### Timeline: Treatments for Mental Illness

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<td>400 B.C.</td>
<td>The Greek physician Hippocrates treats mental disorders as diseases to be understood in terms of disturbed physiology, rather than reflections of the displeasure of the gods or evidence of demonic possession, as they were often treated in Egyptian, Indian, Greek, and Roman writings. Later, Greek medical writers set out treatments for mentally ill people that include quiet, occupation, and the use of drugs such as the purgative hellebore. Family members care for most people with mental illness in ancient times.</td>
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<td>Middle Ages</td>
<td>In general, medieval Europeans allow the mentally ill their freedom -- granted they are not dangerous. However, less enlightened treatment of people with mental disorders is also prevalent, with those people often labeled as witches and assumed to be inhabited by demons. Some religious orders, which care for the sick in general, also care for the mentally ill. Muslim Arabs, who establish asylums as early as the 8th century, carry on the quasi-scientific approach of the Greeks.</td>
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<td>1407</td>
<td>The first European establishment specifically for people with mental illness is probably established in Valencia, Spain, in 1407.</td>
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<td>1600s</td>
<td>Europeans increasingly begin to isolate mentally ill people, often housing them with handicapped people, vagrants, and delinquents. Those considered insane are increasingly treated inhumanely, often chained to walls and kept in dungeons.</td>
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<td>Late 1700s</td>
<td>Concern about the treatment of mentally ill people grows to the point that occasional reforms are instituted. After the French Revolution, French physician Philippe Pinel takes over the Bicêtre Insane asylum and forbids the use of chains and shackles. He removes patients from dungeons, provides them with sunny rooms, and also allows them to exercise on the grounds. Yet in other places, mistreatment persists.</td>
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<td>1840s</td>
<td>U.S. reformer Dorothea Dix observes that mentally ill people in Massachusetts, both men and women and all ages, are incarcerated with criminals and left unclothed and in darkness and without heat or bathrooms. Many are chained and beaten. Over the next 40 years, Dix will lobby to establish 32 state hospitals for the mentally ill. On a tour of Europe in 1854–56, she convinces Pope Pius IX to examine how cruelly the mentally ill are treated.</td>
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Mental illness is studied more scientifically as German psychiatrist Emil Kraepelin distinguishes mental disorders. Though subsequent research will dispute some of his findings, his fundamental distinction between manic-depressive psychosis and schizophrenia holds to this day.

The expectation in the United States that hospitals for the mentally ill and humane treatment will cure the sick does not prove true. State mental hospitals become over-crowded and custodial care supersedes humane treatment. *New York World* reporter Nellie Bly poses as a mentally ill person to become an inmate at an asylum. Her reports from inside result in more funding to improve conditions.

The primary treatments of neurotic mental disorders, and sometimes psychosis, are psychoanalytical therapies ("talking cures") developed by Sigmund Freud and others, such as Carl Jung. Society still treats those with psychosis, including schizophrenia, with custodial care.

Clifford Beers publishes his autobiography, *A Mind That Found Itself*, detailing his degrading, dehumanizing experience in a Connecticut mental institution and calling for the reform of mental health care in America. Within a year, he will spearhead the founding of the National Committee for Mental Hygiene, an education and advocacy group. This organization will evolve into the National Mental Health Association, the nation's largest umbrella organization for aspects of mental health and mental illness.

Drugs, electro-convulsive therapy, and surgery are used to treat people with schizophrenia and others with persistent mental illnesses. Some are infected with malaria; others are treated with repeated insulin-induced comas. Others have parts of their brain removed surgically, an operation called a lobotomy, which is performed widely over the next two decades to treat schizophrenia, intractable depression, severe anxiety, and obsessions.

Schizophrenia is treated by inducing convulsions, first induced by the injection of camphor, a technique developed by psychiatrist Ladislaus Joseph von Meduna in Budapest. In 1938 doctors run electric current through the brain -- the beginning of electro-shock therapy -- to induce the convulsions, but the process proves more successful in treating depression than schizophrenia.

July 3: President Harry Truman signs the National Mental Health Act, calling for a National Institute of Mental Health to conduct research into mind, brain, and behavior and thereby reduce mental illness. As a result of this law, NIMH will be formally established on April 15, 1949.

Australian psychiatrist J. F. J. Cade introduces the use of lithium to treat psychosis. Prior to this, drugs such as bromides and barbiturates had been used to quiet or sedate patients, but they were ineffective in treating the basic symptoms of those suffering from psychosis. Lithium will gain wide use in the mid-1960s to treat those with manic depression, now known as bipolar disorder.
A series of successful anti-psychotic drugs are introduced that do not cure psychosis but control its symptoms. The first of the anti-psychotics, the major class of drug used to treat psychosis, is discovered in France in 1952 and is named chlorpromazine (Thorazine). Studies show that 70 percent of patients with schizophrenia clearly improve on anti-psychotic drugs.

The numbers of hospitalized mentally ill people in Europe and America peaks. In England and Wales, there were 7,000 patients in 1850, 120,000 in 1930, and nearly 150,000 in 1954. In the United States, the number peaks at 560,000 in 1955.

A new type of therapy, called behavior therapy, is developed, which holds that people with phobias can be trained to overcome them.

Psychiatrist Thomas Szasz's book, The Myth of Mental Illness, argues that there is no such disease as schizophrenia. Sociologist Erving Goffman's book, Asylums, also comes out. Another critic of the mental health establishment's approach, Goffman claims that most people in mental hospitals exhibit their psychotic symptoms and behavior as a direct result of being hospitalized.

Counterculture author Ken Kesey's best-selling novel, One Flew Over the Cuckoo's Nest is based on his experiences working in the psychiatric ward of a Veterans' Administration hospital. Kesey is motivated by the premise that the patients he sees don't really have mental illnesses; they simply behave in ways a rigid society is unwilling to accept. In 1975, Kesey's book will be made into an influential movie starring Jack Nicholson as anti-authoritarian anti-hero Randle McMurphy.

Many seriously mentally ill people are removed from institutions. In the United States they are directed toward local mental health homes and facilities. The number of institutionalized mentally ill people in the United States will drop from a peak of 560,000 to just over 130,000 in 1980. Some of this deinstitutionalization is possible because of anti-psychotic drugs, which allow many psychotic patients to live more successfully and independently. However, many people suffering from mental illness become homeless because of inadequate housing and follow-up care.

In the U.S., passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act provides the first federal money for developing a network of community-based mental health services. Advocates for deinstitutionalization believe that people with mental illness will voluntarily seek out treatment at these facilities if they need it, although in practice this will not always be the case.

A support and advocacy organization, the National Alliance for the Mentally Ill, is founded to provide support, education, advocacy, and research services for people with serious psychiatric illnesses.

An estimated one-third of all homeless people are considered seriously mentally ill, the vast majority of them suffering from schizophrenia.

Advocacy groups band together to form the National Alliance for Research on Schizophrenia and Depression. In pursuit of improved treatments and cures for schizophrenia and depression, it will become
the largest non-government, donor-supported organization that distributes funds for brain disorder research.

1990s  A new generation of anti-psychotic drugs is introduced. These drugs prove to be more effective in treating schizophrenia and have fewer side effects.

1992  A survey of American jails reports that 7.2 percent of inmates are overtly and seriously mentally ill, meaning that 100,000 seriously mentally ill people have been incarcerated. Over a quarter of them are held without charges, often awaiting a bed in a psychiatric hospital.

Background:

In the early decades of the 20th century, before the development of psychiatric medications, there were few effective treatments for mental illness. For most patients, the last stop in their anguished journey was an overcrowded state asylum. While Freudian psychoanalysis and "talk" therapy was gaining prominence as a potential cure, an ambitious young neurologist named Walter Freeman advocated a more radical approach — brain surgery to reduce the severity of psychotic symptoms.

The brilliant scion of one of America's most distinguished medical families, Freeman spent years searching for the biological abnormality that lay at the roots of madness. In 1936, he learned of a Portuguese neurologist who was using a thin steel instrument to operate on the frontal lobes of mentally ill patients. Freeman set about perfecting the procedure he later named lobotomy and began performing it in the United States.

Despite mixed results, by the early 1940s, some fifty state asylums were performing lobotomies on their patients. The procedure was hailed as a miracle cure, Freeman himself a visionary who brought hope to the most desolate human beings.

Yet only a decade later, the story would come full-circle again. Freeman would be decried as a moral monster, the lobotomy as one of the most barbaric mistakes ever perpetrated by mainstream medicine. Through interviews with medical historians, psychiatrists who worked with Freeman, and the desperate families who sought his help, this American Experience episode tells a gripping tale of medical intervention gone awry.

Introduction to the Film:

It was hailed by the New York Times as "surgery of the soul," a groundbreaking medical procedure that promised hope to the most distressed mentally ill patients and their families. But what began as an operation of last resort was soon being performed at some fifty state asylums, often to devastating results. Little more than a decade after his rise to fame, Walter Freeman, the neurologist who championed the procedure, was decried as a moral monster, and lobotomy one of the most barbaric mistakes of modern medicine.

American Experience presents The Lobotomist, the gripping and tragic story of an ambitious doctor, the desperate families who sought his help, and the medical establishment that embraced him. From award-winning producers Barak Goodman and John Maggio (The Boy in the Bubble, The Fight), this one-hour film features interviews with Dr. Freeman's former patients and their families, his students, and medical historians, and offers an unprecedented look at one of the darkest chapters in psychiatric history. "The precipitous rise and fall of lobotomy raises important questions about medical innovation," says filmmaker Barak Goodman. "At what point do interventions meant to alleviate suffering begin to conflict with essential human qualities?"
In 1924, twenty-eight-year old Dr. Walter J. Freeman arrived at St. Elizabeth's in Washington, D.C. - one of the nation's largest hospitals for the mentally ill, and home to thousands of patients suffering from agitated depression, dementia, and psychosis. "He was repelled," says Jack El-Hai, author of The Lobotomist, on which the film is partially based. "He saw 5,000 people whose lives were going nowhere, would go nowhere. And he wanted to do something about it."

Freeman embarked on a bold experiment: to discover a physical abnormality in the brain that caused mental illness. He was "convinced that he was born to medical greatness, desperate to achieve it, looking for a route forward," says sociology professor Andrew Scull in the film.

In 1936, Freeman came across an obscure monograph by Portuguese neurologist Egas Moniz detailing the results of a radical new operation on the brain's frontal lobe that he performed on a group of twenty mental patients. Moniz asserted that after surgery, one third of his patients were cured of their symptoms. For Dr. Freeman, the operation promised hope not only for the treatment of mentally ill patients, but also for his own personal future.

Freeman recruited a young neurosurgeon named James Watts to assist him in performing the first prefrontal lobotomy in the United States, on a patient suffering from anxiety, insomnia, and depression. Pushing beyond Moniz's operation, Freeman directed Watts to sever the frontal lobe from the thalamus -- the seat of human emotion in the brain -- where Freeman believed the symptoms of mental illness originated. Four hours later, the patient awoke alert and manifested no anxiety or apprehension. Freeman and Watts pushed forward and performed dozens of prefrontal lobotomies, despite mixed results and outrage from some in the medical community.

In 1945, as shell-shocked GIs began to overwhelm state mental hospitals, Freeman adapted his procedure, creating the so-called "ice-pick" lobotomy, a portable and inexpensive method as horrific as it was convenient. Freeman believed that anyone, even a hospital psychiatrist, could be taught to perform this new operation in just one afternoon, and began traveling the country's mental hospitals on what he called "head hunting" expeditions in search of more patients.

"Typically, Freeman would arrive to great fanfare," says El-Hai. "and then with the press and photographers around, he would perform his operations, sometimes one right after the other." "He had kind of a perverse need to shock people," adds Elliot S. Valenstein, a professor of neuroscience at the University of Michigan.

As Dr. Freeman persisted on his crusade to make lobotomy the preferred treatment for mental illness, he enlisted the power of the press to bolster his image. Major publications across the country hailed lobotomy as a miracle surgery, one not damaging the brain, but "plucking madness" from it.

By 1949, the number of lobotomies performed in the United States using Freeman's method soared to 5,000 annually, up from just 150 in 1945. Before his death in 1972, Walter Freeman would go on to personally lobotomize more than 2,900 patients in 23 states, including nineteen children under the age of eighteen. But as long-term studies on the after-effects of the operation began to emerge, many proponents of lobotomy began to abandon it. For many patients the procedure resulted in a vegetative state, or reduced them to a childlike mental faculty.

"It's fascinating to wonder why mainstream medicine would go along with Walter Freeman," says American Experience executive producer Mark Samels. "Ultimately, he was not a monster but a tragic figure, incapable of understanding the consequences of his own imperfections."
Today’s Assessment and Treatment

Dr. David Brendel is the associate medical director of The Pavilion at McLean Hospital in Belmont, Massachusetts, where he directs a team in the evaluation and treatment of patients with severe and complex psychiatric disorders. Read his comments about some of the patients profiled in The Lobotomist, and treatment options today.

Disclaimer: Dr. Brendel’s discussion of the cases profiled in Patients’ Stories is based upon his viewing of the film The Lobotomist. He did not personally interview any of these patients or their family members.

Ellen Ionesco

Ellen Ionesco presented a clinical picture that contemporary psychiatrists would most likely diagnose as major depression with psychotic features. According to the documentary, she was a 29-year old mother who became aloof, withdrawn, inaccessible, and unable to function in her daily life. The film depicts the worsening of her syndrome to the point that she became suicidal, paranoid, aggressive, and violent (she tried to smother her six-year old daughter just before her hospital admission and lobotomy).

First line treatment for someone with this clinical picture today would involve use of antipsychotic and antidepressant medications that have been developed over the past couple of decades. These medications usually help to stabilize patients with psychotic depression and allow them to receive treatment as outpatients, though they can cause numerous short-term and long-term side effects such as sedation, obesity, and problems with sexual functioning.

For patients whose psychotic depression does not respond adequately to psychotropic medications, electroconvulsive therapy (ECT) is an effective and safe treatment option. ECT involves placing the patient under anesthesia and inducing a seizure by applying an electric shock. Patients usually require 6-12 such treatments over 2-4 weeks in order to achieve a favorable response. Possible adverse effects include headache and transient confusion, mental slowness, and short-term memory loss.

Beulah Jones

Beulah Jones had a syndrome that psychiatrists today would most likely diagnose as schizophrenia or schizoaffective disorder. The documentary describes her as a young wife and mother who began to hear voices that others could not hear (auditory hallucinations) and to develop delusions, such as the belief that she was the lost queen
of Scotland. In addition, the film notes that her behavior became agitated, unruly, and violent at times. The chronic nature of her condition suggests that she had a deteriorating psychotic disorder, most likely schizophrenia.

Her grandiose delusions and her agitated behavior, however, suggested that she might have suffered with a severe psychotic disorder with prominent mood symptoms (schizoaffective disorder). Regardless of her actual diagnosis, contemporary treatment of this kind of disorder would involve antipsychotic and mood stabilizing medications. Medication management frequently helps to stabilize agitation and hallucinations, but sometimes at the cost of such side effects as sedation, weight gain, and cognitive problems.

In successful cases, patients may be able to lead relatively normal work and family lives if they remain on medications and in psychiatric treatment. In less successful cases, patients require a great deal of social services to function day-to-day and may never achieve satisfying social or occupational functioning.

Howard Dully

Howard Dully was a twelve-year-old boy with a clinical syndrome that 21st century child and adolescent psychiatrists would most likely diagnose as oppositional defiant disorder. He may also have suffered from co-occurring conditions such as attention-deficit hyperactivity disorder, anxiety, and depression. According to the documentary, he was disrespectful, disobedient, and at times acted out in an aggressive and violent manner. The film reports that he frequently daydreamed, was unable to focus, and displayed idiosyncratic behaviors.

His situation was probably shaped in large measure by the tragic death of his mother and his rebellion against a stepmother whom he perceived as overly controlling. Contemporary treatment of a youngster with these issues would involve individual psychotherapy and possibly the judicious use of psychotropic medications, such as mood stabilizers. The treatment approach also would necessarily include intensive family therapy and counseling for the parents or other caregivers of the child. Attention to the patient's needs at school would be an important component of a treatment plan that might help to stabilize such a complicated and troubling situation.

All aspects of the treatment should involve the youth as an active participant whose point of view and best interests are foremost in all decision making.
After watching the film, answer the following questions:

1. What was wrong with Ellen Ionesco? What were her symptoms? What was her treatment and what were the results of her treatment?

2. What was wrong with Beulah Jones? What were her symptoms? What was her treatment and what were the results of her treatment?

3. What was wrong with Howard Dully? What were his symptoms? What was his treatment and what were the results of his treatment?

4. After reading Dr. Brendel's assessment of these three cases, describe how these cases are diagnosed and treated differently today.