Summary of History of Mental Illness

Prehistoric Times

Demonic possession was thought to cause psychological disorders. Based on evidence of trephined skulls, it has been suggested that prehistoric people tried to release the evil spirits by drilling a hole in the skull.
Ancient Greece and Rome

The scientific approach emerged. The Greek physician Hippocrates sought a cause within the body. This approach continued through Roman times with the writings of the physician Galen.

Middle Ages

This period saw a return to belief in spiritual possession and attempts to exorcise the devil out of the mentally ill. The mentally ill were thrown into prisons and poorhouses.

Renaissance

Bethlehem Royal Hospital was founded in London in 1247, as a priory dedicated to St. Mary of Bethlehem; it served as a site for housing people with psychological disorders.

Also in this period, witch hunts took place, starting in the 1480s and continuing through the 1700s.
- **1700s**: Asylums again became overcrowded and conditions deteriorated; by the 1700s, St. Mary’s was known as Bedlam
- **1800s**: Reform movements began in Europe and the United States
  - Benjamin Rush attempted to devise new methods of treatment (the “tranquilizing chair”), based on scientific method

Dorothea Dix, a Massachusetts schoolteacher, originated the state hospital movement as a means of providing “moral treatment.”
Early to Mid-20th Century

Overcrowding became prevalent in state mental hospitals. Extreme measures of treatment were used that were thought by many to be inhumane.

![Image of a person in a mental institution]

Era of Deinstitutionalization—Late 20th Century

The invention of antipsychotic medications in 1948 made it possible for people with severe disorders to live outside institutions. President Kennedy called for community mental health centers. However, this has not been completely effective, as the problem of homelessness has arisen.

"Madness" and Creativity: The Case of Vincent Van Gogh

The case of Vincent Van Gogh (1853–1890) provides an excellent opportunity to discuss the relationship between "madness" and creativity. Van Gogh is generally considered the greatest Dutch painter after Rembrandt. His reputation is based largely on the works of the last three years of his short, 10-year painting career, and he had a powerful influence on expressionism in modern art. He produced more than 800 oil paintings and 700 drawings but sold only one during his lifetime. His striking colors, coarse brushwork, and contoured forms display the anguish of the mental illness that drove him to suicide.
## Van Gogh’s Diagnoses

- Epilepsy
- Schizophrenia
- Suppressed form of epilepsy
- Episodic twilight states
- Epileptoid psychoses
- Psychopathy
- Psychosis of degeneration
- Schizoaffective reaction
- Central tumor
- Active luetic schizoid and epileptoid disposition
- Phasic schizophrenia
- Dementia praecox
- Meningo-encephalitis luetica
- Psychotic exhaustion caused by creative effort
- Atypical psychosis heterogeneously compounded of elements of epileptic and schizoid disposition
- Phasic hallucinatory psychosis
- Neuroesthesia
- Chronic sunstroke and the influence of yellow
- Psychomotor epilepsy
- Dromomania
- Maniacal excitement
- Turpentine poisoning
- Hypertrophy of the creative forces
- Acute mania with generalized delirium
- Epileptic crises and attacks of epilepsy
- Glaucoma
- Frontotemporal dementia
- Xanthopsia caused by digitalis (as treatment for mania)—seeing the world through a yellow haze

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Most recently, this diagnosis was published in the *American Journal of Psychiatry*

Vincent van Gogh (1853–1890) had an eccentric personality and unstable moods, suffering from recurrent psychotic episodes during the last 2 years of his extraordinary life, and committed suicide at the age of 37. Despite limited evidence, well over 148 physicians have ventured a perplexing variety of diagnoses of his illness. Henri Gastaut, in a study of the artist’s life and medical history published in 1956, identified van Gogh’s major illness during the last 2 years of his life as temporal lobe epilepsy precipitated by the use of absinthe in the presence of an early limbic lesion. In essence, Gastaut confirmed the diagnosis originally made by the French physicians who had treated van Gogh. However, van Gogh had earlier suffered two distinct episodes of reactive depression, and there are clearly bipolar aspects to his history. Both episodes of depression were followed by sustained periods of increasingly high energy and enthusiasm, first as an evangelist and then as an artist. The highlights of van Gogh’s life and letters are reviewed and discussed in an effort toward better understanding of the complexity of his illness.