This file looks at the place of depth psychology within the development of psychiatry and psychology up until the first years of the 20th century. It looks at the environment in which Jung and Freud began to practice, at a history of developments in psychiatry and psychology by date, and at some of the famous theorist and practitioners who predated Jung and Freud.

1. THE ENVIRONMENT THAT JUNG AND FREUD BEGAN IN

When thinking about the ideas of Jung, Freud and the other founders of depth psychology, it is a good idea to know something about the environment within which they developed these ideas. The state of knowledge about the human psyche, about mental illness and the ways in which mental illness was treated, were all very different from today.

Thus, in the middle and late 19th century, the treatment of mental illness could be said to be emerging from a dark age. In the middle ages, of course, the symptoms of psychosis had been generally ascribed to demonic or related possession. Witches were often blamed and were tortured and/or executed as a result. As, often, were the insane. Concepts like 'original sin' and the idea of the first woman (Eve) being a temptress were not exactly helpful.

Moving on to the 'enlightenment', the concept of demonic possession became less central. (But it has never entirely gone away (especially perhaps for charismatic Christians, the Catholic church and Hollywood. I believe the last execution of a witch took place in the twentieth century in Germany. Science, though, became the dominant theology of the age and the age of reason replaced the age of faith: this is still our age. In our age, mental ill health has generally been considered at best an affliction, at worst a sign of genetic weakness, lack of character or even, still, evil. Often, still, as punishment for sin, or the emergence of the animalistic nature of humans (the 'beast within' theory)).

At about 1800 there was still no psychiatry as a medical speciality, just doctors (and others) who were 'keepers of lunatics'. Often called 'mad doctors'. The mentally ill might be kept in prisons, almshouses or left to wander at large. Wherever they were, beatings, floggings and imprisonment was a common punishment for their 'abnormal' behaviour. There was little sense of responsibility for them and, generally, little or no idea of treatment as we would now understand it. Diagnosis, too, when attempted, was a welter of descriptions of symptoms.

Asylums were well established by this time, but the treatment of the insane within them was horrendous (with exceptions to be discussed below). Inmates were normally chained to the wall and the public often could come in and look at the lunatics as if they were in a zoo. And, of course, confinement was normally involuntary. Someone else (the police, the medical profession, your relatives and so on) put you in the bin. And once you were in, it was extremely difficult to get out. You presence within the asylum was proof enough that you were mad. Not even wives, the establishment or kings were exempt (see, for example, the excellent "The Madness of King George"), so great was the fear of madness and the associated 'infectiveness' and shame. No place here, you would think for psychotherapy, the validation of fantasies dreams, and even hallucinations and delusions, an approach which validates a person's 'symptoms' and empowers the patient as well as the doctor.

But, by the middle of the nineteenth century, changes had taken place, or were taking place, that provided an environment in which depth psychology could emerge. Of course, though, certain more inimical themes remained. The fear of the insane, of course, and the reluctance of many people to acknowledge that their 'madness' is present in potential in all of us. They are so like us and they may be relatives or people that we know well, but they have lost normal control of their lives. (examples Alzheimers don't know who they are, the infectiveness of depression, the unanswerable theories of paranoids).

Then there is the medical tendency to think and behave as though psychiatric illnesses were no different from physical illnesses and to treat them, therefore, with physical remedies – ECT and brain surgery, for example, and nowadays a huge variety of powerful chemicals. An approach that regards the relief of symptoms (the repression of symptoms if you like) as representing 'cure'. Whatever that may be.

This should be a major debate in psychology, although you may have never come across it. Whether to treat mental illness as – as it were – an outside agent that affects the individual in a predictable way, much as would a virus. Or whether mental illness should be regarded as the product of the workings of the individual's unique personality and other psychic structures. On the first hand, we have a normative approach based largely on the findings of biology in relation to human physical functions. Against this can be set an idiographic approach that maintains that the diagnosis of 'mental illnesses' is merely the description of a bunch of symptoms that are by-products of an individual's unique mental problems or disturbances. A number of important psychologists and psychiatrists – for example R.D. Laing have argued that even florid psychosis can be a normal reaction by the individual when places in an unbearable social situation.

Anyway, back to our main theme, there were important developments in the nineteenth century. Perhaps most importantly, the movement towards the humane treatment of the mentally ill. Much of the credit for this traditionally goes to Phillip Pinel, although he minimised his importance himself. Pinel,

though, was only one of many doctors of about the same period who were moving in the same direction. Benjamin Rush, for example in the United States, the Quakers in England and others. In Switzerland, Eugen Bleuler (for many years Jung's boss at the Burgholsli) believed that personal relationships with patients could ameliorate even severe mental illness. That work therapy could be helpful. That discharge from the asylum could sometimes cure. That follow-up therapy for discharged patients was possible. In Vienna, Joseph Breuer (Freud's more senior colleague) used Charcot's technique of hypnotism to help patients re-experience 'strangulated' emotions: all of which led to Freud's 'talking cure'.

Philippe Pinel (1745-1826) is often called the father of modern psychiatry. Received a medical degree from Toulouse, then spent 15 years in Paris as a writer and teacher and working in private sanitaria before his degree was recognised in the city. His interest in mental illness was motivated by the suicide of a friend, whose treatment is said to have been grossly mismanaged: an Adlerian motivation.
Pinel was sympathetic to the revolution and afterwards became chief physician at Bicetre Hospital, Paris with about 200 mental patients. Eventually (in 1795) he became chief physician at the Salpetriere, with seven thousand elderly, indigent and ill women and with a 600-bed ward for the mentally ill.
At both Bicetre and Salpetriere replaced iron shackles with straitjackets and did away with bleeding, purging, blistering, floggings and other means of subduing the insane for what came to be called 'moral treatment'. This involved visiting and talking to the patients and taking notes. Hence case histories and a natural history of each illness. He discarded the idea that mental illness was demonic possession, stressing rather social and psychological stress and heredity. He also had a (complex and not very scientific) classification system.
His theory was said to be the greatest transformation in the science of mentality since the middle ages.

Without these changes, it would have been difficult for Jung and Freud to have been allowed to listen to their patients, to take what they said seriously, to allow them dignity within their illness and to attempt cure without physical treatments.

One should also bear in mind that Darwin's *Origin of Species* was published in the middle of the 19th century. The concept that we are not divine but an evolved species of Primates allowed the human mind, including the unconscious mind (aka the soul or the psyche), to be the subject of scientific investigation, just like the body. An end to dualism.

Depth psychology, then, argued that mental illnesses were not caused (necessarily) by inferiority or weakness. Nor, necessarily, by chemical imbalances, genetic bad luck or other biological causes. Causation could

also be **psychogenic**. And therefore, in some cases at least, caused by life events and potentially curable. In a sense, this was not a new assertion, but it was made more successfully, coherently and with greater political force than previously. And, importantly, some famous cases of mental illness did get better.

Another very important feature of depth psychology was its focus on and description of the human unconscious mind. Not least the manifestations of the unconscious in dreams. The unconscious, its manifestations and its tendency to overthrow and/or dominate conscious 'well meaning reasonableness' had, of course, been well described in literature, painting, theatre and other branches of the arts for centuries. But until the advent of Jung and Freud, there had been no psychological and/or scientific attempt to delineate the content and functions of the unconscious mind.

2. A YEAR-BY-YEAR TABLE OF DEVELOPMENTS AND IDEAS

The headings in this table are approximate only

YEAR	WHO?	DIAGNOSIS	APPROACHES	THEORY
C400BC	Hippocrates		Dietary treatment	Hysteria caused by a wandering uterus
1250AD	Bartholomaeus Anglicus			Mental diseases localized to different parts of the brain
1486	Henry Kramer. *Malleus Maleficorum*		Persecution of 'witches'	Mental illness caused by witchcraft/demons
1520	Paracelsus	Psychiatric illnesses natural illnesses	Witches not to blame	
1538	Juan Vives		Forerunner of Depth Psychology	Psychological associations form emotions
1586	Timothy Bright	Similar to modern diagnosis		Depression can be caused by chemical imbalance or psychological factors
1602	Felix Plater	Classification of diseases based on symptoms: leads to great complexity		Medicine is natural science, not philosophy
1603	Edward Jorden. *Suffocation of the Mother*			Hysteria is a sex-linked disease, imitating other diseases
1621	Robert Burton. *The Anatomy of Melancholy*			A classic book on depression

1621-1650	PaoloZacchia. *Questiones Medico-Legales*		A physician, not a priest, should evaluate responsibility in the mentally ill.	The beginning of forensic psychiatry
1682/3	Thomas Sydenham Thomas Willis	Comprehensive description of the symptoms of hysteria: can occur in males	Causation 'animal spirits'	
1707	George Stahl		Confirms Bright (above)	Psychiatric illness caused by inhibitions of soul (anima) or bodily disease
1758	William Battie. *A Treatise on Madness*	First use of *Madness* in a book title	Raised the 'mad business' to a respected medical specialty	
1763-1770	Boissier de Sauvages. *Nosologia Methodica*	Mental illnesses divided onto classes by symptoms		Started a rethink of current, chaotic classification of mental illnesses
1771	John Aiken. *Thoughts on Hospitals*			First book discussing 'Lunatic Hospitals'
1779	Franz Mesmer		Showed that the use of 'animal magnetis' could cure mental illness	Led to the discovery of hypnosis
1789	Vincenzo Chiarugi. Bonifazio Hospital regulations		A first attempt to treat patients humanely, without restraints	
1796	William Tuke		Creates the York retreat for moral treatment of the mentally ill	
1800	William Cullen	First use of the term 'neurosis'		More complex classification of mental disorders
1801	Phillipe Pinel. *A Treatise on Insanity*	Classified mental illness into four main forms	'Moral' treatment of insanity instituted. Chains broken	Less complex principles for classification of mental disorders begins
1803	Johann Reil. First psychiatric journal founded		Psychotherapy given to patients: the founder of rational psychotherapy	Music, psychodrama and occupational therapy (working) used
1812	Benjamin Rush			First general textbook on psychiatry
1813	Samuel Tuke. *Description of the retreat*			Described the effectiveness of the York retreat
1814	Joseph Adams. *A Treatise on the Supposed Hereditary properties of Diseases*			Argued that susceptibility, not the mental illness itself was inherited: therefore prevention and cure were possible
1818	Johann Heinroth. *Disturbances of the Mind*	First use of the word 'psychosomatic'	An attempt to formulate a clinical system of psychotherapy	
1829	Robert Gooch	First account of postpartum psychosis		

1835	James Prichard. *A Treatise on Insanity*	Describes 'moral insanity' (psychopathy)		Major, standard textbook of psychiatry
1838	Jean Esquirol. *Des Malades Mentales*	Coined the term 'hallucination'		Recognized both emotional and organic causes of mental illness
1843	James Braid			Began the study of hypnosis (and separated it from 'animal magnetism'
1845	William Griesinger		Proclaimed mental illness to be diseases of the brain	Psychiatry now a medical specialty
1845	J. Moreau de Tours		First psychiatrist to experience a drug-induced psychosis	
1853	Walter Cooper		Introduced the term psychotherapy	Preventative role for psychotherapy seen
1854	Jean Fairet		*La Folie Circulaire* named and described	Manic depressive illness described
1856	John Conolly. *The Treatment of the Insane Without Mechanical Restraints*		A new approach to insanity, started by Pinel, now successful	
1859	Charles Darwin. *The Origin of Species*		The human mind now an acceptable object of biological investigation	Manny ideas – e.g. instincts, childhood sexuality, borrowed and developed by Freud
1860	Benedict-Augustin Morel *Traites des Maladies Mentales*	Mental illness caused by inherited mental degeneration, becoming worse from one generation to the next		Back to the dark ages, especially in relation to the possibilities of cure
1860	Thomas Laycock. *Mind and Brain*			Mentions 'unconscious brain activity'.
1871	Ewald Hecker	First description of Hebephrenia		
1871	Jean Charcot. *L'Hysteria*		Vivid demonstrations of Hysteria at the Saltpetre in Paris	Hysteria due to hereditary weakness according to Charcot
1874	Karl Kahibaum.	First description of catatonia		
1880	George Miller	Neurasthenia replaces hypochondriasis as a diagnostic catagory		
1886	Richard von Kraft-Ebbing. *Psychopathia Sexualis*	Homosexuality, sadism and masochism described and named.	'Degeneration' claimed as the cause: no advance here	Stimulated research on sexuality. Jung motivated to become a psychiatrist
1890	S.S. Korsakov	Korsakov's Psychosis described and named		
1896	Emil Kraepelin	Manic Depressive		

		Psychosis named		
1899	Emil Kraepelin. *Psychiatrie*	Dementia praecox and Manic Depressive Psychosis named and described	Dementia Praecox thought to inevitably progress to dementia	The major psychoses classified into only two groups. Major simplification of classification
c1900-1910	Pierre Janet	Nervous weakness called psychasthenia by Janet (*vide supra*)	Hypnotised hysterics to bring up forgotten traumatic memories and multiple inner personalities. Believed hysteria due to psychic weakness	Theory of multiple personalities preceded Jungs theory of complexes. Techniques similar to Freuds abreaction.
1911	Eugene Bleuler	Coined the name of Schizophrenia to replace Dem. praecox	Used work therapy, release, follow-up therapy. Demonstrated schizophrenia could be cured sometimes	

3. SOME EARLY THEORISTS AND PRACTITIONERS

Just a few of the many.

EUGEN BLEULER

1857-1940. 54 in 1911. Contemporary of Freud, but noted medical psychiatrist. Very interested in psychoanalysis, but never really committed for long. Very long, sometimes close, association with Jung. See also course lecture notes.

Bleuler came from a 'peasant village' (Zollikon), in the Swiss canton of Zurich. The first from his village ever to become a doctor. He worked as an assistant to Forel at the Burgholzli psychiatric hospital in Zurich. He left in 1886 to head the Rheinau asylum for 12 years. He was called 'father' by all and introduced revolutionary ideas. That personal relationships with patients could ameliorate even severe mental illness. That work therapy could be helpful. That discharge from the asylum could sometimes cure. That follow-up therapy for discharged patients was possible. And so on.

In 1898 he became director of the Burgholzli. Which he made a sort of psychiatric monastery. He introduced a completely unprecedented, intense psychological approach to severe mental illness. Assistants saw patients

twice daily and noted everything that they said. Beginning about 6am. There were at least three morning rounds per week. Alcohol was forbidden and the outside door was locked on everyone at 10pm.

Bleuler could be overbearing, but he encouraged new ideas and experimental techniques. Thus, for example, he sent Riklin to Kraepelin's lab, from which he brought back the association experiment. By the early 1900s, he had made the Burgholzli an outstanding psychiatric research center. Physicians came from all over the world to observe the latest in the diagnosis and treatment of mental illness.

As regards diagnosis, Bleuler is most famous for coining the term schizophrenia. This had previously been termed dementia praecox. Blueler knew (from his experience) that deterioration was not inevitable (therefore it was not a dementia) and that it did not always begin at a young age. He also named autism.

Bleuler had a long but changeable relationship with Freud. At least as early as 1904 he believed that Freuds ideas were important to the understanding of the unconscious. In 1906 he published Affectivity, Suggestibility and Paranoia, with many citations of Freud's ideas. Of this, Freud said that it represented 'half-hearted acceptance and that Bleuler had no understanding of sexual matters. Despite such condescension and rudeness Blueler's intellectual honesty meant that he still supported those of Freud's ideas that he considered to be correct.

Bleuler criticized psychoanalysis for its sectarian nature and intolerance of criticism. He was aware of the need for open discussion in science and the need for the acceptance of negative findings. He did join the psychoanalytic movement in1911 (after much urging by Jung), but only for a relatively short period.

JEAN-MARTIN CHARCOT

1825-1893. The Napoleon of the neuroses. An early influence on Freud.

Charcot was born and worked in Paris: among other things he was director of the Salpetriere Hospital. He made many contributions to the understanding of mental illness: identifying the features of Grand Mal seizures and identifying the features of neurological syndromes, including *Tabes dorsalis* and poliomyelitis, for example. Most famously, however, he had a particular interest in hysteria. Sensory or motor problems (blindness, paralysis, areas of anesthesia and so on) without a known anatomical basis. He used the then new technique of hypnosis to stimulate (their) hysterical symptoms in his patients. He was an outstanding teacher and psychiatrists and others came from around the world for his elaborate and spectacular clinical demonstrations.

Charcot believed that hysteria was caused by weakness of the neurological system that was hereditary. Essentially he tried to apply the traditional medical-physical approach that regarded mental illness as having a physical cause. He also believed that only hysterical subjects could be hypnotized. And that the two phenomena shared the same underlying pathology. From the mid 1880s, however, there was fierce debate on the subject (between 1888 and 1893 there were 801 publications on hysteria) and it was eventually demonstrated that hypnosis was a form of suggestion and that hypnotisability was not related in any way to pathology. Charcot died suddenly in 1893 and so was spared the embarrassment of seeing his theories overthrown.

His use of hypnosis and interest in hysteria influenced many other psychologists and psychiatrists, including Jung, Binet, Janet and Freud.

AUGUSTE-HENRI FOREL

1848-1931. Important psychiatrist and expert on ants.

Auguste-Henri Forel was appointed to the chair of psychiatry in Zurich and the directorship of the Burgholzli in 1879. He published extensively on psychiatry, myrmecology (ants), prison reform and social reform. He was co-discoverer of the neurone theory and created the first modern *curriculum* for psychiatry. He promoted hypnotism as a viable therapeutic method. He also campaigned against prostitution and alcohol.

Forel was partly responsible for the appointment of Bleuler to succeed him. He was rather against Freud and Breuer – a principled doubter who drew the line at Freud's constant search for sexual complexes, which he believed could encourage pathological developments and the fabrication of such complexes. He especially attacked Jung (who was nearer) for following Freud, who defended himself vigorously.

"I must declare that lucid researches fully agree with…(the) condemnation of the one-sidedness of the Freudian school, its sanctifying sexual church, its infant sexuality, its Talmudic exegetic-theological interpretations." (cited in Kerr, p.392).

PIERRE MARIE JANET

1859-1947. Important early academic and clinical psychologist. 52 in 1911.

Pierre Marie Felix Janet is said to have been influential in bringing about a connection between academic and clinical psychology. He was also the originator or developer of a number of important ideas.

Born in Paris, and very religious when young, Janet became a teacher (Professor) at a school in Le Havre (1882-89). While there he continued interests in psychology and medicine and a local doctor brought a local clairvoyant to his attention. He wrote a report on her clairvoyance and susceptibility to hypnotism that brought him to the attention of Charcot. Janet studied for a PhD at the University of Paris and, at Charcot's invitation he became director of the psychology laboratory at the Salpetriere Hospital. His thesis for M.D. was an attempt to classify the forms of hysteria. As a

philosopher/doctor/psychologist he then made a number of important contributions.

In the laboratory, Janet systematized the clinical findings on hysteria and brought them into line with the theories of academic psychology: when Charcot's ideas were discredited, these findings were, to a degree, forgotten, but for some years Janet was the foremost world authority on hysteria. Janet came to believe that a psychologically healthy person had a stable level of psychic energy: those in whom this level fluctuated became unable to deal with the problems of living and became neurotic. Hysterical patients therefore had psychic weakness, leading to exaggerated susceptibility (and hypnotisability) This could lead to the dissociation of conscious and unconscious personalities – multiple personality. Janet believed that causations could include negative past events (unspecified, but one or more), heredity, disease, fatigue and deficient education. He treated negative memories in two ways: by bringing them up to conscious to relieve symptoms and by **altering** them in a positive direction under hypnosis.

Janet's theory of psychic splits and multiple personalities, and also his technique of writing down everything a patient said were important to Jung and Freud. He believed that psychoanalysis had in fact originated in his and Charcot's work. Jung and Freud, however, were able to go beyond Janet in that they had more specific theories about early memories and the reasons for and mechanisms of splitting off parts of personality. Janet's split off personalities, with their 'fixed ideas', though, were certainly an early version of Jung's 'complexes'. And by 1906 Jung had combined Janet's concept of raising and stabilizing the patient's energy level with Bleuler's idea of confrontation with reality. Janet (like many others) was also aware that dreams could reveal wishes – especially sexual ones – and that the dependence of patients upon the therapist (transference) was important to therapy.

In 1898 Janet was appointed lecturer in psychology at the Sorbonne. In 1902 (until 1936) he was appointed professor of experimental and comparative psychology at the College de France.

EMIL KRAEPELIN

1856-1926. 55 in 1911. German psychiatrist and one of the founders of modern scientific psychiatry.

Kraepelin became a professor and head of an 80-bed clinic by 1886. Made many innovations and discoveries, including being co-discoverer of Alzheimer's disease.
His most important works, though, were in relation to the classification of mental illness, psychopharmacology and the genetic basis of mental illness.

When Kraepelin graduated, there were, apparently, hundreds of mental illnesses: classified according to their major symptoms (elation, use of nonsense words, paralysis, etc.). What he did was to group the illnesses on the common patterns of symptoms: patterns that tended to go together, but were not all necessarily present at once and not necessarily all equally prominent. In this way he reduced most mental illness to two 'syndromes' (collections of signs and symptoms): manic-depression and dementia praecox (now schizophrenia – see Bleuler). This was a major advance and the foundation of more exact, later classifications.

Kraepelin also noted that the major illnesses tended to run in families. He came to believe that a specific biological, possibly genetic pathology was the cause of each mental illness. This was in accord with the common Victorian view of mental illness as representing moral or biological inferiority: nonetheless an important point of view which is still common in psychiatry today. Kraepelin became a strong opponent of Freud's concept of psychological causes of mental illness (perhaps especially after Freud refused entry to one of Kraepelin's assistant to the Nurenburg psychoanalytical conference). By 1912 he was determined to put official psychiatry on record against 'Freudianism" – one of the reasons why Bleuler was so ambivalent otwards the psychoanalytic movement.

Kraepelin was an early proponent of physical treatments (including pharmacological agents) for mental illness and the effects of alcohol, nicotine and other drugs. He also believed that dementia praecox was irreversible and progressive (another notion disproved by Bleuler). Finally, he believed in the experimental approach and (very unusually for the period) set aside rooms for doctor-patient conversations. Otto Gross was an early assistant, space was provided for Riklin and Jung attended Kraepelins clinic in 1909. Kraepelin, together with Forel and Bleuler, headed the abstinence movement.

RICHARD VON KRAFFT-EBING

1840-1902. Would have been 71 in 1911. Author of *Psychopathia Sexualis* (1886).

Richard Krafft-Ebing, from a noble German family, was perhaps the most noted psychiatrist in the late nineteenth century. A practitioner and academic, he published *A Textbook of Insanity* in 1879 and *Psychopathia Sexualis* in1886.

The latter book, in particular, is said to the reasons why Jung chose psychiatry (rather than internal medicine) as a career. Psychiatry was a very new discipline, but this book suggested that it might be an incomplete and subjective field of medicine that suited Jung's temperament and interests.

Psychopathia Sexualis became extremely popular. It was based on hundreds of case histories (unlike Freud's theories) and attempted an impartial, non-condemnatory classification of disorders with a sexual basis: including sexually-based masochism, the sexual content of hallucinations and so on. Krafft-Ebing coined the terms sadism and masochism (after noted practitioners). To a degree Krafft-Ebing anticipated Freud: he knew, for example, that desired could be repressed, that fantasies could be formed in early youth, that unconscious motives were important, that suckling at the breast had sexual significance and so on.
However, when Freud's theory in the sexual basis of hysteria came to his attention, he described it as being like a scientific fairy tale.

Krafft-Ebing's book was eventually supplanted by Kraepelins *Textbook of Insanity*, as the latter had a simpler, more modern classification of mental illnesses.