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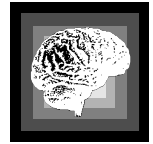
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Abstract

As editors of the special issue, we try to summarize here the historiographic trends of the field. We argue that the field of research is accommodating the diversity of the institutional, social and political developments. But there is no narrative in sight which can explain the psychiatry of the 20th century, comparable to the authoritative coherence achieved for the 19th century. In contrast, the efforts to extend these narratives to the 20th century are largely missing the most impressive transformation of psychiatric treatment – and self-definition.

Keywords

Deinstitutionalization, psychiatry, psychoanalysis, psychopharmaceuticals, 20th century

In recent decades we have seen innumerable different studies on psychiatry in the twentieth century published each year in which we learn much about the foundation and emergence of particular hospitals, the introduction and advance of new treatments and the development of classifications for psychiatric illnesses and their impact on medical practice. However, re-examining these studies – which is what we would like to do in this introductory article – raises the question of the way in which historiography is associated with a theoretical framework that helps us to understand the specific features of psychiatry in the late nineteenth and early twentieth centuries, but not in the present one.

The reasons are manifold and deeply rooted in the emergence of the historical field. The major works – Michel Foucault's (1972) notion of 'great confinement' and Dirk Blasius's (1980, 1994) 'differentiation of bourgeois society' for instance – offered an interpretative framework for understanding the rise of eighteenth- and nineteenth-century psychiatry. However, for twentieth-century psychiatry there is no narrative that provides a comparable, reliable framework for

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interpretation. This is certainly not because insufficient work has been carried out. Quite the contrary as, in recent years, interest in studies about twentieth-century psychiatry has grown considerably. So now there is hardly any psychiatric institution – especially in German-speaking countries – that has not taken a good look at its own past; in particular, those ‘dark years’ that are still often omitted from Festschriften have been subject to historical reappraisal (most recently: Bernhardt, 2010; Weißer, 2009). Furthermore, work still continues on: the genealogy of terms for psychiatric illness (Barrett, 1998; Berrios, 1995; Hegarty, 1994); the definition, classification and development of individual syndromes such as schizophrenia (Barrett, 1998; Garrabé, 2003; Gilman, 2008; Stolz-Ingenlath, 2000) and ‘soft’ syndromes such as hysteria (Köhne, 2009; Lerner, 2003; Shepard, 2000) and neurasthenia (Brill, 2006; Healy, 2004; Hofer, 2004; Pietikäinen, 2007; Radkau, 1998); also their systematic categorization into a reliable classification (Cooper, 2004; Jablensky, 1999; Mayers and Horwitz, 2005). Even more recent historiographic trends, such as the formulation of questions from a cultural studies viewpoint, are finding resonance in the writing of the history of psychiatry (Engstrom, 2008; Gijswijt-Hofstra et al., 2005; Killen 2006).

Given the intensive study of developments in the twentieth century, this observation is all the more conspicuous. If in fact a synthetic overall view is ventured, as was recently submitted by Cornelia Brink (2008), the historiographic framework for interpretation that was tried and tested for the nineteenth century is almost paradigmatically applied to the twentieth century. Her 500-page study, which in one large sweep from 1860 to 1980 spans a ‘long’ twentieth century, traces almost unbroken continuity in institutional psychiatric treatment. In so doing, it extends into the present the narrative of institutions with a social disciplinary function. In this perception of nineteenth-century history there is no room for any of the development that has characterized the past decades, whose history Greg Eghigian describes so well in this issue (pp. 201–14) with the ‘deinstitutionalizing’ model. The institution’s aim is no longer to banish the mentally ill and house them in psychiatric hospitals for life, but instead to endeavour very resolutely to get them back into society (see Classic Text No. 86 in this issue, pp. 232–43). This social psychiatric reform programme was not completely implemented, and, in practice, opening up institutions resulted in new problems, in particular with regard to caring for long-term hospitalized patients, but this does not alter the fact that in the second half of the twentieth century, in almost every European state, psychiatry detached itself from the model of care in institutions. There is no doubt that old and chronically ill patients, especially in psychiatry, and despite all efforts for reform, continued to belong to a frequently neglected and in many respects marginalized group of patients. However, those who use these practical difficulties to claim that there can be no question of a fundamental change in mentality and structure (Brink, 2008: 460) are heading up a blind alley. They fail with models which describe professionalization in the nineteenth century (the psychiatrist’s concern with professional dominance) and social disciplining (institutions as a social political instrument) but which do not allow us to include developments, particularly in the second half of the twentieth century, that are far more multi-layered.

This also applies to probably the best-known attempt to dispose of classic *narratives* – and at the same time their subject. Edward Shorter’s history of psychiatry (1997) – which to a certain extent assesses development over the past decades from the other side of the institutional landscape – notes an end to psychiatry that manifests itself in the disintegration of psychiatric pathology, in the success of psychopharmacology, in the separation of the psychodynamic through neurophysiological explanatory models and, last but not least, in the end of classic institutional treatment. Doubtless there is much to be said about this apotheosis of modern brain research, and without any hesitation Shorter joins in with those who want to proclaim a

neurophysiological era (USA 1990, Germany 2000) or even a 'century of the brain' (Japan 2010). However, amid all this enthusiasm for the wonderful new world of PET (positron emission tomography) or fMRI (functional magnetic resonance imaging), we should not forget that the central explanatory models (dopamine hypothesis) of this new brain research were not the scientific prerequisite but rather the *post-hoc* explanation for the empirical success of treatment with chemical substances (how and why the treatment works was not known) – and that now, as before, we still have to treat and care for the mentally ill.

However, the clear criticism which Shorter's proposal for a history of psychiatry encountered (Dally, 1997; Grob, 1998; Lehrman, 1999; McGovern 1998) draws attention in particular to one thing: in contrast to the tried and tested narratives of the nineteenth century, there is no historiographic model that the historical sciences accept as being a reliable framework to interpret the history of psychiatry in the twentieth century.

There are several reasons for this. Writing the history of psychiatry, far more than for other fields in the history of medicine and science, is still deeply rooted in specialist history. Despite the growing impact of general history, in many cases there are psychiatrists with a historical interest who are preoccupied with the development of inpatient care, the genesis of terms for psychiatric illnesses and the emergence of new treatment concepts, and so they mobilize history for specialist issues and, in particular, for disputes within the profession and professional bodies. Meanwhile the question of Sigmund Freud's interpretation has therefore taken on its status as a 'crunch question' of post-war history, about which opinions differ, as the article by Jose Brunner and Orna Ophir (pp. 215–31) shows. This historical focusing of discussion on other central development factors is also frequently superimposed by very recent arguments. The introduction of modern psychopharmacology and the wide movement for reform in psychiatry provides a good example here. One side puts major transformation in psychiatry solely down to new medication (Healy, 1997; Shorter, 2008), whereas the other side likes to keep quiet about or play down the role of the 'psychopharmacological revolution' in reforming psychiatry and achieving social psychiatric approaches (Hanrath, 2003; Rose and Weinke, 2005). Although both developments are, without question, closely connected, the historical debate remains strangely fragmented: on the one hand, there is excellent analysis of the differentiation of psychopharmacotherapy and the development of the modern pharmaceuticals market (Balz, 2010; Rasmussen, 2006), while on the other hand there are numerous, excellent examinations of far-reaching reforms in the structure of psychiatric care (Bernard and Morenon, 2004; Oosterhuis, 2005).

Recent writing of the history of psychiatry may be characterized, with all due caution, by three elements. Firstly, it is increasingly attempting to free itself from its antipsychiatric genealogy. For that matter several 'activists' from the 1960s and 1970s have accompanied their own work with historical reflection (e.g. Klaus Dörner, 1975) – and to date current historiography still often feeds on antipsychiatric habitus and criticism. Nicolas Henckes shows in this issue (pp. 164–81) that to understand the phenomenon of deinstitutionalization, over and beyond the 'fall of the institutional walls', historical analysis must include social and societal changes. More generally, the Whiggish vision often endorsed by the people in charge, i.e. doctors, was replaced during those years by a very critical viewpoint, emerging from the social sciences. Admittedly, the majority of researchers nowadays try to transcend this Manichean view that does not leave much room for nuances. An innovative book on World War I, an era that is itself often represented in black and white, illustrates this point. In this book, Dutch historian Chris van der Heijden (2001) pleads for an analysis into all the shades of grey. The same wish could also have been expressed by the historian of psychiatry. The social sciences remain, however, strongly tied to an antipsychiatric perspective of 40 years ago. Writing the history of those years thus means at the same time reflecting on the position of

one's own practice in a very specific ideological current (see Catherine Fussinger's article in this issue, pp. 146–63).

Secondly, falling back on Science Studies offers another specific methodological way out of this impasse. In the last 30 years, Science Studies have contributed considerably to the upturn in the history of science. The interdisciplinary approach – the way social and scientific contexts overlap and the interest in how knowledge originates, becomes stable and is spread – also throws a new light on the history of psychiatry, which by way of example sheds light on the discussion about the classification and definition of psychiatric syndromes. Moreover, the demands for symmetry and self-reflexivity, that are by now self-evident, have to a large extent put an end to the sometimes fruitless discussion about 'uncritical' or 'normative' readings.

Thirdly – as was also becoming noticeable in general history – the *material turn* was yielding astonishing results, precisely in the history of psychiatry. As for the question about the material basis for the assessment and treatment of mental disorders, patient hospital records have become the focus of interest. This sets psychiatric historiography firmly apart from how the history of other specialist medical areas is written. Using these archives not only means it is possible to give greater consideration to psychiatric patients and what gives them meaning (see Viola Balz's article in this issue, pp. 182–200), but it opens up new worlds: as the archives locate medical practice in a complex environment, they allow the efforts of the nursing staff, the lived materiality of the space and resources, and the obstinacy of the institution and its protagonists to become more visible (Majerus, 2011).

If, finally, the task of how the history of psychiatry is to be written in the twentieth century is to be tackled seriously, this almost inevitably leads to another issue, which on the one hand is banal but which on the other hand is central to understanding society, science and medicine, namely periodization. Historians may argue whether the end of World War I and the collapse of the Eastern bloc mark out a short twentieth century (Hobsbawm, 1994), or whether, instead, the end of *nation-building*, the first wave of globalization and the emergence of a global market in the 1870s herald a long twentieth century, however, these political caesuras do not necessarily fit in with the 'landmarks' in scientific and medical development. To understand mental illness, its treatment and society's contact with it, surely much more decisive developments, given their significance, are: the invention of psychoanalysis around 1900; the advent of biological psychiatry with the formation of neurosciences; the introduction of convulsive shock therapy and the development of new diagnostics in the 1920s and 1930s that produced graphs and images; the psychopharmacological 'revolution' in the mid 1950s; and the deinstitutionalization of psychiatry since the 1970s and 1980s.

Are we writing a history of psychiatry of the twentieth century or its history in the twentieth century? As guest editors of this volume we are persuaded that this question cannot be answered either in advance or all-inclusively, but rather it remains implicit as a central question in any historical analysis that does not reduce the evolution of psychiatry from an internalizing perspective to the introduction of new techniques, explanatory models and theory construction.

Incorporated into this question is the nemesis of the twentieth century: the hubris of medicine without humanity, the murdering of patients decreed by the State and systematically carried out, and the subordination of the individual scientifically justified and sanctioned for the good of the people that reached its peak during the years of the National Socialist reign of terror. Here, too, research from recent decades has shown that precise periodization down to the year and day has to be ruled out. On the one hand, fundamental theorems that form the basis of National Socialist medicine's biopolitical treatment concepts go far back into the nineteenth century (Weindling, 1989). On the other hand, key hypotheses and treatment concepts are not linked to National

Socialist ideology, as shown by the long-held theory of eugenics, and by the infamous Tuskegee experiments (Reverby, 2009). In the end, a historiographic concentration on the years between 1933 and 1945 narrows down the analytical perspective in two ways: firstly, it centres the history of psychiatry during those decades on a national element that easily loses sight of the wide dissemination of eugenic and racial ideology thinking. Secondly, it gives political events pre-eminence and although it does not free psychiatry from its societal responsibility, it does, however, at least tend to deny the part psychiatry plays in actively and quite proactively shaping this ideology and practice (Roelcke, Hohendorf and Rotzoll, 1994).

This Special Issue hopes to outline a few ways in which a history of psychiatry for the twentieth century *could* be written. Most of the papers were presented and discussed at an international conference in 2008.¹ The material collected here focuses quite intentionally on psychiatry as a practical science that aspires to provide medical help to mentally ill people – in whatever form. The guest editors have therefore chosen not to delve into neuropsychiatric and neurophysiological research, although these play an increasingly important role in medical as well as in social sciences faculties. However, despite the fact that soon the neurophysiological line of research will have been established for 50 years, it still cannot be foreseen – leaving aside impressive imaging procedures – whether this neurophysiological research will continue to be crucially relevant to treatment or whether it will continue as *post-hoc* theory construction.

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Note

- 1 'Writing the history of psychiatry after 1945', Bruxelles, 30–31 May 2008; see: <http://hsozkult.geschichte.hu-berlin.de/termine/id=7925>.

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