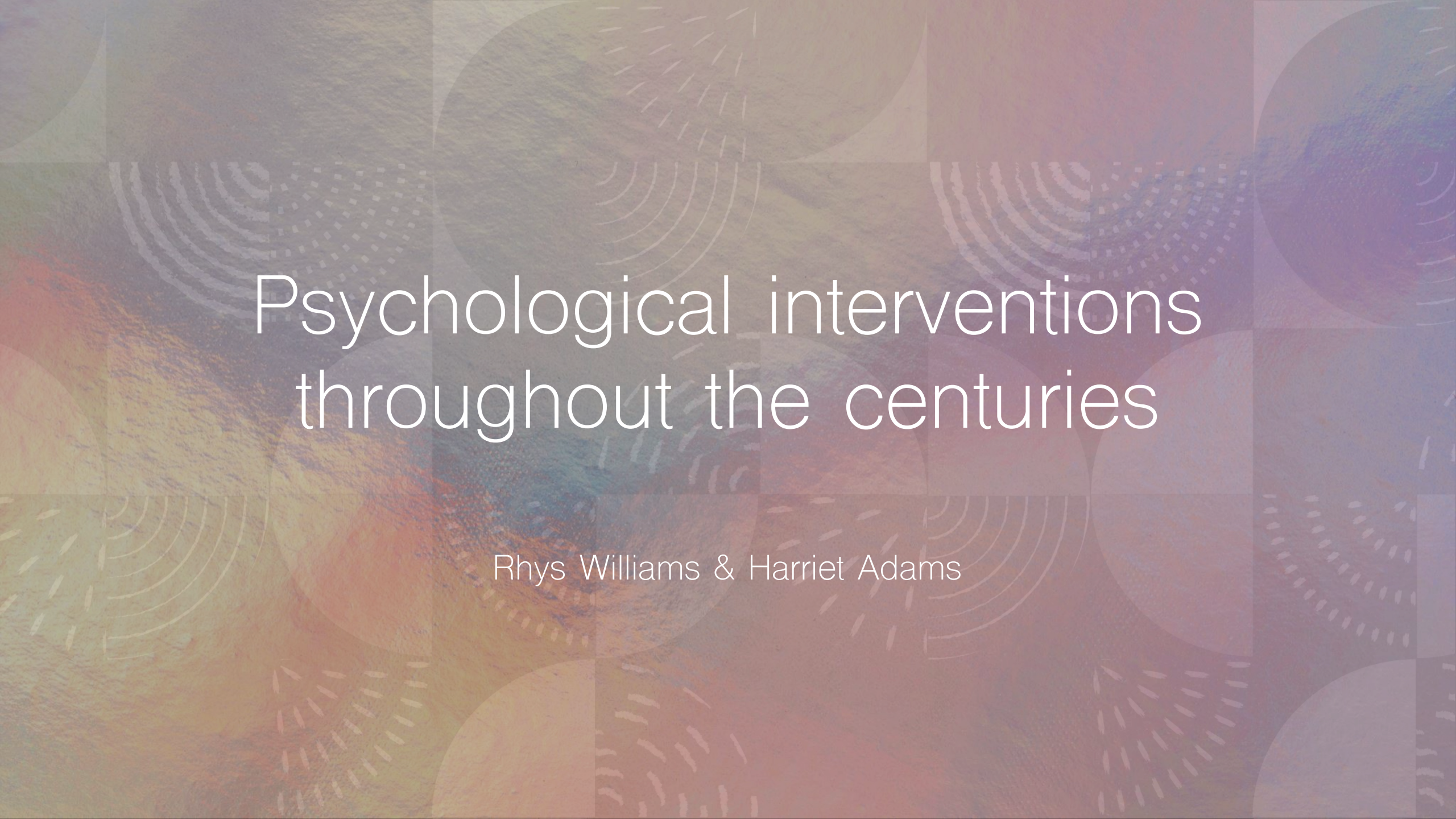




Psychological interventions throughout the centuries

Rhys Williams & Harriet Adams

The aim of the presentation

- Part 1 – explore the psychological interventions available from 16th to 19th century
- Part 2 – explore the development of psychological interventions from the 20th century to present day.

The understanding of mental illness in Ancient Greece

- The first instances of mental illness occurred in ancient Greece from the 5th to 7th century (Laios et al, 2020).
- Greek physicians, Alcmaeon and Hippocrates, suggested that the brain was the cause of mental illness, which led them to focus on scientific based medicine instead of gods, demons and spirits were originally believed to be the cause of mental ill-health (El-Gammal, 1993; Tzeferakos & Douzenis, 2014).
- Trephining became a common procedure whereby carving holes in the skull was thought to free the evil spirits within the body (Foerschner, 2010).
- Galen adopts Hippocrates theory of the four humours and applies it to mental health conditions (Dols & Immisch, 1992).

The 16th century

- The Malleus Maleficarum (The hammer of witches) was created in 1486 which led to the mass witch-hunts from 1400's to late 1700's, resulting in the deaths of over 100,000 women (Brewer & Diener, 2019; Levak, 2013).
- Women were thought to have an evil or demonic source within their uterus that allowed them to cause convulsions, behavioural changes and other symptoms related to both epilepsy and hysteria (Quintanilla, 2010).
- Women suspected of witchcraft were tortured for confessions before being hung or burnt at the stake (Castelow, 2022).
- Treatment for mental illness consisted of exorcisms and rituals conducted by priests and demonologists (Foerschner, 2015).
- In 1584, Reginal Scot suggested that women were mentally ill as apposed to being witches and suggested that the cause of mental illness is not related to witchcraft or religion. However, his theories were quickly shut down by the Catholic Church (Brewer & Diener, 2019).

The 17th century

- The use of 'madhouses', workhouses and asylums became popular as a way of protecting the public from the 'insane' or those who suffered from mental illness (Hayes, 2020).
- Bethlem hospital (Bedlam) was built in 1247 and became a psychiatric 'lunacy' hospital in the early 1600's. Those with mental illnesses were said to have little to no capacity, therefore the decision to be admitted was out of their hands (Tiao, 2015).
- The four humours became a popular for treating mental illness, through methods such as bloodletting by cupping and leeching, using herbs as a laxative and ingesting tobacco to encourage vomiting in order to restore the internal balance of the humours (Foerschner, 2010).
- Underqualified staff, malpractice and constant use of restraints created a horrendous environment with some extreme treatments such as cold-water shock therapy (Foerschner, 2010).
- Thomas Willis introduced the neuroscience, a scientific way of studying the brain, which led to mental illness being recognized as a neurological disorder (Caron 2015).

The 18th century

- New understandings of mental illness brought an end to the witch hunts and women were no longer thought to have a connection to the development of epilepsy or hysteria (Levak, 2013).
- Philippe Pinel also known as “the founder of psychiatry” focused on adopting a humanistic and moral approach to treating and understanding mental illnesses. In addition to this, Pinel suggested that a cure for mental disorders is possible. He claimed that in order develop an accurate diagnosis ,physicians would have to focus on observing a patient’s behaviours and the symptoms they display (Weiner, 1992; Caron, 2015).
- Pinel tried to ensure that his practices were ethical and moral, which led him to removing any forms of physical restraints including chains and straightjackets (Caron, 2015)
- In 1774 the madhouse act brought new regulations to ensure that no institution is over capacitated, inspections are completed and no patients are admitted without certification from a medical professional (Crane, 2020).
- William Tuke founded the York Retreat in the late 1700’s. The retreat was a psychiatric hospital that valued humane and moral treatment of patients (Bewley, 2008).

The 19th century

- The 1800's brought an increase in medical practitioners who focused on neurology who wanted to bring a new and more detailed understanding of individual mental disorders.
- Drugs including bromides were commonly used to sedate patients if they became difficult, although these drugs were often used unnecessarily as a way to quiet the patients (Floyd, 2022).
- Electricity became a popular method of treatment as many patients underwent electric shock therapies. This was thought to be successful in those suffering from melancholia. (Beveridge & Renvoize, 1988).
- These procedures were only the beginning of the invasive, traumatic and unethical treatments that were soon to be developed in the 20th century.

The 20th century

Starting off in the first world war; new interventions were needed to keep up with the massive demand for treatment of shellshocked soldiers. Many of these soldiers were shot for cowardice before they could receive any form of treatment. Now referred to as PTSD, this illness has a range of symptoms, including; trembling, difficulty walking, nightmares and paralysis of limbs.

- Soldiers would be taken back home to be treated, and once they showed signs of improvement, mainly because they were away from the battlefield, they would be taken back to the front lines, and inevitably exposed to the same stimuli again.
- Malaria Treatment was being developed at this time by Julius Wagner-Jauregg, in which malaria infected blood would be injected into the patient to bring a fever that was supposed to cure the shellshock. Around 15% of those treated died and the invention of penicillin brought this to an end.

The 20th century

- Deep sleep therapy was used by dosing soldiers with barbiturates to make them lost consciousness, with the belief that once they woke up, sometimes after weeks, they would be cured. This was sometimes combined with ECT and often carried out without the proper consent of the patient. 27 patients in total died from this.
- During this time Manfred Sakel developed insulin shock therapy, by which multiple large doses of insulin were administered to put the body into shock. The low levels of blood sugar that would follow often led to patients feeling weak, confused and some would fall into a coma. This usually was the treatment for patients that were more aggressive because it caused this lethargic, docile state. It was even known at the time to be dangerous but was justified through the idea that those who suffered from shellshock were "looked upon as lost or very seriously ill in any case," according to Sakel himself. It is estimated between 2-5% of patients died during this procedure and it was eventually disproven, though was still used into the 1960s.

The 20th Century

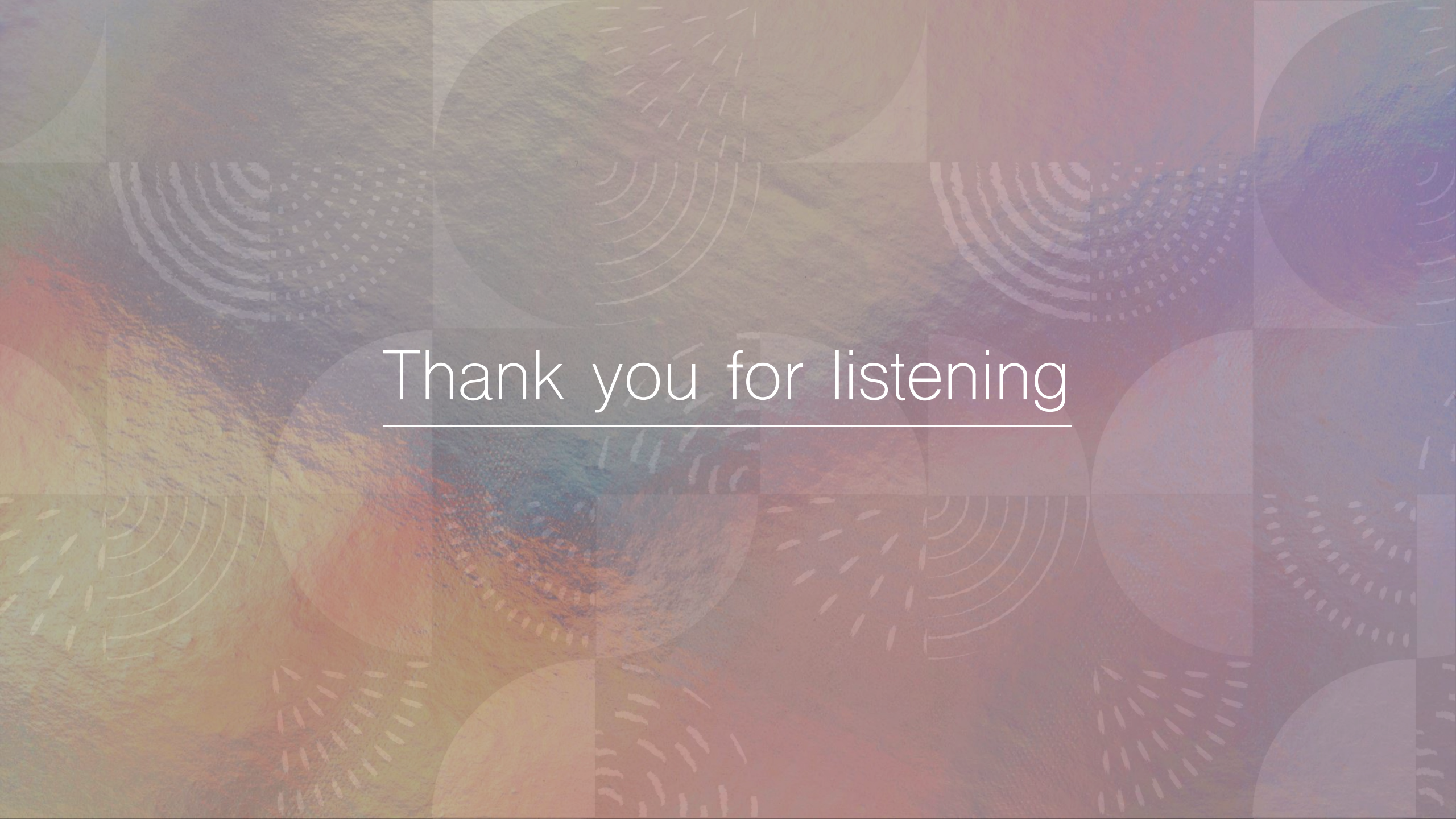
- Electroshock treatment was commonly used. A shock was administered through electrodes to stimulate limbs that had lost their use, (a symptom of shellshock/PTSD). The focus for this was to get the soldiers back into a fit state for them to continue fighting, rather than improving their quality of life.
- Electroconvulsive therapy (ECT) was Developed later in the century by Ugo Cerletti and Lucio Bini. The first human trial took place in 1938 in which a seizure was forced via electric shock with the expectation that upon awakening, the patient would be cured of their mental illness. This is still used today, only in a more controlled environment, with anesthetic and is only used in the most extreme cases of depression.

The 20th Century

- In the mid 1930s Egas Moniz and Almeida Lima developed the prefrontal lobotomy. The procedure they developed involved drilling a hole into the skull and injecting alcohol into the frontal lobe to kill the brain matter and reduce symptoms in schizophrenic patients as well as make more difficult patients less violent. Moniz claimed it to have a 70% success rate with schizophrenic patients.
- American neurosurgeons Walter Freeman and James Watts began to conduct these in 1936. They changed the surgery by boring a hole into the skull and severing the tissue of the prefrontal cortex with a knife. They could not decide exactly how much was supposed to be cut, as a result the patient had to be kept awake under local anesthetic and cuts would be made until they found a change in the behaviour of the patient. This was eventually put to a stop because of the outcry after John F. Kennedy's sister underwent the procedure and was left badly brain damaged.
- However, the surgery still lived on in the UK, with Sir Wylie McKissock being the most famous British surgeon to do them. It is believed he carried out over 3000 of them and could do them in as short as 5 minutes.

The 20th Century

- Albert Ellis in 1955 developed a new form of therapy during a wave of new cognitive based psychology. He developed rational emotive behavior therapy, which involves taking responsibility for you own dysfunctional emotions and actions and they are the product of irrational thinking. The therapist would work with the patient to develop a more realistic view.
- In 1954 a more humanistic approach to psychology became popularized. This was focused on finding more empathetic interventions.
- In the 1960s Aaron Beck then developed Cognitive Behavior Therapy (CBT). This involves interrupting negative thought patterns and bringing in more constructive behaviors. As well as deconstructing large problems and producing smaller and more manageable ones. This works on a very wide range of illnesses.



Thank you for listening

References

- Albert Ellis, (1955). New Approaches to Psychotherapy Techniques. Doi: 10.1002/1097
- Alexander Wellington, (2022). Dr Manfred J. Sakel: Discoverer of Insulin Shock Therapy – Psychiatry In History. The British Journal of Psychiatry, Volume 221, issue 5, page 682 Doi:10.1192/bjp.2022.73
- Julius Wagner-Jauregg, (1946). The History of The Malaria Treatment of General Paralysis.
- Laios, K., Michaleas, S.N., Karamanou, M. (2020). Ethics in Mental Disorder Treatment: How Ancient Greece Contributed to Modern Psychiatry. *Erciyes Medical Journal*, 42(1), 117–8.
- El-Gammal, S.Y. (1993) The Role of Hippocrates in The Development and Progress of Medical Sciences. *Bull Indian Inst Hist Med Hyderabad*, 23(2), 125–135.
- Tzeferakos, G., Douzenis, A. (2014). Sacred psychiatry in ancient Greece. *Annals of General Psychiatry*, 13.
- Liebson, P. (2017). Philosophy of science and medicine series 2: Galen vs Hippocrates. *A Journal of Medical Humanities*.
- Brewer, L & Diener, E (Eds). (2019). General psychology. *Noba*.
- Quintanilla, B. (2010). Witchcraft or Mental Illness. *Psychiatric Times*.
- Levak, B. (2013). The Devil within possession and exorcism in the Christian West. *Yale University Press*.
- Dols, M.W., Immisch, D.E. (1992). Galen and Mental Illness. *Majnūn: The Madman in Medieval Islamic Society*

References

- Castelow, E. (2022). Witches in Britain. *Historic UK*
- Tiao, J. (2015). The history of Bethlem Hospital. *Hektoen International Journal*.
- Hayes, A. (2020). History of Mental Health Treatment: 1400s to now. *Rise*.
- Foerschner, A. M. (2010). "The History of Mental Illness: From Skull Drills to Happy Pills." *Inquiries Journal*, 2(09).
- Caron, L. (2015). Thomas Willis, the Restoration and the first works of neurology. *Medical History*, 59(4), 525–553.
- Weiner, D.B. (1992) Philippe Pinel's "Memoir on Madness" of December 11, 1794: a fundamental text of modern psychiatry. *American Journal of Psychiatry*, 149(6), 725–732.
- Crane, J. (2020). 1774 Madhouse Act. *Warwick Centre for the History of Medicine*.
- Bewley, T. (2008). Madness to Mental Illness. *A History of the Royal College of Psychiatrists*.
- Floyd, B. (2022). Mental health; from quackery to bacteriology. *University of Toledo Libraries*
- Beveridge, A.W & Renvoize, E.B. (1988). Electricity: A History of its use in the treatment of mental illness in Britain during the second half of the 19th century. *British Journal of Psychiatry*, 153, 157–162