Rationalism and the Understanding of Irrationality

Sophie Hamilton
Riverdale High School
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“But the spirit of the Lord departed from Saul, and an evil spirit from the Lord troubled him. David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him.” This scripture, from the Old Testament, and many others proclaiming that Saul became “mad” after neglecting his religious duties, indicate that humans have considered illnesses plaguing the human mind since the 16th century BCE (Burton). Since the creation of the Old Testament, Western Civilization’s understanding of mental health disorders has evolved dramatically; mental illness has been labeled everything from “madness” to “psychosis,” and treatments ranging from donkey milk to pharmaceutical drugs have been prescribed to those diagnosed (Burton). When reflecting on the history of Western Civilization, one era stands out as being particularly influential in forming the modern understanding of mental health: the beginning of the Renaissance, in the 1350s, to the end of the Enlightenment, in the early 1800s. Although the misconceptions of mental illness led to persecution in the Renaissance, the rise of Rationalism pushed Enlightenment thinkers to revolutionize mental health by raising living standards and redefining treatment.

Like most medical advancements, the progress of the Renaissance and Enlightenment would not have been possible without the missteps and triumphs that preceded it. In their influential journal, “Historical Understandings of Depression,”
Natalie Staats Reiss, Ph.D., Rashmi Nemade, Ph.D., and Mark Dombeck. Ph.D., follow the complex history of mental illness. According to the journal, The first traces of humans considering an impairment of the mind come from around 500 BCE, when Herodotus, a Greek author widely referred to as “The Father of History” wrote an account of a king who was driven mad by evil spirits. Herodotus’ account set a precedent for Ancient Greek and Roman’s society to view “madness,” and “Literature of the time became filled with references to mental illness caused by spirits or demons” (Staats Reiss 18). Through antiquity, the misconception of mentally ill as “mad” and “possessed” prevented people suffering from mental health issues to obtain treatment, for fear of persecution.

Around 400 BCE, a Greek physician named Hippocrates pushed to classify “madness” as a biological disorder for the first time. Dr. Neel Burton, a British psychiatrist and author of Hide and Seek: the Psychology of Self-deception, explains in his account of mental health history that Hippocrates developed the concept that “madness” was a physical illness caused by an imbalance of bodily fluid. This idea propelled famous Roman philosopher Cicero to challenge Hippocrates’ theory, and ultimately determine that “madness” was caused from a mental imbalance (Burton 22) Burton writes that, “With these discoveries, the idea of ‘mental illness’ was born. (Burton 29) Unfortunately, with the fall of the Roman Empire in the 5th Century and the Rise of the Church, the momentum of Hippocrates’ and Cicero’s findings were stifled by Christianity (Rosen 18). This body of thought prevailed in the Medieval Age, a period from the 5th to 15th century in which society was taught that mentally ill people were possessed by demons and their ailment was infectious (Wallace).
Although the Renaissance translates to “rebirth,” European civilization did not immediately change their approach to mental illness in the period following the Medieval Age. In fact, the Renaissance adopted the mindset of medieval times, but escalated persecution by mislabeling mentally ill people as witches. In his *Journal of the History of the Behavioral Sciences*, Thomas J. Schoeneman, a Psychology professor at Lewis and Clark College, publishes a groundbreaking article titled, "The Role of Mental Illness in the European Witch Hunts of the Sixteenth and Seventeenth Centuries: An Assessment," which tracks how the intolerance and misconceptions of mentally ill people manifest in the witchcraft movement of the Renaissance. According to Schoeneman, “many people accused of witchcraft show clear indicators of mental illness, including hysteria, epilepsy, and schizophrenia” (Schoeneman 37). Rather than receiving treatment for their symptoms to get better, mentally ill people were persecuted for their illnesses.

This pattern is evident in *The Malleus Maleficarum*, a handbook for witch hunting written in by Heinrich Kramer (1430-1505), a German Catholic clergyman. *The Malleus Maleficarum*, which translates to the Hammer of Witches, stated that “witches can be seen convulsing and hallucinating, all signs of their communication with the devil” (Kramer 79). Although convulsions and hallucinations are distinct characteristics of many mental illnesses, Kramer had great influence during the time and *The Malleus Maleficarum* perpetuated the misconceptions about mentally ill for over 200 years (Schoeneman 49). In her article “Witchcraft or Mental Illness?” psychiatrist Beatriz Quintilla, MD, PhD, states that “Tens of thousands of people who suffered from mental health disorders were judged and condemned to die at the stake,” showing the volatile
impact that Kramer, and others who confused mental illness with demonological possession, had on the safety and recovery of mentally ill people (Quintilla).

Although some courageous Renaissance demonologists and physicians attempted to correct the misconceptions around mental illness, most of these attempts were stifled by the Church. Among these brave people was Johann Weyer (1515-1588), a Dutch physician and a follower of the Renaissance humanist Erasmus. Weyer was deeply concerned with the rise of the belief in the diabolism of witchcraft and the subsequent tortures and executions that followed in the 15th and 16th centuries, so he wrote the *De Praestigiis Daemonum* in 1583. Weyer’s attempts to defend mentally ill people mislabeled as witches in statements like “Those we have been hunting are not demons or witches. They are ill in the mind. They need to be helped, not to be burned” (Weyer 47). Weyer was a voice of reason, pleading, "Emerge, and come to your senses for a little while. Look at the light of justice" (Weyer 52). Unfortunately, the book was banned and Weyer was imprisoned before the public could embrace his clear-eyed approach to the persecution of mentally ill people.

The misconceptions of mental illness were reinforced when Renaissance physicians developed asylums as a mechanism to alienate and torture mentally ill people. *Abnormal Psychology*, written by James Butcher, Susan Mineka, and Jill M. Hooley, documents the deplorable living conditions of asylums in the Renaissance and cruel abuse endured by those admitted. According to *Abnormal Psychology*,

> Asylums in the Renaissance were not facilities aimed at helping the mentally ill achieve any sense of normalcy or otherwise overcome their illnesses. Instead, asylums were merely reformed penal institutions where
the mentally ill were abandoned by relatives or sentenced by the law and faced a life of inhumane treatment, all for the sake of lifting the burden off of ashamed families and preventing any possible disturbance in the community. (Butcher 35)

In a case study of one of the first asylums, La Bicetre, in Paris, Butcher reveals that patients were shackled with iron cuffs and collars, starved, and lived in filth (Butcher 37). Although the approaches of La Bicetre were recorded more thoroughly than other asylums across Europe, these inhumane conditions were the standard across Renaissance asylums.

Asylums also perpetuated the mental illness stigma, the effects of which are seen in the asylums “Bedlam” and “The Lunatics Tower.” “Bedlam,” located in London, England, was formally known as Saint Mary of Bethlehem and started admitting the mentally ill in 1547 after Henry VIII announced its transformation from a monastery to an asylum. Ronald Comer, a professor in Princeton University's Department of Psychology, writes in his encyclopedic work Fundamentals of Abnormal Psychology that at Bedlam, “Violent patients were put on display like sideshow freaks for the public to peek at for the price of one penny; gentler patients were put out on the streets to beg for charity” (Comer 8). Similarly, the Lunatics’ Tower in Vienna was an elaborately decorated round tower that welcomed visitors looking for entertainment. Inside, mentally ill people were displayed for public amusement (Butcher 37). These cruel displays dehumanized people suffering and stigmatized mentally ill people as insane heretics. By making mental illness a means for entertainment, the Renaissance stopped focusing on the pressing need for treatment.
By the mid-17th century, the Enlightenment began and the rise of Rationalism created a social climate that enabled mental health reform. According to Philosophy.org.uk historian Roger Jones, Rationalism in the Enlightenment is defined as,

A skepticism towards the doctrines of the church, individualism, a belief in science and the experimental method, the use of reason, that education could be a catalyst of social change and the demand for political representation. (Jones)

Steven Shapin, Professor of the History of Science at Harvard University, discusses the roots of rationalism in his article "Descartes the Doctor: Rationalism and Its Therapies." Shapin explains that this school of thought was first popularized when Galileo Galilei (1564–1642), an Italian astronomer, started questioning the ancient teachings of Aristotle and other “truths” that Church teaching had maintained since antiquity. Galileo wrote about the heliocentric theory, which the church condemned, and wrote “In questions of science, the authority of a thousand is not worth the humble reasoning of a single individual” (Shapin). Francis Bacon (1561-1626), lamented Galileo’s emphasis on observation when he proposed The Baconian method in 1620 in his novel *Novum Organum*, which rejected medieval scientific findings and encouraged the role of reason, ethics, and observation in scientific pursuits (Shapin).

With leading scientists revolutionizing Western Civilization’s understanding of the sciences from anatomy to astronomy, it did not take long for rationalism to infiltrate the mental health world. In 1621, Robert Burton (1577-1640) published *Anatomy of Melancholy*, in which he challenged the widely accepted opinion that mental illness was the result of demonological possession and communication with the devil and proposed that social causes and psychological factors such as poverty, fear, and solitude all
contribute to mental disorders. In the guide, Burton also proposed humane treatments such as exercise and music therapy, both approaches that are used by holistic mental health practitioners today (Staats Reiss). Although Burton was not the first person to propose that mental illness was the result of psychological factors rather than demonological possession, as Jonathon Weyer voiced the same controversial opinion in 1583, it took the rise of Rationalism in the Enlightenment for this perspective to make a lasting impact.

As *Anatomy of Melancholy* gained popularity, Western Civilization’s previous conceptions of mental health were scrutinized and society’s understanding of mental illness shifted drastically. Similarly to Galileo’s rejection of Aristotle’s hypotheses, Molière (1622-1673), a French playwright, criticized Hippocrates’ and Cicero’s outdated theories in his plays *Le Malade imaginaire* and *Le Médecin malgré lu*. The plays prompted psychiatrists to question archaic interpretations of mental illness and make new strides in mental health (Staats Reiss). Two influential physicians, John Locke (1632-1704) in England and Denis Diderot (1713-1784) in France, took Molière’s cue and denied Hippocrates’ long-standing take on mental illness. They proposed that psyche arose from sensations to produce reason and emotions, a belief that modern physicians and psychologists still support (Wallace). Perhaps the most influential leap was *Des maladies mentales, considérés sous les rapports médical, hygiénique, et médico-légal*, written by Phillipe Pinel (1745-1826), a French physician (Burton). This became the first modern treatise on clinical psychiatry, classifying mental disorders. The discoveries of Locke, Diderot, and Pinel showed people that there was more to mental illness than just
“being mad”—there were countless different types of mental illnesses, each with a unique set of symptoms that plagued people suffering from them.

Rationalism in the Enlightenment new understandings of how mental illness affects the brain; the movement’s emphasis on ethics also inspired a revolution in the treatment and containment of mentally ill people. In 1792, Phillip Pinel took charge of La Bicetre to test his hypothesis that mentally ill patients would improve if they were treated with kindness and consideration. In his book, Religion and Spirituality in Psychiatry, Phillipe Hugeulet, MD, a psychiatry professor at University of Geneva, explains that Pinel’s push to reform the atrocity of Renaissance asylums was inspired by rationalism. He writes, “Philippe Pinel instituted reforms at Bicetre, and these reforms sprang from a rationalistic motive. In fact, like his revolutionary contemporaries in France, Pinel did not have much use for religion. Pinel was very much motivated by the pursuit of knowledge and by the need to treat mentally ill patients humanely and with a degree of respect” (Hugeulet 79). At La Bicetre, Pinel eliminated the filth and abuse of the asylums, unchained patients, quickly after patients were unchained, provided with sunny rooms, allowed to exercise freely on the asylum grounds, and were no longer treated like animals (Butcher 38).

After Pinel promoted the role of rationalism in asylums, other institutions across Western Civilization started reforming. In his journal *Stigma and Mental Illness*, Paul Jay Fink, a Clinical Professor of Psychiatry at Temple University School of Medicine, writes that “The widely known asylum in Devon, England had employed opium, leeches, and purges as cures for mental illness, but in the mid-1800s after the reform of La Bicetre, the asylum emphasized non-restraint methods to affect patients’ health (Fink 64). The
concept of moral treatment spread across the Atlantic to North America, where “Moral
management emerged in the United States as a wide-ranging method of treatment that
focused on a patient’s social, individual, and occupational needs” (Butcher 94). By
rehabilitating patients with treatments such as one-on-one counseling and exercise,
asylum employees finally started to see improvement in their patients (Butcher 96).

Despite the large number of asylums that reported success using moral
approaches and new treatments in the early 1800s, some modern psychiatrists and
historians argue that rationalism’s impact on mental health and the moral treatment
movement was reversed by 1900. In her article, From "Skull Drills" to "Happy Pills,"
Allison M. Foerschner, a clinical psychology professor at Pacific University, contends,

The asylum reform was essentially inconsequential. Ethnic prejudice
created tension between staff and patients as immigration increased at the
turn of the 20th century. The leaders of the moral management movement
also failed to pass along their teachings, so there was a lack of
replacements. Moreover, supporters of this movement did not realize that
bigger hospitals differed from smaller ones in more ways than just size,
leading to an overextension of hospital facilities (Foerchsner 8).

Foerschner continues to argue that many patients did not respond to moral treatment,
making the leaps of the Enlightenment period dissipate as soon as challenges surfaced.

However, Foerschner does not address the way that the mental health industry
overcame these challenges in the mid-20th century, adopting Enlightenment
developments and making Pinel’s idea of moral treatment the standard across Western
Civilization. In his influential work A History of Psychiatry, Jerome Mortimer Schneck
addresses the same setbacks that Foerschner considers as “diminishing the impact of the Enlightenment and returning mental health to state of Renaissance-like unrest” (Foerchsner 9). Schneck states, “Although there were some initial setbacks in instituting the changes made to mental health in the Enlightenment, around 1950 asylums were able to overcome staffing shortages and utilize the moral technique developed in the enlightenment, adapting the treatment for patients that did not respond to it immediately” (Schneck 76). Schneck recognizes that, like most large innovations, the call for better living standards and more humane treatments took time to stick. But when society adapted, most mentally ill people no longer had to live in fear of burning at the stake for their genetic disorders. Mentally ill people no longer had to suffer inhumane treatments such as bloodletting, or be cuffed to the ground of filthy rooms. Mentally ill people could safely seek treatment from an industry that was revolutionized by Rationalism in the Enlightenment.

However, even in 2015, many people still don’t feel safe accessing treatment for their disorder. Despite the advancements of the Enlightenment, it is vital to recognize that just because patients are no longer being displayed in a “Lunatics Tower” for the public to view, does not mean there is not an oppressive stigma surrounding mental illness. Although Enlightenment thinkers developed holistic treatments like exercise, music therapy, and biomedical feedback, the emergence of pharmaceutical corporations in the 20th century now presents issues of corruption and addiction. The Enlightenment was a period in time, but it is also a state of mind. It is clear that now, what the mental health industry needs is a new Enlightenment, brimming with rationalism and revolution.
Works Consulted


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