# Mental Health and Mental Illnesses from a Historical Perspective

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ABSTRACT
Many issues related to mental health and mental disorders are completely embedded in their sociohistorical context. From a historical perspective, it is possible to study the extent to which various factors – biological, psychological, and social – have been identified as protective or risky with relation to mental health.
KEYWORDS
mental health, mental disorders, mental illnesses, historical perspective, protective and risk factors

IZVLEČEK
Veliko vprašanj, povezanih z duševnim zdravjem in motnjami, je popolnoma vtkanih v družbeno-zgodovinski kontekst. Zgodovinsko je mogoče preučevati, v kolikšni meri so bili identificirani različni dejavniki – biološki, psihološki in socialni, ki bodisi zaščitno bodisi rizično vplivajo na duševno zdravje.
KLJUČNE BESEDE
duševno zdravje, duševne motnje, duševne bolezni, zgodovinska perspektiva, rizični in zaščitni dejavniki

## Introduction

In the contemporary perspective mental health is usually described as a state of a generally good emotional and social adjustment in various fields of life.[1] The World Health Organisation defines it "as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[2] On the other hand, mental disorders and mental illnesses refer to conditions that are characterised by changes in

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1 *Psihologijski rječnik*, p. 256.
2 Website of the World Health Organization, Mental Health.

cognition, mood, emotions, behaviour and relationships with other people.[3] They are usually connected with deteriorated functionality, and can be viewed as personal, family, as well as public health problem.

For a longer time in history it has been looked at health and illness as if they were two sides of one coin. Since the health – illness status is not always so clear, this binary differentiation has been replaced with the dimensional or continuum approach that advocates for variations in intensity of both health and illness. Neither everyone has all the symptoms of a disease, nor is every symptom equally strong for every person or even for the same person in different occasions. Recently there has been more evidence that mental health and mental illness are not extreme points of one continuum.[4] According to the *two continua model of mental health and illness* they do correlate, but are distinct dimensions: "one continuum indicates the presence or absence of mental health, the other the presence or absence of mental illness".[5] This implies that mental health cannot be viewed as mere absence of mental illness; it has its own characteristics: emotional, psychological and social well-being.[6]

Looking from a historical perspective, mental health has been scientifically more approached only recently, in the past few decades, while mental disorders and illnesses have been dealt with more intensity. Even the literature that typically included chapters with titles *Mental health* used to list only mental disorders and illnesses, lacking any reference to what mental health might be. The most likely reason for attracting much more attention is that mental illnesses and disorders have always been perceived as a problem,[7] while mental health has been implicitly acknowledged as a normal state. There is rather strong scientific evidence that supports this statement: In the period between 1887 and 2001, for every 21 research studies related to disorders there was only one related to a positive aspect of life.[8]

There is a list of topics related to both mental health and mental illnesses that show their inseparable ties with the social-historical context. Firstly there are topics of definition, criteria and diagnoses for determining mental health or illness. They are related, on one hand, to the composition of mental health, and on the other hand, to what mental illnesses exist, how they are grouped and what symptoms they comprise. Further, correlates or determinants of mental

3 Website of the World Health Organization, Mental Disorders.
4 Keyes, Mental Illness and/or Mental Health, p. 546.
5 Westerhof and Keyes, Mental Illness and Mental Health, p. 112.
6 Ibid., p. 111.
7 Keyes, The Mental Health Continuum, p. 207, and Keyes, Mental Illness and/or Mental Health, p. 539.
8 Lino, The Positive Psychology Movement.

health, as well as causes of mental illnesses can be examined. Consequently they can be related with a range of interventions. It is possible, from the historical perspective, to study also to what extent various factors – biological, psychological and social have been identified as risky or protective, in relation to mental health and illnesses.

In some of these topics changes through history have been more dramatic (e.g. causes and treatments of mental illnesses), while in others fewer changes have occurred (e.g. definitions, criteria).

The objective of this paper is to analyse how the major topics related to mental health, mental illnesses and disorders have been dealth with from the historical perspective in the scientific literature by employing the two continua model of mental health and illness. The major topics tackled are: definitions, criteria, diagnostics, aetiology, treatment, prevention, ethics and human rights.

## Definitions, criteria and diagnostics

### Mental illnesses and disorders

Descriptions of mental disorders and illnesses date very back in the past. Probably the most frequently described cases through history in the available written sources have been depression and psychoses.[9] The oldest evidence about them can be found in the first Dynasty of Babylon, some 3500 to 4000 years ago.[10] It may come as a surprise that their descriptions are very similar to those written in the 20th century.[11]

Precise descriptions are the first step in identification of clinical abnormality, i.e. in diagnostics.[12] Once a description is available, the next step is to explore if it meets criteria for a mental disorder. Criteria for mental disturbances have usually been defined by at least one of the following: rare behaviour or behaviour deviating from the social norms, personal suffering or problems in functioning.[13] All these criteria are strongly related with the society an individual belongs to. The first and the second criterion are more explicitly socially dependent, and the latter two – more implicitly. An example for explicit social dependency (criterion: behaviour deviating from the social norm) would be if a teacher starts teaching in the classroom without clothes in a society where teachers always wear clothes while teaching in a classroom. An illustration of

9 Shorter, The Doctrine of the Two Depressions, p. 10.
10 Reynolds and Kinnier Wilson, Neurology and Psychiatry in Babylon, pp. 2611–2618.
11 Ibid., p. 2611.
12 Ibid., p. 2618.
13 Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, pp. 6–9.

implicit social dependency (criterion: personal suffering) would be if a person suffers because he/she has not graduated from a university and sees him/herself as not matching the *socially* expected standard.

The first diagnostics of what is normal or what is not usually rests with the lay people: it is a parent, a spouse, a colleague, a neighbour, a friend, or a person him/herself who identifies a problem, recognising usually that there is something *odd, strange, bizarre, crazy, not normal, inappropriate,* etc. happening. In the past as well as in the present, sometimes lay people have been the only ones who have coped with mental illnesses, either because of lack of experts, or to avoid stigmatisation and labelling. Once mental illness experts are approached, they start with the diagnostical process in order to identify as exactly as possible the status so the appropriate treatment and monitoring can take place. With the advancement of clinical psychology diagnostical instruments greatly developed. Their psychometric characteristics improved, so the diagnostical procedures have become more accurate and precise.[14]

There are many examples that illustrate how criteria for mental illnesses change and depend on various factors in the socio-historical moment, such as the level of knowledge available at the time, dominant beliefs and values, conventions, consensus, advocating skills of those who suggest the changes, support of people in authority, just to name a few.[15]

The importance of the social contexts for mental illness was strongly emphasized and criticised by medical doctors and sociologists in the 1960s.[16] The most prominent among them were Ronald Laing, Thomas Szasz, Michel Foucault, Franco Basaglia, David Cooper, Frantz Fanon, Erving Goffman and Aaron Esterson. In the so called anti-psychiatric movement they warned about the danger of the psychiatry misuse for repressing socially deviant and underprivileged people. Their major concern was that mental illness either did not exist, or that it was caused by the society. They questioned normalcy of the society and the disbalance of power in the relationship society – individual. They also pointed to stigmatisation and adverse consequences of bad institutionalised treatments and some of them were able to implement better services.

Currently the most influential diagnostical tool, the DSM (Diagnostic and Statistical Manual of Mental Disorders), can be traced as a direct descendant of Emil Kraepelin's (1856–1926) work.[17] Published by the American Psychiatric Association, the DSM is a great example of the interaction of mental illnesses

[14] Nietzel, Bernstein, and Milich, *Uvod u kliničku psihologiju*, pp. 25–31.
[15] Miller, Validating Concepts of Mental Disorder, p. 689.
[16] Rissmiller and Rissmiller, Open Forum, pp. 863–866.
[17] Mondimore, Kraepelin and Manic-Depressive Insanity, p. 52.

and the socio-historical framework. It was published for the first time in 1952[18] and at the moment its fifth edition is the most recent one. Probably one of the most popular illustrations of change in the diagnostics is the case of homosexuality. Initially it was considered a mental disorder and was repeatedly listed in DSM until the third revised edition in 1987,[19] when it was removed from the DSM. It was accepted as a normal variation of sexuality as societal attitudes toward sexual variance evolved.[20]

The opposite example, when something new was introduced to the DSM is the case of the posttraumatic stress disorder (PTSD). While there has been written evidence of the aftereffects of psychological trauma dating back to the third century BC, PTSD became listed as a mental disorder in DSM-III as late as 1980.[21] Although clinicians and researchers developed impressive amount of knowledge about the effects of particular types of psychological trauma, it was not until the Vietnam War veterans drew substantial attention to the problem and mental health professionals influenced the third revision of the DSM in which then both civilian and military trauma response syndromes were subsumed under the diagnosis of PTSD.[22]

There are still intriguing diagnosis and discussions about their relevance. For example, some mental health experts wonder if attention deficit/ hyperactivity disorder is really a mental disorder or a normal personality variant that becomes a disorder only in unhealthy environments, such as some schools.[23]

The history of mental disorders or mental illnesses teaches us that there has never been a unanimous approach regarding criteria or classification, and the currently most widely used system of classification gets numerous critics.[24] There are views that do not support diagnostic categorisation at all, finding it too rigid, stigmatising, thus unhelpful and even harmful.

**Mental health**

Since it has, for the most part of history, been interpreted as the lack of mental disorders, nowadays mental health is sometimes referred to as *positive* mental health.[25] This insisting on the positive part reflects the need to

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18 American Psychiatric Association, *DSM* History.
19 American Psychiatric Association, *DSM*-III – Rand *DSM*-IV, in *DSM* History.
20 Drescher, Out of DSM, p. 572.
21 Lasiuk and Hegadoren, Posttraumatic Stress Disorder, p. 13.
22 Ibid., pp. 18–19.
23 Miller, Validating Concepts of Mental Disorder, p. 690.
24 Ghaemi, DSM–5 and the Miracle, pp. 410–412.
25 Westerhof and Keyes, Mental Illness and Mental Health, p. 111.

both explore mental health, its determinants and correlates, as well as ways to sustain or increase it.

Unlike mental disorders, there are no standards or classifications of mental health.[26] However, there have been attempts to define mental health in history. In the recent times, related to the mentioned WHO definition, three major components of mental health can be recognised: well-being, successful individual functioning and social functioning.

Two concepts of well-being can be traced back to the Hellenic times. One of them is *hedonic*, the other is *eudaimonic*.[27] Hedonic well-being refers to enjoyment and pleasure as sole goods, and the concept as a part of an ethical theory is ascribed to the Greek philosopher Aristippus of Cyrene.[28] On the other hand, eudaimonic well-being, stemming from another ethical theory – Aristotle's Nicomachean Ethics, refers to recognition and living in accordance with the *daimon*, or true self. The eudaimonic principles include realisation of the fullest potentials a person has, both as a species and as an individual. It is related to excellence and meaning in life and involves personally expressive efforts.[29]

Some authors suggest that mental health components can be treated with the analogy to mental illnesses – by identifying a syndrome of symptoms.[30] These symptoms would include emotional well-being (e.g. the presence of positive affect and absence of negative affect), perceived satisfaction with life, positive functioning (including, for example, according to Ryff and Keyes' model: self-acceptance, purpose in life, autonomy, positive relations with others, environmental mastery and personal growth)[31] and optimal social functioning of individuals in terms of their social engagement and societal embeddedness (e.g. Keyes' model foresees social coherence, social acceptance, social actualization, social contribution and social integration).[32]

For a long time in history it has been assumed that there is no point in assessing mental health status of individuals or groups. Namely, it was taken for granted that people without mental health illness diagnosis were automatically considered mentally healthy. This point of view would imply that such

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[26] Keyes, Mental Illness and/or Mental Health, p. 539.
[27] Westerhof and Keyes, Mental Illness and Mental Health, p. 111; Waterman, Two Conceptions of Happiness, p. 678.
[28] Ibid., p. 678.
[29] Ibid., p. 678.
[30] Keyes, The Mental Health Continuum, pp. 208–209.
[31] Ryff and Keyes, The Structure of Psychological Well-Being Revisited, p. 721.
[32] Keyes, Social Well-Being, p. 121.

people are rather homogenous.[33] However, this is not the case. Although no standards have been set for the mental health, more research started exploring elements of mental health in the second half of the 20th century. Such research would often examine the quality of life in order to monitor the well-being of the population and to improve social policies[34] or they would measure happiness as an indicator of social progress.[35] Probably the only country in the world that officially values its citizens' happiness (gross national happiness index) is Bhutan, finding it "more holistic and important than gross national product".[36]

## Aetiology[37] and treatment

### Mental illnesses and disorders

Looking from the historical perspective causes for a mental disorder or illness, as well as respective treatments, covered a very diverse range. From the oldest written sources both causes of illnesses can be found: external and internal. External causes refer to the natural or supernatural forces. To name a few, in Babylon every illness was thought to be caused by a demon, and the demon in charge for the mental illnesses was *Idta*.[38] However, some mental diseases were regarded as a mystery.[39] In ancient Egypt there was a belief that astronomical phenomena, such as the solar or the lunar eclipse, would cause a mental illness.[40] During the Middle Ages the dominant reason behind the mental disorders was recognised as the will of God, seen as the punishment for sins or as possession by the devil.[41] External causes such as alcohol intake or other poisoning substances were also described as early as the 2nd century AD by the Greek physician Aretaeus of Cappadocia.[42]

Internal causes refer to the processes inside the person. From the oldest written sources till the contemporary sources, two lines of causes can be

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33 Keyes, Mental Illness and/or Mental Health, p. 546.
34 Westerhof and Keyes, Mental Illness and Mental Health, p. 111.
35 *World Happiness Report 2017.*
36 *A Compass Towards a Just and Harmonious Society*, p. 1.
37 Aetiology: the cause, set of causes, or manner of causation of a disease or condition (also written: etiology).
38 Begić, *Psihopatologija*, p. 9; Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, p. 11.
39 Reynolds and Kinnier Wilson, Neurology and Psychiatry in Babylon, p. 2611.
40 Begić, *Psihopatologija*, p. 9.
41 Ibid., pp. 13–14; Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, pp. 13–14.
42 Begić, *Psihopatologija*, p. 12.

traced – a mental illness is a result either of somatogenesis or of psychogenesis. Somatogenesis refers to a biological origin of an illness. One of the oldest descriptions dates back to 1900 BC when ancient Egyptians in the Kahun Papyrus considered spontaneous uterus movement to be the root of emotional problems attributable only to women. Later, Hippocrates (5th century BC) named it *hysteria*, after the Greek word for uterus (*hystera*) and this belief remained even longer after the 17th century when Thomas Willis and Thomas Sydenham proved no such connections. It was removed from the DSM-III in 1980.[43] Besides the womb, sources of the mental disorders were also other organs, such as heart or brain, or bodily liquids, or some other illnesses. With the shift to a more empirical approach, somatogenesis gets more evidence starting from the 17th century and it dominates through the 20th century[44] when discoveries in genetics and neurology grew immensely.

Psychosomatic approach recognises cognitive or emotional roots of a mental disorder. For example, according to the ancient Hindu beliefs that can be traced at least to the 6th century BC, strong emotions can bring to weakness. The Hindu clinician Sushruta described that imbalance among wisdom, passion and animal immaturity could lead to a mental disorder.[45] In the ancient China, according to *The Yellow Emperor's Classic of Medicine*,[46] dating probably from around 300 BC,[47] appearance of a mental disorder was ascribed to disbalance of energies between *yin* and *yang*.[48] According to Plato (5th and 4th century BC) if the appetitive part of the soul overcame the rational part, it would lead to a mental disorder.[49] In the 17th century Robert Burton attributed melancholy to immoderate love, obsession with religious topics or excessive intellectual activity.[50] In the newer times it becomes empirically proven that cognitive and emotional interpretation of various experiences can be crucial in mental illness aetiology. The dilemma of inherited (nature) or acquired

43 Tasca et al., Women and Hysteria, pp. 110–116.

44 Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, p. 20.

45 Begić, *Psihopatologija*, p. 9.

46 The *Huangdi Neijing* is an ancient treatise on health and disease said to have been written by the famous Chinese emperor Huangdi. However, Huangdi is a semi-mythical figure and the book may be a compilation of the writings of several authors. The book has proved influential as a reference work for practitioners of traditional Chinese medicine well into the modern era.

47 Curran, The Yellow Emperor's Classic, p. 777.

48 Wang et al., Cognition Research and Constitutional Classification in Chinese Medicine, p. 652.

49 Begić, *Psihopatologija*, p. 11.

50 Ibid., p. 15.

(nurture) cause for the mental illness can also be traced back at least to the time before Hippocrates to the Hindu beliefs.[51]

Although looking from the historical perspective various views at the aetiology of the mental illnesses have changed, it is important to stress that the change never occurred entirely. The periods of different predominant views at the causes of the mental illnesses never started or ended sharply. Regardless of the most advanced knowledge in a certain socio-historical period, not everyone in the society was aware of it, and among those who were aware, not everyone accepted it.

A list of topics arises when treatments of mental disorders are concerned: the objective, the method, the provider, the length, the setting. The history of treatments shows a tight relationship with aetiology. The most noticeable constant in the history of treatments is that they primarily address the individual with the disorder or illness and far less the surroundings.

Depending on the presumed cause(s), treatments varied tremendously during the existence of the mankind. However, a consistent dichotomy can be observed – the treatment has either focused on destroying or reducing the cause of the disorder, or on reinforcing of positive resources. It is not rare that both approaches are combined. Examples of treatments oriented to extinguish or diminish the cause were rather creative and often rather cruel. When demons were thought to be the cause, various techniques of exorcism, expelling, terminating or weakening of the demon were employed. They comprised various rituals, making noise, praying, confessing, or exposing the *possessed* person to extremely unpleasant circumstances, such as ice cold water, venesection, bloodletting, whipping, starving, taking disgusting drinks, trepanation, etc.[52] Attempts to enhance positive strengths included, for example, praying the superior force to become merciful and withdraw the spell, taking certain food and drinks, sleeping or physical exercising to strengthen the organism. With the progression of somatogenesis and the knowledge about the nervous system and genetics, more biological treatments were applied, such as insulin or cardiazole infusion, surgical operations, electro-convulsive therapy or psychopharmaceuticals. As far as psychogenesis is concerned, treatments can again be traced in the ancient times. For example, Plato suggested talking about the irrational superstition or misbeliefs, Aristotle proposed emotional catharsis, Ibn Sina (Avicenna) recommended singing, and occupational therapy.[53] With the progression of psychogenesis, benefits of more humane approach could be

[51] Ibid., p. 9.
[52] Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, p. 11.
[53] Begić, *Psihopatologija*, pp. 11–13.

observed. For example unchaining of the patients in numerous asylums resulted in significant rehabilitation, which was the main feature of the movement known as *moral treatment* initiated in the 18th century. The rise of moral treatment can be ascribed to broader social factors, such as developing of manufacturing industries, which gave human beings the confidence of having more control over their environment, and brought to the assumption that self control of internal processes was very likely and also wanted.[54] Despite its inconsistency, it pointed to the importance of pursuing meaningful activities, ordinary living, taking personal and social responsibility, which are still considered relevant.[55] Since the 18th century psychological roots of mental illnesses have become more emphasised and the therapeutical methods included hypnosis, catharsis, talking and psychotherapy. In the 20th century many psychotherapeutic variations developed. Today there is evidence that psychotherapy enhances processes that result in the positive brain changes.[56]

Obviously, depending on the type of treatment, diverse competences were expected from the treatment providers. So in the history of mankind a variety of mental illness experts have been available: priests, philosophers, medicine men and women, nuns, attorneys, physicians, psychologists, teachers, nurses, social workers, to name the prominent ones. Besides experts, in the past and present importance of the non-experts, such as family members or people with similar problems, has also been recognised in supporting mental health. The places where treatments were provided varied accordingly: in religious places, asylums, hospitals, homes or in peer-operated services.[57]

The history of treatments is the history of failures and successes. Some attempts, however, not only failed to reduce or eliminate the disorder, but provoked more traumatisation and made the situation worse.[58]

**Mental health**

If mental health is not defined merely as absence of mental disorders, then it can also be described as a consequence of certain causes. Through the history mental health has mainly been recognised as a balance or harmony, either within the person or between the person and the environment. There is evidence of such descriptions that date back in the past. Alcmaeon of Croton (5th century BC) considered the doctrine of *isonomia dynameon* (equilibrium of forces) as a health norm for the human spirit. He defined it as a balance

54 *Madhouses, Mad-Doctors, and Madmen*, pp. 113–114.
55 Borthwick et al., The Relevance of Moral Treatment, p. 428.
56 Linden, How Psychotherapy Changes the Brain, pp. 530–533.
57 Swarbrick, Historical Perspective, pp. 208–218.
58 Begić, *Psihopatologija*, pp. 7–8.

between opposites inside the body (e.g. warm – cold, wet – dry).[59] Empedocles (5th century BC) listed four elements of life (water, air, earth and fire) and explained that health resulted from their proportional balance, and the principle responsible for the harmony was love.[60] Hippocrates thought that harmony of four body humours (yellow bile, black bile, phlegm and blood), their normal composition, and thus their normal effect were responsible for the healthy state or *eukrasia*.[61]

With the focus on empirical evidence in the newer time scientific research brought results on a variety of mental health determinants, correlates or predictors. For example, there is well documented proof that mental health depends on a person's capacity to cope with life stressors and transform them into meaningful lessons.[62] There is also ample evidence that social support is significantly connected with mental health.[63] Besides the scientific literature, the contemporary phenomenon of growing literature on *self-help* shows a sharp and strong focus on topics of mental health maintenance and improvement.

## Prevention, ethics and human rights

Prevention science combines research on developmental epidemiology, community epidemiology and the corresponding prevention interventions. Its purpose is to identify and reduce disorders, as well as to promote health, positive attitudes and behavior that lead to productive and healthy living. This can be achieved by identifying the risk and protective factors and by developing and implementing the successful strategies that enable transforming the research results into practice.[64] Risk factors increase probability that a mental disorder occurs and/or decrease the chance that mental health remains. Protective factors, on the other hand, reduce the likelihood of a mental disorder to happen and/or increase the odds of maintaining or increasing the mental health. These factors can be linked with the individual, with his/her family or with the community. For instance, a risk factor related to an individual can be biological disposition to a mental illness; a risk factor linked to the family can be domestic violence, and a risk factor connected to the community can be economic crisis. An individual related protective factor could be high

59 Bujalkova, Straka, and Jureckova, Hippocrates' Humoral Pathology, p. 490.
60 Ibid., p. 490.
61 Ibid., p. 491.
62 Ryff and Singer, Flourishing under Fire, pp. 15–36.
63 Turner and Brown, Social Support and Mental Health, p. 212.
64 Bašić, Prevencijska istraživanja i prevencijska praksa, p. 81.

self-esteem, family related protective factor can be clear responsibilities, and community related protective factor can be high social cohesion.

Mrazek and Haggerty propose the intervention spectrum for mental disorders that consists of: *prevention* (universal – for the general population, selective – for the population with more risk to develop a disorder, and indicated – for the population with the highest risk that already shows symptoms of a disorder), *treatment* (consisting of case identification and standard treatment for known disorders) and *maintenance* (compliance with long-term treatment in order to reduce relapse and recurrence; and after-care including rehabilitation).[65]

In recent times economical calculations have been made in order to demonstrate how much investing in prevention pays off; if prevention is efficient, the usual effects include lower incidence of illness, lower intensity of a disease, better and quicker recovery. All of these consequences lead not only to fewer problems with mental disorders and better mental health, but also to lower costs in the society.

Prevention science is rather young, but the history of prevention is not. From the historical perspective, community related risk and protective factors can be observed through the dominant approach towards persons with mental disorders. To a large extent these approaches interact with ethical principles and human rights, either by reinforcing them, or by violating them. Unfortunately, there are many examples of the latter. Interrogations supported with torture, trials and executions during the witch hunt dominated from 13th through 17th century in many parts of Europe. Since mental illness was considered to be the God's punishment, persons with mental illnesses were treated as criminals. It is speculated that hundreds of thousands of people were persecuted, tortured and executed during that period, but there are no reliable evidence.[66] Another example is forced sterilisation of persons with mental illness. In the United States of America from 1907 to 1921 totally 3233 sterilisations were executed under state laws. Majority of them, 2700, were done on the mentally ill.[67] The social context at the time in the USA favoured the eugenics practice as a solution to rising social problems (crime, alcoholism, prostitution, rebelliousness).[68] The USA were faced with the pressures of economic instability and fears that the exsistence of old-stock America was endangered by the inflow of "low race" immigrats. Flourishing Progressive Era as well as belief in implementation of

[65] Barry, Promoting Positive Mental Health, p. 26.
[66] Davison and Neale, *Psihologija abnormalnog doživljavanja i ponašanja*, p. 14.
[67] Laughlin, *Eugenical Sterilization in the United States*, p. 96.
[68] Allen, Eugenics and American Social History, pp. 885–889.

scientific discoveries (Mendel, Darwin) and rational planning growing supported the eugenics movement to alleviate the great social burden.[69]

In Germany, after its defeat in the WW1, the political, social, and economic mayhem provided much sustenance for the concept of the *Volk*[70] and the eugenicists were concerned with expensive welfare programmes, the cost of care for the war veterans, the loss of valuable genetic stock through war, and the decline in birth rates among the elite.[71] It is estimated that tens of thousands of mentally ill people lost their lives mainly in the years 1940 and 1941.[72]

Contemporary data show that there is high risk of death by homicide among people with mental disorders, including severe mental illnesses such as schizophrenia and affective psychoses.[73]

Indirectly, the community or the societal attitudes towards persons with mental illness have been reflected on the family and individual related risk and protective factors. If a person with mental illness is stigmatised by the society or considered bad or guilty, it is very likely that many families are ashamed or afraid to admit that they have such a family member. So hiding them is just one of the applied practices.

Fortunately, mankind has its prosperous path with examples on the bright side as well. Going back to the Greek physician Galen of Pergamon (2nd and 3rd century AD) or the Arabic physician Ibn Sina, there is evidence of their advocating in favour of individualistic approach to persons with mental disorders.[74] In a more recent history, by the beginning of the 19th century most literate people were in favour of the Enlightenment conception of human nature. However, the dominant problem was to prevent people with mental illnesses from being social trouble or even hazard.[75] The prominent examples happened in France where psychiatrists Jean Etienne Dominique Esquirol and Guillaume Ferrus were meritorious for introducing the law that protected mentally ill people and their rights in the same century.[76] Improvements of the asylums were in the 19th century strongly supported by religious groups that experienced persecution. For example, as a survival strategy the early Quakers developed a system of mutual solidarity. That was both material and spiritual basis for Willian Tuke's attempts to create an environment that provides a humane, homely setting for

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69 Sofair and Kaldjian, Eugenic Sterilization and a Qualified Nazi Analogy, pp. 312–319.
70 Staub, *The Roots of Evil*, pp. 99–121.
71 Sofair and Kaldjian, Eugenic Sterilization and a Qualified Nazi Analogy, pp. 312–319.
72 Hoff, Historical Roots of the Concept of Mental Illness, p. 10.
73 Hiroeh et al., Death by Homicide, p. 2112.
74 Begić, *Psihopatologija*, pp. 12–13.
75 Colaizzi, Seclusion & Restraint, p. 31.
76 Begić, *Psihopatologija*, p. 17.

people "afflicted" by the "loss of reason".[77] In the same century in the United States Dorothea Dix, a Boston teacher, started the *mental hygiene* movement that was promoting a more humane approach to mentally ill people and influenced change in public opinion about mental illness.[78]

Various approaches in history towards mental illnesses inevitably reflected in the terminology of the persons with mental disorders or illnesses. Once they were victims, or obsessed, bewitched, possessed by demons, spells, evil spirits or forces. Then the term sick or ill was applied and it is still largely in use. If people are labelled as ill and taken in a treatment, then they are mostly addressed as patients. Newer terms that coincide with newer approaches are more person-centred and less illness-centred, and they put the person in the first place. So it is about a *person with* depression, schizophrenia, psychiatric experience etc. Some terms tend to put their illness experience in the past, such as psychiatric survivor, ex patient, or person in recovery. Other contemporary terms that try to diminish stigma related to persons with mental disorders refer to them as to clients, recipients or mental health consumers. Depending on the provoked emotion – the reaction follows: persecuting, harassing, mocking, feeling pity, shame, hiding, protecting, supporting, including or integrating.

There has been rather a huge shift from putting the client/patient in a role of a helpless object that needs to be cured by an expert to a more participative model. In the participative approach, in the first place the person with mental illnes is seen as the key player of his/her status – both of deterioration and improvement of his/her health. However, the intervention model proposed by Mrazek and Haggerty includes involvement of the closer (parents, siblings, spouses/partners, children, friends, etc.) and broader community members (e.g. colleagues, classmates, etc.) in providing support and strengthening the healthy resources.

## Conclusion

Responding to the research question put in the beginning of the paper, it can be concluded that the two continua model of mental health and illness can be used in the analysis of the major topics related to mental health and mental illnesses in the historical perspective.

Through the history few things have been rather stable or dominant related to mental health and illnesses. One of them is insisting on dichotomy health

[77] Borthwick et al., The Relevance of Moral Treatment, p. 428.
[78] Begić, *Psihopatologija*, p. 17.

– illness. More attention during history has been paid to mental illness and less to mental health, both in theory and practice. Another is that there is no single criterion for a mental disorder. There has been evidence in the past that one of the strongest criteria has been deviation of social norms, indicating a strong dependence of mental health and mental disorder on the socio-historic moment. Hence, for some authors, diagnostical procedures are harmful. On the other hand, a long path of diagnostical procedures and improvement in their accuracy can be traced.

Looking from the historical perspective, in a society where man's provision in building the world was perceived as scarce, theological and supernatural explanations were widely accepted. As man's active role became more recognised in the processes of competition and further in manufacturing that demanded human intervention, so has the attitude towards people with mental illnesses transformed: a belief increased that people have capacities to change and improve.[79]

Although progress in prevention and treatment of mental illnesses through history can be observed, it is only a general trend, not an absolute shift in everybody's minds. It is not just the contemporary time that proclaims more ethical and human rights approach to persons with mental disorders. Just as there was humane approach in the ancient times, there is evidence of inhumane approach to people with mental illness even today.

Mental health can be perceived as a human right, but it is, in the essence, a two-way traffic: protection of human rights reinforces mental health, and good mental health supports promotion of human rights.

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[79] *Madhouses, Mad-Doctors, and Madmen*, pp. 113–114.

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## Duševno zdravje in bolezni v zgodovinski perspektivi

*Povzetek*

Duševno zdravje danes opisujemo kot stanje čustvene in socialne prilagoditve na različnih področjih življenja. Duševno zdrava oseba je zadovoljna, rada živi in ima občutek, da dobro izkorišča svoje sposobnosti, se uspešno spoprijema z običajnimi stresnimi situacijami, produktivno in učinkovito dela in prispeva k razvoju skupnosti. Izraz *duševne motnje in bolezni* označuje stanja, ki pomenijo spremembe v razmišljanju, razpoloženju in obnašanju, povezane s tesnobo ali porušeno funkcionalnostjo, poleg tega pa so osebni, družinski in javnozdravstveni problem. Zgodovinsko gledano o duševnem zdravju govorimo šele v novejšem času, o duševnih boleznih in motnjah pa že bistveno dlje. Kakšna so merila za razpoznavanje duševne bolezni ali zdravja, katere duševne bolezni so sploh obstajale v preteklosti, kolikšen je delež duševnih bolezni v skupni morbiditeti, kakšen je bil odnos laikov in strokovnega osebja do oseb z duševnimi problemi? Odgovori na tovrstna vprašanja so vtkani v družbeno-zgodovinski kontekst. Zgodovinsko je mogoče preučevati tudi, v kolikšni meri so bili identificirani različni dejavniki (biološki, psihološki in socialni), ki bodisi zaščitno bodisi rizično vplivajo na duševno zdravje. Ti dejavniki so lahko povezani s posameznikom, družino ali skupnostjo. Rizični dejavniki povečujejo verjetnost, da se pri osebi poruši duševno zdravje, v nasprotju z njimi pa zaščitni dejavniki to verjetnost zmanjšujejo in povečujejo verjetnost ohranjanja ali povečanja pozitivnih znakov duševnega zdravja.