

FROM THE ASYLUM TO THE MENTAL HOSPITAL

1. Uwagi ogólne

Zestaw materiałów opatrzony wspólnym tytułem *From the Asylum to the Mental Hospital* jest adresowany do studentów uzupełniających studiów magisterskich lub jednolitych studiów magisterskich studiujących kierunki humanistyczne. Przedstawione ćwiczenia mogą być wykorzystane przede wszystkim do pracy z grupami studentów psychologii ze względu na tematykę.

2. Poziom zaawansowania: B2+ (z pomocą nauczyciela) oraz C1, C1+

3. Czas trwania opisanych ćwiczeń

Ćwiczenia zaprezentowane w tym artykule są przeznaczone na 2 jednostki lekcyjne (180 minut). Czas trwania został ustalony na podstawie doświadczenia wynikającego z pracy nad poniższymi ćwiczeniami w grupach na poziomie B2+ i (słabsze) C1.

4. Cele dydaktyczne

W swoim założeniu artykuł ma rozwijać podstawowe umiejętności językowe, takie jak mówienie, słuchanie, czytanie oraz pisanie.

5. Uwagi i sugestie

W zbiorze przewidziane są ćwiczenia na interakcję student–nauczyciel, student–student oraz na pracę indywidualną. Ćwiczenia w zależności od poziomu grupy, stopnia zaangażowania studentów w zajęcia i kierunku mogą być odpowiednio zmodyfikowane. Zadania tu zamieszczone możemy omawiać na zajęciach lub część przedstawionych ćwiczeń zadać jako pracę domową, jeżeli nie chcemy poświęcać na nie zbyt dużo czasu na zajęciach. Wybór należy do nauczyciela. Materiały obejmują pytania, informacje, artykuły i zadania dotyczące rozwoju metod leczenia chorób i zaburzeń psychicznych oraz ewolucji szpitali i zakładów, gdzie leczenie się odbywało. Rozpoczynamy od rozważań na temat tego, jak choroby i ludzie na nie cierpiący byli traktowani i leczeni w różnych epokach. Następnie studenci czytają artykuł na temat wiktoriańskich przytułków dla obłąkanych, w których często zamykano kobiety z przyczyn, które dziś nie są w ogóle traktowane jako objawy choroby (powodem mogło być nawet nadmierne zainteresowanie literaturą), a następnie próbują ocenić, jakie byłyby ich szanse na zachowanie wolności osobistej w tamtych czasach (niezbyt wielkie). Kolejny artykuł dotyczy ewolucji diagnostyki i instytucji zajmujących się leczeniem osób cierpiących na choroby psychiczne. Ostatnie zadanie polega na obejrzeniu dokumentu BBC i udzieleniu odpowiedzi na pytania na rozumienie ze słuchu. W ramach lekcji jest sporo pytań do dyskusji, zatem studenci oprócz rozumienia ze słuchu i tekstu mają również okazję rozwinąć komunikację.

Studenci mogą obejrzeć dokument BBC w domu, a następne zajęcia można rozpocząć od krótkiej dyskusji na tematy dotyczące nagrania.

FROM THE ASYLUM TO THE MENTAL HOSPITAL

1. In pairs/groups of three, try to decide how people with mental illnesses were treated in:

prehistoric times:
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ancient times (Rome, Greece, etc.):
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the Middle Ages:
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16th–18th century:
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the 19th century:
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the 20th century:
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how they are treated now:
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2. Read an article about why Victorian women were committed to asylums and answer the questions below.

You will find the article at: <http://www.dailymail.co.uk/home/you/article-2141741/Sent-asylum-The-Victorian-women-locked-suffering-stress-post-natal-depression-anxiety.html>.

a) What struck the author when looking at the photographs of the confined women?

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b) Why were the photos taken?

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c) What was the reason the author decided to write about female patients of the asylum?

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d) Why might it have been difficult to leave the asylum once admitted?

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e) What did one have to do in order to have a member of a family committed?

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f) Why was Eliza Josolyne admitted to Bedlam?

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g) What was one of the most common diagnoses in the times when almost all doctors were men?

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h) When women were concerned, what was the primary focus of medics?

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i) Describe the treatment in a mental institution at the time.

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3. Study the list of reasons why many Victorian women found themselves institutionalised. How many of your friends would have been confined to a mental institution? What about yourself? What does what you have seen and read tell you about the order and the rules in society at that time? Discuss in pairs.

Here are some reasons why Victorian women found themselves inside asylums:

- business problems
- their husbands beat them
- masturbation
- taking medicines to avoid pregnancy
- reading novels
- asthma
- smoking
- laziness
- epilepsy
- being abandoned by the husband
- fever
- jealousy
- egotism
- domestic trouble
- greediness
- grief
- venereal diseases
- smallpox
- having definite political views
- problems with the spine
- keeping bad company
- hysteria
- lack of menstruation

4. In pairs/groups of three, discuss the questions below:

- a) Is it true that women are more likely to develop a disorder/a mental illness?
- b) Why were doctors at the time so concerned about the female reproductive system?
- c) Is there a difference – nowadays in how men and women are treated?

5. You are going to read an article on the evolution of diagnostics and treatment of mental illness. Complete the missing definitions. Later, as you read, you can use the glossary for reference.

Glossary

Animism – The belief that everyone and everything had a “soul” and that mental illness was due to animistic causes, for example, evil spirits controlling an individual and his/her behaviour.

Asylum – A place of refuge or safety established to confine and care for the mentally ill; forerunners of the mental hospital or psychiatric facility.

Biopsychosocial model – A model in which the interaction of biological, psychological, and sociocultural factors is seen as influencing the development of the individual.

Cathartic method –

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Cultural relativism – The idea that the cultural norms and values of a society can only be understood on their own terms or in their own context.

Emetics –

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Etiology – The causal description of all of the factors that contribute to the development of a disorder or illness.

Humorism (or humoralism) –

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Hysteria –

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Maladaptive – Term referring to behaviours that cause people who have them physical or emotional harm, prevent them from functioning in daily life, and/or indicate that they have lost touch with reality and/or cannot control their thoughts and behaviour (also called dysfunctional).

Mesmerism – Derived from Franz Anton Mesmer in the late 18th century, an early version of hypnotism in which Mesmer claimed that hysterical symptoms could be treated through animal magnetism emanating from Mesmer’s body and permeating the universe (and later through magnets); later explained in terms of high suggestibility in individuals.

Psychogenesis – Developing from psychological origins.

Somatogenesis – Developing from physical/bodily origins.

Supernatural – Developing from origins beyond the visible observable universe.

“Traitement moral” (moral treatment) –

Trephination –

6. Read the article about how attitudes toward mental illness have evolved over the years and answer the questions below.

a) What does it mean that someone is mentally ill? What criteria are usually used in diagnosing a mental illness?

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b) Describe the difference between supernatural, somatogenic, and psychogenic theories of mental illness and how subscribing to a particular etiological theory determines the type of treatment used.

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c) How did the Greeks describe hysteria and what treatment did they prescribe?

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d) Describe humorism and how it explained mental illness.

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e) Describe how the witch hunts came about and their relationship to mental illness.

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f) Describe the humane treatment of the mentally ill introduced by Chiarughi, Pinel and Tuke in the late 18th and early 19th centuries and how it differed from the care provided earlier.

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g) Describe William Tuke's treatment of the mentally ill at the York Retreat. How did it influence treatment in other parts of the world?

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h) What were the 20th-century treatments resulting from the psychogenic and somatogenic theories of mental illness?

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i) Describe why a classification system is important and how the leading classification system used in the United States works.

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History of Mental Illness

By Ingrid G. Farreras, Hood College

History of Mental Illness

1. References to mental illness can be found throughout history. The evolution of mental illness, however, has not been linear or progressive but rather cyclical.

Whether a behavior is considered normal or abnormal depends on the context surrounding the behavior and thus changes as a function of a particular time and culture. In the past, uncommon behavior or behavior that deviated from the sociocultural norms and expectations of a specific culture and period has been used as a way to silence or control certain individuals or groups. As a result, a less **cultural relativist** view of abnormal behavior has focused instead on whether behavior poses a threat to oneself or others or causes so much pain and suffering that it interferes with one's work responsibilities or with one's relationships with family and friends.

2. Throughout history, there have been three general theories of the **etiology** of mental illness: **supernatural**, **somatogenic**, and **psychogenic**. Supernatural theories attribute mental illness to possession by evil or demonic spirits, the displeasure of gods, eclipses, planetary gravitation, curses, and sin. Somatogenic theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance. Psychogenic theories focus on traumatic or stressful experiences, **maladaptive** learned associations and cognitions, or distorted perceptions. Etiological theories of mental illness determine the care and treatment mentally ill individuals receive. As we will see below, an individual believed to be possessed by the devil will be viewed and treated differently from an individual believed to be suffering from an excess of yellow bile. Their treatments will also differ, from exorcism to blood-letting. The theories, however, remain the same. They coexist as well as recycle over time.

3. **Trephination** is an example of the earliest supernatural explanation for mental illness. Examination of prehistoric skulls and cave art from as early as 6500 BC has identified surgical drilling of holes in skulls to treat head injuries and epilepsy as well as to allow evil spirits trapped within the skull to be released (Restak, 2000). Around 2700 BC, Chinese medicine's concept of complementary positive and negative bodily forces ("yin and yang") attributed mental (and physical) illness to an imbalance between these forces. As such, a harmonious life that allowed for the proper balance of yin and yang and movement of vital air was essential (Tseng, 1973).

4. Mesopotamian and Egyptian papyri from 1900 BC describe women suffering from mental illness resulting from a wandering uterus (later named **hysteria** by the Greeks): The uterus could become dislodged and attached to parts of the body like the liver or chest cavity, preventing their proper functioning or producing varied and sometimes painful symptoms. As a result, the Egyptians, and later the Greeks, also employed a somatogenic treatment of strong smelling substances to guide the uterus back to its proper location (pleasant odors to lure and unpleasant ones to dispel).

5. Throughout classical antiquity, we see a return to supernatural theories of demonic possession or godly displeasure to account for abnormal behavior that was beyond the person's control. Temple attendance with religious healing ceremonies and incantations to the gods were employed to assist in the healing process. Hebrews saw madness as punishment from God, so treatment consisted of

confessing sins and repenting. Physicians were also believed to be able to comfort and cure madness, however.

6. Greek physicians rejected supernatural explanations of mental disorders. It was around 400 BC that Hippocrates (460–370 BC) attempted to separate superstition and religion from medicine by systematizing the belief that a deficiency in or especially an excess of one of the four essential bodily fluids (i.e., humors) – blood, yellow bile, black bile, and phlegm – was responsible for physical and mental illness. For example, someone who was too temperamental suffered from too much blood and thus blood-letting would be the necessary treatment. Hippocrates classified mental illness into one of four categories – epilepsy, mania, melancholia, and brain fever – and like other prominent physicians and philosophers of his time, he did not believe mental illness was shameful or that mentally ill individuals should be held accountable for their behavior. Mentally ill individuals were cared for at home by family members and the state shared no responsibility for their care. **Humorism** remained a recurrent somatogenic theory up until the 19th century.

7. Many of Hippocrates' medical theories are no longer practised today. However, he pioneered medicine as an empirical practice and came up with the "Hippocratic oath," which all doctors must swear to before joining the profession (i.e., the promise to never intentionally harm a patient).

8. While Greek physician Galen (AD 130–201) rejected the notion of a uterus having an **animistic soul**, he agreed with the notion that an imbalance of the four bodily fluids could cause mental illness. He also opened the door for psychogenic explanations for mental illness, however, by allowing for the experience of psychological stress as a potential cause of abnormality. Galen's psychogenic theories were ignored for centuries, however, as physicians attributed mental illness to physical causes throughout most of the millennium.

9. By the late Middle Ages, economic and political turmoil threatened the power of the Roman Catholic Church. Between the 11th and 15th centuries, supernatural theories of mental disorders again dominated Europe, fueled by natural disasters like plagues and famines that lay people interpreted as brought about by the devil. Superstition, astrology, and alchemy took hold, and common treatments included prayer rites, relic touching, confessions, and atonement. Beginning in the 13th century the mentally ill, especially women, began to be persecuted as witches who were possessed. At the height of the witch hunts during the 15th through 17th centuries, with the Protestant Reformation having plunged Europe into religious strife, two Dominican monks wrote the *Malleus Maleficarum* (1486) as the ultimate manual to guide witch hunts. Johann Weyer and Reginald Scot tried to convince people in the mid- to late-16th century that accused witches were actually women with mental illnesses and that mental illness was not due to demonic possession but to faulty metabolism and disease, but the Church's Inquisition banned both of their writings. Witch-hunting did not decline until the 17th and 18th centuries, after more than 100,000 presumed witches had been burned at the stake (Schoeneman, 1977; Zilboorg, Henry, 1941).

10. Modern treatments of mental illness are most associated with the establishment of hospitals and **asylums** beginning in the 16th century. Such institutions' mission was to house and confine the mentally ill, the poor, the homeless, the unemployed, and the criminal. War and economic depression produced vast numbers of undesirables and these were separated from society and sent to these institutions. Two of the most well-known institutions, St. Mary of Bethlehem in London, known as Bedlam, and the Hôpital Général of Paris – which included La Salpêtrière, La Pitié, and La Bicêtre – began housing mentally ill patients in the mid-16th and 17th centuries. As confinement laws focused on protecting the public *from* the mentally ill, governments became responsible for housing and feeding undesirables in exchange for their personal liberty. Most inmates were institutionalized against their will, lived in filth and chained to walls, and were commonly exhibited to the public for a fee. Mental illness was nonetheless viewed somatogenically, so treatments were similar to those for physical illnesses: purges, bleedings, and **emetics**.

11. While inhumane by today's standards, the view of insanity at the time likened the mentally ill to animals (i.e., animalism) who did not have the capacity to reason, could not control themselves, were capable of violence without provocation, did not have the same physical sensitivity to pain or temperature, and could live in miserable conditions without complaint. As such, instilling fear was believed to be the best way to restore a disordered mind to reason.

12. By the 18th century, protests rose over the conditions under which the mentally ill lived, and the 18th and 19th centuries saw the growth of a more humanitarian view of mental illness. In 1785 Italian physician Vincenzo Chiarughi (1759–1820) removed the chains of patients at his St. Boniface hospital in Florence, Italy, and encouraged good hygiene and recreational and occupational training. More well known, French physician Philippe Pinel (1745–1826) and former patient Jean-Baptiste Pussin created a “**traitement moral**” at La Bicêtre and the Salpêtrière in 1793 and 1795 that also included unshackling patients, moving them to well-aired, well-lit rooms, and encouraging purposeful activity and freedom to move about the grounds (Micale, 1985).

13. In England, humanitarian reforms rose from religious concerns. William Tuke (1732–1822) urged the Yorkshire Society of (Quaker) Friends to establish the York Retreat in 1796, where patients were guests, not prisoners, and where the standard of care depended on dignity and courtesy as well as the therapeutic and moral value of physical work (Bell, 1980).

14. Dorothea Dix worked to change the negative perceptions of people with mental illness and helped create institutions where they could receive compassionate care.

15. While America had asylums for the mentally ill – such as the Pennsylvania Hospital in Philadelphia and the Williamsburg Hospital, established in 1756 and 1773 – the somatogenic theory of mental illness of the time – promoted especially by the father of American psychiatry, Benjamin Rush (1745–1813) – had led to treatments such as blood-letting, gyration, and tranquilizer chairs. When Tuke's

York Retreat became the model for half of the new private asylums established in the United States, however, psychogenic treatments such as compassionate care and physical labor became the hallmarks of the new American asylums, such as the Friends Asylum in Frankford, Pennsylvania, and the Bloomingdale Asylum in New York City, established in 1817 and 1821 (Grob, 1994).

16. Moral treatment had to be abandoned in America in the second half of the 19th century, however, when these asylums became overcrowded and custodial in nature and could no longer provide the space nor attention necessary. When retired schoolteacher Dorothea Dix discovered the negligence that resulted from such conditions, she advocated for the establishment of state hospitals. Between 1840 and 1880, she helped establish over 30 mental institutions in the United States and Canada (Viney, Zorich, 1982). By the late 19th century, moral treatment had given way to the mental hygiene movement, founded by former patient Clifford Beers with the publication of his 1908 memoir *A Mind That Found Itself*. Riding on Pasteur's breakthrough germ theory of the 1860s and 1870s and especially on the early 20th century discoveries of vaccines for cholera, syphilis, and typhus, the mental hygiene movement reverted to a somatogenic theory of mental illness.

17. European psychiatry in the late 18th century and throughout the 19th century, however, struggled between somatogenic and psychogenic explanations of mental illness, particularly hysteria, which caused physical symptoms such as blindness or paralysis with no apparent physiological explanation. Franz Anton Mesmer (1734–1815), influenced by contemporary discoveries in electricity, attributed hysterical symptoms to imbalances in a universal magnetic fluid found in individuals, rather than to a wandering uterus (Forrest, 1999). James Braid (1795–1860) shifted this belief in **mesmerism** to one in hypnosis, thereby proposing a psychogenic treatment for the removal of symptoms. At the time, famed Salpetriere Hospital neurologist Jean-Martin Charcot (1825–1893), and Ambroise Auguste Liébault (1823–1904) and Hyppolyte Bernheim (1840–1919) of the Nancy School in France, were engaged in a bitter etiological battle over hysteria, with Charcot maintaining that the hypnotic suggestibility underlying hysteria was a neurological condition while Liébault and Bernheim believed it to be a general trait that varied in the population. Josef Breuer (1842–1925) and Sigmund Freud (1856–1939) would resolve this dispute in favor of a psychogenic explanation for mental illness by treating hysteria through hypnosis, which eventually led to the **cathartic method** that became the precursor for psychoanalysis during the first half of the 20th century.

18. Psychoanalysis was the dominant psychogenic treatment for mental illness during the first half of the 20th century, providing the launching pad for the more than 400 different schools of psychotherapy found today (Magnavita, 2006). Most of these schools cluster around broader behavioral, cognitive, cognitive-behavioral, psychodynamic, and client-centered approaches to psychotherapy applied in individual, marital, family, or group formats. Negligible differences have been found among all these approaches, however; their efficacy in treating mental illness is due to factors shared among all of the approaches (not particular elements

specific to each approach): the therapist-patient alliance, the therapist's allegiance to the therapy, therapist competence, and placebo effects (Luborsky et al., 2002; Messer, Wampold, 2002).

19. In contrast, the leading somatogenic treatment for mental illness can be found in the establishment of the first psychotropic medications in the mid-20th century. Restraints, electroconvulsive shock therapy, and lobotomies continued to be employed in American state institutions until the 1970s, but they quickly made way for a burgeoning pharmaceutical industry that has viewed and treated mental illness as a chemical imbalance in the brain.

20. Both etiological theories coexist today in what the psychological discipline holds as the **biopsychosocial model** of explaining human behavior. While individuals may be born with a genetic predisposition for a certain psychological disorder, certain psychological stressors need to be present for them to develop the disorder. Sociocultural factors such as sociopolitical or economic unrest, poor living conditions, or problematic interpersonal relationships are also viewed as contributing factors. However, much as we want to believe that we are above the treatments described above, or that the present is always the most enlightened time, let us not forget that our thinking today continues to reflect the same underlying somatogenic and psychogenic theories of mental illness discussed throughout this cursory 9,000-year history.

Diagnosis of Mental Illness

21. Up until the 1970s, homosexuality was included in the DSM as a psychological disorder. Thankfully, society and clinical understanding changed to recognize it didn't belong.

22. Progress in the treatment of mental illness necessarily implies improvements in the diagnosis of mental illness. A standardized diagnostic classification system with agreed-upon definitions of psychological disorders creates a shared language among mental-health providers and aids in clinical research. While diagnoses were recognized as far back as the Greeks, it was not until 1883 that German psychiatrist Emil Kräpelin (1856–1926) published a comprehensive system of psychological disorders that centered around a pattern of symptoms (i.e., syndrome) suggestive of an underlying physiological cause. Other clinicians also suggested popular classification systems but the need for a single, shared system paved the way for the American Psychiatric Association's 1952 publication of the first *Diagnostic and Statistical Manual* (DSM).

23. The DSM has undergone various revisions (in 1968, 1980, 1987, 1994, 2000, 2013), and it is the 1980 DSM-III version that began a multiaxial classification system that took into account the entire individual rather than just the specific problem behavior. Axes I and II contain the clinical diagnoses, including mental retardation and personality disorders. Axes III and IV list any relevant medical conditions or psychosocial or environmental stressors, respectively. Axis

V provides a global assessment of the individual's level of functioning. The most recent version – the DSM-5 – has combined the first three axes and removed the last two. These revisions reflect an attempt to help clinicians streamline diagnosis and work better with other diagnostic systems such as health diagnoses outlined by the World Health Organization.

24. While the DSM has provided a necessary shared language for clinicians, aided in clinical research, and allowed clinicians to be reimbursed by insurance companies for their services, it is not without criticism. The DSM is based on clinical and research findings from Western culture, primarily the United States. It is also a medicalized categorical classification system that assumes disordered behavior does not differ in degree but in kind, as opposed to a dimensional classification system that would plot disordered behavior along a continuum. Finally, the number of diagnosable disorders has tripled since it was first published in 1952, so that almost half of Americans will have a diagnosable disorder in their lifetime, contributing to the continued concern of labeling and stigmatizing mentally ill individuals. These concerns appear to be relevant even in the DSM-5 version that came out in the May of 2013.

Source: <http://nobaproject.com/modules/history-of-mental-illness>.

7. In pairs/groups of three, discuss the questions below:

- a) How is what you have learnt in this lesson different from what you had originally thought about how mental institutions have evolved? What did you find the most surprising or shocking?
- b) In your opinion, what has been the greatest improvement in the evolution of mental institutions?
- c) What has been the greatest challenge when providing appropriate diagnosis and treatment?
- d) Have you ever seen the inside of a mental institution? What improvements would you like to see made in the way mental patients are cared for?

8. Watch the BBC documentary for homework and make notes. In the following week, you will share your impressions with your classmates.

BBC Mental A History of the Madhouse: <https://www.youtube.com/watch?v=oswUssXzFIY> BBC.

- a) What were most of the patients of the hospital like and why had they been committed?

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b) What was Joan's impression after having met many of her fellow patients?

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c) What was the asylum like when it came to security and atmosphere?

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d) What change in mentality did the NHS's embracing of mental illness bring about?

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e) What was an ECT procedure like until the early 1950s?

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f) What was insulin coma treatment and what was it like?

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g) What was lobotomy like and what results did it bring about, as described by a former psychiatrist?

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h) How were "difficult" male patients often treated?

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i) What was the hope brought on by the appearance of medications?

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j) What had been noticed in the 1960s about drugs and the existence of asylums?

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k) What were the side-effects of the medications administered?

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l) What did many patients feel was problematic about many doctors' approach to treatment?

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m) How was Maggie convinced to undergo the surgery and what were its results?

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n) What was the unfortunate result of psychiatric wards slowly closing down?

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o) What was the user movement?

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p) What was the darker side of the patients being released into the community?

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q) What was the reaction of the public and the authorities?

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9. In pairs/groups of three, discuss the questions below:

- a) Do you think patients can be cared for in the community? Does the community care about them enough?
- b) What do you know about mental institutions in Poland? What are the living conditions in them like?

KEY

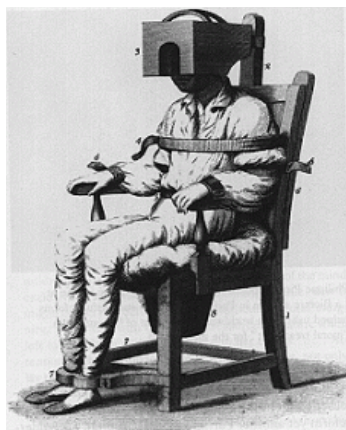
1.

prehistoric times: Mental illnesses were thought to stem from being possessed by magic creatures and were treated with exorcisms and trepanation. The latter was thought to release the evil spirits which were trapped inside one's skull.

ancient times (Rome, Greece, etc.): Homer believed mental illness was having one's mind taken away by the gods and offered no solution. Aeschylus believed it was a demonic possession, which could be cured by exorcisms. According to Socrates, it was a god-sent blessing and, as such, it did not need to be cured. Hippocrates thought that mental illness was caused by medical reasons and could be remedied by a vegetable diet and exercise.

the Middle Ages: Exorcisms and bloodletting were commonly used. Many people burnt on stakes (especially women, accused of witchcraft).

the 16th–18th century: The mentally ill were locked away and treated in the cruellest and most savage manner (beatings, imprisonment, starvation, rotary chair, branding with a hot iron). You could go to Bedlam (one of the first mental institutions) and stare at the “lunatics” for a small fee. You could even poke them with a stick. Other forms of treatment included, e.g., *the tranquiliser chair and ice cold baths.



* *the tranquiliser chair.* Source: <https://desperadophilosophy.net/tag/tranquilizer-chair/>.

the 19th century: The 19th century saw many changes, e.g., more humane treatment of the mentally ill.

the 20th century: Until the 1950s, lobotomies were a common treatment. ECT (electroconvulsive therapy) was performed with no anaesthesia. The asylums were prison-like in security and atmosphere and many of the patients were there because they were unwanted in the outside world.

how they are treated now: Mental patients are not hospitalised unless it is necessary. They are generally cared for in the community, but many still find themselves in mental institutions. There are better medicines, which definitely helps, lobotomy is a thing of the past but ECT is still performed, though only in severe cases of depression, and with anaesthesia.

2.

- a) Para. 2 and 5 – She felt close to them and could imagine seeing them, e.g., on a bus. Also, the thought that a photo of one’s face could be used in diagnosing a condition and institutionalising one terrified and fascinated her.
- b) Para. 4 – The photographer, a doctor working in the asylum, thought he could pinpoint the women’s illness using photography.
- c) Para. 5 – 8 – Her grandmother’s case – she developed an illness after the loss of her spouse and was treated with ECT.
- d) Para. 9 – The more patients there were, the more money there was for the hospital.
- e) Para. 10 – The signatures of two doctors.
- f) Para. 13 – “Eliza Josolyne, 23, was admitted to Bethlem in February 1857, with the cause of her apparent insanity recorded as ‘overwork.’ She looks distraught and her face bears marks of injury. Eliza had been the only servant in a 20-room house and was unable to keep up with the work over the hard winter months.”
- g) Para. 18 – It was hysteria, as described by Hippocrates; male doctors saw it everywhere.
- h) Para. 18 and 20 – Their reproductive system and sexuality.
- i) Para. 19 and 21 – Doctors used mercury (!) to treat hysteria and freezing showers to ‘cool’ the individual. They also used leeches to the pubis to treat sadness caused by menopause. “Antimony, a toxic chemical now used in fire retardants, was employed to keep patients in a state of nausea, making acts of violence less likely. It was an early example of the ‘chemical cosh’.” “Patients’ blood was seen as in need of cooling and thinning. ‘Cerebral congestion’, deduced from unusual or manic behaviour, was treated by leeches to the temples, perhaps followed by cold lotions to the shaven scalp. Cold showers were used to cool overheated and overstimulated brains.”

3.

Suggested answer: As most classes consist mostly of young book-reading women and some Victorian women were institutionalised by relatives because they read too much, many of the students would have found themselves locked in an asylum.

4.

a) Suggested answer:

Yes, according to some data from the UK: <https://www.bmj.com/content/354/bmj.i5320>.

On the other hand, men struggling with mental health issues, especially depression, are more likely to commit suicide.

b) Suggested answer:

Women were supposed to be pure and have no interest in sex and were perceived simply as means to producing children, sons who could inherit their fathers' property and ensure the continuity of the bloodline. Men tried to control what they could not believe existed. Also, women were viewed as unable to make their own decisions, so feeble-minded they had to be protected for their own good, of course. Let us remember that hysteria was deleted from DSM-III in 1980.

c) Suggested answer:

Women are generally treated less seriously than men, but I do not think there is much of a difference these days, at least in developed countries. Men, especially the young ones, still find it difficult to seek medical assistance, or any help, for that matter, which is one of the reasons why they are more at risk of committing suicide.

5.

Some of the terms are explained in the article (e.g., hysteria, trephination, etc.).

Cathartic method – A therapeutic procedure introduced by Breuer and developed further by Freud in the late 19th century whereby a patient gains insight and emotional relief from recalling and reliving traumatic events.

Emetics – A medicine or other substance which causes vomiting.

Humorism (or humoralism) – A belief held by ancient Greek and Roman physicians (and until the 19th century) that an excess or deficiency in any of the four bodily fluids, or humors – blood, black bile, yellow bile, and phlegm – directly affected their health and temperament.

Hysteria – Term used by the ancient Greeks and Egyptians to describe a disorder believed to be caused by a woman's uterus wandering throughout the body and interfering with other organs (today referred to as conversion disorder, in which psychological problems are expressed in physical form).

“Traitement moral” (moral treatment) – A therapeutic regimen of improved nutrition, living conditions and rewards for productive behaviour that has been attributed to Philippe Pinel during the French Revolution, when he released mentally ill patients from their restraints and treated them with compassion and dignity rather than with contempt and denigration.

Trephination – The drilling of a hole in the skull, presumably as a way of treating psychological disorders.

6.

a) Para. 1 – Adhering or not adhering to cultural norms.

b) Para. 2 – “Supernatural theories attribute mental illness to possession by evil or demonic spirits, the displeasure of the gods, eclipses, planetary gravitation, curses, and sin. Somatogenic theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance. Psychogenic theories focus on traumatic or stressful experiences, maladaptive learned associations and cognitions, or distorted perceptions.”

“(...) an individual believed to be possessed by the devil will be viewed and treated differently from an individual believed to be suffering from an excess of yellow bile. Their treatments will also differ, from exorcism to blood-letting.”

c) Para. 4 – The uterus could become dislodged and attached to parts of the body like the liver or chest cavity, preventing their proper functioning or producing varied and sometimes painful symptoms. As a result, the Egyptians, and later the Greeks, also employed a somatogenic treatment of strong smelling substances to guide the uterus back to its proper location (pleasant odors to lure and unpleasant ones to dispel).

d) Para. 6 – “Hippocrates (460–370 BC) attempted to separate superstition and religion from medicine by systematizing the belief that a deficiency in or especially an excess of one of the four essential bodily fluids (i.e., humors) – blood, yellow bile, black bile, and phlegm – was responsible for physical and mental illness. For example, someone who was too temperamental suffered from too much blood and thus blood-letting would be the necessary treatment.”

e) Para. 9 – “Beginning in the 13th century the mentally ill, especially women, began to be persecuted as witches who were possessed. At the height of the witch hunts during the 15th through 17th centuries, with the Protestant Reformation having plunged Europe into religious strife (...).”

f) Para. 10–13 – In the 16th century, the mentally ill were practically prisoners, unable to leave, scared (fear was supposed to bring them to their senses) and

shackled. In the 18th century Chiarughi, Pinel, and Tuke introduced changes by removing shackles and improving the living conditions and treatment of the mentally ill.

- g) Para. 13 – the patients were guests, not prisoners and were treated like human beings and allowed to work.

Para. 15 – “When Tuke’s York Retreat became the model for half of the new private asylums established in the United States, however, psychogenic treatments such as compassionate care and physical labor became the hallmarks of the new American asylums, such as the Friends Asylum in Frankford, Pennsylvania, and the Bloomingdale Asylum in New York City, established in 1817 and 1821.” Before that, patients were treated with what were, basically, tortures – gyrators and tranquiliser chairs.

- h) Para. 17 – “Josef Breuer (1842–1925) and Sigmund Freud (1856–1939) would resolve this dispute in favor of a psychogenic explanation for mental illness by treating hysteria through hypnosis, which eventually led to the cathartic method that became the precursor for psychoanalysis during the first half of the 20th century.”

Para 18 – **Psychoanalysis was the dominant psychogenic treatment for mental illness during the first half of the 20th century, providing the launching pad for the more than 400 different schools of psychotherapy found today.** (...) Most of these schools cluster around broader behavioral, cognitive, cognitive-behavioral, psychodynamic, and client-centered approaches to psychotherapy applied in individual, marital, family or group formats. **Negligible differences have been found among all these approaches, however; their efficacy in treating mental illness is due to factors shared among all of the approaches** (not particular elements specific to each approach): the therapist-patient alliance, the therapist’s allegiance to the therapy, therapist competence, and placebo effects (...).”

Para. 19 – “(...) **the leading somatogenic treatment for mental illness can be found in the establishment of the first psychotropic medications in the mid-20th century. Restraints, electroconvulsive shock therapy, and lobotomies continued to be employed in American state institutions until the 1970s (...).**”

- i) Para 23–24 – A comprehensive classification system is necessary to provide accurate diagnostics and treatment. However, the DSM was published in 1952 and even its updated 2013 version might not cover all disorders (the number of diagnosable disorders has tripled since 1952).

7.

Suggested answers:

- a) The treatment methods and living conditions in which those with mental illnesses were kept are quite shocking, as you can hardly imagine hundreds of years of cruel abuse.
- b) Medication, therapy and the fact that these days the stigma has lessened.
- c) There still aren't enough psychiatrists and therapists, so patients often wait for a long time to see somebody and, also, the treatment and medication can be quite expensive. Another challenge is convincing those who are afraid that they are going to be stigmatised by society to seek help.
- d) Better living conditions and more therapeutic activities. It would also be beneficial for the patients if the staff were better paid.

8.

- a) Because they couldn't adapt to society, they were unwanted and inadequate.
- b) That there was nothing very much wrong with them.
- c) The security was very tight so it looked like a prison and it had the atmosphere to match.
- d) There was a shift in attitude, a conviction that it was an illness like any other.
- e) It could even cause fractures, as it brought about violent seizures and no anaesthetic was used.
- f) It was dangerous and it could end in the death of a patient. All the sugar in one's body was burnt and the patient was in a coma (which some did not survive); it was supposed to calm the patient.
- g) It was a "blind" operation. It was very dangerous and it could cause changes in personality and other difficulties.
- h) With cruelty and brutality.
- i) That they would eradicate mental illness.
- j) That drugs might not be ending the asylum culture but prolonging it.
- k) They sedated you, but also slowed you down and made you rigid.
- l) They relied on medications too heavily.
- m) She was told she'd end up in prison or that her stays in a mental hospital would become longer. It took her 5 years to recover from the surgery; she couldn't communicate with people and felt shaky.
- n) Many former patients ended up on the street and could only receive help from* the Salvation Army.

* A Protestant Christian para-church and an international charitable organisation structured in a quasi-military fashion set up in London in 1865. Its founders Catherine and William Booth sought to bring salvation to the poor, destitute and hungry by meeting both their "physical and spiritual needs." It is present in 128 countries, running charity shops, operating shelters for the homeless and disaster relief and humanitarian aid to developing countries.

- o)** They campaigned for the patients to be more than just passive recipients of psychiatry; they wanted them to have a say in their treatment.
- p)** Some of them could hurt themselves or other people.
- q)** The public was scared and the authorities introduced stricter legislation – take your medication or be confined.

9.

a) Suggested answer:

It depends on their condition, e.g., many patients with schizophrenia cannot cope on their own.

In my opinion, the community does not care enough about people with mental illnesses and disorders, but the situation is improving very slowly. It may still be hard to receive treatment if you are poor and/or have no assistance, e.g., no family members to help you set up medical appointments, etc. Waiting to see a psychiatrist can take several months.

Still, this is what it is like in the West. It has to be said that there are many places in the world where the situation of people with mental health issues is dire.

b) Suggested answer:

In many of them, there are still bars in the windows, etc., so they have a prison-like atmosphere and the patients cannot leave (e.g., those living in the DPS on Krakowska St.). Patients can still be abused, although the situation has improved in the last 20 years. Rooms are shared with other patients. There may be hygiene issues as some patients cannot wash themselves. On the positive side, there are activities organised, so some patients can actually improve through doing something they enjoy, interacting with the staff and other 'inmates', etc.