

Introduction to the History of Mental Illness

INTRODUCTION

Mental illness is not new nor newly discovered. Since the beginning of recorded time, abnormal behaviors have been part of the human experience. The search for explanations of the causes of mental illness dates back to ancient times. Conflicting beliefs about demonic possession, punishment by the gods for a sinful state of the soul, and defects of the brain reoccur. Throughout history, attempts have been made at curing people that exhibit abnormal behaviors. Long before doctors had a full understanding of the human anatomy, attempted cures involved making holes in the person's skull for demons to escape. The religious or spiritual practice of evicting demons from a person believed to have been possessed, known as exorcism, also dates to ancient times.

Alternatively, the answer to problematic behavior has been through physical restraint, confinement, banishment, and even death. As this chapter unfolds you will learn about public and private places of commitment. Incarceration in prisons and jails have historically been a dumping ground for undesirables. Examples of periods in history which witnessed mass incarceration of individuals with mental disorders have been disrupted by reformers seeking more humane options. Where we go in the future will likely depend on what we do with the lessons learned from the past. We are at another crossroads in history. Which way will we go?

Key Terms

ASYLUM

BEDLAM

DEMONOLOGY

EXORCISM

PHRENOLOGY

TREPHINING

Chapter Objectives

After completing this chapter, you should be able to:

- Explain the influence of culture and religion on the treatment of those thought to have mental illness
- Compare and contrast European civil commitment with European criminal confinement
- Describe the cyclical nature of responses to individuals having mental disorders
- Compare early religious influences to modern religious influences

CULTURE AND RELIGION

An interesting aspect of mental illness is the historical endeavor to understand it. Insanity is a mystery that continues to challenge researchers to this day. Culture and religion have shaped the level of tolerance, or lack thereof, since the beginning of time. The term “culture” in this book refers to shared patterns of belief among groups of individuals. Religions are diverse, with varying practices and beliefs, and are typically organized. Belief in Gods and demons influence the cultural practices to which we adhere, so the realm is worth exploring.

Ancient Culture

Some individuals experiencing severe mental disorders struggle with a diminished ability to control one’s emotions or thoughts, sometimes accompanied by excruciating headaches or pain. This is a difficult concept for others to understand, which may contribute to the marginalization of those who suffer. It does, in part, explain why early therapies to rid individuals of their mental health problems center on surgeries that involve the brain. **Trephining** is one example

of a surgical procedure that involves cutting a hole in the skull to provide a release for the evil spirits possessing the person. Trephining is believed to be one of the oldest surgical procedures performed by man to alleviate the suffering of individuals with mental disorders. It was performed for epilepsy, infantile convulsions, and headache (Faria, 2013).

In Peru, ancient trephined skulls dating back 2300 years have been unearthed. From excavations of these prehistoric skulls, evidence of bone healing suggests that as many as 70 percent of the subjects initially survived the surgery (Rifkinson-Mann, 1988). Medical instruments discovered in Greece and Rome confirm that surgeons continued the practices of perforating the cranium between 25 BC–AD 216 (Faria, 2013). It is well known that ancient people who committed a crime were considered mentally ill. They were treated like outcasts, tortured, or killed. We can assume that criminals were among those treated for the release of evil spirits.



CH01-01: *Trephination*. The lithograph demonstrates the use of trephining instruments on a man's head. Photo courtesy of the National Library of Medicine.

Early civilizations often contributed behaviors that they could not understand to animalistic spirits, such as the widespread belief that people could somehow shape-shift into becoming werewolves. It was believed that insanity might cause *wolf-madness*, a term for when a person prowls about graves and bays at the moon (Porter, 2002). No one knows exactly when legends of werewolves began, but they have existed throughout history. As late as the fourteenth century individuals suspected of being werewolves were still being hunted and executed throughout Europe. Another example is found in the use of the phrase “the black dog” for individuals with depression (Porter, 2002). Failing to obey the teachings of the gods and priests might cause individuals to exhibit animalistic or aberrant behaviors as punishment.

IMAGINE THAT . . .

Lycanthrophy or wolf-madness may be one of the earliest diagnosis of melancholy, according to Pietikäinen (2015). The Greek physician, Oribasius of Pergamon (325–403 AD) described the lycanthrophy patient as having a paleness, languid expression, dry hollow eyes and dry tongue.

Jean Grenier, a self-proclaimed werewolf, was brought to trial in France in 1603. As one of the most illustrious cases of lycanthropy, Grenier confessed to having eaten a baby stolen from its cradle, parts of young children, and to having clawed and bitten several young girls. The court recognized his limited intelligence and mental illness and sentenced him to life in a monastery for moral and religious instruction. He died there at age twenty, scarcely human . . . (Otten 1986, p. 9)

Between 1520 and 1630 AD, there were some 30,000 cases recorded in France alone when werewolves were thought to be meddling in witchcraft. Werewolves are now rare, suggests Pietikäinen (2015), as only 13 reported cases have been documented since 1850.

Question for discussion: Is it possible to explain this phenomenon?

Attempts to explain the symptoms of mental illness have captured the attention of scholars and scientists as far back as the time of Homer, during the eighth century BC (Dalfardi, Yarmohammadi, and Ghanizadeh, 2014). The oldest term thought to describe the characteristics of mental illness is melancholia, now called depression. Per Porter (2002), Hippocrates (460–337 BC) recorded case histories of a woman rambling in her speech and mouthing obscenities; another who would not speak but would pluck, scratch, pick hairs, weep and then laugh. Hippocrates added the term mania as the opposite of melancholia. In ancient

medicine, the concepts of mania and melancholia were broad terms that covered many types of disorders. These included some forms of schizophrenia, schizoaffective disorder, depression, and some forms of psychoses (Dalfardi et al., 2014). The clinical accounts of melancholia would change over time, but anguish and dejection were its essential elements.

There is some historical evidence that individuals thought to be insane might be admired or revered. If the disorder induced behavior that signified mystical powers, such as epilepsy among the early Greeks, then the disordered individuals were honored. Plato (427–347 BC) and Aristotle (384–322 BC), for example, believed that all creative individuals such as artists and poets were prone to a form of mental illness they called melancholy. Although Plato emphasized the difference between clinical and creative mania, the paradox of “creative genius and madness” is one that still prevails.

A few early wise men also challenged the majority view of demonic possession. Hippocrates (c460–357 BC), the father of medicine, believed that mental illness was an organic sickness and not caused by demons. The basis of Hippocratic medicine is the belief that medicine should be practiced as scientific inquiry to recognize the symptoms of diseases through knowledge of anatomy (Kleisiaris, Sfakianakis, and Papathanasiou, 2014). Treatment of mental illness should be attempted in a secure and safe retreat from the crowded urban centers of the day. Hippocrates suggested that these individuals should neither be whipped in public nor held in dungeons. Rather, they should be placed in an asylum. The **asylum**, an enduring term, is an institution that offers shelter and support to individuals with mental disorders.

Mental disorders were studied extensively by Persian scholars during the ninth and twelfth centuries AD, referred to as the *Golden Age of Islamic Medicine*. A Persian physician, Al-Akhawayni Bukhari, classified melancholia into three groups during the tenth century. Based on the writings of Al-Akhawayni, comparisons have been made between his groups of melancholia patients to current DSM-5 disorders (Dalfardi et al., 2014). Group 1 includes patients who are described today as having the major depressive disorders with psychotic features; Group 2 individuals are those who have contemporary concepts of bipolar disorder with psychotic features, schizophrenia, or delusional disorder; Group 3 are those who we now describe as having bipolar mood disorder, major depressive disorder, or eating disorders. Al-Akhawayni prescribed plant materials such as celery stalk, fennel stalk, and cucumber as herbal medication for the management of mental disorders (Dalfardi et al., 2014).

There is little medical literature from ancient China regarding madness because it was considered similar to other illnesses and not the subject of debate. Fabien Simonis (2015) states that around the first century BC Chinese medical texts included the word *kuang*, which describes something like “mania.” *Kuang* is discussed in early medical texts alongside illnesses that were neither mental nor behavioral, and treated by similar means. For example, Zhang Lu (1617–99) offers a recipe for curing madness that might also be used to treat headaches (Simonis, 2015). Simonis argues that mental illness among the people of China did not bring about specialized institutions or publications as it did in the Western world. Around the seventeenth century murders committed by people with mental illness were likened to accidental homicides due to a lack of intent (Scull, 2015). By the mid-eighteenth-century things had changed, according to Scull. There appeared a presumption of dangerousness as authorities and the law subjected people with mental illness to various forms of confinement.

Early Influences of Religion

Early Christians believed that madness itself was a punishment from God for some wrongdoing. Roy Porter (2002) found a reference that King Nebuchadnezzar, who reigned between 605–562 BC, had been reduced to bestial insanity for having tormented his people. Other passages in the Christian Bible reflect similar beliefs. A well-known passage from Deuteronomy (28:28) states that *The Lord will smite thee with madness, blindness and confusion of mind. . . .* In Zechariah (12:4) it is written that, *on that day I will strike every horse to panic and every rider to madness.* If an individual was possessed by a demon, exorcism was the term to rid the person of the evil spirit.

Soranus of Ephesus, a Greek physician living in Rome during the second century AD, epitomizes the *Methodist* (or medical thinking) school of physicians (Kleisiaris et al., 2014). He believed that living beings were made up of atoms with a tonal quality. If the motion of the atoms was disturbed, the resulting discord could cause mental illness. Interviewing the patient and treating the whole person was at the core of this philosophical approach. This was a non-traditional philosophy. Its believers approached individuals with compassion and care, in sharp contrast to the beatings and starvations practiced during the period. The belief that optimal health involves healing the physical, emotional, mental, and spiritual whole of the patient is very much like the holistic approach to healing practiced today.

Per the New Testament of the Christian Bible, Jesus performed many exorcisms and commanded others to do the same. Expulsion of demonic spirits



CH01-02: *Exorcism of a Witch*, 1598. This image is of a demon being exorcised from a woman in front of what appears to be an altar and the bishop. Photo courtesy of the National Library of Medicine.

though **exorcism** occurs when a demon is commanded by a priest, in the name of God, to stop his activity within a person (Baglio, 2010). This official rite of the Catholic Church began with early religious practices as a remedy for demonic possession. Scripture shows that four of Christ's miracles concern the casting out of demons. Exorcism to expel evil demons may still be one the most widely held religious beliefs in the world (Mercer, 2013).

The Middle Ages

During the Middle Ages, witchcraft and demonology were the predominant explanations for abnormal behavior. Humane approaches to the treatment of individuals with mental disorders were all but abandoned during medieval and post-medieval times. Death was the logical end for those accused of witchcraft. Primitive approaches to mental disorders shared the view that extreme or violent behaviors were the expression of divine magical action, caused by external forces.

Evil spirits, demons, devils, Satan and the supernatural have been both feared and revered. Believers say that sickness, weakness, or lack of willpower allow the vulnerable to succumb to the influences of the devil. Jinn or genies are an example of supernatural creatures; made of smokeless fire they inhabit an unseen world of the Arabian woods. They are mentioned frequently in Islamic texts. In Muslim

societies people have traditionally seen jinn as the cause of mental disorder and epilepsy (Lim, Hoek, and Blom, 2015). Sin, divine will, and faith are among the most commonly held religious ideas in the world. Nearly all cultures and religions have at one time or another embraced **demonology**, which is the science or doctrine of demons (Porter, 2002).



CH01-03: *Johannes Wierus*. Johann Weyer (1515–1588) is depicted in this engraving holding a scroll in his left hand and a skull in his right hand. In the background is a plaque that reads “Vince Te Ipsum” . . . Conquer Thyself. Photo courtesy of the National Library of Medicine.

A surprising development occurred during the witchcraft and demonology hysteria of the Middle Ages as well. The movement would prove to form the basis of modern psychology.

Johann Weyer (1515–88) is recognized as the first physician to specialize in the treatment of mental illness, or “melancholy” as it was then termed (Cavanaugh, 2015). For his insight into mental illness, Weyer is credited as the “founder of modern psychiatry.” He opposed the practice of punishing or killing suspected witches with limited success, contending that these “melancholics” were not demonic but mentally ill. He argued that most confessions to practicing witchcraft were made when the suspect was being tortured. Since the statements were taken under the duress of coercion, Weyer argued, that they were unreliable. Believing that mental illness was treatable, he convinced some like-minded judges who dismissed charges against suspected witches (Cavanaugh, 2015). Unfortunately, the persecution of individuals believed to be under demonic influence as witches continued and even intensified.

Individuals exhibiting evidence of mental illness were accused of having committed sinful offenses and crimes while under the influence of the devil. Those individuals were referred to as witches. The witch hunt that claimed millions of lives over the next 250 years officially began during the 1400s (Cavanaugh, 2015). Witches were suspected of procuring supernatural powers and securing advantages to themselves through an arrangement with the devil. Persons found to be witches were burned alive. This became a common method of ridding the community of undesirables. Catholics and protestants were burned as witches, sorcerers, and heretics (Judd, 1905).

FOUCAULT’S CLASSIFICATION OF SOCIETAL RESPONSES

Philosopher Michael Foucault categorized society’s responses to mental illness into three distinct periods of time (Foucault, 2009). The first, the Age of Renaissance, represented a time when madness was considered a state of unreason, the reverse of wisdom. Those who discuss the period typically refer to the years between the fourteenth to the seventeenth centuries. As views shifted from a religious to a more humanistic outlook, the care for individuals with mental disorders began to change. The Classical Age, which spanned the seventeenth and eighteenth centuries, was the second period according to Foucault’s classification of societal responses to mental illness. This is the period of time when confinement was used as a way to control the individuals who were mentally ill.

The third period envisioned by Foucault is the Modern Age. By the end of the eighteenth-century madness had become an object of scientific scrutiny as a disease to be controlled.

Age of Renaissance

Fear of demonic possession raged extensively in both Catholic and Protestant countries. For more than 125 years, an annual lecture on the enormity of the witchcraft problem was presented at the Queen's college at Cambridge, England. King James was an ardent supporter of witch hunts. In 1602 he wrote a famous treatise on demons and witches that led to an act of Parliament that made witchcraft a felony and encouraged the punishment of suspected witches. It is estimated that in the next eighty years between 50,000 and 100,000 people were put to death as witches across Europe (Scull, 2015).

Classical Age

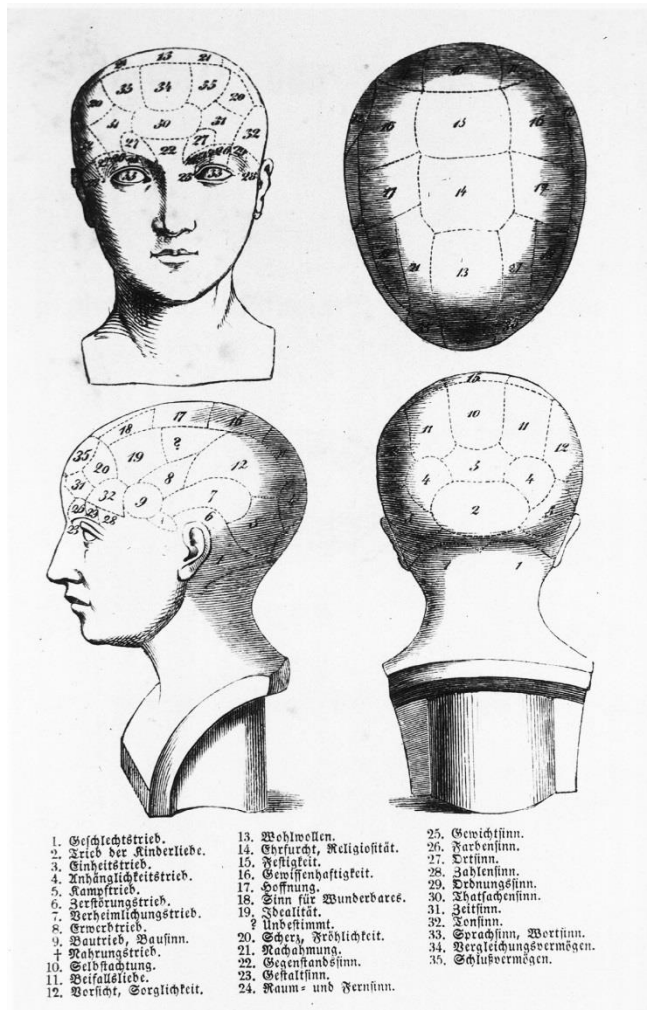
In the *History of Madness* (2009), Foucault claims that one out of every hundred people living in Paris in 1646 was committed as “mad” into houses that were previously occupied by lepers. Poorer individuals were jailed or placed in charitable public houses, called Almshouses. “Ships of fools” crisscrossed the Rhine and navigated Flemish canals with a cargo of damned souls on pilgrimages supported by hospitals and churches. Exorcism rituals that dated back to ancient times became organized religious traditions of torture resurrected by the Roman Catholic Church and the Church of England (Mercer, 2013).

Modern Age

The medical profession began to note the minor psychiatric problems of educated and polite society. “Nerves” became a popular object of study as physiological defects of the nervous system, in contrast to the traditional demoniacal beliefs that had been widely held. George Cheyne (1673–1743) was one of the originators of the neurological school of psychiatry, making neurosis fashionable (Cheyne, 2013). Health was easier to preserve rather than to cure, Cheyne maintained. Over-indulgence by eating and drinking was to be avoided in order to avoid mental disorders.

Science became consumed in its pursuit of determining the origin of mental disorders. One example that developed in the late 1700s concerned the shape of the skull, which was believed to mirror the development of the brain. Derived from the Greek word for “mind,” **phrenology** was based on the belief that the

brain is composed of separate organs, each of which corresponds to a skill controlled by the human mind. George Combe (1788–1858) was among the leading phrenologists of the nineteenth century. Having attended lectures and brain autopsies, Combe became convinced of the “science” of phrenology (Jenkins, 2015).



CH01-04: *Phrenology, 1841*. Franz Joseph Gall and Johann Caspar Spurzheim founded the “science” of phrenology. Here is the front and side view of a bust with phrenological sections identified. Photo courtesy of the National Library of Medicine.

Families were often responsible for caring for and accommodating mentally ill family members, either at home, or if financially able, in private “madhouses.” Shorter (1997) suggests that home care through the nineteenth century is nothing less than a horror story. In the *History of Psychiatry*, Shorter cites these historical

accounts as representative of the typical home treatment of the mentally ill at the time. In 1798, Anton Muller, chief of psychiatry at a hospital in Wurzburg, described one of his newly admitted patients that had spent years laying in a pigpen and who lapped his food like an animal and another that had been chained to a wall for five years so that he had lost the use of his legs (p. 2). In 1817, a member of the House of Commons described madness in the cabin of the Irish peasant. . . . The only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent his getting up. The hole is about five feet deep and they give this wretched being his food there, and there he generally dies (p. 1). In the 1870s just prior to introducing an asylum, officials found that 30 out of the 164 mental patients under home care were kept under restraint, typically in dark, damp, unheated, and stinking lockups (p. 3).

IMAGINE THAT . . .

In the area of criminology, phrenology became the first comprehensive explanation of criminal behavior (Rafter, 2010). Based on their understanding of the brain, phrenologists would explain all forms of criminal behavior from domestic violence to homicide. They developed guidelines for distinguishing between sane and insane criminals, as well as the concept that people vary in their propensity to crime. By the 1830s, phrenology had lost favor and has been discredited.

Question for discussion: What can we learn from historical efforts to understand mental disorders such as phrenology?

Behaviors, which were frightening to people who did not understand their origin, had contributed to the belief that demon spirits must dwell within the individuals. Facial grimacing, head or shoulder jerking, and vocalizations that may include grunting or barking added to the belief that evil spirits might fly out of the possessed into others. It was not until 1885 that the French Neurologist Dr. Georges Gilles de la Tourette first described the neurological disorder characterized by involuntary movements and vocalizations. We now know this as a tic disorder called Tourette syndrome.

In his 1916 edition of *Nervous Disorders of Men*, Bernard Hollander argued that nervous conditions were socially induced. He demonstrated, statistically, that severe mental illness had increased substantially between 1860 and 1913; he presumed it to be a consequence of the increase in brain activity required by men due to the progress of civilization. Hollander argued that the proportion of insane

people to the normal population was one in 536 during 1860, a number that had risen to one in 266 by 1913 (Hollander, 2015a). He further argued that mental illness was a functional disorder instead of an organic disease. Functional disorders are conditions believed to be due to psychological dysfunction.

Hollander was also an ardent phrenologist. After careful examination, he concluded that women, on average, possessed a smaller brain than the average male. In his 1916 book, *Nervous Disorders of Women*, Hollander argued that the size of the brain did not render women mentally inferior. However, he concluded that women were more prone to nervous disorders than men. He stated that one reason for the mental disorder's women experienced was that they typically "had foolish desires to be regarded as somebody of value in society" (Hollander, 2015b). Women needed to forget their disappointments through the emerging treatments of psychotherapy, Hollander explained.

CIVIL COMMITMENT IN EUROPE

Stories abound on the involuntary institutionalization of individuals who were not dangerous. Prior to the organized construction of places to hold persons with mental disorders, most of the cities of Europe throughout the Middle Ages and the Renaissance, reserved lodging in hotel rooms for the insane (Foucault, 2009). Hospitals were among the first institutions that housed and provided treatment to mentally ill patients. Conceived as asylums for persons with mental disorders, patients were kept in locked wards for their own protection. This kept them out of sight and out of mind of the public.

In 1247, the first institution dedicated to the care and treatment of the individuals with mental disorders was established at Bethlem Hospital in London, England. Starting as a monastery and college, it eventually became a prison for the mentally infirmed. It became known as **bedlam**—a term that today is synonymous with chaos and confusion. Bethlem included itself among the "shows of London" which meant that patients were on display, spectacles in a human zoo of demented creatures (Porter, 2002). Patients were identified by their unique clothing and were referred to as Bedlamites. Sometimes allowed to beg on the streets, Bedlamites were often joined by charlatans and fakes trying to make money.

Due to its notoriety, Bedlam has been depicted in numerous cartoons where the argument was made that the insane were those who visited the institution, and that those who lead unhealthy lives would become the inhabitants. Jokes about

mad monarchs gave impetus to cartoonists to highlight the corrupting influence of power. Note figure CH01-05 which illustrates the prevailing thought.

Below is the final scene of Hogarth's *A Rake's Progress* series, 1735. There is an image of a man holding his head in the historical pose of the maniac. The fallen hero was ruined by drink, gambling, and women of ill-repute, and he is surrounded by other insane patients. An attendant attaches chains to his legs while his faithful lover cries. The well-dressed lady in the background is a visitor come to enjoy the antics of the Bedlam inmates.



CH01-05: *A Rake's Progress Scene in Bedlam*. The engraving by William Hogarth (1697–1764) is of the interior of the Bethlehem Hospital in London known as “bedlam.” Photo courtesy of the National Library of Medicine.

The “Madhouse Act” was significant since there was widespread fear of wrongful commitment in England during the early eighteenth century (McCandless, 1981). Causes for the anxiety may have been justified. The doctors of the time knew little about the pathology of insanity and often confused sexuality and nonconformist behavior as mental disorders. Any doctor could sign certificates of insanity regardless of their specialty. A charge of insanity meant the loss of individual liberty; significantly, it also resulted in the loss of a man's property. Even if the person was later acquitted, the charge would negatively affect his reputation in the community, according to McCandless (1981). Stories of husbands having their wives falsely committed and unscrupulous relatives seeking to take possession of family fortunes fueled the criticisms of the private asylums.

In one case, an individual was found insane since he objected to woolen trousers, preferring corduroy because they were better for walking (McCandless, 1981). Despite the fear and abuses, by 1850 more than half of the mentally disordered population of England lived in private institutions (Porter, 2002). Medical supervision was not a legal requirement for early private institutions. Asylums varied widely in quality and the lack of regulation bred corruption and cruelty.

Rise of the Public Asylum

The establishment of public asylums in Europe during the 1700s advanced the professionalism of psychiatry, which led to the employment of doctors who specialized in managing “madness” (Busfield, 2015). Mental illness became a field of study. Research gained from the study of inmates in asylums found links between madness and genius, tuberculosis, and drug use. The doctors of the time sought ways to control and understand mental disorders and conditions. Under the influence of psychiatry, a new model on madness emerged. Roy Porter (2002) reports that madness came to be understood as a psychological condition that influenced the psyche, as evidenced by the patient’s behavior.

Asylums provided an abundance of information to diagnosticians in France during the 1800s due to the commitment to clinical observation using the case-history approach (Porter, 2002). A leading authority was Jean-Etienne Dominique Esquirol whose *Mental Maladies* (1838) described the diagnosis of kleptomania, nymphomania, and pyromania in addition to affective disorders involving paranoia. As an advocate of humane treatment of the mentally ill, Esquirol was instrumental in asylum reform in France. Epileptics became distinguished from the insane and were treated in special hospitals that emerged in France, Britain, and Germany.

By 1817, an expansive public asylum system was established in Ireland. An example of the most enduring program of institutional social intervention, it grew to become one of the largest in the world. By 1950, Ireland held the distinction of having the world’s highest rate of asylum commitment (Brennan, 2013). Enduring for over 200 years, control over those with mental illness involved long-term removal from society as well as methods of adjustment such as moral intervention, shock treatment, and medication.

John Conolly was appointed resident physician to the Middlesex County Asylum at Hanwell, England in 1839 where he initiated a “non-restraint” system of control for mental patients. The system gained notoriety because of his 1856 book, *The Treatment of the Insane without Mechanical Restraints*. Conolly’s system

coincided with a movement for “moral treatment” where patients were given food and were not locked in small crates or manacled for long periods of time (Bartlett, 2010).

Not all countries in Europe confined the mentally disordered population with the same vigor. Russia and Portugal stand out as countries where the insane hardly appeared in records at all prior to 1850 (Porter, 2002). Individuals in Russia who were confined due to mental disorders were generally held in monasteries and cared for by clergy. In Portugal, only two asylums existed by the end of the nineteenth century with fewer than 600 inmates between them. It stands to reason that in countries without formalized institutionalization policies, most individuals in need of treatment for mental disorders received care in private institutions or homes.

Criminal Confinement in Europe

It has been argued that while many European cities and towns during the Renaissance gave refuge to individuals with mental disorders, many more simply threw them into institutions. Madness was used as a reason for confining more than 6,000 undesirables and petty criminals in Paris by the 1660s (Foucault, 2009). Commitment and restraint were justified for mental illness through the creation of laws that essentially made it illegal to be mentally ill or homeless. Typified by Louis XIV’s France, Foucault described a “great confinement” where troublesome people were confined as a police measure in German prisons, English workhouses, and the hospitals of France.

Prison ledgers from the 1690s reveal inmates labeled as “women who were sick, in a second childhood, girlish old women, epileptics, mad, malformed, damaged simpletons, imbeciles, and those weak in the mind,” to name only a few (Foucault, 2009). Similar patterns for confinement of individuals with mental disorders in prisons continued throughout the 1700s. Violence was interpreted as illogical and sinful and the justification for imprisoning the insane became blurred. Foucault (2009) tells of an inmate who complained about being locked up while being neither “eccentric nor insane.” The investigation report included a reply from the guard who justified the confinement:

He never kneels at the most sacred moments of the mass . . . and he keeps a portion of his Thursday support for Friday, this last trait revealing that while he may not be mad, he is well on the road to impiety.

Despite advanced knowledge of scientific principles and medical interventions between the sixteenth and eighteenth centuries, some historians

suggest that the custody of the insane was more frequently left in the hands of the jailer (Bynum, 1981). Bynum reports that England's 1744 *Vagrancy Act*, Section 20 provided that any person could detain and claim someone to be a lunatic. With the consent of two justices of the peace, that individual would be kept safely locked up in some secure place. The decision to release the individual was at the discretion of the jailer or the local magistrates.

Spierenburg (2007) disputes the impression that a large population of deviant were imprisoned during the seventeenth and eighteenth centuries, as described by Foucault. However, an early form of confinement, he suggests, is the medieval hospital. From the fifteenth century onward charitable institutions had sequestered areas where "inmates" of the hospital consisted primarily of the insane. Dangerous individuals were kept in custody for long periods of time, typically this population was restrained in some manner. Obviously, they were not free to leave. The hospitals also functioned as asylums for the aged, homeless, the sick, the infirmed, or women in labor. These institutions were different from jails and prisons because there was no responsibility attached to their actions and they were not required to work.

It should be noted that the concept of imprisonment for punishment is a recent one. While places of detention have existed for centuries, these were a means of holding persons for later punishment. Places of detention that held criminal offenders were referred to as *gaols* in England. Gaols are similar to our modern-day concept of the jail—they mainly held debtors and persons for short term stays. Institutions constructed for punishment were first established in the late sixteenth century (Spiernburg, 2007). They have been called *bridewells* or houses of correction in England and *tuchthuizen* in the Netherlands. The *gaols* continued in existence even when houses of corrections were built.

Modern Religious Influences

There has been a recent resurgence in the importance of spiritual beliefs as primary mental health treatments. The fastest growing Christian movement in the world is Pentecostalism (Miller, 2006). Pentecostal believers emphasize the role of the supernatural in both causation and treatment of mental and physical disorders. Divine healing, the supernatural, and miracles are attributed to beliefs within the Pentecostal community. Some believers may accept treatment only if it is consistent with Pentecostal deliverance beliefs. Others may reject medical and psychological treatments altogether, even in cases of severe mental disorders. It is estimated that a growing population of more than 80,000,000 Pentecostals live in

the United States (Mercer, 2013). Upwards of 64 percent of the diverse American Latino population identifies as Pentecostal (Espinosa, 2014).



CH01-06: Exorcism has recently been sanctioned as official Catholic practice by Pope Francis. The move came as the result of renewed interest in the practice. Photo copyright softdelusion/Bigstock.com

Interventions through exorcism are widely practiced today (Mercer, 2013). The ninth annual conference on exorcism, *Exorcism and Prayer for Liberation*, was held in May 2014 in Italy. The Vatican-sponsored conference touched on the resurgence of mystical rites in the Catholic Church and on the renewed interest in exorcisms. According to news reports, Pope Francis has sanctioned exorcism as official Catholic practice, to be used to save people from demons (Withnall, 3 July 2014). More priests will be trained in the practice of performing exorcism in order to keep up with increasing demands for exorcism around the world (Buckley, 2018).

The U.S. Conference of Catholic Bishops in 2017 made available the first official English-language translation of the ritual book on the rite of exorcism in a book entitled *Prayers Against the Powers of Darkness* (USCCB, 2017). The book of prayers was developed from century-old rituals used by the church. From Biblical passages Mark 5:1–13 and Matt. 10:1 both Catholics and Protestants believe they have the power to cast out devils and to heal individuals that were possessed.

Under 1172 Canon law, priests that are trained in the ritual practices are given permission to perform exorcism from their bishops. All Catholic bishops are authorized to conduct exorcisms.

IMAGINE THAT . . .

According to Baglio (2010), approximately 8,000 satanic sects with more than 600,000 members exist within Italy alone. These estimates may have fueled the need for exorcisms to cure the large numbers of people who say they are possessed by evil spirits. The current belief is that many mental disorders might be mistaken for demonic possession, but that they are not the same as possession. Each year more than 500,000 people in Italy see an exorcist (Baglio, 2010).

Question for discussion: How has the use of exorcism changed from ancient times?

SUMMARY

Individuals with mental disorders were historically either ignored or institutionalized. Their disorders were not readily understood or treated. Society has often feared and harbored prejudices against people with mental illness based on culture and religious beliefs. Throughout history we have attributed the illnesses to possession by demons or as a punishment for some wrongdoing. Horrific surgeries meant to release demons or cure the brain of abnormalities have been tried to no avail. Brief periods of humane treatment throughout history have occurred.

The distinction between the criminal confinement and civil commitment of individuals believed to have mental illness is blurry throughout history. When vagrancy or idleness is paramount to committing crime, criminal commitment to a jail or prison might have occurred. Confinement in asylums generally occurred when symptoms of mental illness were thought to be treatable conditions or to provide care to individuals who were considered dangerous or unable to care for themselves. Many of the references in history to the imprisonment of the mentally ill may be confusing since the use of restraints suggests punishment rather than confinement. There is disputed evidence that large numbers of individuals were committed to early jails and prisons. Undisputed is that involuntary commitment of persons with severe mental illness has occurred often throughout history; this is generally what we now refer to as civil commitment.

CHAPTER QUESTIONS FOR REVIEW

1. Explain the influence of culture and religion on the treatment of those thought to have mental illness.
2. Describe the cyclical nature of responses to individuals having mental disorders.
3. Compare early to modern religious influences on responses to severe mental illness.
4. What can history tell us about the treatment of individuals who have mental disorders?
5. What does the term asylum mean? Did that change over time?

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