HPSC 3010: History of the Human Sciences

History of Psychiatry

Semester 1, 2003

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OVERVIEW

Psychiatry, the medical specialty dealing with disorders of the mind, has been controversial from its inception. First, the role of psychiatry within society has often been topic of controversy. Psychiatrists themselves have seen themselves as humanitarian physicians who provided care and treatment for individuals who were least able to take care of themselves. Critics have argued that psychiatrists merely provide medical explanations for the behaviour of unusual, eccentric, or bothersome individuals, thereby robbing them of the opportunity to be themselves and forcing them to conform to arbitrary social standards. Second, psychiatry has always been an internally divided discipline. Psychiatrists disagree among themselves about whether mental illness and mental disorders are caused by physiological, psychological, or environmental factors. Schizophrenia, one of the most severe and persistent forms of mental illness, has been explained as a genetically inherited disease, a defensive reaction against emotionally abusive family relationships, and as a way of dealing with adverse early childhood experiences. In the decades after World War II, psychoanalytic explanations were predominant within psychiatry. During the 1980s, after the development and introduction of psychopharmacological drugs, somatic explanations have become more popular. Third, psychiatrists have articulated a wide range of ideas on the nature of society and how it should be organized to reduce the incidence of mental illness and increase the mental health of the population. Critics, however, have argued that psychiatrists should limit themselves to what they do best: the care and treatment of those with mental afflictions.

Topics covered in this course include:

1. The establishment of mental hospitals in the 19th century and their subsequent history;
2. The history of psychiatric treatment methods (somatic approaches such as metrazol shock therapy, lobotomy, electroconvulsive therapy; psychological approaches such as psychoanalysis; and psychopharmacological approaches such as lithium, Thorazine, prozac, and ritalin);
3. Psychiatry and the treatment of mental disorders related to warfare;
4. The role of diagnosis in psychiatry: the Diagnostic and Statistical Manual of the American Psychiatric Association and the fluid nature of psychiatric diagnostic categories.
5. The role and function of psychiatry in different social and political settings;
6. The community mental health movement and the social and political views of psychiatrists: mental hygiene, positive mental health, and the Utopian views of psychiatrists.

Prerequisites:
Both HPSC 2000 and HPSC 2001, or a credit or above in either HPSC 2001 or HPSC 2002. This unit of study builds on theories and ideas explored and skills developed in HPSC 2001 and 2002 such the analysis of the relationship between scientific theories and scientific...
practice (in this case, treatment methods); and the dynamics involved in the development of psychiatry as a science. It also explores the effects of the science of psychiatry on individuals who have been the object of psychiatric research and psychiatric intervention.

LEARNING OUTCOMES

Content-related goals
By the end of this unit of study, you should be able to:

1. Discuss intelligently and analyse the different approaches to mental illness within the discipline of psychiatry (somatic, psychological, environmental) and the reasons why certain approaches are predominant in different social settings and at different times;
2. Discuss intelligently the main theoretical perspectives that analyse the social role of psychiatry in society and apply these perspectives to specific cases;
3. Discuss intelligently and analyse the relationship between psychiatric theory and psychiatric treatment practices as well as the development of and changes in psychiatric institutions over time.

Generic skills
Skills developed during this unit of study should include:

1. Verbal skills: Presentation of an academic talk in front of a class as well as active and thoughtful involvement in tutorial discussions.
2. Analytical reading: Being able to gain a clear understanding of arguments through analysis of scholarly material.
3. Writing skills: Development of an argument using clear reasoning and language skills.

If you would like to see some samples of good written work or guides on writing, please see your tutor.

TUTORIALS

Attendance is required, particularly since this unit of study meets only once per week. The class meeting will be a mixture of interactive lectures, short presentations, in-class activities, and discussions. Many activities will occur at the beginning of the class period, and therefore you must arrive on time to each meeting. Missed in-class assignments cannot be made up.

ASSESSMENT – NB The Assessment Components Have been Modified. This Version Supersedes What You Find in the Course Reader

Components:

1. 20%. Reaction papers (FOUR, approximately 2 typed page [400 words] each), as a response to an exercise that will be handed out in class, and posted on the course website. I will provide ten exercises; you only have to hand in four responses. [For Response Paper 1 and 3, you have two options. For Response Paper 2 and 4, you have three options.] If you hand in more, the lowest score(s) will be dropped.
2. 20%. Take-home test on the material covered in the course before the Easter break. The test will be given out at the end of class on April 17 and is due at the beginning of class on May 1.
3. 20%. Take-home test on the material covered in the course after the Easter break. The test will be given out at the end of class on June 12 and is due on June 16.
   - Because of the large number of students the presentation component has been cancelled.
4. 30%. Final essay, 2,500 words. Due Friday June 13 by 5PM.
5. 10%. Class participation.
Submission of Written Work

All assessments must be submitted at the start of the class meeting in which they are due, or in cases where there is not possible, to the secure submission box outside the Maths Learning Centre Office (Carslaw 441). Please do not submit your work by sending or faxing it to the University, sliding it under office doors, or emailing it to your tutor/lecturer. The Unit takes no responsibility for work submitted in these ways! There are NO extensions for submission of your written assignments, and work handed in after the due date will not be marked. The only exceptions are for documented reasons of illness, major religious event, or serious family emergency; please see the Unit’s Special Consideration Policy for the procedure you must follow under such circumstances for work to be marked. If such circumstances arise, the Unit for HPS recommends that you NOT submit work that is substandard or sit a test under adverse conditions, but that you apply for an extension through the special considerations process.

Marking

Please note that all grades on returned work are ‘raw’ marks. Marks may be scaled at a later stage to meet Faculty guidelines. The following guidelines provide general categories for the way in which your work will be assessed:

For a **Pass**, you must complete all of the written assignments and exams, and do a presentation; be able to identify and describe issues related to the history of psychiatric theories, diagnostic categories, treatment methods, and present organised oral and written arguments for particular positions.

For a **Credit**, you must do everything required for a pass, plus go beyond mere identification of critical issues in the history of psychiatry as outlined in the “topics” section above, and be able to criticise particular positions as well as understand and develop well-defended arguments based on research.

For a **Distinction/ High Distinction**, you must do everything required for a credit, plus be able to present an analysis of episodes in the history of psychiatry, and draw thoughtful connections between developments in different periods.

Return of Assessment

Assignments will be returned at the first class meeting after marking. Uncollected work can be picked up from the HPS office (hours above) and will be retained for 12 months. Tests are not normally returned, but can be consulted in the HPS office following marking. If you wish to have your work remarked, you must first meet with your tutor and/ or unit of study coordinator; formal written appeals with full information including copies of the assignment, your work, and your contact details should be sent to the Director of the Unit for HPS, Rachel Ankeny, via the HPS office.

**HPS RESOURCES**

The HPS main office is located in Carslaw 433 and operates during the semester within the following hours: Monday 10-12 & 1:30-2:30; Tuesday-Thursday 10-12 (hours may differ between semesters and the office is closed on major holidays).


**PROBLEMS**

If you have any problems regarding this unit of study which you feel you cannot discuss with academic staff involved with teaching the course, please contact Rachel Ankeny, HPS
undergraduate supervisor by email (r.ankeny@scifac.usyd.edu.au) or by telephone (9351 4801).

SOME GROUND RULES
Topics in the history of psychiatry are often highly contested and inevitably evoke discussion and disagreement. Although this class is focused on the history of psychiatry and does specifically not encourage the sharing of sensitive personal experiences, the opinions in class can be informed by such experiences. Therefore to participate in this class, it is important that all discussions are conducted in an atmosphere of mutual respect for other students’ points of view. This course is designed to help you explore your ideas and convictions, trace their historical and social contexts, make you aware of alternative points of view, and alert you to the potential dangers of having too much certainty about your ideas and their frames of reference regarding the issues being examined. Discussion can be challenging and respectful, and being alert to maintaining that balance is essential.

READINGS
A required reader of supplemental texts for some of the lectures and the tutorial is available for purchase at cost from the Copy Centre from the second week of term. You will be expected to have read the material in advance of the class meeting for which it is scheduled and should bring a copy of it with you to aid in discussion. In addition, books associated with the topics of this unit of study will be put in the special reserve section of Fisher Library.

TIMETABLE
The schedule below is final.

1. March 13. Introduction and Organizational Meeting
After World War II, a number of critical perspectives on the history of psychiatry has been developed. In the opening lecture I will discuss anti-psychiatry (Thomas Szasz and R.D. Laing); labelling theory (Thomas Scheff); Michel Foucault’s critique of psychiatry; and theories on total institutions (Erving Goffman).

Video:
Titicut Follies (1967). Director: Frederick Wiseman.
A highly disturbing documentary of the horrid conditions of neglect and abuse as an asylum for the criminally insane in Massachusetts, USA. Was banned in the state of Massachusetts for decades.

2. March 20. The Experience of Mental Illness
Suffering from mental illness is one of the most harrowing experiences human beings can undergo. The patient’s perspective on the nature of mental illness, life in the mental hospital, and psychiatric treatment should be central in accounts on the history of psychiatry.

Reading

3. March 27. The origins of the mental hospital
In the nineteenth century, large mental hospitals were built with generous funds provided by the state. Over the decades they became increased in size and housed large populations of individuals suffering from severe and persistent forms of mental illness. Providing treatment
was virtually impossible. As a reaction to this situation, a number of small, private hospitals were opened and “moral treatment” was introduced there.

**Reading:**
Read one of the following articles carefully, and skim the other.

**Guest Speaker:**
Stephen Garton, Department of History, University of Sydney.

**March 29 or 30. Excursion**
Excursion to the site and buildings of the former mental hospital at Callan Park.
Tour and informal lecture by Kylie Winkworth, museum and heritage consultant. Before Callan Park was renovated to house the Sydney College of the Arts, Kylie Winkworth made an inventory of moving objects that were present at the former mental hospital. Detailed information to be provided later. Participation is voluntary.

**4. April 3. Neurasthenia and the Rest Cure**
In the 1860s, the American neurologists coined the diagnostic category of neurasthenia, which was characterized by symptoms of depression, restlessness, irritability, sleeplessness, fatigue, and the like. It primarily affected upper-middle class men engaged in desk work and intellectual labour.

**Reading:**

**Presentation**
By the end of this week, please email me the title of the presentation you wish to give, a brief description of the content, a few sources you will be using, and the date you prefer to give it. Popular dates go fast!

**5. April 10. Hysteria, Hypnosis, and Jean-Martin Charcot**
In the 1880s, Jean-Martin Charcot introduced the diagnosis of hysteria for a wide variety of psychological phenomena he had observed in his female patients in a Paris mental hospital. Hysterics generally suffered from local paralyses for which no neurological explanation could
be found and were unusually susceptible to hypnosis. After Charcot's death, the diagnosis disappeared.

Reading:

6. April 17. Sigmund Freud and Psychoanalysis
In 1900, Sigmund Freud published his Interpretations of Dreams and developed his talking cure for the treatment of hysteria and other mental disorders. According to Freud, mental disorders are rooted in life experiences and the internal dynamics of lust and desire. Psychoanalysis, although always controversial, has profoundly influenced the history of psychiatry. During the last twenty years, Freud has become under severe attack for faking his evidence, for being a misogynist, and for producing bogus theories.

Reading:

Test:
Take-home test 1 will be handed out in class. Due at the beginning of class on May 1st.

Final paper
Before next class, please email me the topic you want to write your final paper about, a tentative title, a brief description of the content, and about six sources you will be using.

7. April 24. Easter Holidays

8. May 1. World War I and shell shock
After heavy losses in the battles of World War I, an increasing number of British soldiers started to succumb from an ailment that puzzled military physicians: they suffered from paralysis, crying spells, blindness, and could not stop trembling. Initially, it was thought that this condition was the effect of exposure to exploding shells (hence: shell shock). Later, psychological explanations were put forward. Physicians argued that although shell shock was psychological in nature but was not malingering.

Reading:
Guest speaker
Dr. Ana Carden-Coyne, School of History, University of New South Wales [after August 2003: Department of History, University of Manchester]. Dr. Ana Carden-Coyne is interested in the cultural meanings of World War I. She has published “Classical heroism and modern life: Bodybuilding and masculinity in the early twentieth century,” *Journal of Australian Studies* (1999): 138-152.

Take home test 1 due at the beginning of this class.

9. May 8. War neuroses, Battle Fatigue, and Psychiatry in World War II
During World War II, physicians were again confronted with ailments they could not explain. Army psychiatrists assumed these disorders to be psychological in nature and developed forms of short-term psychotherapy to restore soldiers to the fighting lines. The nature of war neurosis or battle fatigue remained a topic of heated controversy during and after the war.

Reading:


10. May 15. Trauma, Repressed Memories, and False Memories
After the Vietnam war, Post-Traumatic Stress Disorder was accepted as a diagnosis for disorders suffered by traumatized soldiers. Therapists applied this category to victims of rape, sexual abuse, and violence in civilian life. Advocates of psychotherapy argued that therapy helped in uncovering repressed memories; critics argued that psychotherapy merely created these memories, and that these were thereby false.

Reading:

11. May 22. Colonial Psychiatry
What kind of function can psychiatry have in a colonial setting? Does it make sense to treat the neuroses of individuals in an inherently oppressive society in which, for most people, basic human rights are violated on a daily basis? What role does psychiatry play in a colonial government and, currently, in developing nations? Frantz Fanon was one of the first psychiatrists who raised these issues when he contemplated the effects of the French occupation of Algeria.

Reading:

**Video:** Black Skin White Mask. About Frantz Fanon.

### 12. May 29. Somatic treatments in Psychiatry

The only Nobel Prize ever awarded for research in psychiatry and neurology went to the Portuguese neurologists Egaz Moniz, the inventor of lobotomy in 1949. At the time of its introduction in the 1930s, lobotomy was heralded as an exciting new surgical technique that could liberate thousands of patients in mental hospitals from their desperate conditions. Other somatic treatment methods that were common before 1940 were: malaria fever therapy for schizophrenia; metrazol shock therapy; insulin coma therapy, and electroconvulsive therapy (ECT).

**Reading:**

### 13. June 5. Mental Hygiene and the Psychiatric Diagnosis of Society

Mental hygienists were psychiatrists who were convinced that the problems of society as a whole needed to be addressed in order to enhance the mental health of everybody. For them, the incidence of mental illness and mental disorder were only symptoms of a deeper-lying problem.

**Reading:**

**Video:** Mental Hygiene Classroom Films, 1945-1970 (The Benefits of Looking Ahead; Shy Guy; Dating: Do’s and Don’ts, and others).

### 14. June 12. The Diagnostic and Statistical Manual of the American Psychiatric Association and Somatic Treatments After 1950

Today, the DSM plays a central role in psychiatric treatment and research. It assumes a biological cause for most forms of mental disorder and became important after the introduction of psychopharmacological drugs (most importantly Thorazine for the treatment of schizophrenia) in the 1950s.

**Reading**

**Test**
Take-home test 2 will be handed out at the end of class. Due: Monday June 16 by 2PM.
Final Essay
Due: Friday June 13 by 5PM.

Further Reading: Suggestions for Presentations and Final Papers

1. March 13. Introduction and Organizational Meeting

Anti-psychiatry:

Labelling and social control theory:

Michel Foucault

Total institutions:
Based on ethnographic research at St. Elizabeths Hospital for the Insane in Washington, DC.
Famous experiment in which students had themselves committed to mental hospitals by claiming they heard a voice saying "thud." After being committed, they behaved normally. It took weeks before they all were discharged.

Feminist critiques of psychiatry:

Social constructionist accounts:

A great number of histories of psychiatry has been published. It seems that many psychiatrists felt the need to write a history of the discipline to justify their views. See, for example:

A biased history of psychiatry written by a prominent American (and former German) psychoanalyst.


The standard history of psychodynamic psychiatry up until Sigmund Freud.


A history of psychiatry from the perspective of the success of today’s psychopharmacological science. Describes psychoanalysis as a “hiatus” in the development of the science of psychiatry.


Discusses the many ways in which the history of psychiatry has been written.

General overviews on the history of psychiatry:


A brief overview written by a famous historian of medicine.


On the training for psychiatry, and psychiatry being divided between somatic and psychodynamic expiations and treatment styles see:


2. March 20. The Experience of Mental Illness

**Patient (Auto-)biographies**


One of the most famous patient autobiographies ever written. Formed the basis of Sigmund Freud’s *Schreber* case.


One of the most famous cases of Multiple Personality Disorder in the twentieth century was “Eve.” The original account by her physicians is (this was also the basis for the Hollywood blockbuster *The Three Faces of Eve*). As a true case of multiple personality disorder, “Eve” wrote several radically different accounts of her illness.


Another famous case of Multiple Personality Disorder was “Sybil”.

10


Richard Berendzen and Laura Palmer. *Come here: A man copes with the aftermath of childhood sexual abuse*. New York: Villard Books, 1993. Berendzen was president of American University (check) in Washington, DC who had to resign after it was found out that he made obscene phone calls. When he started psychotherapy he realized that he had been the victim of sexual abuse as a young child.


Australian (auto-) biographies of mental illness:


Basis for the movie *An Angel at My Table*.


Basis for the movie *Shine*.

### 3. March 27. The Origins of the Mental Hospital

On the history of the asylum in the United Kingdom see:


On the history of asylum in the United States of America see:


For accounts of mental illness from the perspectives of individuals suffering from it see:


On the history of the mental hospital in Australia see:


4. April 3. Neurasthenia and the Rest Cure


Many primary documents around neurasthenia and the rest cure. The book is organized a short novel by the American author Charlotte Perkins Gilman, The Yellow Wallpaper, in which she describes undergoing the rest cure.


About neurasthenia suffered by white colonialists in the Philippines.

5. April 10. Hysteria, Hypnosis, and Jean-Martin Charcot


Hysteria was a diagnostic category almost exclusively applied to women. However, Charcot used this diagnostic label for a small number of his male patients as well.


Hysteria as a diagnostic category disappeared rather suddenly after Charcot’s death. Nevertheless, the concept is evoked time and again after that.


6. April 17. Sigmund Freud and Psychoanalysis

Sigmund Freud’s life and work
There are dozens of biographies of Freud. A selection:


Written by a prominent member of Sigmund Freud’s inner group; based on free access to a great amount of primary documents. Very biased in favour of Freud and the author himself.


A very sympathetic account of Freud’s life.


Roazen has conducted very impressive archival research on Freud and his patients and interviewed, over the years, many of Freud’s ex-patients and acquaintances.

About Dora


In the 1990s, Freud’s psychoanalysis has been extensively criticized as being unscientific.

Critical scholarship on Freud.


Feminist Critiques of Freud


The “Freud Wars”:
In the 1990s, the legacy of Freudian psychoanalysis came under attack. The main reason was the association of psychoanalysis with the debates on false and repressed memories at that time.

The scholarly volume that accompanied the controversial exhibition on Sigmund Freud held at the US Library of Congress after its opening had been postponed in 1996. The opening of the Congress had been postponed because a number of prominent scholars protested the uncritical nature of the exhibit as it had been initially planned.


8. May 1. World War I and Shell Shock
The literature on shell shock is extensive. See, for example:


For the history of shell-shock in different countries see:


For an overview of the relationship between psychiatry and the military see:

On the human motives involved in warfare:
Both books contain an analysis of the psychological reactions of soldiers towards war, killing, torture, and fear.

Remembering and commemorating war; the cultural memory of war:
For a cultural history of the relationship between war, popular memory of war, and ways of remembering war, victory, and defeat, and ways of commemorating war (though parades, holidays, and monuments).


For a famous literary representation of the shell shock and its treatment see:

9. May 8. War Neuroses, Battle Fatigue, and Psychiatry in World War II

Psychiatry and the war in Australia:

10. May 15. Trauma, Repressed Memories, and False Memories
The debate around the nature of repression, repressed memories (of childhood sexual abuse), and false memories was particularly intense during the 1990s.
Freyd is a research psychologist at the University of Oregon. Her mother, Pamela Freyd, is the director of the False Memory Syndrome Foundation which is located in Philadelphia. The Freyd family was torn apart after Jennifer sued her father for childhood sexual abuse.

Critical voices with respect to repressed and false memories


About PTSD:


For a perspective from the history and philosophy of science see:


**11. May 22. Colonial Psychiatry**


**Franz Fanon**


**Culture-bound syndromes**


According to anthropologists and psychiatrists, every culture has its own specific types of mental disorder. In former colonies, these were lattah, koro, and running amok. This book presents an overview of these theories.
12. May 29. Somatic Treatments in Psychiatry
Special emphasis on the history of somatic treatment methods. Very critical of psychoanalysis.
Over the years, somatic psychiatrists have been involved in a number of scandals because their treatments they provided had extremely serious side-effects (including the death of patients). A number of these are documented:
One of the most famous psychiatrists in Sydney and Australia who fell from grace after it was exposed that he put patients to sleep for weeks on end with extremely grave consequences.
A count of the experiments with deep sleep therapy and mental reprogramming conducted by the eminent psychiatrist Ewen Cameron in Montreal. Bailey greatly admired Cameron and applied many of his ideas. Cameron’s research was (covertly) paid for by the CIA.
During the 1950s and 1960s, the CIA (covertly) sponsored research in brain-washing, which was often conducted on inmates of mental hospitals. Includes Cameron’s experiments.
The British psychiatrist Sargent engaged in a number of dubious experiments, some of them on brainwashing.

13. June 5. Mental Hygiene and the Psychiatric Diagnosis of Society
About mental hygiene films:
Readings on Mental Hygiene:
Hountras, Peter T. Mental hygiene: A text of readings. Columbus, Oh: Merrill, 1961.
Aspirations of mental hygiene:
Claims that only psychiatry can prevent another world war. “Let us accept our own responsibility to remodel the world in bolder, clearer, and more honest lines.” (19)

Diagnoses of (American) society:
Frank, Lawrence K. “Society as the patient.” American Journal of Sociology 42 (1936): 335-44.

**Critiques of Mental Hygiene**
Williams, Frankwood E. "Is there a mental hygiene?" *Psychanalytic Quarterly* 1 (1932): 113-120.
The former director of the [US] National Committee for Mental Hygiene criticizes the ideals and aspirations of the mental hygiene movement.
Although this article is not explicitly about mental hygiene, mental hygienists surely fit the label "social pathologists."
The rhetorically gifted anti-psychiatrist Thomas Szasz takes on the mental health movement.

A trenchant critique of the ideals of the community mental health movement.

**Secondary Literature on Mental Hygiene**

**Mental hygiene and psychiatry in Australia**


Dax was one of the leaders in the Australian community mental hygiene movement.


Famous and influential community mental health surveys


See also:


On DSM:


Homosexuality in DSM:


Post-Traumatic Stress Disorder in DSM:

Premenstrual Syndrome in DSM:
**Biological psychiatry after 1950:**

Very critical of today’s pharmacological psychiatry.

**Depression and prozac:**

**Attention Deficit/Hyperactivity Disorder:**

Hartman considers ADD/ADHD a positive quality found in CEOs, inventors, artists, and entrepreneurs.

**Shadow syndromes**

Claims that even if you don’t meet the requirements for specific disorders according to the DSM-IV, psychopharmacological drugs will still be able to help you.
Most of the authors in this volume agree that trigger warnings are an ethical and legal practice that can and should be put in place as part of increasing access to higher education. The people mosâ€¦

Living patients, dead bodies, and the production of knowledge at the West Riding Pauper Lunatic Asylum. History: The history of ideas about the human body, disease and therapeutics and the diverse practices of medicine in western Europe in the Middle Ages (ca. AD 300-1500), with particular attention to their social, intellectual, cultural and religious context. Offered by: History and Classical Studies.Â Both HPSC 300 and HPSC 500 can be counted toward either the Philosophy of Science or History of Science group. History of Science. 6-12 credits of courses focused on the History of Science with no more than 6 credits at the 200 level chosen from the following: Anthropology (ANTH). ANTH 359 Hist of Archaeological Theory 3 Credits.