MODERN PSYCHOTHERAPY—150 YEARS AGO*

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PSYCHOTHERAPY and what we understand by it today is commonly considered as entirely a product of the last fifty years of psychological and psychiatric development. The psychiatry of the past century is looked upon as a savage and uncultivated field which does not appear to warrant any attention. In a previously published paper† I pointed out the strange contradictory development which the field of psychiatry has undergone during the past two hundred years, interchanging material-physicological periods with those primarily psychological. Each period has violently rejected the previous one and with it the total earlier development. This explains why the earlier development seems to be so completely forgotten. Only a few names are known which are pointed upon as forerunners, but no one has seriously attempted to go back over the last contradictory period into the preceding one with a similar basic attitude, for instance the psychologistical period of the first quarter of the past century. This should be of considerable interest to the psychological period we have been experiencing during the past decades.

Historical studies in psychiatry have been rare and the few we can point to have been done within the limited view of a certain school and do show the growth and development of its dogmatic contents. Real critical, objective historical work cannot follow this narrow and prejudiced road. We should approach these earlier periods and their achievements not with a view to whether they show signs of a development towards Freud, Jung, Adler or whoever else one may consider as the most important representative of the art of helping the mentally and psychologically deranged. Although we are all apt to be limited in some aspects of our thinking, we can find in ourselves some common denominators of basic scientific attitudes which allow objective reports about viewpoints and meanings opposite our own. Only in this way will we be able to view entire developments of a scientific field, such as psychiatry.

In a number of papers I published in recent years, I have not only attempted to trace certain main lines of development in psychiatric pathology and therapy over a longer period of time, but also the actual beginnings of certain methodological features we consider important today.

With this paper I wish to add to these attempts by showing how much, for instance, the psychological-psychiatric period around 1800 had already envisioned certain modern aspects and had even gone beyond our own methods in the specialty of psychotherapy.

Kirchhoff's *Deutsche Irrenaertze* (still the best bibliographical source we have on middle-European psychiatry) designated Johann Christian Reil as being "The conscious discoverer and founder of rational psychotherapy". Reil lived from 1759 to 1813. During the mature decades of his life he was professor of psychiatry at the middle-German university of Halle. Three years before his death he was called to the University of Berlin.

* Some Abstracts from Johann Christian Reil's *Rhapsodien Ueber die Anwendung der psychischen Cur-Methoden auf Geisteszerruettungen*—1803.

† Ernest Harms: "Consolidation of the Science of Psychiatry Through Historical Studies", *Diseases of the Nervous System*, August 1957.

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In 1803 Reil published his major work which he entitled *Rhapsodien ueber die Anwendung der psychischen Cur-Methoden auf Geisteszerruettungen* (Rhapsodies on the application of psychological methods of treatment to mental disorders). This remarkable title was given to a book which even for those days was written in an unusual way and introduced us to a unique temperament, mixing unrestrained radicalism with ingenuous aspects, heart-warming wisdom and even humour. The Rhapsodies are neither a programme-book nor a text with systematic presentation, but rather a work in which the author ten years before his death summed up his life experiences, though he died at the early age of 53.

At the time of its appearance the book received great attention from his friends and followers, as well as from his opponents. For instance, Heinroth criticized him severely but could not avoid mentioning him regularly. Even the controversial school of somatic psychiatry could not fail to acknowledge him as one of the most important early psychiatrists.

In the following pages I wish to reprint a set of passages from the Rhapsodies, selected from the viewpoint that they express certain therapeutic aspects which today are considered as most modern and achievements of the most recent period. One will have to agree that these passages could have been taken from books published yesterday, expressing viewpoints which have a vision even far beyond our present achievements and aims.

To appreciate the proper aspect of the character of Reil's Rhapsodies, I would like to reprint here the first paragraph from his Introduction. One will easily realize the difference from the ethical and religious approach to the task of helping the insane with which Benjamin Rush opened his "Inquiries" when he speaks of the "Consecrated ground" upon which one steps in entering a mental institution. In contrast, Reil's thinking is actually realistic and modern: "One is overcome by a strange sensation if out of the throng of a large city one suddenly enters its insane institution. One is presented here with the appearance of a stage-show of all of what one has encountered outside. There are the scoundrels, the swindlers, tyrants, slaves, criminals and defenceless sufferers, the fools who laugh without reason and the fools who torture themselves without reason. False pride, egotism, vanity and avarice and all the other idols of human weakness hold on this small pond the rudder of life just as they do on the ocean of the big world. However, these odd people of Bicêtre and Bedlam are more open and harmless than those in the big foolhouses of the world. The vindictive demands that fire shall fall from the sky, and the imaginary conqueror who believes in his paranoid mind that he could destroy half the earth with his own sword. . . . However, nowhere do we find smoking ruins of destroyed villages and no people whimper because of afflicted wounds. . . ."

Let us start with what Reil has to say about diagnostic and experimental aspects in psychotherapy. We must remember that experimentation in psychology did not start before 1840 and that application of perceptive and sense-psychology in the abnormal field did not occur until about 25 years later.

"The foremost senses are touch, sight and sound, smell and taste, and provide us less with clear impressions but more with mere sensations. They belong to another group of psychotherapeutic means. However, I believe that at least with the organ of smell, with the aid of a well-arranged set of perfumes, one could conduct certain worthwhile experiments and, by exercising the psyche in learning, distinguish smells and further develop its range and sensitivity of perception. Touch is an important element in psychotherapy. We may have to develop and train the experience of smooth and rough, cold and warm,

light and heavy in their various forms. At times when one wants to exercise this sense, one has to exclude all other activities so that concentration is possible. For instance, one could bring the patient into a dark, sound-proof room, filled with various objects, fixed or moving, dead or alive. With some patients one could call for scary sensations. Other patients who are sensitive, should have objects selected so that fear could be avoided. . . .

"We have various boxes for each of the senses containing a number of objects of various sizes and kind, natural as well as artificial things. From this collection a set can be selected for an exercise, according to the abilities and needs of the individual patient. The patient is induced to name each object and point out its major or specific characteristics which he has to combine into a description of the object, which we induce him to put in writing. We give him building blocks which he has to arrange according to given instructions. Or we give him a picture of a landscape cut up into a jigsaw puzzle which he has to put together. In the beginning he is supervised in this activity. Later he is induced to perform these exercises alone and finally he has to memorize these activities. In this way we are able to re-educate the imagination of the patient and his relationships to reality. During the time a patient is knitted to reality by such activity, his sick phantasy is put out of action."

The Swiss-French neurologist, Tissot, was the first to formulate the applicability and psychotherapeutic value of music. However, no one before or long after Reil has expressed such a mature insight into the use and validity of music-psychotherapy:

"The ear is the sense organ which we are least able to close to outside impressions. It is therapeutically of such great importance because of the amount of pleasantness and unpleasantness it can mediate from the total world. It is also the receptor of the spoken word, the major communication system of our mental relations. Pure tonal experience in its pleasant as well as in its unpleasant form can have therapeutic value. Loud and piercing noises may shake a paranoid patient. Water drops dripping from a water faucet have been found to induce a peaceful attention in a patient, leading to peaceful sleep. Music has its therapeutic effect through its rhythm as well as its melody. This effect is much more intense since it is not perceived like speech and poetry by an application of the mind, but directly affects feelings and emotions. Therefore it enters more easily into the depth of the psyche where other means do not reach. Music can calm the storms in our soul. It can chase away depressions and melancholic tendencies. It has a calming effect even upon cases of greatest restlessness. It has proven especially helpful in all cases of depressive states. In paranoid and manic states it may help to divert the strive towards unreality. It is exceptionally helpful during convalescence and as a form of occupational therapy, also to distract, to entertain, and strengthen the mind of the mentally ill." Reil was convinced that for different psychopathological states music-therapy should be specially adapted and he called for research to determine what instrument and what scores should be applied to different mental ailments. This problem has not yet been satisfactorily solved in our days.

One of the most amazing foresights of specific modern psychotherapeutic techniques of Reil are his views of what we call today psychodramatics. He writes: "Each mental institution ought to have a specially arranged theatre with the necessary machinery to present various settings. The employees of the institutions should be trained to play various roles—that of a judge, an executor, physician or an angel who comes from heaven, or the dead who has risen from his grave—all concepts which might play a serious role in the

mental status of this or that patient and what might impress his imagination therapeutically. Such a theatre should be able to present scenes from a prison, the lion's den, a place of execution, and an operating room. There would be Don Quixote knighted, imaginary pregnant women freed from their load, fools skinned, repenting sinners absolved in a ceremonial play. In short, such a therapeutic theatre could aid individual cases in a variety of diseases, awaken the phantasy and the speculation, call for the most contradictory emotions, such as fear, fright, astonishment, anxiety or mental calm, according to what may help the patient to eliminate his fixed ideas or his misdirected emotions."

Reil adds: "Why could there not be written real plays for the purpose of the work with mental patients, to be performed by the patients themselves. Some may be acting and some watching. The roles would be distributed according to the individual therapeutic needs. The fool, for instance, could be given a role making him aware of the foolishness of his way of behaving, and so on."

Hardly anything has been considered as important in modern psychotherapy as the field of *Occupational Therapy*. It is regarded as one of our most modern achievements. Let us hear what Reil wrote about it: "In all mental institutions the inmates should be induced to work, even if this has to be done with slight pressure. Such activity will help improve physical health, assist in the development of a good institutional spirit and will sustain rule and order in the institution. More important: work is an excellent therapeutic means to cure mental ills. Such work should be done as much as possible in the open air. It should be combined with physical activity and should not be monotonous. This last is especially important if one deals with paranoid patients. All such activity should be adjusted to the strength, ability and also to the preference of the inmate. It should be sufficiently attractive to get him away from his fixed ideas. Therefore, in or near any mental institution should be shops of various kind which could occupy the patients according to their abilities and interests. It is doubtlessly possible to develop a system of activities by which all types of mentally ill could be given an activity according to their therapeutic needs. However, we must not let us be pressured by the narrowminded budgetist who, with a tear in his eye, points to any skein of wool which the insane might spoil or who may even hope for an income from such work. Mental institutions, like theatres, are not fit to earn money. For both the community must be willing to sacrifice. Finally we must point out that this therapeutic occupation should be changed according to the course and progress of the cure. In the beginning one might consider primarily to occupy the body. This might later advance to forms which occupy more the psyche by proceeding from mere handicraft to the arts, and finally one could add mental activities."

Reil continues with his view regarding another occupational direction: "Gymnastics and calisthenics which have been specially adjusted for the use by the insane, should do them a lot of good. We also suggest instructing the inmates in drawing and painting, in singing and in music and any other artistic activity which could be made available to them. Concerts seem to me an excellent means of training them in maintaining attention."

Those who still believe that Freud's basic concepts are absolutely new and that in certain ways his ideas in nuclear form had not been envisioned by earlier workers, could learn otherwise from Reil: "If we concede that passions can be the cause of mental disorder, which indeed unfortunately is rather frequently the case, it is the task of the psychiatrist to discover and unveil them, especially if they are the kind which the patient would want to conceal.

Without the knowledge of the cause, there can be no cure. Even demented patients are able to conceal certain of their conditions by hiding them behind fabrications and lies. It must be the professional ability of the psychiatrist to have enough understanding of human nature, cleverness and psychological abilities, besides knowledge of the various expressions of the different mental diseases and a keen capacity for observation of all the patient's utterances. . . ."

How can one protect people against the disadvantageous influences of passions, especially in view of the danger that these may lead to mental disorders? First of all, one should not suppress them but let them be acted out fully. "They are like a rapacious torrent which gets more forceful the more one tries to confine it. Vengeance when it is satisfied and love when it has found response, are less dangerous. Sadness finds release in tears; wrath when it gets a chance to cool. The impact of passions is the more intense, the less they come to the fore. It is most important that one should give aid as soon as possible. Insanity caused by mishaps or death can usually be prevented if one is able to interfere early, before a fixed idea has taken root. Here distraction is one of the best medicines. Loneliness feeds depression; occupation eliminates it. One should satisfy passions but eliminate their cause and offer the patient substitutes which can attract their interest. Finally, one should apply the light of reason, to make the patient understand his error, to see things as they are in nature and give him real value. The understanding of real value is the element which provides the final satisfaction which cannot be separated from the existence of man."

Finally I would like to quote a passage turning the view into quite a different direction of modern psychiatric achievement, actually not relating to psychotherapy but to a diagnostic insight of highest importance to present-day psychiatry and which refers to the aspect of differential topology. In this field, Kretschmer's physio-psychological types still hold the ground solidly. Here is what Reil envisioned in the direction of Kretschmer's types: "There are general differences in the human organization which one must bear in mind. There are people, most of whom have blond hair, large blue eyes, soft skin, who are so delicately organized that they get bruises if one grabs their arm. Others who have mostly a rather hard skin, firm flesh and dark hair are of a contradictory type. Between them are the analogous differences that exist between the flesh of a peach and an apple. The second type has a stubborn nature, the first is smooth, sensitive to the sufferings of mankind and shows a tendency to dream phantasy. Both types have their own tendency to different kinds of mental disorders.

"In classifying such mental disorders it is more important to look for basic motivations than for a set of symptoms. However, one basic difference appears in such a tendency to mental disorder, depending on whether the patient is of sthenic or asthenic nature. This sthenic and asthenic character has a direct relationship to mental disorders. If there are physical characteristics, they can develop into physical illnesses which require physical treatment. In their relationship to mental abnormality, they can have an inverse character. Often a psyche can be rather hyperactive in an individual with a rather weak physique, or psychic activity is stifled when the brain is flooded by blood in a supernormal energetic activity."

All these modern psychotherapeutic thoughts were published in 1803. Much similar data is available from Reil and other authors of the same period. In making an inventory of all this early knowledge, one question forces itself on one's mind. How much is actually new in modern psychotherapy in this century?

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