were (Scull, 2011). Grob (2011) illustrates this thinking mentioning that Percival Bailey, a researcher at the American Psychiatric Association, did not think psychoanalysis was actually

a science. Bailey wasn't alone, and psychoanalysis came under growing attack during the 1960's. In the 1970s, the powerful influence of psychoanalysis came to a definitive end, at the same time that the second biological psychiatry emerged (Shorter, 1998).

The second biological psychiatry

As mentioned before, 1950 was the start of the psychopharmacological revolution (Scull, 2011). This revolution made it possible for biological psychiatry to once again take the stage in the 1970s (Shorter, 1998). This return to biological and neurological ideas meant a return to everything that had been central during the nineteenth century (i.e. during the first biological psychiatry). The ideas that are inherently connected to the emergence of what Shorter called "the second biological psychiatry" were shaped before the 1970s, namely during the aftermath of "the first biological psychiatry" (Shorter, 1998). With the introduction of biological psychiatry came the introduction of many medical school graduates in the field (Grob, 2011). Furthermore, the new possibilities created by psychopharmacology could mean a better life for the mentally ill.

The development of the antipyschotic drug Thorazine in 1950 heralded the beginning of the psychopharmacological revolution, Thorazine proved to be the first of many *chemical* treatments for mental illness (Scull, 2011). Initially, psychiatric drugs just provided symptomatic relief, but slowly drugs became more effective and popular (Scull, 2011). By 1980, psychiatric drugs were the single most important category within the psychopharmacological industry. Ideas of mental disorders as the result of distorted levels of neurotransmitters, biochemical imbalances or *genetic inhertance* became continuously more widespread (Scull, 2011).

Genetic research would become the single most important proof for the neural origin of serious mental illnesses. Not all mental illnesses can be inherited, but strong evidence of a genetic component of serious mental illnesses emerged during genetically the second biological psychiatry. What separates the second biological psychiatry from the first biological psychiatry is the element of research. Within the second biological psychiatry quantitative data and systematic (especially longitudinal) research assumed primary importance. Another new insight within later second biological psychiatry was the idea that data had to be collected in such a way that family influence was excluded (Shorter, 1998).

Excluding family influence proved to be challenging: statistics were inclined to consider family influence and hereditary influence as a single category. Two methods were developed to separate genes and environment: twin studies and adoptive studies. It would not be until the 1920s when twin- and adoptive studies were carried out using scientifically adequate terminology. Hans Luxenburger's twin study (as cited in Shorter, 1998) was the first to be able to provide proof that a severe mental illness (in this case schizophrenia) had an organic basis (even though some people initially said schizophrenia was functional [without a known cause] or psychogenic [with a known cause]) (Shorter, 1998).

Like psychoanalysis, the second biological psychiatry was subjected to criticism. Influenced by changes within psychiatry and the social climate of the 1960s, a movement of *antipsychiatry* upgained ascendance. Antipsychiatry did not suddenly emerge in the 1960s, for there had been antipsychiatric movements even as far back as the nineteenth century. But antipsychiatric movement in the 1960s led to a massive hostility towards biological conceptualisations and medical interventions within psychiatry. One of the central idea within the antipsychiatry movement was that mental diseases don't have a medical basis, but instead result from social, political and juridical factors: it is society that leads to schizophrenia, or an anxiety disorder, not a disposition within a person (Shorter, 1998).

Despite its critics, it is the second biological psychiatry that to this day constitutes our ideas and beliefs about mental illnesses, fostered by systematic and methodological research.

We have left behind the first biological psychiatry and psychoanalysis and now view the world through the prism of the second biological psychiatry.

Conclusion

When I started writing this essay, I asked myself the following question: How has psychiatric science and practice evolved since the 19th century in the United States and Northern Europe? In this essay I have tried to answer this question by providing my version of the history of ideas and practice within psychiatry. In the history of psychiatry, three main paradigms can be distinguished: the first biological psychiatry, psychoanalysis and the second biological psychiatry. The first biological psychiatry started in the nineteenth century and was based on the idea that mental diseases had a neurological origin. This neurological origin was integrated into the therapy that patients received. Griesinger, Meynert and Wernicke were the leading figures of this phase. Carl Wernicke can be seen as having brought this period to an end, because the first biological psychiatry ended when Kraepelin's idea's prevailed over Wernicke's.

The first biological psychiatry was followed by psychoanalysis, based on Freud's ideas about suppressed sexual memories and fantasies from childhood causing later neuroses. Psychoanalysis was popular for several decades, but started losing ground in the 1960s. It was the psychopharmacological revolution that began in the 1950s that began to erode the influence of psychoanalysis. During the 1970s, psychoanalysis as the predominant paradigm gave way to the second biological psychiatry. The second biological psychiatry still integrated a neurological origin of mental illness into therapy. The difference with the first biological psychiatry was the focus on quantitative data and determining the difference between family influence and hereditary influence through twin and adoption studies.

In a sense you can say I have answered my initial question by describing the development of modern psychiatry. In my introduction, I described my motivation to write this essay. The history of psychiatry deals with selective highlighting, as Shorter (1998) said: interpretations vary wildly. In this paper I have been guilty of selective highlighting too. Even though I tried to give a complete overview, I have selected what I deemed to be important because it is impossible to describe everything.

The history of psychiatry is multifaceted and can be approached in a variety of ways. Because the history of psychiatry entails so many different factors, everyone describing it will end up highlighting different areas within it. As this is a problem, I have realized that this is an inescapable problem. Anyone describing the history of a profession or a science will have to deal with this. This doesn't mean we do not have to try to write as unbiased and unselectively as possible. Describing the history of psychiatry (or other fields) means trying to use as many sources as possible and integrating everything into a whole.

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