

2021

## Changes in Mental Illness Understanding and Treatment Throughout Time in the United States

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### Recommended Citation

Cottrell, Emma. "Changes in Mental Illness Understanding and Treatment Throughout Time in the United States." *The Review: A Journal of Undergraduate Student Research* 22 (2021): -. Web. [date of access]. <<https://fisherpub.sjfc.edu/ur/vol22/iss1/8>>.

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## Changes in Mental Illness Understanding and Treatment Throughout Time in the United States

### Abstract

Healthcare professionals have been overlooking mental health for centuries resulting in inadequate care. This paper reviews the progression of mental health care from the 13th century to the present day in order to understand why we are seeing a gap in healthcare. Mental illness is a growing health condition in the United States with nearly one in every five adults experiencing some form of mental illness a year (Parekh, 2018). In order to understand what mental illness is and why it is so common despite the majority of cases being treatable, one must understand the social and historical progression and stigma associated with it. A literature review on the history of mental illness in American was conducted, using the context of social history to understand the general progression of mental illness treatment and care, as well as the impact of medicalization and the stigma individuals have experienced. The current understanding of mental illness and the field of psychiatry is a relatively recent phenomenon. Developments in neuroscience and behavioral and cognitive psychology have led to improvements in the quality of care and treatment methods for those with mental illnesses. However, stigma still persists and clouds society's and healthcare professionals' judgements, preventing the opportunity for the best possible care. In addition to more research, awareness and education on mental health and illness are needed.

## Changes in Mental Illness Understanding and Treatment Throughout Time in the United States

Emma Cottrell

**Abstract:** *Healthcare professionals have been overlooking mental health for centuries resulting in inadequate care. This paper reviews the progression of mental health care from the 13th century to the present day in order to understand why we are seeing a gap in healthcare. Mental illness is a growing health condition in the United States with nearly one in every five adults experiencing some form of mental illness a year (Parekh, 2018). In order to understand what mental illness is and why it is so common despite the majority of cases being treatable, one must understand the social and historical progression and stigma associated with it. A literature review on the history of mental illness in American was conducted, using the context of social history to understand the general progression of mental illness treatment and care, as well as the impact of medicalization and the stigma individuals have experienced. The current understanding of mental illness and the field of psychiatry is a relatively recent phenomenon. Developments in neuroscience and behavioral and cognitive psychology have led to improvements in the quality of care and treatment methods for those with mental illnesses. However, stigma still persists and clouds society's and healthcare professionals' judgements, preventing the opportunity for the best possible care. In addition to more research, awareness and education on mental health and illness are needed.*

The American Psychiatric Association (APA) defines mental illness as health conditions that involve change in emotion, thinking or behavior and often associated with distress and/or problems functioning in different aspects of life including social, work or family activities (Parekh, 2018). Mental illness is non-discriminatory and can affect a person regardless of their age, gender, social status, race/ethnicity, religion, sexual orientation, etc. However, we do see a strong negative correlation between socioeconomic status (SES) and mental illness. The lower SES of an individual, the more likely that person has a risk for developing a mental illness (Hudson, 2005). While there are some factors that have a correlation to mental illness, there are no set rules or guidelines for such diseases as it varies person by person.

The severity of mental illness differs depending on both the diagnosis and the individual. According to the National Institute of Mental Health and the U.S.

Department of Health and Human Services (2020), there are two groupings that describe different conditions of mental illness: Any Mental Illness (AMI) and Serious Mental Illness (SMI). Of all U.S. adults in 2019, more were known to have AMI, 20.6%, compared to SMI, 5.2%. With nearly one in five adults living with a mental illness, mental illnesses are very common in the United States.

Over the last one hundred years, society's understanding of mental health has grown exponentially. Advances in the fields of behavioral and neuroscience have provided professionals with an opportunity to better understand both complex and simple mental illnesses. Diagnostic medical equipment, such as magnetic resonance imaging (MRI), and other advancements in technology have accounted for much of society's understanding of the brain and as a result mental health (Wojtalik et al., 2018). Treatment has improved drastically due to the progression in pharmaceuticals as well

as increased quality and training within psychiatry, psychology and mental health professions. However, this does not mean the causes behind mental illness have been identified and treatment plans have been perfected. The field has come a long way from where it started, but there is much more that needs to be researched and understood. Psychiatry is a relatively new field in the world of medicine. As a result, not as much time, attention, or research has been put into it as other areas of medicine. However, as previously mentioned, the knowledge and treatment methods that are used today are far from where they were two hundred years ago. Throughout history, three general theories of mental illness can be noted: supernatural, somatogenic, and psychogenic (Farreras, 2020).

In this paper, each of these theories will be defined and discussed, broken down into two time periods: prior to the 1950's and after the 1950's. The importance of these two time periods is the drastic shift of perspectives on the causes of mental illness and the approaches necessary to effectively treat patients. This can largely be attributed to the introduction of pharmaceuticals in the 1950's. Not only can a change be noted in diagnosis and treatment, a slight decrease in social stigma is also apparent. The goal of this paper is to demonstrate how the history of mental illness was influenced by social history, and the impact it had on healthcare in America resulting in where the nation is today.

### **Prior to 1950**

#### *Supernatural Theory*

From the beginning years of the United States until the 18<sup>th</sup> century, the leading theory behind the causes for mental illness and the driving factor for cures was the supernatural theory. This theory considers mental illness as a result of possession by evil and demonic spirits, punishment from

gods for sins, eclipses, and curses (Farreras, 2020). Religion was the driving motive behind most of society. When abnormal behavior was observed and communities or families were not sure what to do, they would turn to religious leaders such as priests. They were the community authority figures at the time.

At this point in history, politics and/or class did not play a large role in the treatment of those with mental illness. Anyone who displayed abnormal behavior regardless of age, social status and economic status, was seen as problematic and a threat to society, although treatment and care were slightly better for those of higher social and economic class. One exception to this standard would be that gender played a slight role in terms of diagnosis. When a woman was displaying abnormal behaviors, she was accused of witchcraft and typically experienced physical punishment (Quintanilla, 2010).

Physically abusive treatments were common during this time period. The mentally ill were cared for by their families but, for extreme cases, authority figures would take over. One common treatment derived from the supernatural theory was trephination; this was the surgical drilling of holes into the skull (Foerschner, 2010). The goal of trephining was the release of the evil spirits believed to be causing psychopathology through the hole of the skull. As expected, many individuals did not survive this procedure and those that did only lived for a few years. More physically painful treatments begin to arise with the introduction of physicians and science.

In addition to religious leaders, physicians started to be seen as trustworthy figures. Home visits in small towns resulted in a close and trusting bond between the physicians and the community. Doctors were seen to provide comfort for all, which

included curing the mentally ill.

Trephination was still used, as were other ineffective methods such as herbal medicine, bloodletting, and purging. There was no true explanation for what caused ‘madness’ except for something foreign and unwanted inside the body so attempting to release it was the only logical option. This perspective influenced the stigma against the mentally ill. Individuals were referred to as ‘mad,’ ‘lunatics,’ or ‘the insane’ and eventually, towards the middle of the 16<sup>th</sup> century and early 17<sup>th</sup> century, were resented greatly by society.

As the number of people being diagnosed as mentally ill increased, so did the stigma and the fear from society. People relied on the government for protection from the mentally ill through the establishment of mental institutions, such as hospitals and asylums. Often institutionalized against their will, individuals who were mentally ill were housed with criminals and the poor. In the mid-1700’s separate institutions for each were established (Zechmeister, 2005). Classism by the middle and upper class continued to drive the stigma against the mentally ill; this resulted in admissions to the institutions by the government based on legal and societal reasons, rather than actual medical ones.

Until the 18<sup>th</sup> century, institutions and asylums did not have the goal of bettering individuals. Their primary objectives were to lift the burden individuals had on ashamed families and to prevent potential disturbances in the communities (Foerschner, 2010). Due to this, there was little effort and care put into the quality of the facilities. In addition to untrained and under-qualified staff treating the patients inhumanly, the conditions of the facilities were poor. Patients were often tied or chained up inside of dark, cold, dirty, and cramped jail-like cells where they were only permitted enough movement to feed

themselves and could not even lay down to sleep. There was no bathroom, so patients were forced to sit in their own waste. There was no way out or offer of help for these tortured souls.

Fortunately, as the quality of health care improved in the early 19<sup>th</sup> century, attention was brought to the public on the abusive and horrendous conditions of the asylums. Reform was demanded by activists like Dorothea Dix. Dix worked to see change in both the institutions themselves as well as the mindset of society (Norwood, 2017). She advocated for the establishment of state hospitals with the hopes that these facilities would not only provide better and safer care for patients, but also work to understand mental health from a scientific and humane perspective.

#### *Somatogenic and Psychogenic Theories*

Approaching the middle of the 19<sup>th</sup> century, Dix and others sparked an interest in the understanding of mental health and mental illness, leading to discoveries and advances in the biomedical field. ‘Madness’ was now increasingly believed to be curable, resulting in more humanitarian approaches to treatment. The health care and societal perspectives of the mentally ill were less stigmatizing to those who had ‘curable’ disorders. Individuals with ‘incurable’ disorders were still experiencing a heavy amount of abuse, prejudice and discrimination. Factors such as social or economic class, gender, religion, etc. continued to not have an effect on the diagnosis, treatment methods and treatment from society.

At this point in time, medicine became a natural science and psychiatry was deemed a field of medicine. Mental illness shifted from the supernatural point of a view to an illness of the brain with the somatogenic theory (Farreras, 2020). The somatogenic theory acknowledges disturbances in

behavior as a result from illness, genetic inheritance or brain damage or imbalances. This new perspective and theory behind mental illness caused a shift in the treatment of the mentally ill in asylums. While patients were still forced into these institutions because they were seen as a burden to families and society, they were seen more as guests rather than prisoners resulting in better care by staff. While treatments still inflicted physical pain and stress on a person, these procedures were not intended to harm the patient. At the time it was actually to cure them and to help them get better. Treatments included restraints, shock therapies including electroconvulsive, insulin and hydro, and lobotomies (Oshinsky, 2017). However, these treatments showed very little success in curing illness, so scientists and physicians knew they needed to go in a different direction.

Between the late 1800s and early 1900s, another shift in the approach to mental illness can be noted. With little success being seen with treatment, psychologists like Sigmund Freud were starting to use the psychoanalytic perspectives which ultimately was the driving factor behind the psychogenic theory. Psychogenic theory focuses on trauma or stress, cognitions, and/or distorted perceptions as the cause of mental illness (Farreras, 2020).

During the early to mid-1900's shock therapies and lobotomies were still used, and the psychogenic theory coexisted with the somatogenic theory. However, there was now the addition of hypnosis and psychoanalysis (talk therapy). These theories and approaches are used to this day. However, beginning in the 1950's, a major shift in the treatment methods of mental illness came about with the growth and development of chemistry and therefore pharmacology.

### **1950 to Present Day**

1950 was a major turning point for the field of psychiatry as it was the introduction of medicalization in relation to mental health. Smith (2014) describes medicalization as understanding a medical problem through the medical framework and treating that problem with a medical based solution. Physicians were working towards establishing a connection between physiology and mental illness in an attempt to explain abnormal behavior in terms of disrupted nerve structure/function (Chakravarty, 2011). Along with medicalization came what is referred to as pharmaceuticalization: "the process by which social, behavioral or bodily conditions are treated or deemed to be in need of treatment, with medical drugs by doctors or patients" (Abraham, 2010, p. 604).

Pharmaceuticals quickly began to take over the field of psychiatry and overshadowed psychotherapeutic approaches. Initially in the 1950's and over the next thirty years, psychotherapy was still widely used. Pharmacology was first introduced into the field of psychiatry with the use of Lithium following a series of antipsychotic medications to calm patients' psychotic symptoms. Chemical interventions were generally accepted in society as they were much more ethical and showed higher rates of success. This actually led to the eventual release of patients from hospitals and institutions due to the ability for patients to treat themselves at home.

Families were more accepting of the move of individuals out of institutions back into the homes due to the ability for individuals to care for themselves as well as more 'normal' behaviors. Stigma against the mentally ill was decreasing but at a very slow rate. Those who moved out of facilities were having a difficult time finding jobs that

paid well and were equal to their peers. For many, families did not open their doors right away. This left individuals with little opportunity to learn essential life skills, often leaving them jobless and sometimes homeless.

This is the first time in history that sociocultural factors played a role in mental health diagnosis trends. Economic unrest, poor living conditions and problematic interpersonal relationships now played a contributing role in increasing the risk for mental illness (Farrera, 2020). It was also observed that individuals recently coming out of institutions naturally came into society categorized under all of the listed factors above.

While the rise of psychotropic medications gave individuals the opportunity to escape institutions, the integration back into society was not easy. Individuals could avoid directly confronting their mental issues because they did not necessarily have to attend talk therapy sessions to be treated (Foerschner, 2010). In fact, psychotherapy was seen declining in its use as medicalization in mental health care was increasing due to the publication of the Diagnostic Statistical Manual (DSM). The DSM III encouraged mental health counselors, psychologists and psychiatrists to diagnose a patient with an illness and then directly treat that illness, which was typically done by medications since 1988, when the use of psychotropics became very common in psychiatry (Smith, 2014). Psychotropics are used to treat mental disorders by impacting an individual's mental state. Then in 2000 the use of antidepressants alone tripled.

Fortunately, mental health patients have many more options today than in the past and are treated with much more respect from all of society. Stigma still persists but is declining more and more, though at a very

slow rate. With the increase of technology, scientists and physicians are able to grasp a better understanding of the causes behind mental illnesses and possible cures and treatment options. The current pandemic has also led to a drastic increase in the number of mental health patients and with online counseling, more people feel comfortable to seek help. Treatment and understanding of mental illness have come a long way and there is still so much more to learn both from a medical and societal point of view.

### **Society's Reaction**

Society has always been and continues to be prejudiced and discriminatory against the mentally ill and anyone with mental health conditions. Societies always have wanted those displaying abnormal behavior to be socially excluded and stigmatized. Rössler (2016) describes stigma as having three conceptual levels: cognitive, emotional and behavioral. This allows for the separation of stereotypes, prejudice, and discrimination, which contribute to the stigmatization against the mentally ill. Stereotypes are prefabricated opinions and attitudes towards a certain group of people, typically an "out-group." During the rise of the supernatural theory, it was believed that those of abnormal behavior were a danger to society, unpredictable and therefore unreliable. While this may have been the case for some individuals and may still be, stereotypes give society the ability to quickly judge a person based on a label. This is why we still often see stigma against the mentally ill, especially with more severe cases of mental illness. Stereotypes can lead to prejudice, and are often followed by discrimination against the out-group, in this case being the mentally ill.

Prejudice is a belief, reaction or attitude towards a specific group, while discrimination is an unjust action or treatment against a specific group. Those

who are not in authoritative positions in society and are not directly in contact with an individual with a mental illness tend to have more prejudice against the mentally ill, rather than showing discrimination.

Prejudice can be seen in the media, television, news, entertainment programs, movies, newspapers, articles, etc. Often a negative light is shed on the mentally ill, influencing others and society as a whole to believe these negative opinions.

Discrimination towards the mentally ill can be seen by policymakers who have the ability to make laws. These laws often result in inequality of the mentally ill. Even managers or bosses of different occupations have the ability to deny an individual a position due to that individual having a mental illness. Although there are some laws that try to prevent this, it does not always work.

Stereotypes, prejudice and discrimination all originate to when mental illness was first observed as early as the 13<sup>th</sup> and 14<sup>th</sup> centuries. This has led to the stigma that has been seen throughout history and continues to be seen today. From the 1800's and on, this stigma has been declining at a slow rate. Advocates for the mentally ill began by demanding better conditions in institutions and asylums. This was followed by the movement for the mentally ill to be moved out of institutions.

However, the latter was less accepted by society. Still today some people believe that the mentally ill should be institutionalized and separate from society. Society's mindset on mental illness today has improved greatly from where it was hundreds of years ago. However, the end goal of proper care and no stigma is still not where society is currently is. More education and awareness about individuals and mental illness are needed for society to break the stereotypes, prejudices and discriminatory acts against the mentally

ill.

### **The Impact on Healthcare**

Still in the present day, mental health care has not been a priority nor a large concern for health care. The focus remains on treating those who are actively dying and are deemed deserving of life by society. From the 13<sup>th</sup> century until the 18<sup>th</sup> century, mental illness was not a major health issue to be dealt with. Following the 18<sup>th</sup> century, somatogenic and psychogenic theories sparked an interest in healthcare professionals to learn about what causes mental illnesses and how they can be treated. The movement towards better health care in the 1800s, led to a more humane approach to treating the sick in general, including mental health patients. The term 'care' had a shift in meaning where it now meant to better an individual by providing comfort. Even when physicians were causing patients physical pain when performing treatment procedures, they thought that they were providing comfort by releasing patients of their symptoms.

In the 20<sup>th</sup> century there was a growing interest in neuroscience and behavioral and cognitive psychology that led to not only less painful and more successful treatments through psychotherapy and pharmacology. This opened the window for healthcare to have a better understanding of the brain. Patients also gained more control over their treatment options while the stigma against mental illness was beginning to decrease. A better understanding of psychology leads to a better understanding of human interaction, leading to more of an explanation of why humans are the way they are, and why and how they are so complex on so many levels. Improvements in mental health correlates to improvements in general health and vice versa.

Currently, in 2020, the United States is

experiencing a pandemic resulting in at home quarantines where individuals and families are encouraged to limit their exposure and interactions with others. According to the Center for Disease Control and Prevention (CDC), “U.S. adults reported considerably elevated adverse mental health conditions” (Czeisler, 2020). Mental health cases rose dramatically in the past nine months of the pandemic; this was due to people feeling trapped inside their homes, lack of social interaction, loss or decrease in income, family and friends losing jobs, family and friends getting sick and dying, feelings of unknown and loss of control, etc. These all can lead people into states of depression, anxiety, and panic.

In addition to the rising number of mental

health cases and the need to be virtual, telemedicine has become available to all for mental health counseling. More people are beginning to seek therapy than before because they can hide it more easily from family and friends therefore reducing the chances of experiencing stigma. Telemedicine is also more convenient and easier for patients to use and can save individuals money on gas for travelling to offices that may be inaccessible otherwise. Overall, society is seeing more people seek mental health care. This results in an increase in those diagnosed. Science attributes this to an increase in quality of care, more safe and painless treatment options, and a slight decrease in stigma against mental illnesses and therapy.

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