The History of Mental Diagnosis

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Abstract

The history of diagnosing mental illness has crossed a time span ranging from the Ancient Greek and Romans, Medieval Times in the Christian Europe to the Present. Through history philosophers, physicians, apprentices and many others have dedicated their lives to studying how and why mental illness occurs. Today we diagnose multiple psychological and psychiatric disorders using the Diagnostic Statistical Manual otherwise known as the DSM. Before the DSM those diagnosing individuals with mental disorders used the environment, microorganisms, bodily humors, personal characteristics, religion and how the brain works and to diagnose.

 *Keywords: Humors, Religion, DSM, Philosophers, and Mental Illness*

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**Introduction**

While some individuals suffer from illness of the skin, liver or heart others are found to suffer from diseases of mind, brain and personality we label these as a mental illnesses or disorders. The study of medicine and diagnosis of mental disorders has been around for centuries through many eras from the Ancient Greek and Romans through the Middle Ages where research experienced a slight lapse in diagnosing but rather assumed mental illness and researchers still continue to study and learn more about them today. Over the history of mental diagnosis physicians, researchers and others have had many beliefs as to the exact diagnosis of the mental disorders ranging from bodily humors and microorganisms to witchcraft and demons and to what researchers believe today of numerous reasons as to how and why the brain functions the way it does. Over time researchers and Physicians have developed a classification system to simplify the diagnosis of disorder allowing everyone to use the same terminology to aid in the diagnosis and treatment. Throughout history we have seen an increase in not only the number of identified mental disorders but also an increase in the number of individuals who are diagnosed due to the broadening of the disorder symptoms/classifications.

**Ancient**

The history of Ancient diagnosis dates back to a time Before Christ or B.C. Psychology and the diagnosis of mental disorders began built upon philosophical views explored by Hippocrates and Galen rather than the many psychological and psychiatric views used and learned about today. Throughout the ancient history of diagnosis many focused on the philosophical point of view, and the degree of which the element of biologic theory and science varied greatly (Drabkin, 2004). Through the course of ancient diagnosis research explored what Hippocrates studied and know now as the four humors phlegm, blood, black bile, and yellow bile. Researchers also explore an addition to the four humors later studied by Galen, which observed an individual’s temperament and characteristics to determine one’s health. Throughout the ancient history we will also explore the studies of Aristotle another philosopher who placed a major impact on psychology today.

Various works by Hippocrates written between 450 and 350 B.C. played a large role in diagnosing during the ancient times opening the doors to learning more about mental and physical disorders (Drabkin, 1957). Hippocratic Medicine is based on two basic opposites hot-cold and wet-dry, which can be combined in four combinations giving rise to what Hippocrates referred to as the four bodily humors- phlegm, blood, black bile and yellow bile (Grene & Depew, 2004). The four bodily humors seen in different areas of the body were often used to diagnose or examine an issue based on what they represented- black bile- represented earth located in the spleen, blood- represented fire located in the heart thought to be the source of life to the body indicating why it was warmer than the rest of the body, yellow bile- represented air located in the gall bladder, and phlegm- represented water in the lungs (Grene & Depew, 2004).

The Hippocratic collection deals with pathology, prognostics, therapy, dietetics, surgery, gynecology, medical ethics and also biologic and physiologic theory (Drabkin, 1957). Those using the Hippocratic Collection studying and exploring medical practice at the time where referred to as a craftsman physician who frequently traveled from city to city, diagnosing aliments. The craftsman physician based diagnosis on the region and the information he can learn from the patient such and pains, fever, urines, feces, sweats, mental states, and other information (Drabkin, 1957). These physicians were often likely to decline cases that they viewed as hopeless in order to maintain a positive reputation. As the number of physicians and apprentices rose the focus of diagnosing an illness became strictly practical and technical. These physicians and apprentices began to view disease as an imbalance of the four bodily humors (Drabkin, 1957).

 Aristotle a philosopher strongly influenced by the works of Hippocrates and those before him had a major impact on psychology today. Aristotle presented his own Theory of Elements in which he believed that the elements were not hard independent substances but instead were phases of self-perpetuating cyclical process were hot-cold and wet-dry gave way to one another (Grene & Depew, 2004). Aristotle presented what he believed were basic life functions these included things such as copulation, reproduction, eating, breathing, growing, waking, sleeping, and moving (Grene & Depew, 2004). By recognizing basic life functions physicians were better able to determine differences between normal and abnormal in the lives of individuals. Aristotle also was aware and studied how diet and climate have an effect on individual character in a person, which is later more thoroughly explored by Galen (Grene & Depew, 2004).

 Galen, yet another philosophical influence during the ancient period also influenced by Hippocrates expanded on the study of the four bodily humors. Galen believed that the four bodily humors phlegm, blood, black bile and yellow bile could be tied into relation with temperament and characteristics, making this sensitive to the effect of an individuals in which the environment lived and diet one consumed (Grene & Depew, 2004). Galen reviewed each of the four humors adding words to describe the temperament and characteristics such as: Plegm- sluggish/unemotional, blood- cheerful, yellow bile- quick tempered, and black bile- sad. Using these views on temperament and characteristics researchers were able to relate this as to why certain people live the way they do for example why a tribe who lives in a warm climate are more laid back and mellow than say a group of individuals who live in the cold north who may seem more aggressive and feisty. This is due to the food the groups have access to and how they are forced to live their lives. The group in the cold north may have to be more aggressive in order to fight for their food getting it when its available possibly having to hunt, while those in the warmer climate can farm or raise animals.

 While humors, environment and characteristics of individuals was important for the diagnosing of mental disorders of the time we also examined disturbances of pneuma often related back to air and the imbalance of basic qualities such that Aristotle described. During the ancient times we also began to realize the importance of the physiology and anatomy of the human body. Galen often used human skeletons for instructional purposes and to find hidden causes for illness or disease, but human cadavers were difficult to come by at times (Drabkin, 1954). At one point during the ancient era human vivisection was even attempted to attempt to be able to better understand how the body works and to better diagnose (Drabkin, 1957). During one point in time in Alexandria the King allowed dissection of individuals who were imprisoned for the purpose of medical knowledge (Drabkin,1957).

**Middle Ages**

The Middle Ages a time of strong belief and trust in the church created an interesting learning time for individuals who were to later study mental illness while medicine was temporarily pushed aside (Szasz, 1970). During this time period individuals who appeared different or acted different in anyway may have been deemed a witch or possessed by a demon. Instead of attempting to treat any type of disorder these witches or possessed individuals where often subjected to tests, which usually ended up in death of the mentally ill person. During this time it was often heard that women were typically the one’s accused of being witches but men could also be deemed as witches or demons as well and both were often put on trial ending in death. During this time hundreds of thousands of men and women were killed in acquisitions to being a witch or demon.

 In one book titled, *Malleus Maleficarum or, The Hammer of the Witches,* by Heinrich Kramer and James Sprenger identified how to identify a witch or demon, how to have sex with a witch or demon, and lastly how to kill a witch or demon. At the beginning of the book authors question the reality of existence of witches asking if it was simply imaginary or it was an actual phenomenon taken place by those who believed in the devil. Belief in the devil lead to the minds of the women or men to be taken over by Satan forcing them to perform harm using magic (Kramer & Sprenger, 2008). The witches also recruit others to join them often by tempting young girls with young men tricking them into committing a dangerous sin and turning them into witches. Later in the book when discussing how to kill a witch the authors discuss the different types of interrogations and torture the women and men went through in order to determine if they were or were not a witch. One obvious sign of being of witch was if one did not cry while placed on trial they were automatically considered to be a witch. (Kramer & Sprenger 2008)

**Modern**

After the witch-hunts of the Middle Ages became a thing of the past, individuals living or taking care of those who were suffering from mental illness seemed to no longer be able or willing to take care of them any longer and are now in Modern times admitting them into insane asylums or workhouses. The 16th to 18th centuries were a time of harsh treatment and often restrained individuals with a mental illness in unsanitary conditions often chained up and treated as though wild animals.

**Before the *DSM*.i**

 In the 18th Century before the existence of the *DSM* individuals suffering from a mental illness were often times living in asylums or homes specified for treating and caring for the individuals. In these home the patients were typically treated inhumanely and the treatments were often harsh and ineffective. Often times each asylum had a part time physician and its own taxonomy or classification system in which they used to diagnosis the disorders (Fischer, 2012). During this time period the categories were broad consisting of two groups those listed under mania and those listed as melancholia. Mania was used to describe individuals who had the tendency to be violent, while those described under melancholia were not violent (Fischer, 2012). As the number of patients admitted into the asylums increased the need for Physicians within also increased and they were soon fully employed and beginning to focus more on mental illness and began establishing their own terminology for different disorders and symptoms (Fischer, 2012). Physicians began exploring physical causes for mental illness such as the use of tobacco or alcohol and possibly having conditions such as cancer and brain injuries and how these might have an effect on a persons character or physiology in which causing individuals to label them as mentally ill (Fischer, 2012). Although clearly aware of mental disorders physicians due to the lack to accurate diagnosis of mental disorders were unable to perform effective treatments (Fischer, 2012).

One individual, Kraepelin began an early attempt to group disorders by studying the general patterns and similarities between the disordered symptoms (Fischer, 2012). Kraepelins’ attempt to begin to explore classification of mental illness was practically ignored, as individuals didn’t feel the need to classify the individuals they only cared that they were institutionalized and not exposed to public. As the end of the 18th century neared a movement developed in which leaders such as Phillipe Pinel, Dorothea Dix and William Tuke worked to create more humane treatment facilities for individuals currently living in Insane Asylums. This movement created an opening in which Physicians could further progress the diagnosis of mental disorders and no longer treat those suffering like animals instead they were un-shackled and studied further in a safe environment where they were more kindly treated. In America, this sparked interest for the U.S. Census Bureau looking to find accurate information on mental illness to compare regionally and establish a less negative response to mental illness by establishing what they called good mental hygiene (Fischer, 2012) and (Clegg, 2012). Due to the numerous amounts of classifications among asylums the U.S. Census Bureau could not easily make a statistic, until 1918 when the first diagnostic system was issued and referred to as the *Statistical Manual for the Use of Institutions for the Insane*, creating a more uniform classification system for defining mental disorders (Fischer, 2012).

 The use of the *Statistical Manual for Use of Institutions for the Insane* was useful during the time of World War II in order to give the “okay” for a member of the military to go to war. Physicians were ordered to weed out any individuals who may possibly have a predisposition to a psychological disorder due to the fact that during World War I Physicians identified what they called “shell shock” during the war and also likely saw what we now refer to as Post Truamatic Stress Disorder after returning home from the war (Fischer, 2012). During the World War II, Physicians not only worked in the recruiting offices but also took charge of neuropsychiatric casualties from the front line (Fischer, 2012). After the end of World War II the levels of interest in diagnosing mental illness climbed in numbers and using the Veterans’ classification system the APA was able to create what we now know as the *Diagnostic and Statistical Manual, Mental Disorders* or *DSM* in 1952 (Fishcer,2012).

 **The *DSM*- Present.a**

After the creation of the *Statistical Manual for the Use of Institutions* and the Veterans’ Classification system also known as the *Medical 203* a psychiatrist and Brigadier General William C. Menninger began to influence the idea of combining the different additions in order to create a more common language for the psychiatric community (Halter, Kenny & Grund, 2013). The first *Diagnostic and Statistical Manual of Mental Disorders* was published in 1952 and included 106 diagnoses (Halter, Kenny & Grund, 2013). The publication of the *DSM* was later followed by a *DSM-II, DSM-III, DSM-IV, DSM-IV-TR*, and what we most currently use the *DSM-5*.

 In the *DSM-I* disorders were examined mainly in a way in which Physicians observed the reactions of personality and used a psychoanalytic bases as learned from Freud (Halter, Kenny & Grund, 2013). This version of the *DSM* allowed those viewing it to not only look at statistical information by also clinical descriptions, this aided in the reliability and ease of understanding of diagnosing the disorder or describing in terms of psychological politics and social situations (Halter, Kenny & Grund, 2013). Within the 130 pages and 106 disorders listed in the *DSM-I* diagnostic categories focused on organic psychoses, psychogenic neuroses, and character disorders. Character disorders are disorders we frequently hear about such as Schizophrenia, Anxiety, Depression, and Personality disorders the others we do not hear as much about unless studying the topic. Psychogenic neuroses are what may occur in response to psychoanalytic treatment similar to a side effect to a drug (Halter, Kenny & Grund, 2013). In order to keep up with the *International Classification of Diseases* the *DSM-I* quickly became outdated just 16 years later in which the *DSM-II* was created (Halter, Kenny & Grund, 2013).

 The *DSM-II* published in 1968 now covered 182 disorders a dramatic increase from the original 106 in the *DSM-I* (Halter, Kenny & Grund, 2013). The “reactions” that were covered in the *DSM-I* referring to personality and environment no longer existed in the *DSM-II* (Halter, Kenny & Grund, 2013). The *DSM-II* clearly stated and described disorders differentiating between the disorders and normal acts for example the description of Anxiety versus the normal experience of fear in a dangerous situation.

Next, a study by Rosenhan in 1973, “*Being Sane in Insane Places*” influenced a great shift toward empiricism in the *DSM-III*, which was published in 1980 (Halter, Kenny & Grund, 2013). The *DSM-III* signaled a large event for the American psychiatry by turning focus back towards the biopsychosocial model (Wilson, 1993). The psychosocial model states that a person has either acquired a habit of operating in a counter-productive or harmful way or the person has not acquired a habit of operating in a higher more functional/ productive manner (Hickey, 2013). The *DSM-III* was a big hit in the market due to the fact it was advertised as being useful for many needs such as biological, psychological, and social models (Frances, 2013). As revisions of the *DSM* continued researchers began to question the line of illness versus mental health. The *DSM-III* soon expanded to reach 265 diagnoses and each was explained in a language easily understood by all (Halter, Kenny & Grund, 2013). The *DSM-III* was the first to use a multi-axial approach in order to more thoroughly explain the different aspects of a disability or disorder. The Axis included: Axis I- Psychiatric disorders, Axis II- Personality disorders and intellectual disabilities, Axis III- Medical conditions, Axis IV- Environmental and psychosocial stressors, and Axis V- A score based on the Global Assessment of Functioning Scale (Halter, Kenny & Grund, 2013).

 In 1994, the *DSM-IV* was published and lasted 18 years with several revisions to the original. The *DSM-IV* now included 297 disorders, this manual like others attempted to eliminate language barriers. (Halter, Kenny & Grund, 2013) Although the *DSM-IV* seemed to better suite the needs of Physicians than the *DSM-III* it still had drawbacks. One drawback to the DSM-IV was the conceptualization of children; the *DSM-IV* treated children as though they are smaller versions of adults when as a matter of fact there are numerous differences between adults and children such as maturity and growth both physically and mentally (Halter, Kenny & Grund, 2013). The *DSM-IV-TR*, TR standing for text revision mainly was written to update the *DSM* on more current research that had been completed since the *DSM-IV* originally was published and included a bit more description of the diagnoses (Halter, Kenny & Grund, 2013).

Last but not least is the most current and now used edition of the *DSM*, the *DSM-5*. The *DSM-5* was recently released in May of 2013. Throughout the *DSM-5* terminology and research tends to be more scientifically based and terms are such as behavioral, psychological and biological dysfunction are replaced with one term psychobiological dysfunction in order to abbreviate and describe them all (Halter, Kenny & Grund, 2013). The *DSM-5* unlike the *DSM-IV* follows a more developmental approach allowing a better ground for diagnosing children with mental disorders (Halter, Kenny & Grund, 2013). By taking a more developmental view Physicians are able to look at disorders spanning the entire life of a human from infancy into late adulthood. However, the *DSM-5* sparks controversy of over-diagnosis of disorders such as are the most recent revised categories to broad allowing many people to fit into the criteria of being diagnosed. Also, are the disorders that are written in the *DSM-5* really mental disorders or are they simply a part of life a question of maturity or something that simply time can heal and medication is unneeded. The *DSM-5* is very informational allowing Physicians to explore a broad spectrum of disorders and many possibilities, it also allows diagnosis to not only be made by Psychiatrists and Psychologists but also by primary care Physicians.

**Summary**

Over the course of time researchers have greatly advanced in the medical knowledge of mental diagnosis. From the ancient era of believing small microorganisms and bodily humors were the cause of disease to the middle ages believing individuals who suffered blindness or other mental disorders were witches or demons to what is believed today more accurately describing signs and symptoms of mental illness. Research has truly passed the test of time and grown over the years. Although it has taken centuries to get to what is known today Physicians can now accurately describe and treat a multitude of mental disorders due to the effort of all those involved over the history of psychiatry and psychology.

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