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Demythologising Psychiatry: A Collaborative Approach to Deconstructing Extremes in the Historical Perception of Mental Health Care in Britain and France

Abstract:

Inspired by the recent historiographical attempts to demythologise the history of psychiatry, we challenge four polarising narratives that continue to haunt mental health care in the present. Michel Foucault's seminal work *Folie et Déraison* (1961) marked a problematic turn to embrace binary, anti-psychiatric and celebratory constructions, which we challenge by moving from his "bird's-eye view" of history to a micro-historical focus on the development of mythical narratives in the history of psychiatry. By taking a collaborative approach which spans two different time periods, countries and narratives, we emphasise the polarising nature of psychiatry and the need for its demythologisation today in diverse frameworks. First, we explore the French myths concerning Philippe Pinel, who allegedly founded psychiatry by unchaining "madmen" during the French Revolution,

1 Alessandro Bianchi undertook archival research in Paris and London first through an initial exploration supported by the Bursary of St Hugh's College, the Barbinder Watson Trust Fund and the Faculty of History of the University of Oxford; and subsequently, via a more prolonged research trip funded by the generous contributions of the *Society for the Study of French History* and the School of History, Classics and Archaeology of Newcastle University. Alessandro's PhD research, furthermore, is made possible by the Iland Studentship of Newcastle University.

2 Many of the ideas on deinstitutionalisation in Newcastle emerged directly from Amberlea Jones' participation in the *Cambridge Heritage Symposium 2025*, and her presentation on *St Nicholas Hospital, Newcastle: Ethical Implications in the Study of Deinstitutionalisation and Its Legacy*. This was made possible through funding by the School of History, Classics and Archaeology of Newcastle University.

and later apparently contributed to "medicalising" the discipline with his pupil Jean-Étienne Dominique Esquirol. These mythical narratives reveal themselves as ploys to exalt the philanthropic and professional nature of psychiatric care. Second, we explore the impact constructions of the notion of "mental illness" had on therapeutic practices before analysing the effect of hospital scandals and popular perceptions of the asylum as a locus of abuse on British *deinstitutionalisation* — denoting the closure of psychiatric hospitals in the United Kingdom across the twentieth century. What emerges is that anti-psychiatric attempts to liberate madness replicated institutional hierarchies and the influence of scandals on public opinion and policy encouraged deinstitutionalisation to be mistakenly perceived as a liberating governmental movement. Ultimately, we maintain, these myths have merit and evidence exists to support them; however, we should not take them as absolute truths and mistakenly use them as a lens through which to study new evidence and research in psychiatry today.

Key words: Demythologisation, Psychiatry, Deinstitutionalisation, Medicalisation, Abuse, Philanthropy, Liberation, France, Britain, Long Nineteenth Century, Twentieth Century

Mythologies of Psychiatry

Since the popularisation of the history of psychiatry by Michel Foucault's *Folie et Déraison* (1961), historians have been compelled to take a stance concerning Foucault's own understanding of early psychiatry as authoritarian.[3] Siding with or outright rejecting Foucault's claims has thus provoked a polarisation between anti-psychiatric and celebratory perspectives within the discipline. These dichotomous extremes have progressively gathered large followings, partly due to the historical narratives they have become associated with. These damning and celebratory stories, which have modulated and

[3] Laure Murat, *L'homme qui se prenait pour Napoléon: Pour une histoire politique de la folie* (Paris: Éditions Gallimard, 2011), 30–31; Michel Foucault, [*Folie et Déraison:*] *Histoire de la folie à l'âge classique* (Paris: Éditions Gallimard, 1972 [1961]).

rewritten the history of psychiatry, possess the discursive qualities of myth defined by Claude-Lévi Strauss and Roland Barthes.[4] A key feature of "Myth," in fact, is to enforce breaks, discontinuities, divergences, and oppositions—to echo Pierre Smith, within mythical logic: "One must create monsters in order to eliminate hybrids."[5] Once the hybrid is demonised, turned monstrous, its erasure becomes a moral imperative; thus, Bellerophon slayed that mythical beast, the Chimera—part lion, part goat, part snake. Yet it is the very erasure of the hybrid, in myth today, which erodes the potential for a historical middle-ground.[6] Conscious of these mythical distortions, the historian of psychiatry Jacques Postel proposed a new methodological lens to apply to the field, which his pupil Jacques Chazaud termed "the '*demythologisation*' [*démythification*] of the actors of history."[7] This procedure centres around the "deconstruction" of myth in order to counteract its contradictory function: indeed, whilst Postel has claimed that myth has a "*function of occultation*", Barthes maintains that "*myth hides nothing*: its function is to distort, not to make disappear."[8] By inference, myth hides historical reality in plain sight. It "empties reality", rearranges historical fact into symbols, and crystallises this distorted truth into a compelling image or statement. It is the very deconstruction of this image which constitutes the task of demythologisation.

This practice, which originated in French historiography, has seen its use limited to French psychiatry, primarily due to the omission of translating the key texts beyond the original French language. In particular, demythologisation has become an essential approach within the historiography of Philippe Pinel (1745–1826), the so-called "founding father" of modern French psychiatry.[9] Its use centres primarily around the narrative of his alleged unchaining of madmen during the French Revolution, but can be equally employed to demystify the perceived medicalisation of mental health care from the nineteenth century onward. Extending the application of this methodology in different contexts, in this case twentieth-century Britain, can allow us to evaluate its utility and its value as an international, multifaceted approach to the history of psychiatry. Thus, this methodology is employed within discussions pertaining to "mental illness" as a social construct—in particular by the anti-psychiatry movement—before moving onto a deconstruction of the justifications behind

4 Claude Lévi-Strauss, *The Raw and the Cooked: Introduction to a Science of Mythology, vol. 1*. Trans. by John Weightman and Doreen Weightman (New York and Evanston: Harper & Row, Publishers, 1969), 29; Roland Barthes, *Mythologies*, trans. by Annette Lavers and Siân Reynolds, (London: Vintage Books, 2009), 131.

5 Pierre Smith, "The Nature of Myths," *Diogenes* 21, 82 (1973): 83.

6 Barthes, *Mythologies*, 131–87.

7 Jacques Chazaud, "Préface," in Jacques Postel, *Éléments pour une histoire de la psychiatrie occidentale* (Paris: L'Harmattan, 2007), 10.

8 Ibid., 131; Barthes, *Mythologies*, 145.

9 For example, see Postel, *Genèse de la Psychiatrie: Les premiers écrits de Philippe Pinel* (Le Plessis-Robinson: Institut Synthélabo pour le progrès de la connaissance, 1998), 33-102.

deinstitutionalisation in the British context, denoting the closure of psychiatric hospitals in the United Kingdom across the twentieth century. Demythologisation, thus, allows us to, perhaps cynically, review the intentions behind modern and contemporary government policies on psychiatry. By challenging the mythical constructions which have haunted the discipline since its inception and continue to modulate its public perception**,** Postel's "demythologisation" holds the potential to begin mending significant rifts amongst historians of the discipline whilst returning support to psychiatric research in our own times.

Philippe Pinel and the Myth of Philanthropy

In 1792, the physician Philippe Pinel allegedly removed the chains binding the mentally infirm in the Parisian hospital of Bicêtre. This humane act which allowed his patients to slowly recover their reason elevated Pinel as one of the founding fathers of psychiatry, solidifying its status as a philanthropic discipline. Yet this event, crystallised within the painting of Charles Louis Müller at the *Académie de Médecine*, never occurred [Figure 1]. It is owing to Gladys Swain's *Le Sujet de la Folie* (1977) and the subsequent archival research of historian Dora Weiner that the mythical nature of this event was confirmed.[10] The narrative initially appeared in embryonic form in works by Pinel's pupil Jean-Étienne Dominique Esquirol in 1805 and 1818.[11]

Figure 1. Charles Louis Lucien Müller, Pinel faisant tomber les fers des aliénés de Bicêtre, [circa 1840–1850], oil on canvas (Paris: reception hall of the Académie Nationale de Médecine, rue Bonaparte). [Photo: Double Vigie, Source Wikimedia Commons, CC BY-SA 3.0. Licence: https://creativecommons.org/licenses/by-sa/3.0/deed.en (accessed S 28, 2025)].

[10] Gladys Swain, *Le Sujet de la Folie: Naissance de la Psychiatrie* (Calmann-Lévy, 1997 [1977]), specifically Chapter 3: "Les chaînes qu'on enlève"; Dora B. Weiner, "The Apprenticeship of Philippe Pinel: A New Document, 'Observations of Citizen Pussin on the Insane'," *The American Journal of Psychiatry* 136/9 (1979), 1128–34. For the crucial passage on the unchaining see Ibid., 1133.

[11] Jean-Étienne Dominique Esquirol, *Des passions considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale* (Paris, 1805), 6; Esquirol, "Maisons d'Aliénés", *Dictionnaire des Sciences Médicales*, 30 (1818), 51.

As Lévi-Strauss foregrounds, myths consistently mutate through changes of narrator—in this case, in fact, it was the retelling of this event by the son of Pinel, Scipion, in 1823 and 1836 which solidified into the narrative still popular today.[12] Within it, Pinel, facing down the radical politician of the Terror Georges Couthon at the *hospice* of Bicêtre, victoriously obtains his permission to unchain the insane.[13] For all these distortions, the myth, as myth, hid in plain sight. Pinel declared in his *Traité médico-philosophique* in 1809 that despite his best efforts, it was the superintendent of Bicêtre Jean-Baptiste Pussin who "managed" to unchain madmen on "4 prairal an 6"—in our calendar, 23 May 1798.[14] By that time, Pinel had been long gone from Bicêtre.[15] It was the very confirmation of this chronology by Pussin that Weiner unearthed in the archives—but nothing more.[16] Even without this avowal, the myth was an unstable signifier: as Swain highlights, "One believes in it without believing in it."[17] Even before Swain and Weiner's contributions, in fact, Foucault had already termed the narrative a "myth."[18] Yet this myth was never meaningless, nor did it merely mystify, lie, conceal: as Weiner and Postel have aptly argued, the myth has its own symbolic reality.[19] It is this truth, hidden in plain sight, which complicates philanthropic understandings of psychiatry.

In Scipion's narrative, Pinel postulated the key formula of the myth to the first patient he sought to release, an English captain: "Captain, (…) if I had your irons removed, and if I gave you the freedom to walk in the courtyard, would you promise me to be reasonable and to not harm anyone?"[20] It was not a choice the captain was given here, but a condition. The return of his reason was necessary to emancipation. Indeed, the two were expressed as inextricable events: the removal of chains *was* the recovery of reason.[21] This link highlighted the metaphorical value of the unchaining. By claiming the mentally ill possessed a residue of reason, Pinel essentially reconceptualised

12 Lévi-Strauss, *The Naked Man*, Introduction to a Science of Mythology, vol. 4, trans. by John Weightman and Doreen Weightman (New York and Evanston: Harper & Row, Publishers, 1981 [1971]), 675; Scipion Pinel, "Sur l'abolition des chaînes des aliénés; par Ph. Pinel, membre de l'Institut, etc.—Note extraite de ses cahiers, et communiquée par M. Pinel fils", *Archives Générales de Médecine*, série 1, vol. 2 (1823), 15–17; Scipion Pinel, *Traité complet du régime sanitaire des aliénés, ou Manuel des établissemens qui leur sont consacrés* (Paris: Mauprivez, Éditeur and Béchet, Libraire, 1836), 55–63.

13 Ibid., 56–57.

14 Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale*, 2nd edn (Paris: J. Ant. Brosson, Libraire, 1809), 200–201.

15 Weiner, *Comprendre et Soigner: Philippe Pinel (1745-1826) – La médecine de l'esprit*, Penser la medicine (Paris: Fayard, 1999), 192.

16 Pussin, in Weiner, "The Apprenticeship of Philippe Pinel," 1133.

17 Swain, *Le Sujet de la Folie*, 151.

18 Foucault, *Histoire de la folie*, 500.

19 Weiner, *Comprendre et Soigner*, 12; Postel, *Genèse de la Psychiatrie*, 30–31.

20 Scipion Pinel, *Traité complet du régime sanitaire des aliénés*, 57.

21 Swain, *Le Sujet de la Folie*, 182.

madness as theoretically curable.[22] The unchaining as a return to reasonable action expressed this development in material terms. Moreover, the liberation of the madman required the erasure of his status as a public danger. The British provenance of the captain speaks to his dual nature: he represented both a mental patient and a prisoner of war. This linked perception of madmen and criminals, reflected both in parliamentary accounts and in the architectural organisation of the hospital of Bicêtre, was allegorically dispelled through the unchaining [Figure 2].[23] However, Pinel's question to the captain also crystallises the formula of psychiatric coercion. "[T]o be reasonable," Pinel implies, is not merely a medical status, but an attitude toward the world. It was not, then, the treatment of the patient that unchaining represented; rather, the mental patient, encouraged to act reasonably, was trained like Pavlov's dog. Failure to act according to social norms implied a return to the dehumanising chains. In this sense, the unchaining represented the inception of a coercive method of habituation rather than of a humanitarian psychiatric practice.

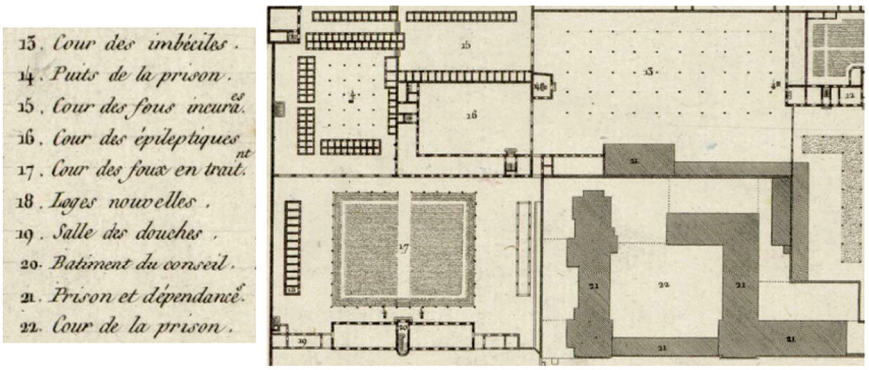

Figure 2. Detail: E. Poulet Galimard, Plan de l'hospice de Bicêtre, 1813. Drawing: Paris: Bibliothèque nationale de France). [Source: BnF Gallica, public domain (accessed April 28, 2025)]. Spaces 13, 15, 16, 17, and 18 were the living quarters of the mentally ill; locations 21 and 22 were instead reserved for prisoners: evidently, prisoners and the alienated lived side-by-side.

This dynamic within the Pinelian myth was not merely theoretical—it was reflected in psychiatric practice. Thus, in 1836, a physician could confidently claim that, whilst a patient had not recovered her reason, "Nevertheless, she has taken the resolution to hide from everyone the aberrations of her mind, and to put herself to work on some new charges. […] I reckon that she can exit from this day."[24] To an extent, then, psychiatric practice during the pe-

22 Ibid., 100; Weiner, *Comprendre et Soigner*, 299.

23 See, for example, M. le comte de Castellane, in *Archives Parlementaires de 1787 à 1860 : recueil complet des débats législatifs et politiques des chambres françaises*, série 1, vol. 11 (Paris: Librairie administrative de Paul Dupont, 1880), 661; and Jean-Danis Lanjuinais, in *Archives Parlementaires de 1787 à 1860*, série 1, vol. 63, 562.

24 *Observations sur l'état des patientes aliénées*, 1826-1838, SLP/6/R/89, Hôpital de la Salpêtrière, Archives de l'Assistance Publique, Le Kremlin-Bicêtre, 256.

riod thus took an attitudinal stance toward madness: mental illness was what mental illness did. Concealing madness, when not explicitly avowed, was generally perceived as a problematic resistance to medical power; when confessed to, however, it seemed like a perfect substitute to medical treatment.[25] Indeed, resocialisation remained the core aim of institutional psychiatry.[26] Only when reasonable behaviour returned to mental patients could freedom become a real possibility. Accordingly, in the late 1820s, at the hospital of the Salpêtrière, a woman who no longer displayed maniacal fits "fulfils her obligations with zeal and intelligence", the doctor, therefore, believed that "[w]e can, without inconvenience, provide her sometimes with the freedom to go out, as we do for the other employees."[27] Hence, the myth of unchaining distorted causality, suggesting that the physical liberation of madness could elicit a mental recovery. Cases such as that of the English captain, however, emphasise that recovery (at least attitudinally) was a prerequisite to liberation. Freedom was granted to sanity, but the insane remained constrained.

Even the physical reality of the unchaining fell short of any sense of liberation. The duc de La Rochefoucauld-Liancourt, who visited Parisian hospitals in 1790, reported that he found only 10 out of 270 patients in chains.[28] Despite the fact that, as Foucault has emphasised, asylums such as Bicêtre haunted "the imagination as [did] formerly the Bastille," the use of chains was scarcely widespread in Paris.[29] The fall of the *ancien régime* had made sure of that. In the last decade of the eighteenth century, in fact, the "ways of gentleness [*douceur*]" stood for a move away from the history of institutional abuse enacted prior to the Revolution.[30] Outside of the Île-de-France, however, mental institutions remained few, neglected and in disarray. Scrutiny into the state of mental health care in the provinces did increase during the Napoleonic era, but little benefit seems to have come from it. By 1817, in fact, Pinel's pupil Esquirol, after traveling throughout France, complained of having seen patients "chained in lairs where one would fear to hold ferocious beasts [and] which the luxury of governments upkeep at great expense in the capitals."[31] Accordingly, when it came to France as a whole, the true and complete unchaining of the mentally ill remained a process rather than an event, and one which often narrowly focused on Paris.

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25 Ibid., 61, 75, 200.

26 Swain and Marcel Gauchet, *Madness and Democracy: The Modern Psychiatric Universe*, trans. Catherine Porter, for. Jerrold Seigel (Princeton and Chichester, West Sussex: Princeton University Press, 1999), 48.

27 *Observations sur l'état des patientes aliénées*, 1826-1838, SLP/6/R/89, Hôpital de la Salpêtrière, Archives de l'Assistance Publique, 131.

28 François de la Rochefoucauld-Liancourt, in *Archives Parlementaires de 1787 à 1860*, série 1, vol. 17, 121.

29 Foucault, *Histoire de la folie*, 489.

30 Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 107–8.

31 Esquirol, *Des Établissemens des Aliénés en France, et des moyens d'améliorer le sort de ces infortunés* (Paris: Imprimerie de Madame Huzard, 1819), 4–5.

René Semelaigne, Pinel's great-nephew, saw this as the end of the use of chains throughout France; historical reality, however, was more complex.[32] More than ten years after Esquirol's report, in fact, the Minister of the Interior complained to the prefect of the police concerning another report he had heard, wherein "a member, reporting on the visit which he had made to multiple prisons" in the provinces "had the grief of seeing, in an insalubrious dungeon, an alienated bound from the centre of his body, in the throes of innumerable pains."[33] This, however, was not necessarily a case of the continued use of coercive practices toward madness. In fact, the sub-prefect of Barbezieux, where the event had taken place, emphasised that the specified patient had, on multiple occasions, managed to break down the walls of his cell, promenading naked across town and disturbing civil life within it. Thus, the sub-prefect emphasised that his chaining was due "more to the inconveniences of the premises (…) and to the circumstances of the mania of this alienated, rather than to the lack of surveillance or of humanity from the part of the local authorities."[34] The administrative difficulties departments faced when tending to mental patients emphasises both the centralisation of mental health care and the neglect of the provinces. Whilst chains, therefore, had already grown into disuse by the beginning of the Revolution in the capital, elsewhere they continued to be necessary even after the Napoleonic era due to a lack of administrative resources.

It was not, then, the practice of chaining which was the central focus of the myth. In fact, when the English captain promised he would be reasonable, whilst expressing disbelief at Pinel's proposition, the doctor's response is telling: "No, to be sure, I am not afraid [of you]," he claimed, "for I have six men who can make me be respected, if needed. But take my word for it; become confident and docile; I will give you your freedom back if you let yourself be placed in this canvas vest instead of your heavy chains."[35] Pinel's promise essentially reconfigured the moment of liberation as a transition to new forms of constraint. Indeed, the removal of the chains required their substitution with what Scipion Pinel describes as "vests in strong canvas and with long sleeves", which could be attached "behind the back of the alienated when one wants to reduce him to the incapability of harming" [Figure 3].[36] It is unclear from Scipion's account whether the English captain was directly constrained in this manner. Yet Pinel's initial reference to the "six men who can make me be respected" communicated to the patient that the potential of violent containment was ever-present. Furthermore, an 1806 report from the Salpêtrière highlights the "absolute authority which the warden exercises on all the em-

32 René Semelaigne, *Les Grands Aliénistes Français* (Paris: G. Steinheil Éditeur, 1894), 150.

33 *Aliénés dans les prisons*, 1829, F/16/523, Prisons, Maisons centrales, chaînes et dépôts de mendicité, Archives Nationales, Pierrefitte-sur-Seine, letter 1.

34 Ibid., letter 2; '*Aliéné*,' the term denoting the mentally ill, has been translated here as the noun 'alienated.'

35 Scipion Pinel, *Traité complet du régime sanitaire des aliénés*, 58.

36 Ibid., 57.

ployees subordinated to him."[37] This domineering stance employed by the warden—Pinel's collaborator Pussin—likely extended to the management of mental patients. Thus, this man, the true figure responsible for the unchaining ten years prior, replicated the move from chains to fear which appears within the mythical narrative. Pussin's removal of chains at Bicêtre was accordingly accompanied, like in the mythical case of the English captain, by their "replace[ment …] with straitjackets."[38] The vest, then, gave physical form to Pinel's threat — by wearing it, patients would embody the psychiatric politics of fear; they would feel on their own skin the looming sword of Damocles of constraint.

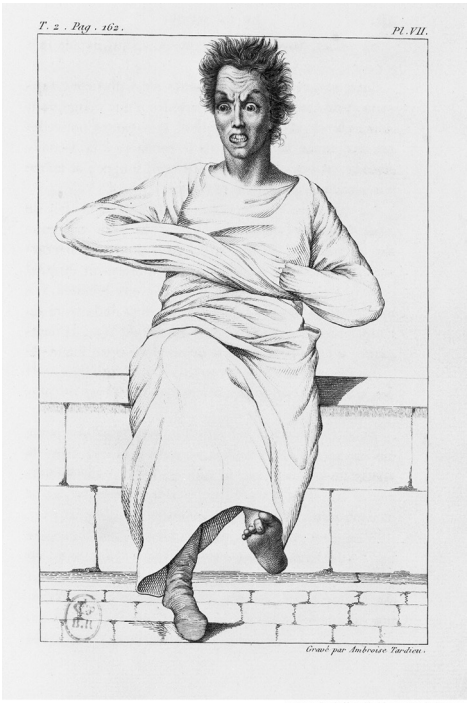

Figure 3. Ambroise Tardieu, Planche 7: Femme hystérique dans une camisole de force, engraving (in Jean-Étienne Dominique Esquirol, Des Maladies Mentales: considérées sous les rapports médical, hygiénique et médico-légal, vol. 2, Paris and London: chez J. B. Baillière, libraire de l'Académie Royale de Médecine, 1838). [Source: BnF Gallica, public domain (accessed April 28, 2025)]. This is a typical example of constraint through a camisole de force.

Postel, then, was only partially correct when he declared that "the chains have become see-through".[39] They were present, but dormant in the form of the "vest", a latent possibility which was nevertheless visible to all. Yet, in another sense, he was right: the violence of the psychiatrist was mystified behind an "alibi"—the "mask" of "philanthropy".[40] The very philanthropic unchaining transformed care into subordination, and liberation into fear. The chains might have disappeared physically, but they moved to the realm of the mind.[41] This was coherent with the medico-political views of the Revolution. One project of the French constitution accordingly declared that "The man in [a state of] madness is conveyed to physical liberty through the

37 Agent de Surveillance [Lapointlalume?], letter to the administration, 1806, 136/FOSS/10, Fosseyeux Collection, Arrêts du Conseil Général des Hospices Civils de Paris, Archives de l'Assistance Publique, 296.

38 Pussin, cited in Weiner, "The Apprenticeship of Philippe Pinel," 1133.

39 Postel, *Éléments pour une histoire de la psychiatrie occidentale*, 136.

40 Postel, *Genèse de la Psychiatrie*, 95.

41 Swain and Gauchet, *Madness and Democracy*, 60.

return of moral existence or of reason."[42] The psychological chaining of madness hence represented its physical liberation, and vice versa. But in practice, this encrypted itself into a psychiatric practice founded on emotional abuse and fear.

The Myth of Medicalisation in Early Nineteenth-Century Paris

When one observes Pinel's statue, built in the late nineteenth century, two sculpted figures appear by his side: Charity, echoing the philanthropic notions of the myth of unchaining, and Science, introducing the myth of medicalisation.[43] Despite Esquirol and Scipion Pinel's attempts to bury Philippe Pinel's theories, in fact, his psychiatric thought survived and was accompanied by a new wealth of medical treatises on mental illness. Indeed, the early nineteenth century has been collectively described as a period of medicalisation, particularly within the history of psychiatry.[44] In this framework, Paris led the process of medicalisation and the nascent asylum functioned as the be-all and end-all of a new, scientifically sound psychiatric discipline.[45] This mythical narrative presents the triumph of Enlightenment thought and its liberation of society from the shadows of unscientific and irrational credences.[46] Indeed, the history of psychiatry has often been reduced to a narrative of the coherent and progressive medicalisation of the category of "madness". To reiterate Thomas Kuhn's phrase, there remains "a persistent tendency to make the history of science look linear and cumulative."[47] These allegedly "Whiggish" hagiographies of constant progress toward a medical Eden of psychiatry have come under attack in the twentieth century, but ultimately continue to influence perceptions of the discipline and of its history.[48] Despite the detractors of excessive medicalisation, in fact, the triumph of biological psychiatry in the twentieth century has meant, to echo Andrew Scull, that "Madness

42 Citizen Mont-Réal, in *Archives Parlementaires de 1787 à 1860*, série 1, vol. 60, 618.

43 *Inauguration de la Statue de Philippe Pinel sur la Place de la Salpêtrière, le 13 Juillet 1885* (Paris: G. Rougier, 1885), 6.

44 Erwin H. Ackernecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore, Maryland: The John Hopkins Press, 1967), xii; Tina Chakravarty, "Medicalisation of Mental Disorder: Shifting Epistemologies and Beyond," *Sociological Bulletin* 60/2 (2011): 274.

45 Goldstein, *Console and Classify*, 1; Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 13; Robert Castel, *l'ordre psychiatrique: l'âge d'or de l'aliénisme* (Paris: Les Éditions de Minuit, 1976), 59.

46 See, for example, Kenneth S. Kendler, "Philippe Pinel and the foundations of modern psychiatric nosology," *Psychological Medicine* 50/16 (2020): 2667–2672.

47 Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 4th ed., intro. by Ian Hacking (Chicago and London: The University of Chicago Press, 2012), 138.

48 Roy Porter, *Madness: A Brief History* (Oxford: Oxford University Press, 2002), 1.

is now mostly viewed through a medical lens."[49] Even more narrowly, within historiography itself, this frame of thought continues to haunt the imaginary of psychiatry. Thus, Henri Ellenberger's seminal study, *The Discovery of the Unconscious* (1994), traced the historical move from shamanistic practice to the crystallisation of dynamic psychiatry as a medical practice in the 1900s.[50] Whilst grounded in historical research, the framing of his work fundamentally implied that the history of dynamic psychiatry was a trajectory—though not an unproblematically linear one—toward medicalisation. A closer look at early nineteenth-century psychiatric thought, however, emphasises that the psychiatric move away from superstitious and non-scientific thought was fundamentally fictitious. Recent histories of psychiatry may have insisted medicalisation formed the basis of its definition as a discipline, but Swain has foregrounded a significant instability in this transition: "In constituting itself, modern medicine engenders a different medicine: an anti-medicine."[51] Rather than a parallel, incommensurable or even perpendicular practice to medicine, this anti-medicine seeped into and shaped the alleged medicalisation of psychiatry.

Perhaps the most emblematic shift crystallised within the narrative of psychiatric medicalisation was the move away from superstitious understandings of mental illness at the interface of the eighteenth and nineteenth centuries. This allegedly manifested as the collective rejection of madness as demonic possession and a move toward enquiries into the cerebrum. Pinel's work, perfectly situated in the chronology of the myth, was thus centred by the hagiographers of the discipline—such as the physician's nephew Casimir Pinel and his grand-nephew René Semelaigne—as a break within the history of psychiatry. Before him, only "superstitious ideas and theological doctrines" abounded; after him, the "alienated" were "considered (…) to be patients that one must treat and not chastise."[52] In part, Pinel's writing was also responsible for the creation of this conceptual break. Compared to other physicians, in fact, he took a tone of condescendence and superiority which purposefully presented its author as the true revolutioniser within the field of mental health care. Indeed, for Pinel, the only achievement of eighteenth-century treatises on mental illness was "that of drawing closer scattered objects, (…) and often of giving rise to some brilliant hypotheses."[53] Whilst Pinel led the charge, nevertheless, figures such as his pupil Esquirol also joined the pantheon of the medicalisation narrative. Their work assuredly engaged in a reconceptualisation

49 Ibid., vii; Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton and Oxford: Princeton University Press, 2015), 12.

50 Henri F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (London: Fontana Press, 1970).

51 Kendler et al., "The Emergence of Psychiatry: 1650-1850," *American Journal of Psychiatry* 179/5 (2022): 329–35; Swain, *Le Sujet de la Folie*, 98.

52 Semelaigne, *Les Grands Aliénistes*, 9, 88.

53 Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale, ou La Manie*, 1st ed. (Paris: Richard, Caille et Ravier, Libraires, 1801), xx-xxi.

of mental health conditions. Indeed, Pinel critiqued the "popular prejudices on the existence of demons," undermining the "blind credence in demonomania" which he viewed as influenced by theological beliefs.[54] Yet problematising theological influences would lead him to introduce a new substitutive category: those affected by religious mania.[55] This condition centred around the excess of theological fanaticism and superstition within the individual.[56] In outlining this new psychiatric category, Pinel discouraged the discourse equating madness to demonic possession by pathologising the very religious beliefs that lay at its foundation. Esquirol took this approach a step further by attempting to demonstrate that "possession by the Devil [*du demon*] is a true monomania," thus relocating "demonic possession" into the theoretical continuum of the medicalisation of psychiatry.[57] Hence, whilst notions of demonic possession did begin to trickle away, they still remained at the basis of early nineteenth-century psychiatric thought.[58] In fact, a closer look at the "moral treatment," which some have described as the foundational paradigm of psychiatry, suggests that this statement can be pushed further: the very myth of medicalisation concealed in plain sight the appropriation of superstitious, religious and non-medical practices by the newly professionalised "alienists."[59]

Since "moral" was equivalent to "psychological" in the early nineteenth century, Pinel's therapeutics appeared as an early form of "*psychotherapy*".[60] Pinel's treatment consisted in a two-step programme borrowed from British medical practitioners: "to subjugate them first, to encourage them after."[61] The emphasis fell on the former dynamic, as these consolatory encouragements ultimately seconded domination. Indeed, it was "[t]he submission and repentance" of the patient which would "immediately make the tone of the warden change" and turn to reassurances.[62] This attitudinal shift would communicate to patients the beneficial nature of compliance with authority, beginning the process of habituation to submission. Whilst seemingly a medical practice, Pinel's psychotherapeutics contained within it religious and clerical influences, which became particularly explicit during the Restoration's renewed turn to Catholicism. Reflecting on the history of medicine in 1818, in fact, Pinel dis-

54 Ibid., xvii, 245–46.

55 Murat, *L'homme qui se prenait pour Napoléon*, 74.

56 S. Gumpper & F. Rausky, "La modernité clinique face au sentiment religieux: la 'mélancolie dévote' de Philippe Pinel," *Annales Médico-Psychologiques* 168 (2010), 680–85.

57 Esquirol, "Démonomanie," *Dictionnaire des Sciences Médicales* 8 (1814), 298.

58 Postel, *Éléments pour une histoire de la psychiatrie occidentale*, 23.

59 Goldstein, *Console and Classify*, 66–67.

60 Postel, Genèse de la psychiatrie, 189–90; Walther Riese, *The Legacy of Philippe Pinel: An inquiry into thought on mental alienation* (New York: Springer Publishing Company, 1969), 66.

61 Cited in Philippe Pinel, *Traité médico-philosophique*, 99–100.

62 Philippe Pinel, "Recherches sur le traitement général des femmes aliénés dans un grand hospice, et résultats obtenus à la Salpêtrière après trois années d'expérience," *Gazette Nationale ou Le Moniteur Universel* (30 June 1805), 1159.

tilled these superstitious drives. For him, ancient priests, "like the doctor", "put at stake two great passions, fear and hope"; essentially, therefore, "[t]here was then no difference between the minister of religion and that of health, except that the first looked after the moral, and the other the physical."[63] Despite their aspirations as a new medical paradigm of mental health care, therefore, Pinel's writings hid in plain sight their fundamentally non-medical origins. Indeed, the "moral treatment" functioned as the integration of occult and religious practices into the field of alienist medicine. Nevertheless, the Revolution's move toward secularisation had left an indelible mark on Pinel's psychiatric thought. In 1793, he resisted the common practice of forcing convalescents to receive "spiritual remedies", which could provoke unreasonable fears of the afterlife and worsen their mental stability.[64] The integration of religious consolation into medicine necessitated the excision of its spiritual dimensions.[65] Thus, the "moral treatment" represented the secularisation of religious practice.

Esquirol pushed these notions further. For him, religious care and the "moral treatment" were not merely similar; rather, the former's "moral means do not differ from those that are suitable to melancholy and monomania."[66] Religious and medical consolation thus became one and the same. The move toward medicalisation, however, was reintegrated in Esquirolian discourse through a problematisation of who instrumentalised this moral authority. For him, "the assistance of the ministers of religion has rarely been followed by success".[67] Clergymen would not do. Tracing the history of mental health care, from the ancient "ministers of the altars," through pilgrimages and religious festivals, he thus maintained that "In our days, we will find a great doctor. His name, his consolations are often more useful than his remedies, for he commands the confidence [of the patient]."[68] At heart, then, medicalisation in the early nineteenth century was linked to a move toward "*professionalisation*", which historian Jan Goldstein has defined as "a collectively organized act of social climbing wherein benefits accrue to individual careers through the shaping of the 'career of an occupation' as a whole."[69] Esquirol thus instrumentalised the theological basis for Pinel's therapeutics to push further the significance of alienist medicine.

Asylum records complicate the paradigmatic value of the moral treatment within historiography. Indeed, within psychiatric hospitals, treatment largely centred around the administering of "medical" or pre-pharmaceutical concoctions. Even Pinel, in his professional correspondence, often focused on

63 Philippe Pinel and Isidore Bricheteau, "Aperçu sur l'histoire de la médecine," *Journal complémentaire du Dictionnaire des sciences medicales* 1 (1818), 13.

64 Philippe Pinel, *The Clinical Training of Doctors: An Essay of 1793*, ed. and trans. Weiner (Baltimore and London, 1980 [Original 1793]), 48.

65 Weiner, *Comprendre et Soigner*, p. 38; Goldstein, *Console and Classify*, p. 204; Castel, *l'ordre psychiatrique*, p. 217.

66 Esquirol, "Démonomanie," 295, 316.

67 Esquirol, "Folie," *Dictionnaire des Sciences Médicales* 16 (1816), 227.

68 Ibid.

69 Goldstein, *Console and Classify*, 11.

herbal infusions, baths, and "hygiene".[70] One instance in the hospital of Charenton, however, elucidates the value of the moral treatment: the "doctor subjugates his mind and administers all the drugs [*médicaments*] which he believes [may be] useful. Bleedings, baths, showers, purgatives, and antispasmodics."[71] Evidently, the dominations of the moral treatment became a pre-requisite to pre-pharmaceutical care. The elision of this fundamental therapeutic approach within administrative and medical documents, therefore, was an attempt to literally erase non-medical influences from the record. This archival reticence is coherent with the move toward a biological and organic frame of thought in the post-Revolutionary era.[72] Thus, the narratives of progress integral to the myth of medicalisation conceal in plain sight the integration of pre-Revolutionary occult practices into the building blocks of the psychiatric discipline. Medicalisation within the early history of psychiatry ultimately reveals itself to signify the appropriation of non-medical practices by bourgeois physicians.

The Myth of "Mental Illness" in the Twentieth Century

The myth of the medicalisation of psychiatry metamorphosed into a similarly problematic discourse in the twentieth century. "Medicalisation" stimulated systematic diagnosis which corresponded to clearly delineated therapeutic practices. Thus, the widely used Diagnostic and Statistical Manual of Mental Disorders (*DSM*) and the International Classification of Diseases (*ICD*) found their footing in the latter half of the twentieth century. In practice, however, mental illness could not always be easily diagnosed with scientific accuracy. This was not least due to the very instability of the diagnostic tools available to psychiatrists: both the DSM and the ICD, in fact, were and are still consistently being modified and updated. Significantly, this notion of a pre-determined understanding of the categories making up mental illness was rejected by some contemporary psychiatrists. The anti-psychiatric movement went further, dismissing the very medical construction of madness as a disease at the basis of psychiatry. Authors such as Michel Foucault, Thomas Szasz, Ervin Goffman, R. D. Laing, and David Cooper, furthermore, also took issue with the concept of mental illness, citing it as a form of social control.

The psychiatrist Thomas Szasz was infamous for his interpretation that mental illness did not exist in a medical or scientific sense; instead, he argued, it was framed as a damning rhetoric applied to what was fundamentally an issue of social norms.[73] Szasz cited the "insanity defence" as an example of this reality, essentially claiming that it justified "misbehaviour".[74] For him, then,

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70 Letter by Pinel, 1813, MS.7419, Pinel, Philippe, (1745-1826), physician and psychiatrist, Wellcome Collection, London, 2.

71 *Observations médicales*, 1826, 4x694, Hospice de Charenton, Archives Départementales du Val-de-Marne, Créteil, 82.

72 Chakravarty, "Medicalisation of Mental Disorder," 275.

73 Thomas Szasz, "The myth of mental illness: 50 years later," *The Psychiatrist* 35 (2011): 180.

74 Ibid., 181.

"Mental illness is a myth."[75] The very construction of madness as a clinical condition, therefore, came under attack. On one hand, his work emphasises the potential pitfalls of demythologisation. His methodological approach, in fact, sought to erode psychiatry itself as a discipline instead of merely questioning its foundation. On the other hand, it can also be read as an extremist take on popular critiques of medicalisation. Indeed, Szasz argued that psychiatrists deal with "personal, social, and ethical problems in living", and that the custom to define psychiatry as a medical speciality was a "worthless and misleading definition".[76] Moreover, he claimed, "psychological concepts are defined on the basis of the investigator's self-proclaimed intentions or values."[77] Therefore, Szasz highlighted that mental illness was a reflection of personal beliefs rather than objective fact. To echo Richard Vatz and Lee Weinberg, Szasz thus marked psychiatry as "a vehicle for social control (…) made acceptable by the medical cloak."[78] Szasz's beliefs reflected his own experience as a practicing physician in the United States, and were influenced by the international debates of the time. Paired with the work of Foucault and Goffman, they inspired R.D. Laing and David Cooper to form the anti-psychiatry movement in Britain.[79]

R. D. Laing remains, to this day, a representative example of the mystifications surrounding the benefits of the break from traditional psychiatric practice. Laing, similarly to Szasz, claimed that "sanity or psychosis is tested by the degree of conjunction or disjunction between persons where one is sane by common consent."[80] For him, then, social consensus rather than medical verification was the determinant of mental illness. From these beliefs, Laing distilled a need to salvage these "scattered" individuals from societal structures, providing them instead with a community which imposed no therapy or authority.[81]

This communal ideal was crystallised in the experiment of Kingsley Hall, a therapeutic community in London founded by R. D. Laing where service users and psychiatrists lived together. The intention was to eradicate the boundaries between "patient" and "doctor" and instead create a space of equality between people. For all its aspirations, Kinglsey Hall has been described as a "controversial approach to healing through compassion and freedom."[82] Its attempts at egalitarianism were in fact insubstantial. In the documentary *Asylum* (1972), it was found that in these experimental homes inspired by Laing

75 Szasz, *The Myth of Mental Illness* (St Albans: Paladin, 1972), 269.

76 Ibid.

77 Ibid., 19.

78 Szasz, "The myth of mental illness," 181.

79 Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London: The Athlone Press, 1993), 188.

80 R. D. Laing, *The Divided Self* (London: Penguin Books, 2010), 36.

81 *Asylum,* directed by Peter Robinson (Peter Robinson Associates, 1972), 47:45.

82 "Asylum," *IMDB*, https://www.imdb.com/title/tt0775421/ (accessed October 11, 2025).

there remained clear hierarchies.[83] These structures of power were distinctly visible during instances of conflict resolution.[84] In a place where everyone was equal, the method employed by Dr. Leon Redler to handle conflict was inherently problematic. Multiple residents complained of favouritism toward David within the house—especially considering his violent behaviour: punching, attempting to stab others, striking and shattering others' glasses. Lee, one of the recipients of David's attacks, became frustrated with Redler's intellectualisation of violence. Indeed, the physician prioritised the discussion of violence on a psychological level rather than on a physical level, invalidating the bodily reality of the event. Even when speaking to David, Redler displaced attention from the violence itself to the nature of the dynamics within the house, asserting that "you're hitting them because you're angry and jealous of their relationship with me."[85] Within this supposedly democratic framework, then, the psychiatrist positioned himself at the centre of attention, and hence took on a position of authority. Redler went on to explain to David that Lee and Richard were his "younger brothers" and that he should not hit them. The creation of this "family unit" did not abolish hierarchy in Kingsley Hall; instead, it sentimentalised it. Within a family structure, in fact, there lies an acceptable level of violence: striking one's brother was more "normal" than beating a fellow member of the community. By envisioning the group as a "family", Redler recalibrated power dynamics. Instead of control through authority, the community was reformed through an equally authoritative control via "care".

The impact that the creation of a family unit had within Laing's structure of care was reaffirmed in *Two Accounts of a Journey Through Madness,* where Mary Barnes and the psychiatrist Joseph Berke described their time in Kingsley Hall.[86] The relationship between the two progressively morphed into a pseudo-parental relationship. Mary, in fact, described Joe's attitude toward her as playful: "He takes my arms. Stretch, big stretch and again. He pulls the bedclothes over me."[87] Like father and daughter, he would sometimes leave her with a "Be a good girl. See you in four days."[88] Evidently, Joe felt a responsibility of care toward Mary. However, in his eyes, this surged from the love he felt toward her rather than from professional duty. This facilitated outbursts of physical violence. When presented with Mary covering herself in her own faeces, Joe immediately turned away, writing that "Fortunately, she didn't try to follow me. I would have belted her." Ultimately, however, Joe helped clean her up—all of this, he claimed, was the "ultimate test of my love for her".[89] Yet in another instance, the potential of violence was actualised. In a fight with Joe, Mary described herself as being "very angry" and running out the door in her

83 *Asylum*, dir. Peter Robinson.

84 Ibid., 1:16:28.

85 Ibid., 1:27:22.

86 Mary Barnes and Joseph Berke, *Two Accounts of a Journey Through Madness* (Middlesex, England: Penguin, 1982).

87 Ibid., 124.

88 Ibid., 125.

89 Ibid., 262–263.

nightdress, screaming "I'll go to a mental hospital;" Joe, nevertheless, dragged her back and slapped her across the face hard enough to cause her a nosebleed. This instance of physical violence was naturalised within Mary's discourse. She insisted, in fact, that this was an act of love, wherein "The big bear, with a flop of his paw, had saved me."[90] The child thus recognised the justification for parental discipline. Joe, however, struggled more readily to reconcile this conflict of roles, wondering "What way is this for a doctor to treat his patient?" Even when reminding himself there was no "patient" and "doctor" within Kingsley Hall, these doubts ate away at him.[91] The shame he felt was in fact heavily intertwined with how others within the house perceived him and his actions. Indeed, after striking Mary he attempted to get her to "shut up", for he "anticipated terrible criticism". However, her expression of "relief" exonerated his actions and washed away the shame he felt.[92] These internal conflicts and parental outbursts complicated egalitarian existence at Kingsley Hall. They emphasise that the construction of an unstructured framework of care ultimately contained within it a system of power. This quantum of control could only exist through a recognition of difference, a disequilibrium in the status of community members. Therein lies the core of the myth expounded by figures such as Szasz and Laing: the hierarchisation through "care" inherent to non-institutional frameworks such as Kingsley Hall could only exist through the implicit recognition of "mental illness" within the group. Thus, there was no true rejection of mental illness — its demythologisation was ultimately mythical.

An analysis of the myth of the construction of mental illness thus reveals the building blocks of the breakdown of traditional psychiatric care in the late twentieth century. It is interesting to note that the complete rejection of the medical construction of mental illness that anti-psychiatry founded itself upon centred around the same mythological construction found elsewhere: the removal of the hybrid. To echo Peter Sedgwick, in fact, anti-psychiatric thinkers interpreted "physical medicine as a world of Fact (…) while psychiatry is (…) of ethical judgements and political control."[93] Sedgwick argued instead that psychiatry was both socio-political and medical.[94] The construction of "mental illness" thus centred around the elision of this hybridity. This common thread between anti-psychiatrists that intrinsically linked "mental illness" with control led to a joint perspective on the treatments of the time. In fact, anti-psychiatry, founded in the era of institutionalisation, rejected mental hospitals, viewing them as hubs of control. Szasz even went as far as to call them prisons.[95] Laing's experiment of Kingsley Hall was a direct defiance of institutionalisation in favour of a "freer" alternative. Ultimately, if institutionalisation was a form of psychiatric control, deinstitutionalisation seemed

90 Ibid., 135.

91 Ibid., 245.

92 Ibid., 246–247.

93 Peter Sedgwick, *PsychoPolitics* (London: Pluto Press, 2022), 24.

94 Ibid., 10.

95 Szazs, "The myth of mental illness," 181.

like a rational response. This answer, however, formulated its own mythical narrative.

British Deinstitutionalisation and the Myth of Liberation

Whilst the myth of Pinel hid abusive discourse behind a veil of philanthropy, deinstitutionalisation concealed governmental neglect under the guise of liberation. Arguably, Enoch Powell's famous "Water Tower Speech" marked a beginning for British deinstitutionalisation. Powell argued that this process functioned as a rejection of outdated ideals—"There they stand (…) the asylums which our forefathers built with such immense solidity—to express the notions of their day (…) Few ought to be in great isolated institutions," he proclaimed.[96] Powell's dramatic speech was the beginning of a myth of liberation. Indeed, Powell himself stated that staff laboured through years of neglect to make conditions tolerable—but these institutions were "doomed".[97] As deinstitutionalisation progressed, psychiatry was plagued by more scandals and hospital enquiries. As excellently argued by Vicky Long, Despo Kritsotaki and Matthew Smith, "If mental institutions were inhuman, oppressive and inefficient there was no reason to spend so much money to keep them operating."[98] Popular discussions on deinstitutionalisation continue to be centred around abuse, often personifying institutions as inhumane due to the psychiatric treatments they provided, such as ECT or lobotomy.[99] The myth of liberation through deinstitutionalisation thus came into being. Within its faulty logic, the closing down of institutions came to stand for the improvement of mental health care. Powell and his conservative counterparts became the unsung heroes in this process, allegedly freeing service users from the perils of institutionalisation.

The trend to visit abandoned institutions, together with the mediatic "horror" narrative of the *asylum* has contributed to affirming institutionalisation as a locus of abuse.[100] Contemporary psychiatrists reinforced this view. Russell Barton, for example, declared that long-term institutional care led "pa-

96 "THE RT. HON. J. ENOCH POWELL. Minister of Health. Address to the National Association of Mental Health Annual Conference, 9 March 1961," *National Health Service History*, Nuffield Trust, https://www.nuffieldtrust.org.uk/sites/default/files/2019-11/nhs-history-book/58-67/powell-s-water-tower-speech.html (accessed April 20, 2025).

97 Ibid.

98 Despo Kritsotaki, Vicky Long and Matthew Smith, *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Palgrave Macmillan Cham, 2016), 22.

99 A particularly interesting example – *Mental: A History of the Madhouse,* directed by Chris Boulding (2011; London: BBC4), Box of Broadcasts, documentary, 60:00, https://learningonscreen.ac.uk/ondemand/index.php/prog/01586EEB?bcast=59034832# (accessed April 20, 2025).

100 Leah Sidi, "After the Madhouses: The Emotional Politics of Psychiatry and Community Care in the UK Tabloid Press 1980-1995," *Medical Humanities* 48, 4 (2022): 453–454.

tients" to apathy, depression and a lack of individuality.[101] These ideas were echoed by psychiatric professionals. Eileen Baggot, who worked at St. Nicholas Hospital, Gosforth claimed that the isolation service users faced had a detrimental impact; she believed there needed to be a phased return to the community, with day hospitals and workshops integrated to help them.[102] Such views were reinforced by consistent hospital scandals—according to Kathleen Jones, a weekly occurrence.[103] In 1972, the Whittingham Hospital Scandal hit tabloid press, circulating narratives of sisters "banging [a] patient's head on the floor," and "locking patients up in cupboards full of cockroach poison."[104] Popular perceptions of institutional abuse were not seen in isolation. In a letter to the *British Medical Journal* in 1978, Gareth Jones claimed that the only thing that changed about these hospital enquiries was the name of the hospital.[105] The frequent nature of these scandals highlighted the weakness in the inquiries on them. The very isolation and mystery surrounding psychiatric hospitals fuelled this imagery of abuse.[106] In so doing, it erased particulars in favour of a mother narrative. Indeed, at St. Nicholas, the journalist Tony Stride wrote "if sadistic nurses were beating the 'awkward' patients into insensibility no one would hear, would they?"[107] It was not the beating that would be heard, but the broader narrative of psychiatric abuse. Indeed, Leah Sidi has affirmed that emotions repeated consistently in tabloids became sticky—attaching themselves to objects, people and places.[108] This narrative appears clearly in Newcastle. In a 1966 newspaper clipping entitled "Mental Hospitals are not good psychology," it was argued that "as soon as patients who feared that they were becoming mentally ill were admitted to a mental hospital it proved to them that they were, in fact, mental cases and greatly reduced the chances of their making a recovery."[109] The demonisation of psychiatry transformed news outlets into echo chambers of hospital abuse. Thus, what was happening within the institution ceased to have any correlation with how those outside it viewed psychiatric care. This was the first step in the creation of the twentieth-century myth of liberation: concern for the welfare of service users became synonymous with the closure of institutions rather than improved mental health care.

101 Russell Barton, *Institutional Neurosis* (Bristol: John Wright & Sons Ltd, 1976), 76–77.

102 Vista Magazine, vol. 1, no. 4, June 1960, HO.SN/57/1, Tyne and Wear Archives, Newcastle, 12.

103 Jones, *Asylums and After*, 189.

104 Belfast Telegraph, "'Trouble patients put in cockroach cupboard – nurse,'" *Belfast Telegraph,* April 29th, 1971.

105 Gareth Jones, "Normansfield Hospital Inquiry," *The British Medical Journal* 2, 6153 (1978): 1709.

106 An idea presented by Foucault – Foucault, *Histoire de la folie*, 490.

107 Clipping from Evening Chronicle: "Life in a Mental Hospital, Evening Chronicle," April 16, 1958, HO/SN/66/1, Tyne and Wear Archives, Newcastle.

108 Sidi, "After the Madhouses," 452.

109 Clipping from Medical News: "Mental Hospitals are Not Good Psychology," March 25, 1966, HO/SN/66/1, Tyne and Wear Archives, Newcastle.

Reports into hospital scandals followed a similar vein of blaming institutionalisation and individuals for abuse and neglect rather than admitting an issue with governmental policy. The construction of the Whittingham report provides vital insights into the nature of these inquiries. Firstly, the report focuses on the struggles staff faced with overcrowding, only devoting a brief section for the actual abuse.[110] A core issue of these reports was that they tended to attack or cast doubt on the claimant rather than accept the claim.[111] Indeed, in the Whittingham report, a claim was refused to be investigated on the grounds that there may have been a "misinterpretation of what the witness saw."[112] Moreover, details of abuse were, at times, more thorough in newspaper articles than in the inquiry itself. One of the most concerning narratives pushed by these reports was the lack of desire to question service users as to "not cause them needless pain".[113] Assuming that service users lacked the agency to be asked how they were treated was an attitude reproduced by hospital inquiries across the country. This approach evidently marked service users as unreliable witnesses. Even when the experiences of service users were taken into account, their validity was ultimately undermined. Barbara Robb's *Sans Everything* directly employed service user testimonies for her whistleblowing of the abuse and neglect of service users in long stay hospitals.[114] However, as Martin Powell and Claire Hilton argue, "Each inquiry committee set its own standards for evaluating local evidence, based largely on the opinions of senior staff within the hospital being investigated rather than on independent criteria."[115] This meant that staff testimony was prioritised, while service user experiences were largely ignored. It is therefore unsurprising that the inquiries dismissed Robb's allegations as exaggerated, despite a nursing assistant at Ely Hospital also independently and inadvertently corroborating Robb's report.[116] Such cases emphasised that even when service users did find a way to share their voice, they were discredited in favour of the narratives of senior staff. The silencing of service users thus undermined their agency, and ultimately legitimated decisions to ignore their testimony. These purposeful silences encouraged a narrative that blamed the management and hospital system. It seems hardly surprising, then, that the conclusions of the Whittingham Report noted a severe failing from the board of administration and called for their removal.[117] The Ely, Baldovan and

110 United Kingdom, *Report of the Committee of Inquiry into Whittingham Hospital* (London: Her Majesty's Stationery Office, 1972), 11–31.

111 Ian Butler and Mark Drakeford, "'The corruption of care': The Ely Hospital Inquiry 1969," in *Scandal, social policy and social welfare,* ed. Jo Campling (Bristol: Bristol University Press, 2005), 38–39.

112 United Kingdom, *Report into Whittingham Hospital*, 12.

113 Ibid.

114 Martin Powell and Claire Hilton, "How the *Sans Everything* and Ely inquiries put reform of psychiatric hospitals onto the United Kingdom government agenda," *International Journal of Health Governance* 26/3 (2021): 283.

115 Ibid., 285.

116 Ibid., 284–285.

117 United Kingdom, *Report into Whittingham Hospital*, 43.

Normansfield inquiries all came to similar conclusions that held the management and senior officials responsible for the conditions at the hospitals.[118]

It is important to note that in the parliamentary debate surrounding the Whittingham Inquiry, government officials determined that the solution to such cases of abuse was the *progressive* closing down of psychiatric hospitals.[119] In so doing, it dealt with symptoms rather than the source of the breakdown of psychiatric care. In practice, this meant displacing the blame from governmental underfunding to the concept of institutionalisation itself. A key feature of discourse concerning hospital abuse, in fact, was images and descriptions of neglect, which often could be attributed to a lack of governmental funding and resources. In Whittingham, a number of the complaints were in relation to service users being left untreated and given sub-adequate nourishment, which were dismissed as effects of overwork and bad conditions imposed by a supposedly oppressive management.[120] This interpretation propelled a misleading insinuation that it was not a lack of funds that led to poor conditions, but rather poor management. In Newcastle, hospital beds were "only 18 inches apart," but intake numbers were consistently rising, which increased overcrowding.[121] Moreover, in an interview, Dr. Child of St. Nicholas claimed that they needed 20-30% more space, as "some patients have to sleep in corridors."[122] Despite charitable causes such as the League of Friends of St. Nicholas Hospital who raised money to help the "decrepit nature of the wards," the hospital was struggling with the lack of support and financial aid given to them.[123] No wonder, then, that M. P. Short, Member of Parliament for Newcastle upon Tyne, was "appalled" at the state of the wards in St. Nicholas, reporting that "mental hospitals have not had the money spent on them that they should have had." Despite this, 9 out of 20 beds under the NHS were being occupied by psychiatric service users.[124] Not only did the removal of the hospitals not solve the problem of psychiatric neglect, but in 1984 the Single Homeless on Tyneside even went so far as to state that there was an *increase* in "psychiatric people ending up homeless due to a lack of post-hospital care."[125] Hospital beds, their

118 Butler and Drakeford, "The corruption of care," 52; David May, "The Baldovan Institution Abuse Inquiry: a forgotten scandal," *History of Psychiatry* 30, no. 3 (2019): 275; British Medical Journal, "The Normansfield Inquiry," *British Medical Journal* 2, 6151 (1978): 1560–1561.

119 Mr. Mayhew, "Whittingham Hospital," *Parliamentary Debates*, col. 251, https://hansard.parliament.uk/Commons/1972-02-15/debates/d09315ca-a750-417b-bdc5-75bd9b3c1b19/WhittinghamHospital (accessed April 20, 2025).

120 United Kingdom, *Report into Whittingham Hospital*, 11.

121 Clipping from Evening Chronicle: "Mental patients Cinderellas of Health Service," March 15, 1957, HO/SN/66/1, Tyne and Wear Archives, Newcastle.

122 Clipping from Evening Chronicle: "Life in a Mental Hospital, Evening Chronicle," April 16, 1958, HO/SN/66/1, Tyne and Wear Archives, Newcastle.

123 Ibid.

124 Clipping from Evening Chronicle: "On Road to Mental Health by Dan Van Der Vat," November 2, 1961, HO.SN/66/1, Tyne and Wear Archives, Newcastle.

125 Christine Brayshaw, "Heartbreak House: Concern over mentally ill," *Evening Chronicle*, September 27, 1984.

argument continued, were still cheaper than community care; without more money, "which"—they argued—"is obviously not forthcoming", the situation would not improve.[126]

Andrew Scull encapsulated the issue eloquently when he argued that "the focus on the defects of the institution and its malign effects (…) accounted for much of the support the new policy drew from civil libertarians (…) Yet it substituted for careful assessment of what alternatives were being prepared, if any, for those discharged back into society at large."[127] Here we see the function of the myth of liberation. The demonisation of institutional care implicitly transformed the alternative—community care—into a saving grace. This sub-text of attacks on institutionalisation concealed the potential downfalls of deinstitutionalisation in plain sight—such as the increasingly diminishing spending on mental health care.[128] Concurrently, it insinuated that even the weaknesses of community care were palatable in comparison to the horrors of institutional care. Dr. Henry Rollin speaks eloquently when he says "community care is a disaster. I don't think the community cares."[129] This rhetoric is echoed by Nick Bouras, George Ikkos and Peter Tyrer, who argue that the quality of psychiatric care is affected by a weakened sense of "community".[130]

This was reinforced in the Newcastle context. Although there were charitable movements and efforts made to destigmatise mental illness, the impact these had was suboptimal. Jimmy, who came out of hospital and was living with three other ex-service users, explained how local children had "daubed his home with paint, they've smashed windows, broken pipes and pinched his gardening tools;" worse, they had written "this is the goons residence." Despite the psychological weight of such events, for Jimmy, this was the "price an ex-mental patient has to pay for his independence".[131] Moreover, the *Newcastle Journal* highlighted the story of how a service user in a ward at St. Nicholas Hospital was re-admitted after being robbed, victimised and bullied. Discrimination led them to return to the hospital as they felt it was impossible to live in the community.[132] The erasure of institutional frameworks, whilst liberating service users from abusive structures of control, also left them stranded in a hostile environment. Moreover, these examples of poor treatment by the

126 Ibid.

127 Scull, "UK Deinstitutionalisation: Neoliberal Values and Mental Health," in *Mind, State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010*, ed. George Ikkos and Nick Bouras (Cambridge: Cambridge University Press, 2021), 308.

128 Abi Rimmer, "Fund 'Broken' Mental Health Services Based on Current Need, Demands BMA," *BMJ* (2024), 385.

129 *Mental,* dir. Chris Boulding, 56:23.

130 George Ikkos, Nick Bouras and Peter Tyrer, "Madness and Society in Britain," *BJPsych Bulleting* 47/3 (2023), 154.

131 David Durman, "Death of a new life for 30,000," *The Journal,* September 22, 1976.

132 Rev. Bryan Vernon, "Mentally ill surely deserve better," *The Journal,* January 13, 1993.

community were sometimes contextualised within the backdrop of one's institutional experience. In 1987, service user Arthur Harper reported to the *Newcastle Journal* that when walking into his local social club he was told "if you come in, we're walking out." Despite such ostracism, he praised access to community mental health centres, stating: "if there were more places like this there would be less people in hospital."[133] Harper's assertion was echoed by other service users outside of Newcastle, such as service user Simon who explained that despite his loneliness he would always opt for independence over institutionalisation.[134] A central issue emerges from these service user accounts: if the liberation of service users came at the cost of social security—causing abusive or defensive reactions to their reintegration into society—could they truly be free? Despite deinstitutionalisation's promise of liberation, the collapse of the psychiatric institution came at the price of a loss of agency, knowledge and safety through the displacement of service users in a new and often hostile environment. This inconsistency of experiences, between the promise of freedom and neglect within society, makes up the core issue of the myth of liberation. Demythologisation provides a first step to removing the distractions of disparaging discourse concerning deinstitutionalisation, thus refocusing debates around improving mental health care for (as of 2024) the 3.8 million service users out there.[135]

Demythologisation *Today*

The cumulative effects of myths within the history of psychiatry have thus led to a modern-day shift in perception. Significantly, in the cases of liberation and medicalisation, these narratives have instilled within historical and public memory misleading stock images of the discipline which have distorted views on psychiatry, polarising public opinion in the process and hence undermining the quality of mental health care today. Either rhetoric of abuse and medicalisation overflows in these mythic constructions, or it disappears altogether. What we have attempted to demonstrate, however, is that whilst myths might erase these language constructions and argumentations, these notions remain ever-present, hidden in plain sight. Pierre Smith's juxtaposition of myth and dream provides useful insight into disentangling these different ideas in the history of psychiatry.[136] Like dreams, then, myths are susceptible to Sigmund Freud's dynamic of "condensation", whereby "dream thoughts" are amalgama-

133 Dick Godfrey, "Getting rid of an old image," *Newcastle Journal,* Wednesday 22nd July, 1987.

134 Peter Barham, *Closing the Asylum: The Mental Patient in Modern Society* (London: Process Press Ltd, 2020), 99.

135 NHS, "England's NHS Mental Health Services Treat Record 3.8 Million People Last Year," *NHS England,* October 10, 2024, https://www.england.nhs.uk/2024/10/englands-nhs-mental-health-services-treat-record-3-8-million-people-last-year/#:~:text=Around%203.8%20million%20people%20were,to%202%2C726%2C721%20in%202018%2F19 (accessed April 20, 2025).

136 Smith, "The Nature of Myths," 70–71.

ted into unique symbols.[137] The unification of philanthropy and abuse, in the case of psychiatry, has produced "condensed images" of liberation such as *unchaining* or *deinstitutionalisation*.[138] In a similar fashion, the hybridity of medical and non-medical nuances cloak the discipline, manifesting into narratives of *medicalisation* and *anti-psychiatry*.

In these cases, encompassing international settings and distant epochs, abusive logic is hidden within narratives of philanthropy, and non-medical views colour medical frameworks—yet the opposite is just as true. The deconstructive function of demythologisation supplies a useful means of disentangling these diverse concepts. Key to this analytical methodology are principles inherent to both micro-history and linguistic analysis: "the reduction of the scale of observation", to echo Giovanni Levi, and the focus on "infinitesimal traces" and "clues" highlighted by Carlo Ginzburg in a work aptly termed *Myths, Emblems, Clues*.[139] Moreover, we ascertain that the encouragement of micro-historical practice found in demythologisation is a necessary step forward for histories of psychiatry—particularly in twentieth-century British historiography, which often rests on a London- and Scotland-centric narrative. The intention for this paper, then, is not to create a judgement on the historical realities of these myths; rather, we intend to foreground how myths distort our subconscious thoughts and opinions concerning psychiatric care. Most importantly, we aim to encourage the dissection of myths in the history of psychiatry, allowing for renewed possibilities to move past the painted veil of mythologies.

137 Sigmund Freud, *The Interpretation of Dreams*, trans. A. A. Brill, (New York: The Macmillan Company, 1913), 276–77.

138 Ibid.

139 Giovanni Levi, "On Microhistory," in *New Perspectives on Historical Writing*, ed. Peter Burke (Pennsylvania: The Pennsylvania State University Press, 1992), 95; Carlo Ginzburg, *Myths, Emblems, Clues*, trans. John and Anne C. Tedeschi (London: Hutchinson Radius, 1990), 101.

Bibliography

Primary sources

Agent de Surveillance [Lapointlalume?], letter to the administration. Paris, Le Kremlin-Bicêtre, Archives de l'Assistance Publique, Arrêts du Conseil Général des Hospices Civils de Paris, Fosseyeux Collection, 1806, 136/FOSS/10.

Aliénés dans les prisons. Prisons, Maisons centrales, chaînes et dépôts de mendicité. Pierrefitte-sur-Seine, Archives Nationales, 1829, F/16/523.

Archives Parlementaires de 1787 à 1860: recueil complet des débats législatifs et politiques des chambres françaises, série 1, vol. 11 (Paris: Librairie administrative de Paul Dupont, 1880).

Archives Parlementaires de 1787 à 1860 : recueil complet des débats législatifs et politiques des chambres françaises, série 1, vol. 17 (Paris: Librairie administrative de Paul Dupont, 1884).

Archives Parlementaires de 1787 à 1860 : recueil complet des débats législatifs et politiques des chambres françaises, série 1, vol. 60 (Paris: Librairie administratives de Paul Dupont, 1901).

Archives Parlementaires de 1787 à 1860 : recueil complet des débats législatifs et politiques des chambres françaises, série 1, vol. 63 (Paris: Librairie administrative de Paul Dupont, 1903).

Barnes, Mary and Joeseph Berke. *Two Accounts of a Journey Through Madness.* Middlesex: Penguin, 1982.

Belfast Telegraph. "'Trouble patients put in cockroach cupboard – nurse.'" *Belfast Telegraph,* April 29, 1971.

Brayshaw, Christine. "Heartbreak House: Concern over mentally ill." *Evening Chronicle,* September 27, 1984.

British Medical Journal. "The Normansfield Inquiry." *British Medical Journal* 2, 6151, (1978): 1560–1561.

Durman, David. "Death of a new life for 30,000." *The Journal,* September 22, 1976.

Esquirol, Jean-Étienne Dominique. "Démonomanie," *Dictionnaire des Sciences Médicales* 8 (1814): 294-318.

_____. *Des Établissemens des Aliénés en France, et des moyens d'améliorer le sort de ces infortunés*. Paris: Imprimerie de Madame Huzard, 1819.

_____. *Des passions considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale*. Paris, 1805.

_____. "Folie," *Dictionnaire des Sciences Médicales* 16 (1816): 151–240.

_____. "Maisons d'Aliénés." *Dictionnaire des Sciences Médicales*, 30 (1818): 47–95.

Godfrey, Dick. "Getting rid of an old image." *Newcastle Journal,* Wednesday 22nd July, 1987.

IMDB. "Asylum." *IMDB*, https://www.imdb.com/title/tt0775421/ (accessed October 11, 2025).

Inauguration de la Statue de Philippe Pinel sur la Place de la Salpêtrière, le 13 Juillet 1885. Paris: G. Rougier, 1885.

Jones, Gareth. "Normansfield Hospital Inquiry." *The British Medical Journal* 2, 6153 (1978): 1709.

Laing, R. D. *The Divided Self.* London: Penguin Books, 2010.

Observations sur l'état des patientes aliénées, 1826-1838, SLP/6/R/89, Hôpital de la Salpêtrière, Archives de l'Assistance Publique, Le Kremlin-Bicêtre.

Mayhew. "Whittingham Hospital." *Parliamentary Debates*. https://hansard.parliament.uk/Commons/1972-02-15/debates/d09315ca-a750-417b-bdc5-75bd9b3c1b19/WhittinghamHospital (accessed April 20, 2025).

NHS. "England's NHS Mental Health Services Treat Record 3.8 Million People Last Year." *NHS England,* October 10, 2024. https://www.england.nhs.uk/2024/10/englands-nhs-mental-health-services-treat-record-3-8-million-people-last-year/#:~:text=Around%203.8%20million%20people%20were,to%202%2C726%2C721%20in%202018%2F19 (accessed April 20, 2025).

Observations médicales, 1826, 4x694, Hospice de Charenton, Archives Départementales du Val-de-Marne, Créteil.

Pinel, Philippe. Letter, 1813, MS.7419, Pinel, Philippe, (1745-1826), physician and psychiatrist, Wellcome Collection.

_____. *The Clinical Training of Doctors: An Essay of 1793*, ed. and trans. Dora B. Weiner. Baltimore and London, 1980 [Original 1793].

_____. *Traité médico-philosophique sur l'aliénation mentale, ou La Manie*, 1st edn. Paris: Richard, Caille et Ravier, Libraires, 1801.

_____. *Traité médico-philosophique sur l'aliénation mentale*, 2nd ed. Paris: J. Ant. Brosson, Libraire, 1809.

_____. "Recherches sur le traitement général des femmes aliénés dans un grand hospice, et résultats obtenus à la Salpêtrière après trois années d'expérience," *Gazette Nationale ou Le Moniteur Universel* (30 June 1805): 1158–60.

Pinel, Philippe and Bricheteau, Isidore. "Aperçu sur l'histoire de la médecine," *Journal complémentaire du Dictionnaire des sciences medicales* 1 (1818): 7–29.

Pinel, Scipion. "Sur l'abolition des chaînes des aliénés; par Ph. Pinel, membre de l'Institut, etc.—Note extraite de ses cahiers, et communiquée par M. Pinel fils." *Archives Générales de Médecine*, série 1, vol. 2 (1823): 15–17.

_____. *Traité complet du régime sanitaire des aliénés, ou Manuel des établissemens qui leur sont consacrés*. Paris: Mauprivez, Éditeur and Béchet, Libraire, 1836.

Powell, Enoch. "THE RT. HON. J. ENOCH POWELL. Minister of Health. Address to the National Association of Mental Health Annual Conference, 9 March 1961," *National Health Service History*, Nuffield Trust. https://www.nuffieldtrust.org.uk/sites/default/files/2019-11/nhs-history-book/58-67/powells-water-tower-speech.html (accessed April 20, 2025).

Robinson, Peter, director. *Asylum*. Peter Robinson Associates, 1972. 95 min.

Scrapbook of Newspaper Clippings: HO/SN/66/1, Tyne and Wear Archives, Newcastle.

Szasz, Thomas. "The myth of mental illness: 50 years later." *The Psychiatrist* 35 (2011): 179–182.

Szasz, Thomas. *The Myth of Mental Illness.* St. Albans: Paladin, 1972.

United Kingdom. *Report of the Committee of Inquiry into Whittingham Hospital.* Cmnd. 4861. London: Her Majesty's Stationery Office, 1972.

Vernon, Rev. Bryan, "Mentally ill surely deserve better." *The Journal*, January 13, 1993.

Vista Magazine, Vol. 1, No. 4, June 1960, HO.SN/57/1, Tyne and Wear Archives, Newcastle.

Mr. Mayhew. "Whittingham Hospital." *Parliamentary Debates*. https://hansard.parliament.uk/Commons/1972-02-15/debates/d09315ca-a750-417b-bdc5-75bd9b3c1b19/WhittinghamHospital (accessed April 20, 2025).

Secondary Sources

Ackernecht, Erwin H. *Medicine at the Paris Hospital, 1794-1848*. Baltimore, Maryland: The John Hopkins Press, 1967.

Barthes, Roland. *Mythologies*. Translated by Annette Lavers and Siân Reynolds. London: Vintage Books, 2009.

Barnham, Peter. *Closing the Asylum: The Mental Patient in Modern Society.* London: Process Press Ltd, 2020.

Barton, Russell. *Institutional Neurosis.* Butterworth-Heinemann, 1976.

Butler, Ian and Mark Drakeford. "'The corruption of care': The Ely Hospital Inquiry 1969." In *Scandal, social policy and social welfare,* ed. Jo Campling. Bristol: Bristol University Press, 2005.

Castel, Robert. *l'ordre psychiatrique: l'âge d'or de l'aliénisme*. Paris: Les Éditions de Minuit, 1976.

Chakravarty, Tina. "Medicalisation of Mental Disorder: Shifting Epistemologies and Beyond," *Sociological Bulletin* 60/2 (2011): 266–86.

Chazaud, Jaques. "Préface." in Jacques Postel, *Éléments pour une histoire de la psychiatrie occidentale*. Paris: L'Harmattan, 2007.

Ellenberger, Henri F. *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. London: Fontana Press, 1970.

Foucault, Michel. [*Folie et Déraison*:] *Histoire de la folie à l'âge classique*. Paris: Éditions Gallimard, 1972 [1961].

Freud, Prof. Dr. Sigmund. LL.D. *The Interpretation of Dreams*. Translated by A. A. Brill, Ph.B, M.D. New York: The Macmillan Company, 1913.

Ginzburg, Carlo. *Myths, Emblems, Clues*. Translated by John and Anne C. Tedeschi. London: Hutchinson Radius, 1990.

Goldstein, Jan. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century.* Cambridge: Cambridge University Press, 1987.

Gumpper S., and Rausky, F. "La modernité clinique face au sentiment religieux: la 'mélancolie dévote' de Philippe Pinel," *Annales Médico-Psychologiques* 168 (2010): 680–85.

Ikkos, George, Nick Bouras and Peter Tyrer. "Madness and Society in Britain." *BJPsych Bulletin* 47/3 (2023): 152–156.

Jones, Kathleen. *Asylums and After: A Revised History of the Mental Health Services: from the Early 18th Century to the 1990s, 2nd Edition*. London: The Athlone Press, 1993.

Kendler, Kenneth S. "Philippe Pinel and the foundations of modern psychiatric nosology," *Psychological Medicine* 50/16 (2020): 2667–2672.

Kendler, Kenneth S., et al. "The Emergence of Psychiatry: 1650-1850," *American Journal of Psychiatry* 179/5 (2022): 329–35.

Kritsotaki D, Long V and Smith M. *Deinstitutionalisation and After: Post-War Psychiatry in the Western World.* Palgrave Macmillan Cham, 2016. https://doi.org/10.1007/978-3-319-45360-6.

Kuhn, Thomas S. *The Structure of Scientific Revolutions*, 4th ed. Introduction by Ian Hacking. Chicago and London: The University of Chicago Press, 2012.

Levi, Giovanni. "On Microhistory." In *New Perspectives on Historical Writing*, ed. Peter Burke. Pennsylvania: The Pennsylvania State University Press, 1992.

Lévi-Strauss, Claude. *The Naked Man: Introduction to a Science of Mythology, vol. 4*. Translated by John Weightman and Doreen Weightman. New York and Evanston: Harper & Row, Publishers, 1981 [1971].

_____. *The Raw and the Cooked: Introduction to a Science of Mythology, vol. 1*. Translated by John Weightman and Doreen Weightman. New York and Evanston: Harper & Row, Publishers, 1969.

May, David. "The Baldovan Institution Abuse Inquiry: a forgotten scandal." *History of Psychiatry* 30/3 (2019): 267–282.

Mental: A History of the Madhouse, directed by Chris Boulding (2011; London: BBC4), Box of Broadcasts, documentary, 60:00. https://learningonscreen.ac.uk/ondemand/index.php/prog/01586EEB?bcast=59034832# (accessed April 20, 2025).

Murat, Laure. *L'homme qui se prenait pour Napoléon*: *Pour une histoire politique de la folie*. Paris: Éditions Gallimard, 2011.

Porter, Roy. *Madness: A Brief History*. Oxford: Oxford University Press, 2002.

Postel, Jaques. *Genèse de la Psychiatrie*: *Les premiers écrits de Philippe Pinel*. Le Plessis-Robinson: Institut Synthélabo pour le progrès de la connaissance, 1998.

Powell, Martin and Claire Hilton. "How the *Sans Everything* and Ely inquiries put reform of psychiatric hospitals onto the United Kingdom government agenda." *International Journal of Health Governance* 26/3 (2021): 281–291.

Riese, Walther. *The Legacy of Philippe Pinel: An inquiry into thought on mental alienation.* New York: Springer Publishing Company, 1969.

Rimmer, Abi. "Fund 'Broken' Mental Health Services Based on Current Need, Demands BMA." *British Medical Journal* (2024): 385.

Sedgwick, Peter. *PsychoPolitics*. London: Pluto Press, 2022.

Semelaigne, René. *Les Grands Aliénistes Français*. Paris: G. Steinheil Éditeur, 1894.

Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*. Princeton and Oxford: Princeton University Press, 2015.

_____. "UK Deinstitutionalisation: Neoliberal Values and Mental Health." In *Mind, State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010*, edited by George Ikkos and Nick Bouras. Cambridge: Cambridge University Press, 2021.

Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997.

Sidi, Leah. "After the Madhouses: The Emotional Politics of Psychiatry and Community Care in the UK Tabloid Press 1980-1995." *Medical Humanities* 48/4 (2022): 451–460.

Smith, Pierre. "The Nature of Myths." *Diogenes* 21/82 (1973): 70–87.

Swain, Gladys. *Le Sujet de la Folie: Naissance de la Psychiatrie*. Calmann-Lévy, 1997 [1977].

Swain and Gauchet, Marcel, *Madness and Democracy: The Modern Psychiatric Universe*. Translated by Catherine Porter, foreword by Jerrold Seigel. Princeton and Chichester, West Sussex: Princeton University Press, 1999.

Weiner, Dora B. "The Apprenticeship of Philippe Pinel: A New Document, 'Observations of Citizen Pussin on the Insane'." *The American Journal of Psychiatry* 136/9 (1979): 1128–34.

_____. *Comprendre et Soigner: Philippe Pinel (1745-1826) – La médecine de l'esprit*, P*enser la medicine*. Paris: Fayard, 1999.

Graphic attachments

Figure 1. Charles Louis Lucien Müller. *Pinel faisant tomber les fers des aliénés de Bicêtre*, circa 1840–1850, oil on canvas (Paris: reception hall of the Académie Nationale de Médecine, rue Bonaparte). [Photograph by Double Vigie. Source: Wikimedia Commons, CC BY-SA 3.0. Licence: https://creativecommons.org/licenses/by-sa/3.0/deed.en (accessed April 28, 2025)].

Figure 2. Detail: E. Poulet Galimard. *Plan de l'hospice de Bicêtre*, 1813. Drawing: Paris: Bibliothèque nationale de France. Spaces 13, 15, 16, 17, and 18 were the living quarters of the mentally ill; locations 21 and 22 were instead reserved for prisoners: evidently, prisoners and the alienated lived side-by-side. [Source: BnF Gallica, public domain (accessed April 28, 2025)].

Figure 3. Ambroise Tardieu. *Planche 7: Femme hystérique dans une camisole de force*, engraving. This is a typical example of constraint through a camisole de force. In: Jean-Étienne Dominique Esquirol. *Des Maladies Mentales: considérées sous les rapports médical, hygiénique et médico-légal*, vol. 2 (Paris and London: chez J. B. Baillière, libraire de l'Académie Royale de Médecine, 1838). [Source: BnF Gallica, public domain (accessed April 28, 2025)].

Demitologizacija psihijatrije: kolaborativan pristup dekonstrukciji ekstrema u historijskoj percepciji skrbi za mentalno zdravlje u Velikoj Britaniji i Francuskoj

Sažetak:

Inspirirani recentnim historiografskim naporima da se demitologizira povijest psihijatrije, autori propituju četiri polarizirajuća narativa koji još uvijek prate skrb za mentalno zdravlje. Seminalno djelo Michela Foucaulta *Folie et Déraison* (1961) označilo je problematičan obrat ka prihvaćanju binarnih, anti-psihijatrijskih i slavljeničkih konstrukcija, koje autori propituju pomakom od „ptičje perspektive" ka mikro-historijskom naglasku na razvoj mitskih narativa u povijesti psihijatrije. Kolaborativnim pristupom koji obuhvaća dva različita vremenska perioda, dvije države i dva narativa, autori naglašavaju polarizirajuću narav psihijatrije i današnju potrebu za njezinom demitologizacijom u različitim okvirima. Autori prvo istražuju francuske mitove o Philippeu Pinelu, koji je navodno osnovao psihijatriju oslobađanjem „luđaka" tijekom Francuske revolucije, a zatim naizgled doprinio „medikalizaciji" discipline sa svojim učenikom Jean-Étiennem Dominiquem Esquirolom. Ovi se mitski narativi razotkrivaju kao smicalice čija je svrha slaviti filantropsku i profesionalnu narav psihijatrijske skrbi. Drugo, autori istražuju utjecaj konstrukcija ideje „mentalne bolesti" na terapeutske prakse, nakon čega analiziraju utjecaj bolničkih skandala i popularnih percepcija umobolnice kao lokusa zlostavljanja na britansku deinstitucionalizaciju. Autori otkrivaju da su anti-psihijatrijski pokušaji oslobađanja luđaštva replicirali institucionalne hijerarhije. Nadalje, utjecaj skandala na javno mnijenje i politiku nadahnuo je pogrešan pogled na deinstitucionalizaciju kao na emancipirajuć vladin pokret. U konačnici, autori tvrde, ovi mitovi imaju vrijednost i postoje dokazi koji bi ih podržali; međutim, ne bismo ih trebali shvatiti kao apsolutnu istinu i pogrešno ih koristiti kao leće kroz koje proučavamo nove dokaze i studije u psihijatriji danas.

Ključne riječi: demitologizacija, psihijatrija, deinstitucionalizacija, medikalizacija, zlostavljanje, filantropija, oslobođenje, Francuska, Velika Britanija, dugo devetnaesto stoljeće, dvadeseto stoljeće

Pro Tempore

ČASOPIS STUDENATA POVIJESTI BROJ 20 2025.

Pro Tempore

Časopis studenata povijesti, godina XX, broj 20, 2025.

Oblikovanje
FF Press

Izdavač
Odsjek za povijest Filozofskog fakulteta Sveučilišta u Zagrebu

Tisak
d. o. o. Studio moderna

Naklada
Tiskano u 75 primjeraka.

ISSN: 1334-8302

Izdavanje ovog časopisa financijski je omogućeno:
sredstvima koja je ustupio Odsjek za povijest Filozofskog fakulteta Sveučilišta u Zagrebu
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Redakcija časopisa Pro tempore im iskreno zahvaljuje na financijskoj podršci.

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