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Title: Saint Francis Practicing an Exorcism for an Agitated Woman

Photo: Carlos Espi Forcen, Ph.D.

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Editor's note

The Birth of a Journal

I am happy to announce the release of the first number of the Journal of Humanistic Psychiatry. This is an open access, non-lucrative, peer-reviewed publication at the Department of Psychiatry, University of Chicago. While releasing our first number, we are working on getting an ISSN number. This journal is an attempt to fill the gap between psychiatry and humanism, two complementary disciplines that mutually enrich each other.

This Journal is divided in four sections. In our Icons of Psychiatry section, Carlos Espi Forcen, Ph.D. analyzes an Italian fresco depicting an exorcism practiced for a restrained woman with severe psychomotor agitation in the 13th century.

In our section for commentaries, Philippe Tapon, M.D. explores the psychology behind the paintings of Spanish baroque artist, Diego Velazquez. Following, Alan Arauz, M.D. and Sonia Demetrios, M.D. explain the possible role of low mood in human evolution. "The beard in psychiatry," explores the relationship between mental health professionals and facial hair.

Our first article describes events leading to the founding of the first psychiatric hospital in Western Europe. In our second article, Stephanie Pope, M.D. writes an interesting review about the life of Philippe Pinel, the founder of moral treatment. In the third article, Alejandro Santos Leal, M.D. narrates the history of obesity across different civilizations.

In our Cinema and Psychiatry section, the progress of an atypical psychodynamic therapy is discussed in "The Sessions." Following, John P. Shand, M.S. analyzes the impact of schizophrenia in a family in "Of two minds." Lastly, fictive personality disorder is explained in "The Imposter."

I would like to thank Linnea Duckworth, and Drs. Karam Radwan, Khalid Afzal, Sharon Hirsch, Deborah Spitz and Emil Coccaro for their support in this humble but ambitious project. Finally I would also like to thank Dr. Imran Shakir for the development of the nice template of our journal.

Fernando Espi Forcen, M.D.



Carlos Espi Forcen, Ph.D., Department of Art History, University of Murcia, Spain



In the Umbrian town of Assisi one of the most prominent figures of the Late Middle Ages was born in 1181: Saint Francis of Assisi. He was a friar that chose to follow a righteous life by helping the poor and preaching the Christian message all over the world to win the battle against the devil. Saint Francis was considered such a model of Christian virtue that he was able to perform miracles as an agent of Jesus. Among them, the description of demoniacs and exorcisms are particularly interesting for the history of psychiatry.

Ever since the writing of the Gospels, demoniacs are described with traits of mental disorders that were believed to be caused by the invasion of the body by one or several demons. The solution Jesus applied for this type of afflictions was the exorcism of the alleged demons. The spread of Christianity entailed that the diagnosis of mental illness was in most cases demonic possession and its treatment was thereby exorcism.¹ There is a long tradition of exorcism during Late Antiquity and the Middle Ages that was maintained in the times of Saint Francis of Assisi.²

Thomas of Celano describes around 1228 in his

hagiography of the saint the exorcism of a woman of Narni that “moved by a brutal fury and deprived of all judgment, did horrible things and spoke sheer folly.”³ Even if it is not possible to state an accurate diagnosis of the woman, traits of acute mania and schizophrenia can be glimpsed in this brief description. The *Legenda maior*, the hagiography of the saint written by St. Bonaventure in 1263, narrates a much more vivid description of a demoniac, a Franciscan brother that “of times he was quite dashed down on the ground, and wallowed foaming, with his limbs now drawn up, now stretched forth, now folded, now twister, now become rigid and fixed.”⁴ These are clear symptoms of grand mal seizures typical of epilepsy, another disease frequently associated with demonic possession.

The cult devoted to Saint Francis created hundreds of frescoes and altarpieces dedicated to the life of the saint. The earliest Franciscan altarpiece that has been preserved was painted by Bonaventura Berlinghieri for the church of Saint Francis in Pescia in 1235 and already includes the exorcism of three women as a major event in the life of the saint. It established a model that was followed in later altarpieces, like the one painted in mid 13th century for the Bardi Chapel in the Franciscan church of Santa Croce in Florence (fig. 1). Saint Francis is expelling three demons from a possessed woman that has been bounded and is held tight by one or several men, presumably for her enormous strength and loss of self-control, as it was the case of the woman of Narni. The expulsion of the demons horrifies a man and a woman that flees with her son on her shoulders.⁵

The exorcisms practiced by Saint Francis according to visual and literary sources give us an idea of the conception of mental illness during the Late Middle Ages. Saint Francis was just a notorious example of an exorcist, however many other anonymous friars practiced exorcisms regularly to treat people with mental disorders.

Notes:

¹ Eric Sorensen, *Possession and Exorcism in Early Christianity*, Tübingen: Mohr Siebeck, 2002, pp. 53-55, 80-100, 104-107, 121-123.

² Grey Cam, “Demoniacs, Dissent and Disempowerment in the Late Roman West: Some Case Studies from the Hagiographical Literature”, *Journal of Early Christian Studies* 13 (2005): 39-69. For demonic possession in the Late Middle Ages see Nancy Caciola, *Discerning Spirits. Divine and Demonic Possession in the Middle Ages*, Ithaca: Cornell University Press, 2003.

³ Tommaso da Celano, *Vita Prima*, III: 138 (<http://www.franciscanos.org/fuentes/1Cel05.html>).

⁴ St. Bonaventure, *The Life of St. Francis*, London: J. M. Dent, 1904, p. 134.

⁵ Rosalind B. Brooke, *The Image of St. Francis. Responses to Sainthood in the 13th Century*, Cambridge: Cambridge University Press, 2006, pp. 176-183; Caciola, *Discerning Spirits*, pp. 37-40.

Philippe Tapon, M.D., Department of Psychiatry and Behavioral Neuroscience, University of Chicago

In El Prado, I saw Las Meninas (fig. 1) as it saw me. For a second, I thought I had interrupted a costume party. The figures stared at me in their stillness. Returning home, I looked up other paintings of Velázquez.



Fig. 1

The Surrender of Breda (fig.2) captures the moment when the Spanish overcomes the Dutch resistance at Breda. Much has been written about the spears of the Spaniards, and the motley and contrasting Dutch disarray. The expressions on the faces of the two generals is what first caught my eye. The Dutch general is kneeling before his victor, in the traditional ceremony of the time, and the Spaniard, with a gentle, amused smile, is preventing the Dutchman from kneeling. Please, he seems to say, we'll have none of this. I saw this image when I was thinking about what my Dad meant, and whether an authoritarian figure had to enforce his rules.

I remembered Dad as being inflexible in his rules, and here was an image of a Spanish warlord, preventing an expression of over-humility. We are all gentlemen here, you fought well. The Dutch were allowed to leave Breda with their standards held high.



Fig. 2

The portrait of Innocent X (fig. 3): I first saw one of Bacon's screaming Popes in my World Book Encyclopedia. Many years later I wondered about the original Bacon had seen. Instead of a grand, stately and untroubled presence, he

looks conniving and sneaky. "Troppo vero" the pope had said, seeing himself. Too real. . . . Was there a flourish, when Diego allowed the Pope to see it? There are hardly any eyelids visible, as they appear in the aristocratic portraits. There is finery, but underneath, there are wiles. He looks uncomfortable, as if under scrutiny, under analysis.



Fig. 3

Bacon was fascinated by the portrait of the Infante (fig.4). He spoke of the darkness encroaching around the boy prince. The prince looks like a doll, is surrounded by darkness. It makes him seem more luminous, and doomed. The lap dog with its black eyes, resting its chin against the arm of their chair, looks almost too effete to move, wasted by refinement. The Prince died while still a boy.



Fig. 4

Velázquez made many portraits of dwarves and jesters. Many were at the court of Philip IV. They were there, as curiosities, a counterpoint to the pomp, and a demonstration of the court's power. But in his portrait of Don Diego (fig.5), we have the image of a scholar, holding in his lap a book almost as large as he is. His face is sad, and if you laugh at him, you can only laugh despite yourself, despite the black clothes, the book, and I can't look at his image without wondering about what thought he is having about you.



Fig. 5

Depression (Low Mood) May Have a Survival Advantage

Alan Arauz, M.D., Sonia Demetrios, M.D., Department of Psychiatry, MetroHealth Medical Center, Cleveland, OH

A mid thirties highly functioning patient, no past psychiatric history, comes to the ED with severe Depression, only identifiable stressor: he abruptly ended an affair he was having with someone's wife. He has had several suicide attempts. I can't help thinking, why do we feel this way in the face of adversity? What causes our feelings to be hard-wired? What is its evolutionary advantage? Are we (with our overly developed executive functioning) better off than other species? The answer seems a redundant, yes.

Turns out several evolutionary biologists have come to pose this difficult question: Why mood / affect in the first place? A field in its infancy compared to classic theories of psychopathology, these clinicians try to explain why different pathologies may actually be advantageous to our species i.e: Why gout? Well, they would add, it seems that the pathology begs the question, what benefit can we have from increased levels of uric acid? While trying to elucidate this, they looked at the trends in other species and arrived at a conclusion: The higher the uric acid level, the higher reproductive success and lifespan a certain species had, remember uric acid serves as a potent free radicals scavenger.(1)

So back to our main topic, affect, which is the translation of feelings we are experiencing, is the catalyzer for our social success. Without the ability to not only feel emotions ourselves, but to read and be read by others, great civilization would have remained in the savanna. Extrapolating, increased emotional capabilities and social interaction abilities, resulting in community building success, causes an even greater reproductive victory. So hyperthymia and its counterpart depression must represent a normal range of emotions. For the former the benefits seem obvious, for the latter it's questionable: Once upon a time in the middle of the woods, when we were hunters and gatherers, if we stumbled upon sickness, a personal computer / iPad, or a 60 miles sabertooth tiger chase we needed to develop a mechanism that let us realize,

- A) We were ill and had to decrease the pace, rest, save resources
- B) We needed to extort help from the community, significant other, and / or appropriate

The most fascinating combination from our discussion's point-of-view is the Psychic pain theory and the Behavioral shutdown theory. This mechanism (let's call it low mood) leads us to abandon the pursuit (read: expenditure of resources) of

unrealistic goals where the risks or expenditures outweigh rewards from the activities. In this case the best evolutionary strategy may be to withdraw from them, depression would be a mechanism of defense gone dysfunctional.

Now this mechanism must be flawed in that it can reach such poignancy it can place us at risk for autolysis as an option to end suffering. Evolutionary medicine has broadened our understanding of different pathologies by placing them into perspective, from that of a historical point-of-view. If we can help patients understand some of these philosophical aspects, we can place them in a once in a lifetime opportunity to fulfill their lives, decrease suffering, and ultimately, from an evolutionary end-point, succeed in reproduction. One key theoretical tool for clinicians would be that every patient needs to have a "motivational structure assessment". One of our interview questions needs to address this, for example: Is there anything that you have been pursuing throughout your life that seems unattainable, nonetheless you have kept reaching for it? Some responses may be more explicit than others, like a mediocre guitarist in the rock-n-roll business who tells you that after 15 years later he is still going because they have no other skills. Others may be more implicit, like a mother who keeps obsessing about her children's life when she needs to accepting the venue they have chosen by themselves. Or it could be a 1st year intern's dream of finally publishing in the national archives of psychiatry.

Psychiatric symptoms are increasingly linked to malfunction of specific and overlapping brain circuits. Genetics and environmental influences conspire to produce inefficient information processing in these circuits, and can increasingly be detected with modern neuroimaging techniques. Malfunction in cortical circuits can also be acquired after birth by various nongenetic factors, such as emotional and physical trauma, aberrant learning, drugs, toxins, and infection. A body of evidence has supported the neurotransmitters dysfunction theory, including hypoactivity during neuroimaging, genetic associations with associated receptors, and response to psychoactive treatments.

(1) Oda et al. Loss of Urate Oxidase Activity in Hominoids and its Evolutionary Implications. *Mol. Biol. Evol.* 19(5):640-653. 2002

The Beard in Psychiatry

Fernando Espi Forcen, M.D., Department of Psychiatry and Behavioral Neuroscience, University of Chicago

“Why so many psychiatrists grow a beard?” This is a typical question that we commonly get after revealing our professional identity. One could make a case that psychiatrists grow beards to emulate some of the most important historical figures in the field, or to hide their emotions and maintain a position of neutrality while in therapy with their patients.

The beard has had different meanings throughout history. One of the earliest examples of beard cult can be appreciated at the Oriental Institute of the University of Chicago, where Sumerians are depicted with long beards. Roman emperor Hadrian grew a beard influenced by his fascination for the Greek culture. During the middle ages, the beard was a symbol of honor and virility. Later, the beard almost faced extinction until its new wave of popularity in the mid XIX century. In the XX century, the beards became progressively shorter but a new shiny period for facial hair came with the psychedelia and the hippy movement in the 60's. Between the 80's and the early first few years of the new millennium people shaved their beards again but over the last few years, the hipsters have brought back the long beards and moustaches in a way that resembles the XIX century's style.

The beard could also be seen as a symbol of intellectualism. Needless to say, in medicine, psychiatrists and psychologists have taken big responsibility in the perpetuation of the beard. Jules Cotard, Karl Kahlbaum, Emil Kraepelin, Eugen Bleuler, Ivan Paulov, Josef Breuer, Sergei Korsakoff, Adolf Meyer and Sigmund Freud are good examples of it.

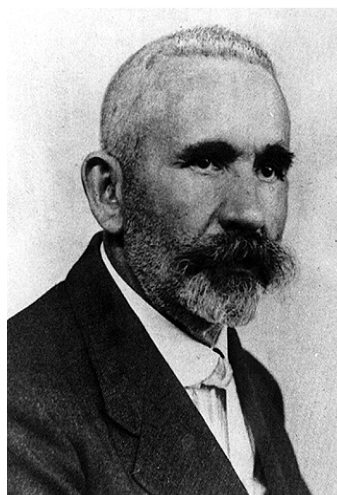
From an evolutionary perspective, beards signal sexual maturity by increasing jaw size. A study carried by Daniel Freedman at the University of Chicago showed that women find men with beards more masculine and also, beards make them feel more feminine toward them. In 1973, Robert Pellegrini, did a similar study and concluded: “Judging from the data in the present research, the male beard communicates a heroic image of independent, sturdy, and resourceful pioneer, ready, willing and able to do manly things.”

Those who enjoy wearing a beard are frequently asked why they decided to grow their facial hair. However, men are biologically determined to have a beard. Perhaps the question would make more sense if asked the other way around: “Why does a man decide to shave his beard?”



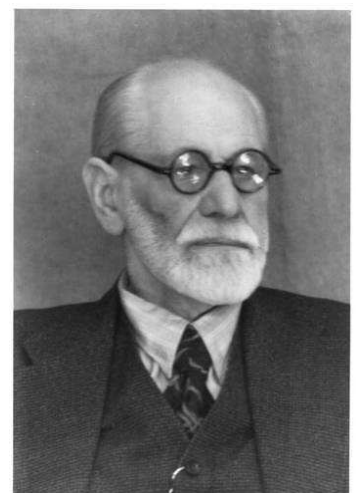
Karl Kahlbaum

Source: wikipedia.org



Emil Kraepelin

Source: kraepelin.org



Sigmund Freud

Source: lowdencylifestyle.com

Father Jofre and the Founding of the First Insane Asylum

Fernando Espi Forcen, M.D., Department of Psychiatry and Behavioral Neuroscience, University of Chicago

The beginning of inpatient psychiatric care in Europe has been a controversial issue. In the Islamic world, it is known that the mentally ill could reside in hospitals known as maristans. The first maristan was built between 705 and 715 in the Persian city of Gundeshapur.¹ The establishment of Christianity throughout the Roman Empire caused a religious approach to understand mental illness as the prevalent theory. Patients with mental health conditions were believed to suffer demonic possessions and spiritual problems. The most popular treatment for mental illness was exorcism, something that according to The Gospels was usually practiced by Jesus.²

In Christian Europe, the Bethlem Royal Hospital in London in 1247 has been claimed to be the first to receive people with mental illness by the late XIV century.³ In the Middle Ages, the Iberian peninsula was a territory of permanent contact between the Islamic and Christian world. In fact, Muslims were there until 1492 when they were finally defeated by Catholic King and Queen. The period of reconquering the Iberian Peninsula⁴ by Christians namely the *reconquista* led to a significant and still evident intercultural exchange.⁵

Joan Gilabert Jofre⁶, better known as Father Jofre, was born in the city of Valencia in 1350. He went to law school in Lleida and became a priest of the Mercedarian order in 1370. Members of this order had the mission of traveling to Islamic territories to rescue Christian prisoners. Therefore, It is believed that Father Jofre became familiar with the way Muslims treated the mentally ill people in the maristans. Father Jofre conceived the idea of creating a place where the insane⁷ could receive appropriate treatment after he saw a few people kicking a demented person in the street in February 1409.⁸ The following Sunday he preached against the irrational persecution of the *inocentes* and the *locos*.⁹ He denounced how they were starving and freezing to death in the street. He preached against the fact that mentally ill men were killed whereas women were frequently abused. He exposed the necessity of building a hospital so that they could stay and receive appropriate care. The sermon was attended by Lorenzo Saloni who, along with other merchants, provided the necessary fund to carry out the project.¹⁰ The building work started in May 1409 with the approval of King Martin I of Aragon and Pope Benedictus XIII. In June 1410 this institution was inaugurated under the name *Hospital D'Inocents, folls i orats*.¹¹

According to Lopez-Ibor the authenticity of this hospital was double. First, its foundation was a started by a lay

guld independent from the Crown. Second, this institution was open for specific treatment of mental patients. This treatment was revolutionary for its time. Patients were educated on exercise, diet and hygiene. They were encouraged to work: Men carried agricultural activities in the garden and women had the opportunity of sewing and knitting. Patients also enjoyed time for leisure and entertainment. Later on, residents were divided between the *curables* with a good prognosis and the *incurables*¹² with a bad prognosis.¹³

In 1427, The *Hospital de Nuestra Señora de Gracia* was founded in Saragossa¹⁴ with the same characteristics of the one founded by Father Jofre and remained active until the French siege of the city in 1808. Many scholars believe Spanish medieval psychiatry was a source of inspiration for Pinelian's moral treatment. A proof of it is that before the destruction of the Hospital in Saragossa, Philippe Pinel had referred to this facility as a model of care that deserved imitation in his *Traite Medico-Philosophique sur L'Alienation Mentale* (1801).¹⁵

One of the first examples of this kind of institution in the United States is the Asylum for the insane in Charlestown, Massachusetts, created in 1811. Due to the donations of John McLean in 1826 the hospital is today known as McLean Hospital. The first superintendent was Rufus Wyman, who became a strong advocate of Moral Treatment after reading Pinel's work.¹⁶

While other facilities had hosted mentally sick people before¹⁷, The *Hospital D'Inocents, folls i orats* was the first built exclusively for people with mental illness. The events leading to the founding of this institution were a giant step in mental health advocacy. The hospital was also a pioneer center of the future occupational therapy.¹⁸ Joan Gilabert Jofre was not only a forerunner of moral treatment but a father of modern psychiatry.



Remnants of the Hospital D'Inocents, Folls i Orats



Depiction of Father Jofre

Source: monasteriodelpuig.es

Notes

¹ The medicine practiced in Gundeshapur was influenced by the Greek school of Alexandria. The academy of Gundeshapur was also a refuge for Syrian Christian scholars fleeing from Byzantine persecution in 5th and 6th century. In 765, the head of the Gundeshapur maristan was actually Christian, his name, Jirjis Bukhtishu, literally meant "Jesus has redeemed." The maristans of Damasco (Syria), Cairo (Egypt) and Baghdad (Iraq) followed in the 8th century, see Michael W. Dols. *The Origins of the Islamic Hospital: Myth and Reality*. Bulletin of the History of Medicine, 61(3):367-90. In Morocco, the maristan of Sidi Frej in Fez was built in 1286. In continental Europe, the first maristan was built in Islamic Al Andalus (present day, Spain) in Granada in 1365, see Julio Vallejo-Ruiloba. *Introduccion and la Psicopatologia y la Psiquiatria*, Barcelona:Elsevier Masson, 2006 (1980); Chakib, A, Battas, O, Moussaoui, D. *The Sidi Frej Maristan at Fez*, Historie des sciences medicales. 1994;28(2):171-5; Perez J, Baldessarini, RJ, Udurraga, J, Sanchez-Moreno, J. *Origins of Psychiatric Hospitalization in Medieval Spain*, The psychiatric quarterly. 2012 Dec; 83(4):419-30. One of the most influential physicians of all times, Maimonides, was born in Cordoba, Al Andalus (now Spain) in 1135.

² There are many references to demonic possession in the New Testament, but just eight cases of exorcisms. Six of them are in the Gospels: the demoniac in the synagogue (Mark 1:23-28, Luke 4: 33-37), the Gerasene demoniac (Mark 5:1-20, Matt 8:28-34, Luke 8:26-39), the Syro-Phoenician woman's daughter (Mark 7: 24-30, Matt 15: 21-28), the possessed boy (Mark 9: 14-29, Matt 17: 14-21; Luke 9: 37-42), a dumb demoniac (Luke 11:14, Matthew 9:32) and woman possessed with a crippling spirit (Luke 13: 10-17). There are two more exorcisms in the Acts of the Apostles: Paul exorcises the slave girl (Acts 16: 16-18) and an unsuccessful one, the sons of Sceva (Acts 19: 13-20), see Eric Sorensen, *Possession and Exorcism in Early Christianity*, Tübingen: Mohr Siebeck, 2002, pp. 122-123.

³ See Roy Porter. *Madness. A Brief History*, New York: Oxford University Press, 2003(2002)

⁴ The Muslim conquest of Visigothic Hispania took place between 711 and 718. In 722, Christian King Pelayo started the *reconquista* in the battle of Covadonga (Asturias). Spain became a nation in 1492, after the marriage of Isabel Queen of Castile and Fernando, King of Aragon in 1469 and the end of the *reconquista* with the conquer of the kingdom of Granada 1492 (The same year, Christopher Columbus landed in America and the first Castilian (a.k.a. Spanish) grammar was published). The kingdom of Navarra joined in 1513. The Iberian kingdom of Portugal never joined the Spanish nation. As a result, Portugal is today the oldest country in Europe. His borders have not changed since the *Tratado de Alcanizes* in 1297.

⁵ See Maria Rosa Menocal. *The Ornament of the World: How Muslims, Jews and Christians created a Culture of Tolerance in Medieval Spain*, Boston and New York:Back Bay Books, 2002

Notes

⁶ Joan Gilabert Jofre is the Catalan name (Juan Gilaberto Jofre in Castilian). The city of Valencia was first conquered for the Kingdom of Castile by Rodrigo Diaz de Vivar (*El Cid*) in 1094. The poem of the Cid is the oldest preserved epic Castilian poem (14th century). In 1961, Anthony Mann directed the film *El Cid*, Charlton Heston interpreted the Spanish hero and Sophia Loren, his future bride *Doña Jimena*. The Almoravids (a Beber dynasty from Morocco) took the city again in 1102. The city of Valencia was finally reconquered by king Jaume I of Aragon in 1238. Catalan was the most common language in the kingdom of Aragon.

⁷ “Insane” was a term used for people with severe mental illness until the end of the asylum era.

⁸ The incident occurred in *Calle Platerias* (Street of Silvers) today known as *Martin Mengod*. The story became very popular in the city of Valencia and was immortalized by famous painter Joaquin Sorolla in 1884. An essay about the painting was published American Journal of Psychiatry. See Aldana LL, San Miguel PS, Moreno LR. *The foundation of the first Western mental asylum*, American Journal of Psychiatry, 2010 Mar;167(3):260

⁹ *Inocente* (Innocent) was a term used at the time to describe those who were very vulnerable due to lack of intellectual skills. This term was used to describe people with intellectual disabilities and children. *Loco* (Mad or Crazy) was a term used for people without reason, probably with psychosis or dementia.

¹⁰ See, Francisco Marco Merenciano. *Vida y Obra del Padre Jofre. Fundador del primer Manicomio del Mundo*, 1409, Madrid:CESIC, 1950

¹¹ This is the original Catalan name of the hospital. *Inocent* (In Castilian, inocente; in English innocent); *foli* (In Castilian, loco; in English, mad) orat (In Castilian demente, loco; in English, demented or insane). There are several translations but perhaps the most accurate in current psychiatric terminology is the one made by Lopez-Ibor, *Hospital de los retrasados mentales, psicoticos y dementes* (Hospital of the intellectually disabled, psychotic and demented). See López-Ibor JJ. *The founding of the first psychiatric hospital in the World in Valencia*, Actas Españolas de Psiquiatria, 2008 Jan-Feb;36(1):1-9

¹² In English: curable and incurable

¹³ The hospital led psychiatric care until its destruction by a fire in 1527. After its reconstruction, it stopped being a mere psychiatric hospital and became the Valencia General Hospital which included all the medical specialties of the time. This institution is still active today. The original building suffered several restorations, a big part of it was demolished a few decades ago and the hospital was relocated. The remains of the last restoration host part of the Valencia public library, see López-Ibor JJ. *The founding of the first psychiatric hospital in the World in Valencia*, Actas Españolas de Psiquiatria, 2008 Jan-Feb; 36(1):1-9. Insane Asylums were known in Spain as *Manicomios*. The hospital was amplified later to host orphan kids whose parents had died in the plagues. After that, a cult to *Nostra Dona Sancta dels folls, inocents e desamparats* or in its shorter name *Mare de Deu des desamparats* began (In Castilian, Nuestra Señora de los locos, inocentes y desamparados or Virgen de los desamparados; In English, Our Lady of the mad, innocents and abandoned or Our Lady of the abandoned). Spanish missionaries preached the cult to the Lady of the Abandoned in the colonies. Today some examples of this cult can be seen in Puyo (Ecuador), Llobasco (El Salvador), Rio Blanco (Chile), Arequipa (Peru), Desamparados (Argentina) and Marikina (Philippines).

¹⁴ At that time, Saragossa was a city of the kingdom of Aragon (Today northeast Spain)

¹⁵ Philippe Pinel (1745-1826) struck off the lunatics (term also used for the insane: “in the moon”) from the chains and founded the first school of French psychiatry. In Europe, he is considered the father of modern psychiatry. See, Phillippe Pinel. *Traite Medico-Philosophique sur L’Alienation Mentale*, Paris: Chez J. Ant. Brosson Libraire Rue Pierre Sarrazin N. 9, 1809 (1801), pp. 193-200

¹⁶ See Edward Shorter. *A History of Psychiatry*, New York: John Wiley and Sons, 1997

¹⁷ The Moroccan Association of Medical History claims that the maristan of Sidi Fej in Fez inspired the first psychiatric hospital in the Western World in Valencia. Today, a plaque in the remains of the maristan commemorates the historical idea.

¹⁸ See Perez de Heredia-Torres, M, Brea-Rivero, M. Martinez-Piedrola, RM. *The origins of occupational therapy in Spain*. Revista de Neurologia, Dec 1-15;45(11):695-8.

Philippe Pinel (1745-1826): More than Liberator of the Insane

Stephanie Pope, M.D., Department of Psychiatry, Case Western Reserve University, Cleveland, OH.

Philippe Pinel has been given many titles including “Liberator of the Insane”¹. This distinction as “unchaining the insane” is engrained in history thanks to two paintings, one by Charles Müller *Pinel Orders the Chains Removed from the Insane at Bicêtre* (1849) and Tony Robert-Fleury’s *Pinel Frees the Madwomen at the Salpêtrière* (1878)². Along with this importance change in the history of Psychiatry, Pinel deserves attention for his other contributions. These accolades include advancements in therapeutic strategies, nosological classification based on medical observation and the humanistic implications to the ethical treatment of those with mental illness.

As a native of Southern France, and the son and grandson of physicians, Pinel considered a career in the priesthood before studying at the University of Toulouse to become a Physician¹. While working under Louis Guillaume Dubernard, he began his life long study of systematic classification while visiting the gardens of Montpellier studying botany. He later evolved his interests to animal skulls, specifically the jaw, which was most likely a part of his discussion with contemporaries in Paris whom he met at the gardens in Montpellier³.

During this dynamic time in the history of France of the 1790s, this circle of like minded thinkers at the gardens of Montpellier began to include physicians, naturalists and other scientists and became the Society for Natural History. Many in this group, along with Pinel, were concerned with classification systems³. While some of Pinel’s contemporaries lost their lives in the French Revolution, Pinel made and strengthened friendships with political ties. From those friendships, he was appointed¹ “Physician of the Infirmary” at Bicêtre in 1793³. Bicêtre, located near Paris, housed around 200 hundred mental ill men⁴. Pinel worked there for two years until his transfer to the Salpêtrière Hospital for mentally ill women.

While at Bicêtre, Pinel met Jean-Baptiste Pussin (1746-1811). Jean-Baptiste Pussin was “Governor of the Insane” at that facility. Pussin was a taylor by trade and former patient of scrofula at that facility. As was usual practice for those deemed cured at such facilities, he was given employment. By 1784 he was superintendent of the facility and about ten years into his employment he met Pinel².

Pinel learned a lot from Pussin on treating for the institutionalized mentally ill and fairly credit him in his

writings^{1,2,3}. Yet it is contested as to whether Pinel or Pussin initially “unchained the insane” as Pinel is famously credited for². Other treatment strategies that emerged from this partnership included placing patients in wards with other patients with similar levels of impairment, isolation of certain patients and the use of what would be known as straitjackets, establishment of a personal relationship between staff and the patient, the progression of privileges⁴, long term observation of behaviors, and classification of the disease inflicting the mentally ill³.

In what has been postulated to be a politically driven speech, he read his “*Memoir on Madness*” to the other members of the Society for Natural History in December 1794. His “*Memoir on Madness*” discussed his treatment strategies at Bicêtre which he called “traitement moral”³. This idea, along with the influences of the American Quaker William Tuke and his grandson, Samuel Tuke’s book *Description of The Retreat* (1813), became what we know today as “moral treatment”⁵.

Also during his time at Bicêtre, Pinel was appointed as Professor of “internal pathology” at the new Revolutionary Paris Health School. During this time, he continued in his work in classification and wrote the textbook *The Philosophic Nosography*, first published in 1798 and would go on to have six editions. This textbook became a critical piece of any French medical student’s library during that era³. This text was heavily influenced by the ideas of the Scottish Physician William Cullen⁴ and with the help of his famous student, Jean-Étienne Esquirol⁶, he classified mental illness into five categories. These categories included mania, melancholia, dementia, idiocy and delirium¹.

While others of his day were studying Phrenology, Pinel was extending his background of classification to the human skull. He was first measuring the differences of skull size between the mentally ill and the “congenital idiots.” From this, he was able to deduce that delirium was not a product of the skulls themselves but from within the brain⁷.

By 1795, Pinel was transferred from Bicêtre to an appointment as Physician-in-chief at the Salpêtrière Hospital. This hospital housed around 6700 mentally ill women⁸ and Pinel served there for thirty years⁹. Soon after his transfer, he initiated the process of petitioning for Pussin to also be transferred to Salpêtrière which was granted in 1802 where he continued to work until his death in 1811².

At this new post, Pinel continued as educator and was known for his case histories of patients that included psychological and organic aspects to the patient's illness and as a predecessor to the field now known as Psychosomatic Medicine⁹. These case histories became Pinel's *Clinical Medicine*, first published in 1802^{8,9}.

During this time, Pinel also completed his famous *Treatise on Insanity* (1801, English translation 1806). This piece of literature described cases and included his treatment methods which would today be recognize as occupational therapy. These treatment strategies are evidence of Pinel's belief that labor was a crucial part for curing those in his institutions¹.

Philippe Pinel's influences on modern day Psychiatry are evident in many aspects of caring for the mentally ill. His influences can be seen in diagnostic systems including the current DSM classifications, using clinical observations to make diagnosis, incorporation and understand of organic illness influencing mental illness, milieu and occupational therapy and the history of institutionalization and deinstitutionalization has foundations in the work of Pinel.

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Philippe Pinel a La Salpetriere by Tony-Reubert Fleury

Source: medarus.org

The World History of Obesity

Alejandro Santos Leal, M.D., Department of Internal Medicine, Mount Sinai Hospital, Chicago, IL.

Introduction

Obesity is believed to be a modern society problem by some people but this problem undoubtedly has been with humanity almost since the dawn of Homo sapiens, as theorized by Dr. Neel.¹

Lately America's weight problems have been in the news and have even become a political issue. There has been talk of obesity becoming an epidemic and that this issue must be dealt with soon or we will pay the price of our waistlines. While obesity is a big social issue and possibly one of the most complex and difficult issues to deal with by our modern society, a look at our own history to better understand obesity may provide a meaningful insight.

Most of the information left from the ancient world is in the form of art, and in more modern times also in writing. This article will analyze the historical perspective of obesity and its concomitant psycho-sociological consequences.

Paleolithic Age

The known history of obesity goes back for tens of thousands of years. One of the first depictions of a human being is the Venus of Hohle Fels. The Venus figurines are representations of women that look obese with exaggerated hips and breasts. This is believed to be representative of beauty and fertility at the time. The Venus of Hohle Fels, which goes back to around 40,000 to 35,000 BC, and other similar Venus figurines have been found throughout the Paleolithic and Neolithic era around Europe.^{2,3,4,5}

The Ancient Egypt

The ancient Egyptians usually depicted their Pharaohs as thin and fit but the examination of their mummies like the ones of Queen Inhapy, Hatshepsut and King Rameses III reveal that they were in a fact quite obese. Queen Inhapy was found to have large chin and large pendulous breasts. Also some mummies have been found to have signs of atherosclerosis even when dying relatively young.^{2,3} Also, some of the images displayed on the walls of Ankh-ma-Hor's tomb show cooks and, in some instances, the Pharaoh itself with a protruding abdomen. Experts believe that this was intended to symbolize their health and wealth.³ There are also descriptions by the Greek philosopher and historian Athenaeos (170 - 230 BC) that several members of

the Ptolemy's royal family exhibited problems of obesity and hypersomnolence. This may be one of the earlier depictions of what seems to be sleep apnea.⁶

The Middle East, Asia and Americas

Americas

Little is known about pre-Hispanic America, as most of the information about that period was lost after Spanish colonization. And of that there has been little research regarding obesity. However, there have been findings of obese figurines that represent high ranking men that date to the pre-Colombine era.⁷ Some articles that have investigated the diet of the Mesoamericans have found that, unlike the current American diet, consisted of mostly vegetables and lean sources of protein (mostly turkey and dog).⁸

Asia

Within the Charak Samhita (600 BC) of the Ayurveda (ancient Hindu system of traditional medicine) there is mention of treatment for persons that are "habituated to pampering their bellies" and considered excessive corpulence a problem that needs treatment.⁹ In the Chinese terracotta Army of Emperor Qin (221 BC) only one terracotta figure was represented obese - and that was the royal entertainer. This can shed some light to the perception of obese people at that time.¹⁰ The Yamoi-zōshi scrolls from twelfth century Japan depict an obese money lender woman who suffers from walking problems, needing help from servants to move. This woman is an example of the social views on avarice and gluttony in Japan at that time.¹¹ Several descriptions of obesity and the problems associated with it. Hippocrates addressed obesity in his book On Airs, Waters, Places. He mentioned childhood obesity of the Scythians, a nomadic race. He wrote that "sudden death is more common in those who are naturally fat than in the lean". Celsus, another Greek philosopher in 25 BC, advised a moderate diet and Plutarch in the 1st Century said that "thin people are generally the most healthy." Lastly, Galen, also of the 1st Century, described one of the first accounts on the treatment of obesity in the West.³

Middle East

In the Middle East, the famous Persian physician Avicenna (980 - 1037 AD) describes obesity in his book, Canon of Medicine, as a disorder that restricts the movement and the breathing passages. He also mentions several complications of obesity and recommended treatment for each condition.¹¹ Later Mohamed ibn Zakaria Al-Razi, in his book Al-Hawi Fit-Tibb (An Encyclopaedia of Medicine), put together all the available knowledge on obesity and other conditions of that time.²

Greek and Roman Times

Both the Greeks and the Romans addressed obesity in their art and writings. However, while the Greeks were neutral in their perception of obesity, an investigation into the Roman art and vernacular reveal a critical disapproving view of obesity. This Roman view may be the beginning of the stigma associated with obesity in the West.

Greece

During ancient Greece there were several descriptions of obesity and the problems associated with it. Hippocrates addressed obesity in his book On Airs, Waters, Places. He mentioned childhood obesity of the Scythians, a nomadic race. He wrote that "sudden death is more common in those who are naturally fat than in the lean". Celsus, another Greek philosopher in 25 BC, advised a moderate diet and Plutarch in the 1st Century said that "thin people are generally the most healthy." Lastly, Galen, also of the 1st Century, described one of the first accounts on the treatment of obesity in the West.³

Romans

Most of the sculptures and paintings of important people during Roman times were displayed with a lean body, since that was the image that they wanted to portray. However, some of the representations of the same important people do show short and squat bodies with protruding bellies. This unflattering depiction is believed to be a more accurate representation of the person.^{12,13} There are also some other accurate representations of Emperors as described by Suetonius who described Roman Emperor Vitellius (69 AD) in the book Life of Vitellius as greedy, excessive and lacking control. Vitellius was seen as corpulent or what would be in modern times be considered "big". Other emperors of the

Roman times have been described similarly, including Nero who was one of the most hated emperors of his time.¹²

There is also the mythical story told by Xenophon's Memorabilia where he wrote of the encounter of Heracles with two allegorical females at a crossroads: "Virtue was tall, fair, pure and modest; the other was named Vice and was fleshy and soft from overeating, her face heavily made up to enhance her natural complexion, and her figure modified to exaggerate its height."¹²

During the span of a few centuries, the views on obesity diverged between Greeks and the Romans. While the Greeks had fewer and nonjudgmental words to describe an obese person, the Romans (more so after Christianity took root) had more words to describe obesity, some of which reflected the more negative connotations for obesity in that culture.

The Medieval times

During the medieval times the changes seen during the Roman era saw a sharper delineation towards the vilification of the obese. Tertullian in the 3rd century linked the sin of Adam eating the apple to gluttony, then Augustine in the 3rd century and Gregory I in the 7th century incorporated gluttony into their depiction of the seven sins. Hieronymus Bosch around 1500 AD linked gluttony to obesity in his painting the Seven Deadly Sins and the Four Last Things.¹⁴



Venus of Willendorf
(24000 B.C)

Source:
wikipedia.org

Discussion

Obese bodies have been recognized since tens of thousand of years. During the last fraction of that time it was recognized as a problem and the attitudes towards obesity have change from fertility and health to excess and sinful. What once was a sign of wealth and health is now a sign of poverty and sickness, and as cheap high calorie food becomes more accessible, the number of obese people grows. With this, the stigma towards the obese deepens. We can see that the changes are more prominent in more complex societies, where control and personal responsibility are given more importance. The recommended treatment of obesity, which was to have smaller meals and increased activity has not changed in milenias as was recommended by many scholars. This basic knowledge has carried on and has passed the test of time. But currently the treatment of obesity has become as socio-psychological as it is medical since our complex society places the obese in a deep psychological hole, where the stigma of their condition makes them fully responsible for their poverty, obesity and lack of control.

There is much more to learn from our past and much more is yet to be seen in the fight against obesity. We will continue fighting our physiology, as history has proven over and over again that we are made to be obese.

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“The Sessions” (2012) by Ben Lewin

Fernando Espi Forcen, M.D., Department of Psychiatry and Behavioral Neuroscience, University of Chicago



This film is based on the true story of Mark O'Brien, a poet and journalist who had to live confined to an iron lung after he became quadriplegic as a kid due to polio.

Mark's interest in sex remains intact throughout his life. As a devout Catholic, initially he does not want to have extramarital intercourse but, after failing his attempt to pursue the love of his beautiful caretaker, at the age of 38, he decides to lose his virginity. For that, he starts to see a sex therapist. Prior to doing it, he goes to church to discuss it with Father Brendan. The priest seems conflicted at first but Mark decreases the load of responsibility by asking just for his "friend's opinion." Father Brendan, probably motivated for his own unconscious desire, approves his decision. Mark hires Cheryl Cohen, a certified sex therapist that has experience with disabled people. Before starting, Cheryl sets the therapy frame and explains that there will be a maximum of six sessions and she will not talk about her personal life. Polio does not affect the autonomic system so the ability of Mark to sustain an erection remains intact. Mark struggles with premature ejaculation and it will take three sessions for Mark to achieve penetration. In the meantime, Father

Brendan, probably projecting his own personal fantasies, meets with Mark and listens enthusiastically to his experiences with the sex therapist. Quickly, Mark develops an erotic transference and writes a nice poem to her. Cheryl acknowledges the transference in her recorded progress notes. Despite the frame of therapy allows physical contact, Cheryl's erotic countertransference leads her to cross boundaries and after achieving a mutual orgasm, she confesses her love to Mark. Cheryl's husband is an idler with no further ambition in life and Cheryl starts to realize that after meeting Mark. During the fifth session, Mark and Cheryl argue after they realize that there will be only one more session. Mark is expecting that their relationship is prolonged but Cheryl takes a step back and proposes to end the therapy at that point. After that, Cheryl unconsciously forgets to take her payment. This is an indication that there was no more therapy going on. When Mark's assistant brings her the payment to the car, Cheryl begins to cry.

Later on, Mark will find the love of his life and after he dies, the three most important women in his life will attend the funeral.

Source of film poster: wikipedia.org

"Of Two Minds" (2012) by Jim O'Hanlon

Winter

John P. Shand, M.S., Saint Matthews University School of Medicine, Grand Cayman

2013



The popular view of psychiatry has indeed been influenced by film. One may consider *One Flew Over the Cuckoo's Nest* and *Ordinary People* to be among the most significant. However, few modern and mainstream films address the dynamic issues faced by a family adapting to day to day life with schizophrenia. *Of Two Minds* [starring Kristen Davis and Tammy Blanchard] brings the viewer on the emotional roller coaster of a small family integrating an aunt with schizophrenia into their home. The movie begins as a mother of two assumes the responsibility of caring for her sister with schizophrenia following the sudden death of their mother. Baby, as the aunt with schizophrenia is called, was diagnosed with the disease in high school. Baby has a clear longing for a normal life consisting of wanting to be desired and have a family of her own, which causes great family turmoil when, at the height of this longing, she makes a pass at her nephew. Shortly after this distressing incident, she is found catatonic and naked in a wardrobe.

The film presents a realistic and raw impression of the complexities that surround the misunderstandings of schizophrenia by both those who are close to and estranged from the patient. In the film, there is

only one family member who bothers to read about the causes and symptoms of the disease, while the rest of the family believes intention to be at the root of Baby's actions.

The son, who has researched the disease, confronts his mother with the statement and fact that, "she can't help what she does, mom, but you can." This declaration should resonate with the viewer who is trying to understand how families need to cope with life alongside a patient with schizophrenia. Families of patients with schizophrenic diagnoses should be highly encouraged to watch this film, as it underscores the delicate balance that jeopardizes the stability of families dealing with mental disorders and encourages viewers to have empathy and a greater understanding for the despair and longings of both the patient and their family members. The film put a subtle but powerful emphasis on the point that he who is most educated about the diagnosis was best able to cope with the family member's illness. The story presented in *Of Two Minds* embodies what J.D. Lang once stated: "Schizophrenia cannot be understood without understanding despair".

Source of film poster: wikipedia.org

“The Imposter” (2012) by Burt Layton

Fernando Espi Forcen, M.D., Department of Psychiatry and Behavioral Neuroscience, University of Chicago



This terrific documentary thriller tells us the story of Frederic Bourdin, “The French Chameleon.”

Nicholas Barclay was a 13 year old boy who disappeared in San Antonio, Texas. Somehow, 3 years later, the boy is found in Spain. The parents met with “Nicholas” in the U.S. Embassy of Madrid and brought him back home. After the initial excitement for the reunion the tension arises as the family starts to realize that “Nicholas” is now “different.” He speaks with an accent, has dark eyes and brown hair...

This film narrates a case of fictive personality, a syndrome where a person attempts to be a different one. The core feature of this disorder is a pathological lack of identity and sense of self. As a result, the individual with fictive personality will look in the outside world searching for different identities. His identity status will be determined by the social context. This was a popular diagnosis in the shiny period of psychoanalysis. Woody Allen describes another case of fictive personality in his film “Zelig.” Like in the case

of Bourdin, this syndrome has been related to a traumatic childhood. However, in 2007, Conchiglia et al. described a case of “Zelig syndrome” in a patient with frontal lobe damage. (1) Fictive personality was thoroughly described by Jay Martin, M.D. in his book “Who am I this time?” (2) According to Martin we all have fictive traits that help us fill the gaps of our own identity. To an extent, we all behave differently depending on the social context, and unconsciously incorporate manners, dressing styles, and behaviors from the people we admire, leading to a new modified identity.

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Source of film poster: wikipedia.org

