Introduction

“Isn’t insanity the mystery of mysteries?” (1)
Insanity/madness cannot be conclusively defined or identified; there’s always a sense of mystery and not knowing.

Various psychiatrists have argued that madness is a “myth,” a pseudoscience that psychiatrists have created to secure their professional interests and gives society easy solutions for individuals that don’t easily fit.

According to American psychiatrist, Szasz, “mental illness” and the “unconscious” are but metaphors, and misleading ones at that” (2) → the medical field reifies such notions (treats them as if they existed as a real and tangible object) and thus contribute to “professional imperialism” (2).

Another huge analysis of psychiatry as myth-making is Michel Foucault’s book *Madness and Civilization*, published in French in 1961.

In turn, Szasz, Foucault, and other critics have been rebutted by some psychiatrists.

These debates show how mysterious madness is; thus this book will NOT take up that question because it’s basically unanswerable; instead, this book will present the history of the concept of mental illness as an illness. Porter will also assess how credible mainstream views are.

What are mainstream views?
They offer a story of progress and steady positive developments:
- The rise and fall of the asylum
- The politics of compulsory confinement
- The claims of psychoanalysis
- The positive social influence of psychiatry
- Justification for questionable medical treatments
- The role played by psychiatry to control certain populations as social victims

Chapter 2: Gods and Demons

Madness seems as old as the first archeological remnants of human life—skulls with holes in them to “release” the devil….
“Madness figures, usually as a fate or punishment, in early religious myths and in heroic fables” (10). Note here how Porter immediately takes recourse to TEXTS as evidence for discussions of madness; these are texts, “religious myths and heroic fables”: in other words, the “evidence” we have of the existence of madness comes TEXTS, not “madness itself,” or not some sort of pre-existing entity.

What are these early texts?

- The Old Testament
- Homer
- Cervantes, Don Quixote
- Herodotus
- Assyrian texts
- Greek myths and epics

Their view: madness lies with the gods, causes are supernatural and external.

Subsequent texts (starting with Athen’s golden age)

- Dramatists (Aeschylus, Sophocles, Euripides)
- Doctors, such as Hippocrates

Their view: the thinking of the psyche developed, setting the course for mainstream notions of reasoning, and the separation of mind and body; humans are now seen as conscious subjects or reflection, responsibility, and guilt. “psychic civil war becomes endemic to the human condition” (15).

Christianity’s rise and acceptance (staring with The Emperor Constantine in AD 313) gives sanction in the centuries to come for supernatural thinking about insanity. Early Christianity denied reason, and held that sin, divine will and love, and a believer’s faith mattered in terms of how the world worked ➔ the Holy Ghost and the Devil battled for possession of the individual soul” (17).

“Good madness” was exhibited by holy innocents, prophets, ascetics, and visionaries.

“Derangement was more commonly viewed as diabolic, schemed by Satan and spread by witches and heretics” (19).

Witch crazes, heresy hunting….eventually led to skepticism about the notion of demoniacal possession. Around 1600 Anglican leaders questioned the older notions; physicians expressed their doubts too; physical causes were seen misogynistically (28).

In the 17th century, medical doctors continue to condemn supernatural beliefs in demonic possession; “especially after 1650, elites thus washed their hands of witchcraft” (29). The argument is made that religious fringe believers display the same sort of physical symptoms as madmen. “Thus religious madness—indeed all belief in the existence of supernatural intervention in human affairs—was turned into a matter of psychopathology” (31).
early Christian views of supernatural causes for madness seemed irrational and didn’t guarantee social order (32). We will see that Foucault’s study makes this point centrally. The concepts and language of medicine expressed opposition to religious models of madness (33).

Chapter 3: Madness Rationalized

Early civilizations: madness is seen as supernaturally inflicted; healing entrusted to priests.

Greek and Roman philosophy: viewed the cosmos and the human condition naturalistically; Aristotle defines “man” as a rational being within the system of Nature. The rational individual: educated, eminent males; Platonic polarization of the rational and irrational; valued order and logic.

Classical Medicine (from ancient Greece into 18th century):
- Complements the philosophical and theatrical tradition of ancient Greece
- Excludes the supernatural by definition
- Health and illness explained in terms of the four “humours” (blood, choler, phlegm, and melancholy); analogous to observations about the natural world (the four seasons, astrological influences); holistic thinking as long as science had little direct access to the human body by way of dissection
- Prevention or correction happens by way of blood-letting, or regulations of diet, exercise, and lifestyle
- Two basic categories of mental conditions: mania and melancholy

“The categories of mania and melancholy—representing hot and cold, wet and dry, ‘red’ and ‘black’ conditions respectively—became ingrained, intellectually, emotionally, and perhaps even aesthetically and subliminally, in the educated European mind, rather, perhaps, as key psychoanalytical concepts (repression, defence, projection, denial) did in the twentieth century” (43).

Melancholy: not a fashionable dreamy sadness (as it later was for Keats and other Romantic poets); severe mental disturbance
Mania: doctors “deplored those collective outbursts of frenzied cultic Dionysian activity which, to his mind, had disgraced Greek civilization and were still all too present in the Roman Empire, diagnosing these religious outbursts medically” (47). Bipolar disorders?

Medieval Islamic and Christian medicine continues the medical traditions begun by Greeks; herbals and leechbooks; melancholia and mania dominated the diagnoses; Classical thinking also dominated the Renaissance period.

Note: gendered/sexist thinking—p. 50, and p. 53 (Robert Burton’s encyclopedic work on madness indicates that marriage is the best cure for melancholy in young women)

All this indicates (p. 53) that there are many contradictory explanations and definitions of madness at work: “Polonius vindicated once more!”
The new psychology: 
Italian Renaissance—“held that man’s superiority to the animals on the Great Chain of Being lay in reason, further extolling the rational civilized male over women, children, and peasants” (55-56).

Rene Descartes: building on consciousness as being beyond doubt, D. argues that he can find truthful principles solidly built on reality. Speculative localization of “mind” in the brain; but it remains “a mysterious ghost in the machine” (58); many subsequent speculations about madness follow.
Important: Cartesian dualism posits that madness is a physical illness since the mind is engaged in rational activity; this thinking had momentous consequences for medicine, “safely somatized” (58) madness is no longer regarded as diabolical in origin; it becomes a legitimate object of philosophical and medical inquiry.

Materialists are encouraged by Cartesian thinking: Thomas Hobbes and John Locke—all ideas originate from sense impressions, the mind is a tabula rasa, informed by experience and education alone (this presents a huge threat to orthodox Christians, 59). Madness is thus a fault of cognition. “In due course, Lockean thinking, so highly esteemed in the Enlightenment, would form the basis of new secular and psychological approaches to understanding insanity” (60).

BUT, “mental order and disorder remained Sphinxian mysteries” (60).

Chapter 4: Fools and Folly

All societies judge some people mad; stigmatization occurs; demonizing process, them-and-us constructions—“medicine contributes its fair share to the stigmatizing enterprise” (63).

In folk wisdom madness is taken up in jokes, on the stage (see jesters and buffoons);

Strong cultural stereotypes as models for understanding madness: artists are inspired by madness, see Renaissance, Shakespeare, Cervantes. Example: William Hogarth’s *Rake’s Progress*.

In time, by way of the medicalization of madness and the move to lock up the mad, the image of the “fool” becomes obsolete. Science turns madness into pathology (77).

Romantic poets hold that imagination, not madness, is desirable; true poetry comes from healthy minds (79). “The poets of the age of Reason generally did not seek to don the mantle of madness” (80); the Romantic ideal gets turned on its head by “fin de siecle degenerationism” (81), in writers such as Rimbaud, Baudelaire, Flaubert, etc.: “true art—as opposed to the good tastes favored by the bourgeoisie—sprang from the morbid and pathological” (81), aided by lots of substances…. Creative malady controversy (83).

Cultural stereotypes of the melancholic: English malady in 18th century (83); literary and social elite pride themselves on having it; “From the eighteenth century onwards, polite society has
continued to find in such ‘nervous’ disorders (the vapours, the spleen, and hysteria, now no longer viewed as uterine but as nervous in origin) a rich social idiom” (86). Signs of social superiority, Manhattan circles… (87).

Ironic upshot of, or backlash against, the movement for female emancipation—women have continued to dominate the cultural stereotyping of mental disorder (87-88).

“The original riddle remains: is the world mad, is civilization itself psycholathogenic?” (88)

Chapter 5: Locking up the Mad

Greeks and Romans: insanity was a responsibility of the family (in Japan well into the 20th century). Also in Christian Europe the family was held responsible too (but insanity was shameful to a family).

More formal segregation began to happen towards the end of the Middle Ages, inspired by the model of charity.

Disagrees with Foucault about institutionalization of madness in seventeenth century Europe (93-95).

Commercial and professional society leads to the rise of asylum in Europe and North America (95). Rich people can now buy services which once had been provided at home. Private asylums are formed—into nineteenth century (97).

“The asylum was not instituted for the practice of psychiatry; psychiatry rather was the practice developed to manage its inmates” (100); doctors gained experience with madness in asylums. Morality therapy: emphasis on community life in a domestic environment designed to recondition behavior (103-104). Quaker Tuke (104), French Pinel (104-106); restoration of inner self-control, “treatment must penetrate to the psyche” (105) → asylum is tailor-made for this approach

The madhouse is reborn as a positive ideal at this time; “medical and moral therapies in a climate of Pinelian therapeutic optimism” (110). Mental hospitals skyrocket in 19th century: positivistic, bureaucratic, utilitarian, and professional mentalities vested great faith in institutional solutions in general (112); no mechanical coercion, but instead strict classification, discipline, and surveillance by trained professionals and a regime of labor (114-117).

Last third of 19th century: a new pessimism emerges (118): difficult cases are deemed to have to go to an asylum; if moral therapy did not work, was madness then chronic, hereditary? “In the USA there was a slide from the optimism of moral therapy to a preoccupation with security and sedation” (120). A more organic psychiatry emerges.

Summary of chapter, p. 122
Chapter 6: The Rise of Psychiatry

In the 17th century to about 1750 medical writings about insanity take the physiological approach—insanity resides entirely in bodily causes, “somaticism.” Confirms the authority of medicine and makes patients feel “safer” under the auspices of medical doctors who could potentially heal them. The nervous system becomes the focal point (124-27).

After 1750, Lockean ideas become important in Britain and in France. British physician coins the term “neurosis,” and thus produces a more psychological paradigm for insanity. Case histories gain momentum, as does systematic psychological observation. “Moral therapy” becomes the main approach in asylums, which combines psychological practice and reformist thinking (see York Retreat in England; Pinel in France). Jean-Martin Charcot, professor at the Salpetriere was the most famous teacher of the 19th century (Freud studied under him there). New classifications and descriptions about neurological disorders emerge. “With unlimited access to clinical material at his Salpetriere base, he mobilized a research industry and played a key, but ambivalent role in the emergence of modern psychiatry” (139).

German psychiatry: because it was predominantly funded at research universities, German psychiatry was concerned with theoretical and definitional issues, and not patients themselves—“patho-physiological and neurological mechanisms of psychiatric disorders” (147). The scientific understanding of disorders was the prime concern—“through systematic observation, experimentation, and dissection” (145). But cures were not really available.

Two French psychiatrists develop the “degenerationist” model that argues for insanity as basically a form of degeneration that cannot be cured (following the large increase of asylum inmates and the general pessimism at the end of the 19th century); Viennese doctor declares that homosexuality as “constitutional degeneration” (149) in his study of sexual perversion.

As a profession, psychiatry disparages women and their intelligence (151); darker side of psychiatry in US: by 1900 “lobbies were urging compulsory confinement, sterilization, and other eugenic measures, as well as the use of psychiatry in immigration control. Psychiatric sterilization gained a hold in the United States long before Nazi Germany” (152).

Around 1850 psychiatry attains the status of a profession; psychiatrists found jobs in universities or asylums; medical organization begin to be formed (153-54). Psychiatrists started playing a role in courtrooms—not guilty by reason of insanity.

Chapter 7: The Mad

“Can the utterances of the insane make sense?” (156)

Some psychiatrists say yes, some say no. Many accounts exist by individuals who come into contact with mental illness and are diagnosed; many ex-patients of asylums express grievances. Question arises: “whom do we believe when we are faced with contested versions of reality?”
Interesting example: Freud’s Wolf Man, a Russian aristocrat, whose experience is mentioned in three psychiatric accounts (one of them being Freud) → this alerts us to “the dangers of monotonal reading” (162), meaning, following one interpretation among other possible interpretations.

Example to “scrutinize the mind of an asylum patient” (162): James Tilley Matthews (162-66). This example shows that in effect, everybody can be seen as mad, at some point. “Reason bas become infinitely elusive” (166).

The writing of mad people shows protest—example of Samuel Bruckshaw (167-72). Another example: the very first autobiography in English, by an illiterate woman who dictates it to a scribe, and tells of her religious transports (173-77): “despite modern attempts to pin contemporary psychiatric labels on her, there is no master key to Margery’s mind, and no one right way of reading her life” (177).

Mentally disturbed people also expressed themselves non-verbally, in other artistic ways. Certain psychiatrists argue that “if the mad painted like that, then those who painted like that were mad” (179): Expressionism, Surrealism, Cubism were regarded as mentally ill, according to some psychiatrists. But, as “heir to the mad genius tradition” (179), some artists seemed to glorify madness (Artaud, Max Ernst, etc.). Under the Nazis, “Entartete Kunst,” “degenerate art” was denounced in psychopathological ways (181).

Art also seen as therapeutic—but, do patients end up being coached to produce certain art to meet psychiatric expectations? (181). “The decline of the asylum and today’s turn to drug therapies may toll the knell of the genre” (181)

Chapter 8: The Century of Psychoanalysis

Late 19th century: desire for psychologists to establish their field as a real science, alongside the other sciences; leading German psychologist of the era, Emil Kraepelin, defines “descriptive clinical psychiatry and psychiatric nosology” (184). K. advances disease concepts and classifications, and starts psychological testing on patients. Alois Alzheimer was one of his colleagues; K., like other psychologists in the wake of Pinel, was pessimistic about the outcome of most major psychiatric disorders → this general pessimism lays the ground for arguing that the lives of the mentally ill were not worth living; in 1930s, Nazi politics deemed schizophrenics ripe for elimination; over 70,000 are gassed, “chosen from lists of those whose ‘lives were not worth living’ drawn up by nine leading professors of psychiatry and 39 top physicians” (186-87).

But, new styles of psychiatry are developing at the same time. Charcot and hypnotism; Freud studies with him in 1885; F. trained as scientist originally; F. thinks hysteria has to do with a person’s sexual experience; argues that neurosis stems from early sexual trauma (189). 1897, development of notions of infantile sexuality and Oedipus complex as the two pillars of his theory. Fundamental postulates of psychoanalysis, p. 192; “though he was still in principle committed to the scientific biology in which he has been trained, in actuality Freud’s psychodynamics proceeded without reference to neurological substrates” (192).
Freud’s ideas become central to 20th century notions of self, of dream interpretations, and sexual foundations of neurosis; “With his disturbing view of a self which was divided and not master in its own house, Freud became the principal myth-maestro of the twentieth century” (193).

The psychoanalytic movement develops in disparate ways; Eugen Bleuler in Switzerland; Carl Jung departs from Freud and becomes very influential (“collective unconscious”), in *Man and His Symbols* ➔ inspirational appeal to personal life philosophy can be felt today still.

Psychoanalysis finds a huge following in the US; many Jewish physicians flee to US, so that American psychiatry was heavily oriented towards psychoanalysis.

In time (199), “the infiltration of broadly psychodynamic turns of thinking helped the idea to gain ground—it had become conventional by the 1950s—that mental disorder was not confined to the certifiable” (199): ordinary people have complexes, and neuroses….

Pop culture contributes to the diffusion of mental illness;

In terms of therapies—shock treatments became popular (200), psychosurgery too (lobotomy and leucotomy, p. 202-203); surgery as the cutting edge of medicine in general; people became “model patients” (204) after surgery!! ➔ also apparent is the powerlessness of patients in the face of this psychiatric machine and reckless and arrogant doctors (204)—see Tuskegee experiments in Alabama, “minor echo of the atrocities committed by Nazi psychiatrists” (205).

Penicillin introduced in the 1940s; huge increase in drug research and development; drugs are being introduced to manage various mental illnesses. Patients can now leave the hospital and live drugged lives at home (205); “psychopharmacology certainly brought a therapeutic boost to the psychiatric professions, promising as it did a cost-effective method of alleviating suffering without recourse to lengthy hospital stays, psychoanalysis, or irreversible surgery” (206); valium, prozac follow…. “Central nervous system drugs are currently the leading class of medicines sold in the USA, accounting for a quarter of all sales…. Major ethical and political questions hand over recourse to pharmaceutical products to reshape personalities, especially when the development, manufacture, and marketing of such drugs lie in the hands of monopolistic multinationals” (207).

The largest proportion of mental illness was to be found in the communities at large, not in asylums (208); dissolving of the divide between sane and insane; end of custodial management in sight (209); critics of asylum practices can be found, centrally, in the anti-psychiatry movements of the 1960s and 1970s….Thomas Szasz, for example (210). In England, Ronald Laing establishes Kingsley Hall in 1965; time of counter-culture and anti-Vietnam sentiments; *One Flew over the Cuckoo’s Nest* (1975). Protest against “the policing and normalizing roles of psychiatry” (211).

These days…. Every psychological ill has its pill! (212).
Mainstream academic and hospital psychiatry remains committed to describing and taxonomizing madness stemming from Kraepelin: *DSM*….. (213-24). 943 pages in 2000! “More people seem to be diagnosed as suffering from more psychiatric disorders than ever: is that progress?” (214).

**Chapter 9: Conclusion: Modern Times, Ancient Problems?**

Confusion about mental illness still pervades our thinking and approach to insanity; psychiatry itself functions better (216) as a result of drug prescriptions, but is that the only definition of success? There is controversy in and beyond the profession; psychiatry “still lacks the cognitive and professional unity enjoyed by general medicine” (217). More people claim to suffer from disorders, in a victim culture…. (217).

“Whether treatment of the mentally ill actually became more humane in a century which gassed tens of thousands of schizophrenics is a question permitting no comforting answers about rationality and sanity” (217).