

THE
DEVELOPMENT OF PSYCHOPATHOLOGY
AND ITS PLACE IN MEDICINE

GOULSTONIAN LECTURES

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DURING the past few decades psychology has emerged with disconcerting vigour from the paths of academic quietude, and has laid claim to a substantial share in the practical affairs of mankind. It has asserted its right to a place in the proud structure of the sciences, and its right to contribute to the understanding and control of the actual problems of human life. Among those problems is the causation and treatment of disease, and it is to the endeavours and achievements of psychology in this sphere that the present lectures are devoted. Our task will be to trace out the development of the psychological approach in medicine, to consider the scientific and medical value of the successive stages in that development, and finally to estimate the place in medicine to which the psychopathology of to-day is entitled. The justification of such a survey hardly requires demonstration. Interest in morbid psychology has increased immeasurably during the present century, and in recent years the literature dealing with the subject has been remarkable in its volume and variety. It is true that much of this has but little value from the standpoint of science, but some of it is solid work, and the claim is made that psychopathology has succeeded in elucidating, at any rate in large measure, the problem of the nature and causation of the psychoneuroses. Such a claim, relating as it does to a group of disorders which form a not inconsiderable portion of medical practice, clearly merits careful examination and appraisal.

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Our task, then, is to describe the history of psychopathology as a branch of medicine, to evaluate its achievements, and to consider how far it has succeeded in establishing a secure position within the fold of science. As a preliminary measure it will be helpful to define the precise meaning of some of the terms in this statement of our aim, so that the extent and limitations of the path we desire to traverse may be clearly marked out.

“Psychopathology” connotes, not a mere description of mental symptoms, but an endeavour to *explain* disorder or certain disorders in terms of psychological processes. The distinction expressed here is of the greatest importance for a clear understanding of the subject. The description of mental symptoms constitutes clinical psychiatry, and is as distinct from psychopathology as clinical medicine is from pathology. In the former case we are concerned with the recording of clinical phenomena, in the latter with the elucidation of the processes responsible for those phenomena. To enumerate the delusions which a patient expresses is not psychopathology but clinical psychiatry, and we do not pass beyond this until we endeavour to explain the incidence of the delusions in terms of causal processes. Moreover, this explanation is only psychopathological if it is couched in the language of psychology, and built up of psychological conceptions. Drever has remarked that “the indirect explanation of experience in terms of nervous structure and nervous process is no psychological explanation at all, but a physiological one,”¹ and it is equally true that the explanation of morbid mental symptoms in terms of brain may be excellent pathology, but it is not psychopathology. How far it is possible and useful to explain disorder by means of psychological conceptions, or in other words how far psychopathology deserves a place in scientific medicine, is of course a legitimate question, and one which forms a chief subject of inquiry in these

¹ Drever, *Instinct in Man*, 2nd edition, 1921, p. 9.

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lectures; but we cannot even begin to answer it unless it is clearly understood that psychopathology does not mean a physiological explanation of mental disorder, but a psychological explanation of disorder, whether that disorder is mental or physical in its manifestations. For example, an explanation of the intellectual enfeeblement of senile dementia, in terms of the lesions found in the brain, is a physiological interpretation, although the phenomena explained are mental in character, while an explanation of hysterical paralysis in terms of suggestion is psychopathological, although the phenomena explained are physical in character.

In the light of these considerations it will be understood that in the present lectures we are only indirectly concerned with clinical psychiatry, and that its history and development do not enter into our inquiry. It is noteworthy, indeed, that psychopathology has mainly grown, not from the study of insanity, but from the investigation of hysteria, in which the phenomena are in great part physical in their manifestations.

In the definition of psychopathology which has been given above, the word "explain" is used in the sense in which it constitutes the goal of scientific method. Karl Pearson, in his classical *Grammar of Science*¹, has analysed the fundamental features which distinguish science from all other attempts to deal with our experience, and the principles which he enunciates will serve as a standard whereby the claims of psychopathology can be tested and appraised. The essential character of science resides, not in the nature of the facts with which it deals, but in the method of attack which it employs. This method consists of three successive steps. Firstly the observation of phenomena, secondly the orderly arrangement and classification of the facts which have been observed, and thirdly the finding of "laws," which will serve to explain those facts, and enable us to predict and control the

¹ Karl Pearson, *The Grammar of Science*, 1892.

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occurrence of future phenomena of the same order. For example, our knowledge of planetary motion evolved from the observation of the successive positions occupied by the planets, through the classification of those positions by Kepler whereby it became apparent that the planets moved in ellipses round the sun, to the construction of the law of gravity by Newton which explained in a single and comprehensive formula the track and relations of the planetary movements. A body of knowledge which has traversed only the first two steps has attained to the level of a descriptive science, but it is imperfect and inadequate until it has succeeded in passing on to the third step. This third step involves a transition from phenomena to concepts. The "laws" which it formulates are not phenomena which can be observed in nature, but are constructed by the human mind in order to account for those phenomena. They are, in other words, conceptual abstractions whose sole claim to validity is that they do explain the observed facts. It is to be noted, moreover, that these "laws" are not only conceptual in character, but are frequently built up of imagined entities which cannot possibly be observed, and may even involve qualities contradicting our general experience. For example, the phenomena of light are explained by the assumption of a weightless and frictionless ether, which not only cannot be observed, but is imagined to possess qualities differing from those shown by every substance which has been observed. This freedom from the trammels of phenomenal reality, which scientific conceptions claim to exercise, will be found to be a point of fundamental importance when we have to consider the justification of such psychopathological concepts as the "unconscious." It is necessary to remark that the freedom is only relative. Science does not entitle us to construct conceptions built entirely in the air, but only such as conform to the rigid procedure of its method. That is to say, they must explain the observed facts, they

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must not be contradicted by other facts, and they must be capable of verification by repeated reference to experience and experiment. The theory of light, for example, assumes an ether and the movement of its particles according to the laws of wave motion, but it only has scientific validity because every time we test our calculations by reference to experience and experiment we find that the phenomena observed are precisely what the theory would anticipate them to be. In other words, the validity of a scientific conception is measured by the service it is able to perform in the understanding, the prediction, and the control of the facts of our experience. So long as it can do these things it has a place in science, but when the advance of our knowledge shows it to be inadequate in these respects, or capable of being replaced by some wider and more satisfying conception, it is to be ruthlessly scrapped.

This digression to the basic principles of science has been necessary in order that we may have at our disposal a definite standard whereby to assess the history and achievement of psychopathology, and with this in our possession we may now pass on to the proper subject of our inquiry. The first task to be attempted will be a summary review of the history of medicine, with the object of discovering the beginnings of psychopathology, and the observations and conceptions which have served as the chief stones in its building. It may be said at once that psychopathology is a science of comparatively recent growth, and that hardly any traces of it are to be found before the middle of the nineteenth century. This may seem a strange statement in view of the prominent part played by apparently psychological procedures in medicine from the very dawn of history, and the oft-repeated assertion that psychotherapy is the oldest form of medical treatment. Nevertheless a perusal of the facts in the light of the general principles already laid down will show that it is substantially true, and that to regard the views

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and practices of early medicine as the first stages in the development of psychopathology is historically and logically false.

If we look back to ancient medicine we find everywhere the same essential picture, disease regarded as the work of demons or of magic, and a corresponding treatment by the aid of incantations, charms, and exorcisms. Side by side with these demonological conceptions and therapies, however, there existed a certain number of simple surgical practices, and a herbal lore in which one finds the names of drugs of undoubted efficacy and value. The Ebers papyrus (1550 B.C.)¹, for example, describes the incantations used in Egyptian medicine, but it also contains a list of remedies including such familiar drugs as opium, hyoseyamus, squills, and castor oil. The records of Babylonian medicine show a similar demonological view of the causation of disease, and detail the litanies and incantations necessary for its treatment. Diagnosis is closely connected with astrology, and is made by the interpretation of omens. "In the Old Testament disease is an expression of the wrath of God, to be removed only by moral reform, prayers and sacrifice."² Yet in both these cases there is ample evidence of the use of simple surgical, herbal, and hygienic measures, apparently without relation to the supernatural conceptions applied to disease in general. It is perhaps legitimate to assume that the former originally developed on a basis of empirical observation essentially identical with that on which the structure of science was ultimately to be erected.

Primitive tribes existing at the present day show in their medical practice features closely comparable to

¹ Garrison, *An Introduction to the History of Medicine*, 3rd edition, 1921, p. 49. I am heavily indebted to this invaluable work for a considerable number of the historical details contained in these lectures.

² Garrison, *op. cit.* pp. 54 ff.

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those found everywhere in the medicine of antiquity. Disease is ascribed to the action of supernatural agents or of human magic, and treatment is carried out mainly by incantation, ceremonial, and exorcism, but again we find a number of remedial practices, apparently divorced from the demonological theory and therapy, and including the use of drugs and such measures as poulticing and blood-letting.

There is definite evidence that in these primitive tribes demonological procedures are actually efficacious, and that by their aid disease may in fact be caused and cured. Rivers remarks, "There can be no question that such processes as I have recorded here are efficacious. Men who have offended one whom they believe to have magical powers sicken, and even die, as the direct result of their belief; and if the process has not gone too far they will recover if they can be convinced that its spell has been removed. Similarly, one who has intruded on the haunt of a ghost or spirit will suffer, it may be, fatal illness, because he believes that he has lost his soul; and he will recover after the performance of rites to which he ascribes the power of restoring the lost soul to his body."¹ Now it is true that in the light of modern knowledge such results as these can only be explained by the invocation of suggestion or some similar psychological process. But, as Rivers later says, "It is necessary...to distinguish the production and treatment of disease by agencies acting through the mind from the knowledge that the measures used acted in this manner. Though remedies acting through the mind were probably the earliest to be employed by man, the knowledge that the remedies act in this way is one of the most recent acquirements of medicine."² In other words, the remedies were not given as a result of the application of a psychological conception, but either on account of their supposed physical effect

¹ Rivers, *Medicine, Magic, and Religion*, 1924, p. 50.

² Rivers, *op. cit.* p. 122.

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or in accordance with a magico-religious conception. It is probable that many of the successful results achieved by drugs at the present day owe that success to factors of a psychological order, but their use has nothing to do with psychopathology, although the latter may ultimately seek to utilise the results as facts of observation. Psychopathology is a body of knowledge, and it does not begin to exist until an attempt is made to explain the phenomena of disease in terms of psychological processes and by the aid of psychological conceptions. Practically no trace of such an attempt can be found in ancient or primitive medicine. It is to be noted, moreover, that in early medicine demonological conceptions and procedures were applied to all forms of disease indiscriminately, and not merely to those conditions which we now class as the psychoneuroses and psychoses.

The demonological methods of ancient medicine, therefore, form no part of the foundations from which psychopathology has arisen, although the results they achieved can now be best explained by psychological conceptions. The roots of psychopathology must be sought for elsewhere, and they are to be found in the soil from which all scientific medicine has grown. The search for these roots will be facilitated by taking as a basis Rivers' statement that the beliefs of mankind concerning the causation of disease fall into three categories: (*a*) human agency (magic), (*b*) supernatural agency, (*c*) natural causes¹. In primitive medicine, etiology and therapy are built almost exclusively on the first two, i.e. on magical and religious conceptions respectively. The category of natural causes hardly exists, but traces of it are nevertheless to be found in the domestic remedies and herbal lore which seem to have been employed everywhere side by side with the magical and religious practices.

It is this third category which contains science, although the latter is by no means coextensive with a mere belief

¹ Rivers, *op. cit.* p. 7.

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in the efficacy of natural causes. We shall see that it is possible to hold many beliefs about “natural causes” which are certainly not cast in a scientific mould. Only with the gradual evolution of its peculiar method of attack did science succeed in building up a sharply defined body of knowledge within the general notion that disease was produced by natural causes rather than by magical or religious agencies. Now psychology and psychopathology are, or claim to be, branches of science, and therefore their development was only possible from the third category, and not at all from the other two. The failure to appreciate this necessary axiom was the cause of the long retardation of psychology in the advance of the sciences, and its trammelling with religion and ethics.

The magical and religious categories of primitive medicine frequently crop up throughout later history, dominating the picture in the middle ages, and occurring sporadically even in modern times, for example in Heinroth’s doctrine that mental disorder is due to sin, and in the present-day conceptions of Christian Science. But they lie altogether outside the path of development of scientific medicine, and our only interest here is in the gradual evolution of the category of natural causes.

In Greek medicine we note the beginnings of what may be termed a philosophical approach to the problems of medicine. Empedocles (504–443 B.C.) introduced the doctrine of four elements (earth, air, fire, and water) as the fourfold root of all things, and conceived health as the result of their balance, and disease of their imbalance, in the human body. Later Greek writers postulated various other elements and qualities from whose combinations and permutations disorder could ensue, leading up to the “humoral pathology” embraced by Hippocrates, with its four essential humours—blood, phlegm, yellow bile, and black bile¹.

¹ Garrison, *op. cit.* pp. 80 ff.

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In these theories of the Greeks we have an excellent example of a conception of disease which is certainly constructed within the category of natural causes, and is in no sense magical or religious, but which differs radically from the conceptions of science. It differs because it was not built up by the method of science. Scientific conceptions are imaginative constructions, but they must be erected on a solid basis of observed facts, and constantly tested by repeated descents from the plane of imaginative construction to that of experience and experiment. The Grecian theories are imaginative constructions built entirely in the air, and without any basis or control on the plane of observed facts.

Fortunately, at the same time, a certain amount of empirical knowledge began to accumulate, the direct descendant of the herbal and other simple remedial measures of older times, but immensely assisted by the development of clinical observation with Hippocrates. We know now that it was from this empirical knowledge that the structure of scientific medicine was ultimately to arise, and not at all from the proud but futile philosophical theories.

It is not necessary for our present purpose to trace out in detail the later history of the rise of scientific medicine. After the temporary submerging of all progress in the scholasticism and deductive mental exercises of the middle ages, medicine again began slowly to move forward. By the seventeenth century empirical knowledge had largely increased, and theories were developing which bore some relation to facts of observation, and gradually became more and more consistent with the method of science. These theories were constructed, however, of physical, physiological, and chemical conceptions; there was as yet hardly any indication of the birth of a psychological conception, and any germs of it detectable were generally hopelessly entangled with magico-religious conceptions. Here and there, however,