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'Les mythes d'origine' in the History of Psychiatry
Patrick Vandermeersch

Not every science finds its own history very interesting. The more exact it defines itself, the more it experiences itself as being timeless, because the objectivity of the research results it obtains are not dependent upon historical factors. Being dependent on history: is this not placing oneself in the hands of chance? Naturally it is nice when you can say something about the history of your own science. But 'real' scientists usually busy themselves with their discipline's history only after having reached the age of retirement. For the training of younger colleagues they find an understanding of the history of their own profession not so necessary. And when there are some books published about their discipline's history, it is usually something in the sphere of de luxe editions that can be given as a gift, and in which the illustrations, the binding, and the quality of print are deemed more important than the soundness of the text.

Psychiatry is an unusual exception to this rule. As a general principle it has had a great deal of interest in the understanding of its own history. It is true that there are some exceptions, namely whenever this discipline takes as its model the exact sciences and tries, for example, to follow the timelessness of physics, holding this timelessness in higher regard than physics itself. The famous *Comprehensive Textbook of Psychiatry* began to stress more and more the biological approach in its 4th edition and decided to move the chapter on the history of psychiatry from the front to the back. In the 5th Edition the chapter was re-written in such a way that it abandoned the attempt to interpret this history and chose instead to simply report historical fact.¹ But this is an exception. Not only do you find a short historical sketch in most psychiatric textbooks, but it could be argued that there is perhaps no single discipline which produces so many volumes concerning the history of its own profession. It almost suggests that, in the case of psychiatry, an understanding of psychiatry's place in history is essential for the success of practice in the field; and perhaps this is indeed the case.

In the historical writings of psychiatry one finds all sorts of stories that might be called myths. They are first of all myths in the ordinary sense: that is to say, fictions. In this sense the liberation of the alienated of Bicêtre from their chains is a myth, as J. Postel has rightly pointed out. The ceremonial scene that was immortalized by Tony Robert-Fleury in his famous painting of

1. Harold I. Kaplan and Benjamin Sadock, *Comprehensive Textbook of Psychiatry* (3rd ed., Baltimore: Williams and Wilkins, 1980, 4th ed. 1985, 5th ed. 1989).

1878 never took place.² In the history of psychiatry you also, however, find stories in the sense of *'mythes d'origine'*. Their function consists in the legitimization of the present. Pinel's story also has this second function, but perhaps a clearer example can be found in the accounts of demonology that most historical surveys continually return to and in which honour was brought to the name of Johann Weyer (1515-1588). His fame was secured as one of the 'founding-fathers' of psychiatry in his battle against the simplistic belief in sorcery and attempt to rescue witches from the burning stake by declaring that they were sick and mentally incompetent to stand 'trial'.³ Some scholars still refer to Weyer today.⁴

This distinction is important when we want to discuss the truth or falsehood of a particular myth. Two questions must be distinguished. One can ask oneself the question if what is told in these myths actually occurred. With the classical methods of historical critique one would attempt to eliminate the gold-plating in the formation of myth in order to reach as close as possible to the factual events. With this approach a certain conception of truth is being formulated. A second question arises when we attempt to get behind the reason why people have attached a mythical function to a certain figure. This is something very different than tracing the historical reality of what is being told in a myth. What is being told in a story may stand the test of a historical critique, but then there is still the question of why the historically true story was rescued in a particular moment from oblivion in an attempt of validating the present through the past. The fact that the figure of Johann Weyer actually existed can, therefore, be a question which an exact and scientifically responsible body of research can undertake. It can attempt to establish what he really did or has written. Yet, such research says nothing about his mythical function. That has to do with the moment when and the reasons why one returns to the figure of Johann Weyer and brings him in connection with the history of psychiatry. Was the link that one wanted to make with the past correct or not? Why did people – in this case, in the middle of the Nineteenth Century – have need to dig up this story concerning Johann Weyer? Was there perhaps a crisis in the legitimization of psychiatry which has to be more

2. J. Postel, *Genèse de la psychiatrie. Les premiers écrits psychiatriques de Philippe Pinel* (Paris: Le Sycomore, 1981), 62.

3. P. Vandermeersch, 'The Victory of Psychiatry over Demonology: The Origin of the Nineteenth-Century Myth', *History of Psychiatry*, ii (1991), 351-363.

4. An English translation of his work has recently appeared: G. Mora (ed.), *Witches, Devils and Doctors in the Renaissance. Johann Weyer, 'De praestigiis daemonum'* (Binghamton (N.Y.): Medieval and Renaissance Texts and Studies, 1991). The preface by John J. Weber puts it clearly: 'An early classic of psychiatry, it is difficult to understand why such a seminal work was not available to English-speaking readers earlier' (p. v). In his introduction G. Mora is nevertheless cautious: 'Weyer's role as a pioneer of modern psychiatry is more difficult to assess than his place in the history of witchcraft' (lxxvii).

precisely defined, a problem which one wants of solve or conceal with the introduction of the myth?

If we look at myth and the formation of legend in this way in the historical writings of psychiatry, we are confronted with two sorts of historical questions. There is, first of all, the critique of the sometimes all too beautiful stories that people tell one another about the history of their own discipline, which find their prototypes in the 'life stories' of famous psychiatrists which follow the footprints of Sémelaigne.⁵ Here questions arise such as whether Pinel really freed the alienated of Bicêtre from their chains, or if the rotating chair was invented by Horn or by Darwin and whether it was widely used. Beside that question is another concerning whether the use of myths really establish what they pretend to establish. In this context it is essential to study when the myth came into existence and to examine the situations at the time that needed legitimization.

The Problematic Identity of the Psychiatric Discipline

In the case of psychiatry, one particular example of the phenomenon of *mythes d'origine* springs to mind. Very often the story that is told comes from a historical period in which there was still no real, acknowledged 'psychiatry', but a period in which it was understood as being practised implicitly. In this sense there is a significant difference between the myth of Pinel as a liberator of the alienated and that which made Weyer the father of psychiatry because he fought a battle against the belief in witchcraft. Pinel has indeed played a substantial role in the development of psychiatry as a unique discipline, if we consider the manner in which psychiatry has developed from the end of the 18th Century until the present. The formation of myth concerning Johann Weyer, however, worked in a completely different way. It suggests that in the time of J. Weyer, when there was no acknowledged psychiatry, psychiatry should have already existed.

Now one can, it is true, establish that a similar retrospective projection of their own discipline to the far past has been accomplished by a number of the sciences. The positive sciences have themselves done it. It is not difficult, after all, to consider Thales van Milete and Democritus as the forefathers of chemistry and physics. Medical graduates still take the Hippocratic oath. For psychologists and pedagogues it is even more self-evident. When they attempt to sketch a historical survey of the theories of their discipline, they can do nothing other than discuss the thought of Plato, Locke, and Rousseau, even if

5. R. Sémelaigne, *Les grands aliénistes français* (Paris: Steinheil, 1894); *Aliénistes et philanthropes. Les Pinel et les Tuke* (Paris: Steinheil, 1912); *Les pionniers de la psychiatrie française avant et après Pinel* 2 vols. (Paris: Baillière 1930-32).

the work of these thinkers was more clearly understood as belonging to the philosophical discourse.

And yet there is still a fundamental difference in the case of psychiatry. There is more at stake here than the fact that psychiatry had to wait a long time before it was recognized in its autonomy. The identity itself of the psychiatric discipline appears more problematic. An essential problem involved the attempt to define the psychiatric field. Not only did the field of psychiatry become ever greater – this was not such a problem in so far as expansion generally gave the impression that psychiatry was heading in the right direction – but it was becoming incoherent. Moreover, its directions were continually shifting their focus. Patients which were considered the prototypes of psychiatric patients in the past lost their psychiatric status, such as in the case of epilepsy. Others, whose behaviour was considered in earlier times to have nothing to do with mental illness have become, in recent years, legitimate psychiatric patients, as in the case of the addicts and the sexual deviants. The question could be asked whether a well-formulated definition of the object of psychiatry could be given. Does the discipline rest upon a coherent common principle? Undoubtedly, psychiatrists deal with the most diverse sorts of business and they are very busy. The only question is whether we can consider all the things that they are doing as psychiatry. Or, in other words: one can ask whether psychiatry can be defined in another way that by formulating it on the basis of what they do. Or again, the question can be put otherwise: Does the appraisal described in the DSM-III rest upon anything else than on an accidental concurrence of circumstances that have placed a heterogeneous group under the heading of a single profession? In the attempt to wrestle with these questions a number of myths were created, myths that were used to establish the proper terrain of psychiatry.

A second problem arises alongside the first which also has a relation to the production of myths. The social acceptance of psychiatry has repeatedly been challenged, and this once again called for a new confirmation for which specific myths were created. And so it was necessary at a certain moment to paint the picture of the benevolent, fatherly, philanthropist; and this equally in the case of Pinel as with Weyer.

In the background of this uncertainty concerning the proper identity and social image of psychiatry lies an enormous problem concerning the medical character of psychiatry. In part it finds itself interwoven with the previous two problems. In another way it functions as a veil to conceal these problems. The medical character of psychiatry is thus also a dominating frame in which the different myths function.

The Mythical Establishment of the Medical Character

For how long has psychiatry existed? The question is important when we attempt to discuss the mythical reconstruction of a pre-history of psychiatry. We must therefore, mark the boundaries between pre-history and history. It is not without reason that historical surveys usually take as their criteria the existence of a distinct, recognizable, and socially accepted structure for the care of the mentally ill. The fact the word 'psychiatry' was designed and was socially acknowledged, that certain institutions appeared expressly for the treatment of the mentally ill, that particular legislation was erected for their intake, their residence and dismissal, that there emerged a distinct discipline that recognized the 'mad' as a single group, that they had their own textbooks, own journals, and that specialists emerged with their own particular training for the care of the 'alienated': this is the 'psychiatry' whose members will repeatedly contend that their identity had always had to exist.

Historically, the birth of this psychiatry must be situated in the transition between the 18th and 19th Century. As might be anticipated, there was very quickly discussion concerning the attribution of the discovery. There were good reasons to think that the process was first carried out in England with the establishment of the Retreat in York by Samuel Tuke, and to think that Pinel learned the basis of his 'moral treatment' there. As one might expect, Pinel disputes this version contending that he was really the author of this treatment;⁶ which, in return, provoked sharp criticism in the English press.⁷ Regardless of that, Pinel was very quickly received – elsewhere and in England itself – as the great philanthropist that had ever concerned himself with the situation of the mentally ill, deserving a central place in the history of psychiatry, even if one maintained that the reformation in England and France ran parallel to one another and that they, for the most part, developed independently of one another.⁸

The discussion surrounding the attempts to attribute the birth of psychiatry to one of these figures should not allow us to forget the ambiguity which was connected with the identity of psychiatry as a distinct discipline from the very beginning. The argument for the declaration of the autonomy of psychiatry was the 'moral treatment.' People were convinced that the mentally ill could be cured if they were submitted to an extremely intensive program of

6. Ph. Pinel, *Traité médico-philosophique sur l'aliénation mentale ou la manie* (Paris: Richard, Caille et Ravier, An IX), 47-50: 'Les médecins anglais ont-ils publié les règles du traitement moral?'

7. See David Hack Tuke, *Chapters in the History of the Insane in the British Isles* (1st ed.: London: 1882; reprint: Amsterdam: Bonset, 1968), 142-145.

8. '... as a matter of fact the course of French and English reform in the treatment of the insane was entirely distinct and independent'. *Ibid.*, 146.

what, at present, we would call ‘psychological influence.’ It was thought, therefore, that the mentally ill must be isolated in separate institutions and be subjected to the imposing authority of a single man who, by his *présence*, could aid the mentally ill in their internal struggle to put aside their sick ideas.

The classical formulation of the ideal of moral treatment was introduced by Pinel with an account which could be considered as the first *mythe d’origine* of psychiatry. Pinel tells of an incident in which one of his friends was driven by severe depression to attempt suicide. The man was found lifeless in a forest, with one of Plato’s dialogues in his hands concerning the immortality of the soul.⁹ After this account, which Pinel titled ‘Histoire d’une manie où le traitement moral auroit été nécessaire’ follows his famous definition of the moral treatment:¹⁰

‘In the treatment of his mania, it was in my power to use a great number of remedies; but I lacked the most powerful of them all, which one can simply find in a well-ordered hospice, the one which consists in the art of subjugating and taming the alienated, to put it in this way, by placing him in a strict dependency upon a man who, by his physical and moral qualities, is apt to exercise on him an irresistible empire and to change the vicious chain of his ideas.’

When one considers the account, it is difficult to find a single reason in it to speak of the birth of a medical discipline. Everything in Pinel’s book could even be said to point to the contrary. Certainly, Pinel knew that it was sometimes thought that physical causes could be attributed to mental illnesses, and more precisely he was well-informed about the theories which attributed a dominating role of the nervous system and the brain in this field.¹¹ With a sense of duty, Pinel measured with great precision the skulls of the mentally disturbed and compared them with the measurements of what, without argument one has to accept as the ideal form of the human head, the statue of Apollo in the Paris museum.¹² The conclusion of this research sounds very sceptical: Pinel doesn’t want to exclude the legitimacy of such research, but he himself had few results. ‘Moral affectations’ like too strong an ambition, religious fanaticism, or an unhappy love affair appeared to him more profound causes of mental illness and since they usually occurred long after skull-

9. Pinel did not tell us, unfortunately, which dialogue it was. Was it the Phaedon, or was it the Phaedrus?

10. Pinel, *Traité médico-philosophique*, 57-58.

11. Pinel cites for the case the theories of Greting.

12. *Ibid.*, 113-118.

formation is completed, he didn't expect a priori that much from further skull research.¹³

With these remarks Pinel dismisses the biological argument as grounds for a medical conception of psychiatry, but he nevertheless doesn't say that it is non-medical. The responsibility for this lies in the broad conception that individuals had of medicine during the French Revolution, which wasn't narrowly organic, but had to be understood, since the work of Cabanis, as the intimate unity of body and soul, and as such must be considered the final achievement of human sciences.¹⁴

What springs to mind from our point of view is that Pinel in his viewpoint breaks through the clear division between pathology and normality. The insane are seen as driven by motives that linger in everyone's heart. The difference is only one of degree.

Pinel's point of view would quickly be abandoned. It is understandable that the story of his deceased friend with Plato in hand did not become a founding myth. It was totally at odds with the development of psychiatry in its medical direction in which 'medical' would from now on mean 'organic' and in which the boundaries between normality and pathology would be firmly established.

It is worthwhile to consider the way in which this development proceeded. Esquirol further developed the idea of psychiatric institutions and stated that it was absolutely necessary that in the institution there would be one, and only one power figure. The following famous words are his:¹⁵

'The doctor has to be, in some way, the principle of the life of a hospital for the alienated. It is by him that everything has to start its movement. He has to regulate all actions as he is called to be the regulator of all thoughts. It is to him, as to their centre that all things that interest the inhabitants of the establishment have to refer... He has to be invested with an authority that no one can subtract himself from.'

13. 'Dans le recensement des aliénés que je fis à Bicêtre l'an 3 de la République, je reconnus que les causes déterminantes de cette maladie sont le plus souvent des affections morales très vives, comme une ambition exaltée et trompée dans son attente, le fanatisme religieux, des chagrins profonds, un amour malheureux ... Ces notions préliminaires indiquent d'avance combien doivent être rares les lésions ou difformités du crâne parmi les aliénés, puisque dans l'âge adulte l'ossification des os de la tête est complète, et que les affections morales ne peuvent l'altérer. Il restait seulement à constater cette vérité par des ouvertures des corps très multipliées, et des recherches exactes.' Ibid., 110-111.

14. P. Vandermeersch, 'De religie en het ontstaan van de psychiatrie' (Religion and the Birth of Psychiatry) *Tijdschrift voor Theologie*, xix (1979), 329-351.

15. J.E.D. Esquirol, art. 'Maisons d'aliénés', *Dictionnaire des sciences médicales*, vol. xxx (Paris: Panckoucke, 1818) 84.

Esquirol was, then, also strongly against the thought that the power inside the institution should be divided. This is naturally still no substantial argument to make of psychiatry a medical discipline. Why must the doctor be the personage that represents this absolute authority? No explicit answer was given. In many countries there was the opposite reaction against the fact that doctors took it upon themselves to dispense the moral treatment. This was especially so everywhere philosophy and religion were not in discredit, unlike in France. Philosophers, jurists, and even the clergy themselves claimed to be at least as good as medical men in the practice of the moral treatment.¹⁶ Even in France itself there were voices calling for this. Above all, the return of religion as foundation for authority must have been the source of unlimited irritation for French doctors. For they saw themselves as the heirs of the anticlerical Enlightenment *par excellence*.¹⁷

Unfortunately for them, the moral treatment failed. The prospects of many cures that were proposed didn't turn up. In the desperate attempt to make the moral treatment still more effective, more efficient sometimes cruel means were grasped for.¹⁸ Protest arose against the inhumane manner by which patients were administered the therapeutic psychological shock for a cure that never seemed to arrive, especially when the brutality was becoming even more explicitly defended as in the work of Leuret.¹⁹

In this context two myths were created which from that day forward can be repeatedly found in any historical survey of psychiatry: one about Pinel and the other concerning demonology. Pinel was in the first place a doctor, elevated to the status of a philanthropist. As a reaction against the charges of brutality in the moral treatment the portrait of its founder as the figure who liberated the mentally ill from their chains was spread.²⁰ There was added to

16. The division of power was self-evident in Germany. See Jacobi, 'Bemerkungen über die Bedeutung des Ausdrucks "Seelenstörung" in der Psychiatrie, und über die Mitwirkung der Geistlichen bei Behandlung von Irren, durch Nasse's Schrift: "Ueber die Behandlung von Gemüthskranken und Irren durch Nichtärzte" veranlasst', *Allgemeine Zeitschrift für Psychiatrie* i (1844), 353-422. In Belgium there was also the call, for it was all but self-evident that the moral treatment should be trusted to doctors only: P.J. Maes, *Considérations sur les maisons d'aliénés en Belgique*, (Bruges: Imprimerie Vandecasteele-Werbrouck, 1845) 96-98. For a French reaction concerning the state of affairs in other countries, see: M. Falret, *De l'utilité de la religion dans le traitement des maladies mentales et dans les asiles d'aliénés* (Paris: Imprimerie de Bourgogne et Martinet, 1845).

17. Still in 1853 we find warnings against possible claims of the clergy on moral treatment: D.H. van Leeuwen, *Rapport sur la fondation, la construction et l'organisation des meilleurs asiles d'aliénés en France et ailleurs, présenté au comité des états de l'île de Jersey, chargé de prendre en considération le sort des aliénés de l'île* (Jersey: Le Lievre, 1853).

18. J. Postel, 'Naissance et décadence du traitement moral pendant la première moitié du 19e siècle', *Evolution Psychiatrique* xlv (1979) 585-616.

19. F. Leuret, *Du traitement moral de la folie* (Paris: Baillière, 1840).

20. J. Postel, 'Philippe Pinel et le mythe fondateur de la psychiatrie française', *Psychanalyse à l'Université* iv (1979), 197-244.

this that he had done so because he had recognized that they were 'sick'. The medical image of Pinel was also emphasized.²¹

The stories concerning demonology had an analogous mythical function. From about 1840 a number of psychiatrists themselves began to be interested in the history Christianity, and in particular in its darker period in which belief in possession by the devil, in sorcery, and in witch craft had arisen. Parchappe wrote a long commentary on *Malleus maleficarum*, the famous book written in 1486 which provided the Catholic Inquisition with rules for the indictment, trial, judgement, and punishment of witches. Calmeil authored a book which employed an aggressive tone and which was to become very popular: *On Lunacy from the Point of View of Pathology, Philosophy, History and Law, from the Renaissance of the Sciences in Europe until the nineteenth Century. Description of the Big Epidemics of Simple or Complicated Delirium Overwhelming the People of Earlier Times and Dominating the Monasteries. Exposition of the Judgements Unjustly Passed because of Ignorance of Madness*.²² His work contained more than a thousand pages on such topics as 'The Demonopathy of the Nuns at Cambray', 'A Case of Hystero-Demonopathy at the Monastery of St. Brigit', 'The Theo-choreomania (the religious mania of dancing) in Some Religious Sects', and so forth. A Plethora of articles followed in the wake of Calmeil's book, It is in this context that Johann Weyer was made the father of psychiatry.²³ The message that was sounding through was clear: it was absurd nostalgia to cling to anything that has to do with a religion which in earlier times and in such a terrible manner had something to do with obscurantism, and on the grounds of superstition had brought innocent souls to be burned at the stake. If this is the case, people had better put their trust in doctors...

The medical character: the portrait that was painted by these myths include everything except that of an expert, with a technical competence on

21. The process demanded some time. The next citation is typical: 'Pinel, although his writings would have made him eminent as a physician had he never rendered his name illustrious in reference to the insane, did not, as the study of his life abundantly proves, liberate the patients from Bicêtre from their chains in direct consequence of his medical knowledge of insanity, but mainly, if not entirely, from the compassion which he felt for their miserable condition. His knowledge, great before, was vastly increased after he had placed the patients in a more favourable state for medical observation; in fact, it is obvious that the opportunities of scientific research, and specially of observing the satisfactory progress of those labouring under the disease, were greatly augmented from the moment he introduces a humane system of treatment'. David Hack Tuke, *Chapters in the History of the Insane*, 146.

22. L.-F. Calmeil, *De la folie considérée sous le point de vue pathologique, philosophique, historique et judiciaire, depuis la renaissance des sciences en Europe jusqu'au dix-neuvième siècle; Description des grandes épidémies de délire simple ou compliqué, qui ont atteint les populations d'autrefois et régné dans les monastères. Exposé des condamnations auxquelles la folie méconnue a souvent donné lieu* (Paris: Baillière, 1845. Reprinted with a foreword by M. Collée: Marseille: Lafitte Reprints, 1982.

23. See Vandermeersch, 'The Victory of Psychiatry over Demonology'.

the level of the human body. It is a picture of someone who people themselves can rely upon, without individuals being able to say precisely why. The *mythes d'origine* have then also the function in the support of these images. The reference to religion that earlier established by projection the exercise of power, joined with the image of a true love of humanity, aimed at creating the image of a physician, by which he provokes his patients by transferring to them deep-rooted feeling of dependency.

The Mythes Concerning the Enlargement of the Psychiatric Field

Also originally absent in the early days of psychiatry was the organic position that dominated psychiatry in the second half of the 19th Century. In France this development was connected with the name of J. Moreau (1804-1884), in Germany with that W. Griesinger (1817-1868). One might think that from here on the development of psychiatry should follow in a straight line, in keeping with the singular organic perspective. The creation of myth would now disappear, or so one might expect.

Nevertheless, this was not the case. J.B. Friedreich found it necessary to begin his *Historisch-kritische Darstellung der Theorien über das Wesen und den Sitz der psychischen Krankheiten*²⁴ with a review of the 'psychische Theorie' (psychical theories) which ends with the perspective that psychiatric disturbances in the literal sense of the word were 'spiritual' disturbances. He heavily underlined where such a conception leads: 'When individuals now add there a strong dose of occultism, mysticism, and an all too sweet piety, one arrives at the conception that the source of the psychic illness (*psychische Krankheiten*) inherent in the repudiation of rationality and morality, lies in the passions and in the sins.'²⁵ He also sounds a clear warning: belief in psychic causality is not only false, it can even be dangerous.

Nevertheless, while citing his less somatically one-sided colleague F. Groos (1768-1827), Friedreich reacts militantly against his adversaries. That is, against Catholic belief and its Pope looking down from his high-handed and apostolistic Petrus position upon Galilei. One such belief sought its salvation in images of Mary and holy water, while the only true religion according to Groos – and Friedreich – is that human beings conform to their own will in the universal will of nature...²⁶ The voice of Cabanis seems to be heard here.

24. (Leipzig: Otto Wigand, 1836).

25. *Ibid.*, 1.

26. *Ibid.*, 3-4.

It is surprising to find this message at a moment when psychiatry began to follow the promising organic way. But one must not forget two things. No matter how enthusiastically the first positive results in brain research were welcomed – research concerning dementia paralytica in particular – it gave no perspective in regards to therapy.²⁷ The second half of the 19th Century saw the establishment of psychiatric institutions. People had anticipated only the best from them. Yet, the massive building work was accompanied by sad resignation. For after the failure of the moral treatment, for which these institutions were built, there followed a sense of defeatism that was a consequence of the belief in organic causality. In these institutions there were biological laboratories where brain dissections were performed. These laboratories were certainly busy places, but the patients experienced few benefits from them, in fact it was quite the contrary. The belief in biological causality had as a consequence of its main principle the disappearance of the psychological position which was in a certain way present in the moral treatment. The fact that the expectations which people had placed in anatomical research were not realized did not change much. The success of the discoveries, such as in dementia paralytica, provided few benefits for the largest group of patients, those we would now call 'psychotics' but who, at the time, were all placed together under the extremely broad category of 'paranoia'. The trust in the organic explanation was, therefore, still for many a belief.²⁸ A lot needed to be demonstrated if it wished to be a science, and in this context there followed a number of mythical accounts that attempted to depict the stupidity of the belief in psychological causality.

There is another paradox. No matter how much people in the second half of the 19th Century put their faith in the organic approach, there was also an expansion of the psychiatric field that took place during that period, encompassing a number of illnesses for which no organic causes could be found, as in the case of monomania and neurosis.

The fact that the psychiatric field was expanded to cover monomania was an object of controversy. That the most normal-looking people could possess a partial form of delusion, that it could break out in well-determined circumstances, and that the existence of the delusion could only be diagnosed by a doctor – no, the ordinary man would not believe that. This would mean in concrete terms that many criminals would be declared 'mentally incompetent to stand trial' in the courts. There was alarm aroused by the spectre of crazed murderers being set free thanks to medical expertise. It is not our intention

27. J. Postel, 'La paralysie générale', in: J. Postel and Cl. Quézel, *Nouvelle histoire de la psychiatrie* (Toulouse: Privat, 1983), 322-333.

28. G. Lantéri-Laura and G. Baultier, 'L'évolution des idées sur le système nerveux central et ses rapports avec les développements de la psychiatrie contemporaine', in: *Nouvelle histoire de la psychiatrie*, 413-430.

here to investigate how monomania has survived through the detours of history up to the present day in accepted categories such as ‘pyromania,’ ‘kleptomania’. Let us just mention that Pritchard’s understanding of ‘moral insanity’ lead to our understanding of ‘psychopathy’, that interest in cases of sexual deviancy was awakened, and that sexology was made a psychiatric affair.

What strikes us more here is that we also find at the birth of the concept of monomania a mythical story, in which the themes of a philanthropic doctor as well as the unhealthiness of religion return. It concerns a certain ‘Sergeant Bertrand’ who unearthed a number of bodies between 1847 and 1848 in order to cut them into pieces, and – according to the story that is usually told – to have sexual intercourse with them.²⁹ The fact that the man was condemned was, for L. Lunier, the occasion to write an article to argue once again for an understanding of monomania and, in that way, to ‘defend the valiantly conquered terrain.’³⁰ A real doctor would have manifest more understanding for Bertrand, and equally more for society as a whole. Bertrand should not be sent to prison where he would be released again after a year. He should not be imprisoned at all. Instead, he should spend a much longer period of time in the hands of a well-meaning doctor. The mythical image of the well-meaning philanthropist does not fail to appear therefore in the story, nor is the extremely critical reference to the obscurantism religion absent. Lunier pointed out that Bertrand was a seminarian which, according to him, should have strengthened his melancholic disposition and made him sexually more excitable.³¹ He adds that the case of Bertrand didn’t really surprise him, in so far as in the four or five cases of necrophilia that he was familiar with in the literature, there were three priests or at the very least ex-seminarians involved. He concludes his article with the accounts of several of these stories, and a reference to the legendary figure of Gilles de Rais.

Alongside monomania the neurosis form the second field of problems that was annexed by psychiatry. Neurology was clearly distinguished from psychiatry in its infancy, and this was certainly the case in France. In this

29. G. Lantéri-Laura, *Lectures des perversions. Histoire de leur appropriation médicale* (Paris: Masson, 1979) 17-18. The formation of the myth has gone further: It was said that Bertrand always dug up young women and that his intentions were explicitly sexual, which does not at all fit with the story.

30. L. Lunier, ‘Examen médico-légal d’un cas de monomanie instinctive’, *Annales médico-psychologiques* v (1948), 351-379. ‘N’oublions pas avec quelle difficulté a prévalu la doctrine de la monomanie, et combien encore de nos jours cette folie partielle est niée et méconnue par certains magistrats. Pour conserver le terrain si laborieusement conquis, il ne suffit donc point de dire: Cet homme est aliéné: il faut avant tout le démontrer’ (351).

31. ‘Bertrand a été élevé dans un séminaire, et cette circonstance, assurément, n’était guère propre à éloigner de son esprit les idées mélancholiques qui y avaient pris racine. Ce genre d’éducation a peut-être aussi développé chez lui une excitabilité des organes génitaux, comme cela n’est que trop commun, si l’on s’en rapporte aux écrits des médecins qui font autorité en pareille matière’. *Ibid.*, 369.

sense one could not have expected that the research that Charcot was conducting at the Salpêtrière in Paris would have led to an expansion of the psychiatric field. In their investigation for an anatomical basis of hysteria, the researchers were forced to draw the opposite conclusion of what they were looking for. In their search through the nervous system, they were forced to recognize the autonomy of psychic causality. This did not take away from the fact that one could still refer to hysteria as an illness. In order to support their position, these neurologists looked back on the history of the church to demonstrate how frequently this illness had been misrecognized. In the same manner as Calmeil had done it before him, J.M. Charcot and P. Richer devoted a large section of their *Études cliniques sur l'hystéro-épilepsie ou grande hystérie* to religious phenomena of the past which they suggested contained unrecognized cases of hysteria.³² A book concerning *Les démoniaques dans l'art* followed in the same spirit.³³

With Freud and the spread of psychoanalysis in psychiatric circles the field of the neuroses was also recognized as within the psychiatric domain. Psychoanalysis was itself for decades after the 1940s the basic principle that would structure the psychiatric field, and this applied equally to its therapeutic methods as well as its systematic diagnostics. The history of psychiatry was re-written in this new perspective by G. Zilboorg and G. Henry, in which they reiterated and detailed the myths both concerning demonology and those associated with.³⁴

Why did these myths continue to exert such a profound influence? For a moment, one could think they would now disappear. W. Leibbrand and A. Wettley brought the theme of demonology back to modest proportion in their *Der Wahnsinn*, and rightly put that it is singularly impossible to write a history of psychiatry as a discipline. The only possible thing to write is a history of insanity.³⁵ The same applied for F. Alexander and S. Selesnick, who were convinced that it was only after Freud that one can speak of a 'real', valuable psychiatry. They criticized the way in which the battle against demonology, and in particular the figure of Weyer, were usually portrayed.³⁶

32. (Paris: Delahaye et Lecrosnier, 1881).

33. (Paris: Delahaye et Lecrosnier, 1887). Recently reedited (Paris: Macula, 1984).

34. G. Zilboorg and G. Henry, *A History of Medical Psychology* (New York: Norton, 1941). For a critique of the way in which they refer to demonology, see: P. Vandermeersch, 'The Victory of Psychiatry over Demonology', 352-353. For a critique of the way they cite Pinel and in particular their confusion between the first and second edition of his *Traité médico-philosophique sur l'aliénation mentale ou la manie*, zie J. Postel, M. Postel and P.H. Privat, 'Les deux introductions au *Traité médico-philosophique* de Pinel', *Annales Médico-psychologiques* cxxix (1970), 15-48.

35. W. Leibbrand and A. Wettley, *Der Wahnsinn. Geschichte der abendländischen Psychopathologie* (Freiburg: Karl Alber, 1961).

36. F. Alexander and S. Selesnick, *The History of Psychiatry: an Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present* (New York: Harper and Row, 1966).

When H. Ellenberger decided to write a history of psychiatry which would re-trace the footprints of Freud, he nevertheless returned to the demonological theme. Searching the pre-history of the Freudian concept of the transference, Ellenberger looked for its origins in hypnosis and Mesmerism. He returns to the time in which Mesmer was placed on a commission in Bavaria to give an opinion on the famous exorcist Gassner.³⁷ It is here that Ellenberger makes use of an explicit use of a *mythe d'origine*: 'The emergence of dynamic psychiatry can be traced to the year 1775, to a clash between the physician Mesmer and the exorcist Gassner.'³⁸

Continually again you find in the textbooks: psychiatry has arisen out of the fact that illuminated minds left the obscurantism and the blind faith of religion behind them. There after the illuminated minds were the real philanthropists while religion, in spite of all appearances, housed much violence. Admittedly, it is often put less brutally. With regard to religion a 'benevolent neutrality' is the polite position to take. However, even today the statement can appear rather brash. Whoever takes the last edition of the *Comprehensive Textbook of Psychiatry* in hand may be surprised how the preface thus begins: 'It is a curious truth that the vast majority of scientists who have ever lived are living now. The fact reveals two important facets of science: It is relatively young, and its recent growth has been exponential. Historically, there had long been a tension between scientific inquiry and theological truth. These latter truths were often revealed and not subject to rational inquiry. The church was far more powerful than science, and it held the position that if logical inquiry contradicted revealed truth, then the results of the logical inquiry were false.'³⁹

Conclusion

Upon first sight it might appear fitting to claim that psychiatry is dependent upon medicine in so far as it evolved from the question of whether psychic disorders can be accounted for physically or not. History teaches us, nevertheless, that psychiatry originated from a completely different conception. Moreover, psychiatry enlarged its field in a period when there was indeed

We have used the French translation, as its footnotes correct many inaccuracies: *Histoire de la psychiatrie. Pensée et pratique psychiatrique de la préhistoire à nos jours* (Paris: Collin, 1972). Concerning Weyer, see pp. 105-6.

37. Ellenberger emphasises the story, as he also does with the figure of Mesmer.

38. *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry* (London: Allen Lane, 1970), 53.

39. Harold I. Kaplan and Benjamin S. Sadock, *Comprehensive Textbook of Psychiatry*, 5th ed. (Baltimore: Williams and Wilkins, 1989).

wide-spread belief in biology, but it occurred by the annexation of two forms of pathology for which there was no precise organic explanation: monomania and neurosis. What was it then that brought this diverse set of 'problems' together in such a way that we may consider them as psychiatric 'illnesses'? How did the apparent unity that we find so neatly classified in the DSM-III come into existence?

It is on this point that the *mythes d'origine* shed some light on a part of the question. When one gets behind their effect, one discovers in the end that it is a matter of the discovery of the susceptibility to the transference. Psychiatry was born of the moral treatment, out of the experience of how strongly people are inclined to give up their independence for the esteem of an authority figure.

This is not to deny how importance biological determinants can be for psychiatry. Nevertheless, history shows us that the success of biology was, in the first place, largely dependent upon the measure by which it was an object of belief; and then again above all in the measure of the trust which people were willing to place in the figure of a doctor. What supported this trust? It was clearly the myths, as is seen in their extremely harsh treatment of religion and in their cultivation of images of philanthropy in the psychiatric field. In order to know how this worked – and perhaps still works – one should ask two questions, that fall outside the scope of this paper. First of all, further analysis is necessary of the conception of the transference, that emerged with the discovery of psychoanalysis, but which is naturally not a question of *creatio ex nihilo*. One should examine the reasons why particular forms of transference are evoked, maintained, and manipulated in a certain society at a particular moment. Secondly, there is great need to submit the idea of 'religion' to further research. It is research that should not take as its starting-point a definition of religion stemming from its function today, in the wake of the Enlightenment and secularization, as a remainder of what it formerly was. Whoever begins with the conception of religion as being 'other than the secular' can naturally not follow our perspective and ask: What was it that happened when religion was no longer the factor that both provided a certain conception of life and a foundation for authority in the West. It is neither nostalgia nor the zeal for restoration which motivates us to ask this question, but the attempt to come to terms with the situation which secularization has placed us in; a problem which the existence of psychiatry can sometimes be regarded as part of the solution for, and sometimes as the symptom.⁴⁰

(Translated by David H. Bowen)

40. P. Vandermeersch (ed.), *Psychiatrie, godsdienst en gezag* [Psychiatry, Religion and Authority] (Louvain: Acco, 1984).

After briefly outlining the origins of Clinical Psychology in general, the focus shifts to discussing significant events and prominent historical figures for each of the countries of interest. As these three seemingly close countries differ significantly with regards to their current legal concept of Clinical Psychology and Psychotherapy, the historical overview shall provide some point of entry for understanding these disparities. This review provides an overview of the history of psychiatric diagnosis with a focus on the history of schizophrenia as a diagnosis in the DSM. DSM-5 updates to diagnostic criteria for schizophrenia and related disorders are provided. C G Jung et les schizophrénies. Étude chronologique. L'Information Psychiatrique. Problems of psychiatry in general practice : neurasthenia, obsessive-compulsive disorder, advances in treatment of depression, teaching and training of the GP. Seattle: Hogrefe & Huber. 3. Hodkin, L. J. Biological psychiatry and the invention of the asylum in modern America : organic theories and somatic treatments : a history and case study: 1999.100929095. Mills, J. H. (2000). Madness, cannabis, and colonialism : the 'native only' lunatic asylums of British India, 1857-1900. The history of psychiatry has emerged as one of the most rapidly growing and controversial areas of commentary in recent years. Discovering the History of Psychiatry brings together 20 studies by eminent, international contributors who explore the many complex dimensions of historical writing about the psychological sciences. Historical Themes and Topics 11: P. Vandermeersch: Les Mythes D'Origines in the History of Psychiatry 12: D. Weiner: "Le Geste de Pinel": The History of a Psychiatric Myth 13: P. Guarnieri: The History and Historiography of Psychiatry in Italy 14: G. Grob: The History of the Asylum Revisited: Personal Reflections 15: G. Cocks: German Psychiatrists, Psychoanalysts, and Psychotherapists During the Nazi Period