The mind and its doctors

On 22 September 1796, 31-year-old Mary Lamb, who had been showing signs of insanity for some days, fell into a frenzy, hurled forks and other objects around the room in which the family dinner was being prepared, and stabbed her mother to death with a case-knife. Her brother Charles, coming home to the havoc, took the knife from her and conveyed her to a private madhouse in Islington. The following day, the Coroner’s jury ‘sat on the body’ and, the press reported, ‘of course brought in their verdict, Lunacy’. Mary was treated well in the madhouse—Charles confided that the proprietress and her daughter ‘love her and are taken with her amazingly’—and a few months later was able to come out to a peaceful life in her brother’s charge, going back into confinement whenever threatened again by ‘violent agitations’.

It is with these ‘Lambs of London’ (the title of a Peter Ackroyd 2004 novel) that Lisa Appignanesi opens her history of women and the mind doctors from the beginning of the 19th century to the present day. Mary’s case stands out for the uncontentious judgement of her act as self-evidently—of course—committed in a state of lunacy, resulting in her release into care rather than institutional incarceration. She was lucky inasmuch as Charles was able to convince the authorities that he could guarantee her safe-keeping, but also in that the murder preceded the 1800 Criminal Lunatics Act, designed after an attempt on the life of George III to ensure that such lunatics would be kept under lock and key. Her act came too just before the modern mind-doctoring that would challenge crude ideas of ‘lunacy’ and transform attitudes to mental disorders. It is this that is Appignanesi’s subject.

Appignanesi is the author of some 10 novels, as well as a number of non-fiction works, including (with John Forrester) Freud’s Women (2005), an account of Freud’s views on femininity through consideration of those women patients and analysts who influenced him. As that suggests, concern with mind-doctoring is not new for Appignanesi whose novels often treat explicitly of matters mental. This is notably so with The Memory Man (2004), whose main character is a distinguished neuroscientist returning late in life to his Viennese birthplace for a conference on memory only to find himself faced with his own memory’s painful recovery of his past. Accordingly, the novel juggles neuroscientific descriptions of the workings of the brain with the memory-man’s own individual experience. He, moreover, is accompanied by a woman journalist who has herself faced the disturbance of memory—her mother suffers from Alzheimer’s—and the conference is for her, as for the novel, a process of learning something of how the mind works. Appignanesi is close to her journalist: each sets out on ‘a journey into the harder side of the brain sciences’ and does so with painful experience of a mother’s Alzheimer’s, an experience which vividly reminded Appignanesi of ‘how fragile and extraordinary the human mind is’.

Both novelist and cultural historian are in evidence in the present book, which draws on a diversity of materials—medical textbooks, memoirs, biographies, novels, popular magazines—and proceeds by going over a large number of cases and their treatments, making the book at times a rather relentless survey of fairly familiar material. The cases—all women—take in well-known cultural figures (Virginia Woolf, Marilyn Monroe, Sylvia Plath) as well as the more or less standard figures of histories of psychology (from patients of Pinel through to those of R. D. Laing and beyond). They come with the kind of novelistic interest that case histories so easily acquire (Freud famously worried that his accounts of hysterics read more like short fictions than scientific papers) and Appignanesi’s writing heightens this as it arrays stories...
and events, patients and doctors (striking figures many of them; witness Clérambault, fetishistically draping wax models with women’s clothing). Overall, Appignanesi offers a very useful account of her topic for the general reader.

The book is informed by disenchantment with today’s ‘therapeutic society’ and the way in which the mind-doctoring professions ‘have colonized our mental and emotional life’. Partly it stems from Appignanesi’s reaction to the ever increasing perception and presence of mental illness; the UK Mental Health Foundation reports that each year one in four people will experience a mental health problem; while the World Health Organization identifies ‘depressive disorders’ as the fourth leading cause of the global disease burden and set by 2020 to become second only to ischaemic heart disease (it is already the leading cause of ‘years lived with disability’). She was prompted to wonder whether mental disorder was not being seen in new ways and things counted as disorders that were not so before.

Hence the history: her aim is to track the terms in which different periods conceive of madness, to see how certain expressions of mental disorder emerge at a given moment, how cultural understandings of mind and body play into the diagnoses made, and how the proliferation of diagnoses runs along with a medicalization of mental health which feeds that proliferation.

In his Dissertation on Insanity in 1810, the physician William Black gave a table of the causes of insanity in patients admitted to London’s Bethlem Hospital; 16 in all, ranging from ‘misfortunes, troubles, disappointments, grief’ to ‘ulcers and scabs dried up’. Today, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994) has gone from Black’s single-page table to almost 900 pages of different disorders and their diagnostic prototypes. As madness was taken over into the medical realm, the casting and recasting of it as a range of different disorders became fundamental. Pinel in his 1801 Traité médico-philosophique sur l’aliénation mentale classified disorders under the general headings of mania, melancholy, dementia and imbecility; Kraepelin in his 1883 Compendium der Psychiatrie used manic depression, paranoia and dementia praecox; Janet lecturing in 1921 regretted the ‘mostly arbitrary’ distinction between ‘the neurotic sufferer and the mental sufferer’. And so on, through to the disorder specializations accredited in the first DSM in 1952 and the subsequent organization of the psychiatric world with reference to its diagnostic schema (DSM-IV now lists almost 300 disorders). This is not for Appignanesi a simple matter of progress: we know more about the brain and its chemistry than did William Black and we have effective drugs, but conceptions of the mind and of the causes and treatment of its disorders are still shifting, and questions of brain and mind and the latter’s status remain unresolved.

The growth of mind-doctoring is reflected in a spate of English terms for the new professionals; including mind-doctor itself, for which the OED’s first recorded instance is an 1885 quotation referring rather dismissively to ‘modern “faith and mind” doctors’ (OED first quotations generally give an approximation of the date of a word’s appearance). Today, it is a banality of the therapeutic society, and a newspaper will casually report a rugby team’s need of ‘a mind doctor rather than a new chief coach’. Along with mind-doctor, we have inter alia: alienist (1864), psychiatrist (1874), nerve specialist (1889), nerve physiologist (1890), psychotherapist (1908) and psychoanalyst (1911). While ‘Neurologie, the doctrine of the nerves’ was proposed in the mid-17th century by Thomas Willis, neurologist appears only in 1832, with the OED’s first quotation linking neurologists to solidism, the referral of all diseases to morbid changes in the body’s ‘solid parts’. All these terms are far from stable and difficult to pin down as they converge and diverge according to the varying ideas of the relations between the mental and the physical, with scientific and medical focus on the brain and illnesses of the nerves emerging as the foremost site for 19th-century ambition. Bram Stoker’s Dracula (1897) expresses this exactly when its ‘lunatic-asylum man’ Dr Seward, afo to ‘the key to the fancy of even one lunatic’, stresses his wish to ‘advance science in its most difficult and vital aspect—the knowledge of the brain’.

‘I have nerves, which everybody has in England’, wrote Horace Walpole in 1742, his spirits troubled by ‘a little fever’. Nerves were the thing: cause of disorders, object of study, target of treatment, focus for the debate around the uncertain area between psychological illness and physiological disorder. Neurasthenia was initially linked to inflammatory affection of the nerves but then acquired a fashionable all-embracing diagnostic currency in the later 19th century with reference to an exhaustion of the nervous system caused by organic damage or, increasingly, regarded as a somatoform condition with diverse individual and cultural causes. Neurology itself developed alongside psychiatry from which it moved away to make its own specific claims regarding the mental and mental disturbance. The different strands of investigation in Victorian England give rise indeed, more or less simultaneously, to the three major British professional journals with their specific fields: the British Journal of Psychiatry began as the Asylum Journal in 1853 and then quickly dropped the possibly limiting ‘asylum’ reference to become the Journal of Mental Science in 1858, acquiring its present title in 1963; Mind was founded in 1876 as ‘a quarterly review of psychology and philosophy’, with psychology to draw its fundamental data from subjective consciousness but acknowledging other lines of inquiry (including ‘the physiological investigation of nerve-structures’); Brain in 1878 was to be specifically ‘a journal of neurology’, with clinical cases, articles and reviews of scientific literature bearing on ‘the anatomy of the nerves’, as neurology’s domain had been defined at the beginning of the century.

With the professionalization of mind-doctoring went growth in patient numbers and the movement towards state provision for the mentally ill; bringing state-run asylums and increasing legislation regarding ‘lunacy’ and its superintendence; removed from inappropriate conditions of detention in prisons and workhouses, lunatics were placed in this more suitable asylum environment. A certain therapeutic optimism prevailed: asylums would provide ‘moral management’ through discipline, employment and recreation, and offer favourable conditions for serious medical observation of inmates, leading to better understanding of the various disorders and treatments for people hitherto indiscriminately lumped together and locked up as ‘mad’. In the 18th century the Bethlem Hospital gateway had been surmounted by two male figures representing ‘raving’ and ‘melancholy’ madness—‘brazen brainless brothers’, the poet Pope called them (Fig. 1);
when they disappeared from sight after the hospital’s relocation in 1815, it was as though symbolic of the new vision. Optimism, however, gave way to pessimism. Social Darwinism suggested insanity as resulting from inherited degenerative disease; statistics cast doubt on the therapeutic value of asylums; many mental conditions were seen as intractable; and physiological determinations were fundamental. Maudsley towards the end of the century exemplifies this; ‘the tyranny of our organization’ is inescapable and we are all ‘the necessary organic consequent of certain organic antecedents’.

Women are Appignanesi’s way into the history of mind-doctoring. As behaviours fall under a medical gaze, so women in particular find themselves fitted to disorders, for which after all they are fitted by being women, askew of the male norms. This is the more so at a time when in the new urban industrial societies conventional assumptions of the nature and relations of the sexes are being challenged. The ‘insidious nervous exhaustion and subtly spreading nervous malady’ that the novelist Wilkie Collins noted in 1862 involved women especially: as sufferers from increasingly felt social restraints and as opponents of those restraints, demanding rights and independence. Women’s perceived susceptibility to forms of madness received special attention and connections between mental disorder in women, sexuality, and ‘female nature’ were readily asserted, supported by assumptions of women’s inherent nervous fragility. The desire to establish a firm physiological grounding for a determining female difference—the ovaries now gained prominence as the precipitating organ of femaleness—was part of the ideological struggle around women’s place, since a limiting ‘natural’ difference could serve as justification for traditional divisions of the social roles of the sexes. If, as physician and private asylum owner J. G. Millingen put it in his Mind and Matter (1847), women have ‘a hysteric predisposition predominating from the dawn of puberty’, their unfitness for the public sphere is physiologically assured. The word sexuality itself, however, now began to gain a more modern sense, in excess of reference to sexual reproduction and
so potentially both liberating and threatening, with the sexual a newly conceived focus for the mind-doctors offering new symptoms and diagnostic forms. Significantly enough, the OED’s first quotation comes from a medical work on female illnesses, the 1889 fourth edition of J. Matthews Duncan’s Clinical Lectures on the Diseases of Women (the OED wrongly gives the date of an earlier edition in which the word does not occur). Distancing himself from a medical folklore linking hysteria and other neurotic affections to disorders of the womb and ovaries, which then justified supposed surgical cures, Matthews Duncan urges practitioners to: ‘keep in mind that in removing the ovaries you do not necessarily destroy sexuality in a woman’. Matthews Duncan, in fact, could well have been a sympathetic figure in Appignanesi’s history, since a cautious humanity informs his clinical approach to hysteria and neurasthenia; care counts as much or more than ‘scientific attainments’ and ‘kindness of heart, wisdom, and firmness are the especially useful talents’.

Prone to madness, women were particularly subject to mind-doctoring identification with this or that disorder, at risk thereby of misdiagnosis and, worse, unnecessary or malevolent confinement. Asylums, madness and incarceration served indeed as the sensational matter of many Victorian novels. The most powerfully shocking of these was Charles Reade’s Hard Cash (1863), which launched a violent assault on private asylums—the ‘dark places of the land’—and contained a thinly veiled attack on the physician John Conolly. Conolly had been an early advocate of the creation of humane asylums for ‘the better protection and care of the insane’, but his expanding conception of ‘moral insanity’ ended up as the loose and easily abused ‘perversions of the moral feelings’, with women particularly liable to find failure to conform turned into evidence of derangement. Not immune to the profit to be made from the ‘trade in lunacy’, he acquired interests in private asylums, receiving commissions for certifying and supplying patients. Notoriously, he was involved in the scandal surrounding the abduction and incarceration of the wife of the baronet novelist John Conolly. Conolly wished his stance to be one of poise and balance without the arguments and positions of her book are clear enough. She is unhappy with the present socio-cultural investment in mind-doctoring therapy as the answer to our ills and with the accompanying translation of ordinary behavioural characteristics into the language of illness. Diagnoses may well produce the very results they are looking for and the symptoms supporting the diagnoses are too often commonplace forms of human feeling and behaviour—it is not that difficult for anyone to approximate to many of DSM-IV’s numerous prototypes. Her example of their limits is provided by ‘the diagnostic epidemic’ in respect of attention-deficit hyperactivity disorder (ADHD) that slots varieties of children’s inability to pay attention into the one clinical framework at a time when they are immersed in rapidly cut films and computer games and are developing their own ‘emotional and neurological’ coping mechanisms, kinds of attention that older generations cannot grasp.

Appignanesi is critical in this respect of what she sees as an alliance between DSM classifications and the pharmaceutical industry. Multiplying kinds of mental illness creates demand for an ever-expanding range of drugs and treatments to relieve conditions that the very existence of a drug may itself effectively identify. Appignanesi cites Elizabeth Wurtzel’s description in Prozac Nation (1994) of how the coming of Prozac led her psychiatrist to name her condition: ‘the invention of this drug brought us to my disease’. The pharmaceutical industry medicalizes feelings and is then on hand with appropriate drugs when the feelings go ‘wrong’, able to make us, as a Prozac advocate put it, ‘better than well’; or not, since the effects of antidepressants have been shown to be variable, if not harmful. The figures for depression are now staggering, those for the consumption of antidepressants equally so; the discovery of the drugs has moved hand-in-hand with the spread of the condition. Moods such as sadness have been objectified as visible symptoms and made available for chemical treatment, when what is called for might rather be social or even political action or interpretation. Not that Appignanesi wishes to fall into a simply culturalist position. ‘The physical is rarely enough’; but it is still real enough, and Appignanesi wants to give recognition to women’s physical experience of their bodies—their ‘biological life cycle’—as significant in mental life and its disorders which are not just to be seen in terms of gender construction.

‘Happily there are still some within the psychiatric professions whose worlds are not summed up by diagnostic manuals’. Cures need to be broader not only than those of the pharmaceutical kind, but also than those of the talking therapies. Nevertheless, it is the latter, that Appignanesi privileges as ‘the least harmful’; they treat patients as individuals, listen to them, and have no recourse to physical intervention. There are many such therapies, however, better and worse, and Appignanesi is particularly hostile to the cognitive-behaviour therapy favoured by welfare-providers and health insurers for its cost-effective, limited-length, goal-oriented treatment; promoted as the therapy in a furore of what a recent editorial in the British Journal of Psychiatry itself called ‘media hysteria’. What the technically prescriptive method of CBT...
lacks for Appignanesi is openness of attention to the particular subjectivity that an individual is, an attention exemplified above all by psychoanalysis. Psychoanalysis, clearly though unemphatically, is Appignanesi's own talking therapy of choice, for its 'treatment' of the patient not as a diagnosis but in a search over the time of analysis for his or her own story, his or her own subject reality.

In the first months of this year, *The British Journal of Psychiatry* carried a striking advert for Invega® Paliperidone Prolonged-Release tablets, Invega being 'a new chemical entity licensed for use in schizophrenia'. The advert ran across the inside front cover and the page opposite and was taken up almost entirely with the picture of a naked young woman, head uplifted, wresting free from her other body, now lying crumpled on the ground, so much sloughed-off dead skin. The eroticization of the woman, she as the telling image of mental disorder is commonplace in the history Appignanesi recounts; most obviously, we are reminded of the Salpêtrière hysterics photographed in all their 'passions'. Only here it is a drug that provides cure, release back into oneself.

Writing to a friend, Mary Lamb urges that the latter ensure that her disturbed mother 'is treated with tenderness'. Tenderness is not absent from Appignanesi's account of the mind-doctoring centuries. If diagnoses, treatments and cures have often eliminated, sometimes violently, punitively even, the messy reality of human subjectivity and failed to consider the specific contexts in which it is lived, Appignanesi in no way plays down the pain and suffering of mental disorder and the advances made in the alleviation of that pain and suffering. Simply, for her there are unresolved affairs of the mind that may be more than a matter for professional resolution by drugs or therapies. We may be asking the mind-doctors to do too much.

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