Embrace the inevitable

A paradigm shift in history of psychiatry during the Decade of the Brain

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Tiivistelmä – Abstract

This thesis demonstrates the paradigm shift in the history of psychiatry during the decade of the brain, the 1990s. Even as the second wave of biological psychiatry had been on the rise over the previous two decades, the 1990s saw an exponential increase in the public awareness and political lobbying of brain imaging techniques and pharmacological interventions towards the human psyche, most prominently illustrated by the Decade of the Brain initiative of the USA (1990) and, later, the EU (1992). This level of change in international discourse most definitely affected all connected scientific disciples, and the history of psychiatry was no exception. By examining the monographic works of three prominent historians of psychiatry and medicine published during the decade, it is possible to highlight the varying degrees of influence these changes had inside their discipline. Roy Porter, Andrew Scull and Edward Shorter were (and still are) all acclaimed and established voices in the field. By examining their works, we can discern a shift of thought, operating on different levels and in various discursive environments, but all converging around the concept of biological psychiatry and its rising influence in society at large. Whereas Shorter was explicitly eager to embrace the new paradigm, Porter remained more ambivalent and Scull continued to ignore the subject for much of the decade. Careful analysis shows that they all exhibited changing modes of thought that could be attributed to the all-pervasive neuro-talk of the decade. The study also functions as an example of how and at what pace scientific thought changes and evolves, in co-existence with the society it is embedded in.

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Decade of the Brain, historiography, history of psychiatry, paradigm shift, neuroscience

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Tiivistelmä – Abstract

Tämä tutkielma luo kuvan 1990-luvulla, aivojen vuosikymmenellä (Decade of the Brain), tapahtuneesta paradigmamuutoksesta psykiatrian historiassa. Vaikka biologisen psykiatrian toinen aalto oli kasvattanut suosiotaan jo edelliset kaksi vuosikymmentä, vasta 1990-luvulla tietoisuus psyykeen biologisista tekijöistä sekä poliittinen lobbaus aivojen kuvantamismenetelmistä ja farmakologisista interventioista kasvoi eksponentiaalisesti. Tätä muutosta kuvastaa selkeimmin Yhdysvaltain Decade of the Brain -aloite vuodelta 1990 sekä EU:n vastaava vuodelta 1992. Tämän tason muutos kansainvälisessä diskurssissa ei voinut olla vaikuttamatta myös kaikkiin psykiatrian lähialoihin, eikä psykiatrian historia ollut tässä mielessä mikään poikkeus. Tutkimalla kolmen keskeisen psykiatrian ja lääketieteen historioitsijan monografiateoksia, jotka julkaistiin kyseisellä vuosikymmenellä, pystymme analysoimaan tapahtuneiden muutosten eriasteisia vaikutuksia yhden tieteenalan sisällä. Roy Porter, Andrew Scull ja Edward Shorter ovat kunnioitettuja ja asemansa vakiinnuttaneita vaikuttajia tutkimuskentällään. Tarkastelemalla heidän teoksiaan, pystymme hahmottamaan muutoksen, joka näkyy eri tasoilla ja erilaisissa diskursiivisissa ympäristöissä, tiivistyen biologisen psykiatrian käsitteen ja sen kasvavan yhteiskunnallisen merkityksen ympärille. Shorterin ollessa innokas omaksumaan uuden paradigman, Porter suhtautui siihen ristiriitaisesti, ja Scull jätti sen suurelta osin huomiotta koko vuosikymmenen ajan. Analyysini kuitenkin osoittaa, että heistä jokaisen ajatusmallit muuttuivat vuosikymmenen kuluessa ja nämä muutokset voidaan jäljittää 1990-lukua dominoineeseen neuro-puheeseen. Tutkimukseni toimii myös esimerkkinä siitä, miten ja missä tahdissa tieteellinen ajattelu muuttuu ja kehittyy vuorovaikutuksessa ympäröivän yhteiskunnan kanssa.

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1. Introduction – or welcome to the Decade of the Brain

> *"Now, Therefore, I, George Bush, President of the United States of America, do hereby proclaim the decade beginning January 1, 1990, as the Decade of the Brain. I call upon all public officials and the people of the United States to observe that decade with appropriate programs, ceremonies, and activities."*[1]

After the preceding and imaginable initial lobbying and politics by interested parties, the president of the United States proclaimed the beginning sentences of this thesis on the 18th of July in 1990. The official goal of the Decade of the Brain initiative was, according to Bush, "... *[the] studying [of] how the brain's cells and chemicals develop, interact, and communicate with the rest of the body, investigators are also developing improved treatments for people incapacitated by spinal cord injuries, depressive disorders, and epileptic seizures."*[2] This quotation introduces us to the comprehensive idea of what the decade was about: *"an exercise in public awareness, intended to create a climate in which neuroscience would prosper – as it has, not just in the US, but worldwide."*[3] In the beginning of the 1990s, advances in biological psychiatry and the neurosciences were dashing forward in such huge leaps that the North American branch of the discipline and its adjunct business extensions could promote and organize a campaign of this volume on a national level. As might be presumed, if a country as globally influential as the United States endorsed such an initiative, similar institutions in Europe would not take long to follow, as the European Commission officially did after two years of preparation[4].

During the decade, many significant advances were made in the neuroscientific field, including but not limited to the discovery of the modern understanding of neural

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[1] Presidential proclamation 6158 by George Bush, president of the United States, Filed with the Office of the Federal Register, 12:11 p.m., July 18, 1990. Referenced 3.4.2016. https://www.loc.gov/loc/brain/proclaim.html.
[2] ibid.
[3] https://www.nature.com/articles/nn0699_487
[4] Launching of the European Decade of the Brain Research on 23 September in Brussels, Date: 18/09/1992. Referenced 3.4.2016. http://europa.eu/rapid/press-release_IP-92-732_en.htm.

plasticity as well as the development of BOLD-imaging techniques in fMRI and of second-generation psychopharmacological products, such as antidepressants.[5] These obvious developments were not the only ones though. After the Decade, campaigns with nomenclature such as the Decade of the Mind or even the Century of the Brain[6] have sprung up globally, to continue the trend of medicalized personality. Various new sub-disciplines of scientific endeavour have surfaced, many times named to include the neuro-prefix to link them to the results of brain research (such as neuro-philosophy, neuro-marketing and neuro-economics), some more successfully than others[7]. The human sciences have also felt the impact of the decade in this as well as in other senses, provoking the publication of various collaborative works with the aim of analysing the existing situation since the turn of the millennium[8]. One of the affected sub-disciples in this sense is the history of psychiatry, where the last 15 years have produced varied new approaches towards its subject matter.[9]

1.1. Research questions

Given the previously mentioned new atmosphere and the leaps in biological and neurological sciences, let us now consider a research hypothesis. If we observe the works of scholars from a discipline that is in close proximity to neuroscience, such as the history of psychiatry, we can trace a paradigm shift[10] where the previous ways of understanding the nature of mental illness and the psychiatric profession started to evolve. During the shift, the life-science oriented language of the Decade of the Brain was also incorporated in increasing quantities into the works of authors working within such a closely related discipline. By analysing some of the most influential individuals in the field of the history of psychiatry, who are the most frequently referenced sources

[5] A Decade after the Decade of the Brain, Dana-Institute, 2010. http://dana.org/Cerebrum/2010/A_Decade_after_The_Decade_of_the_Brain__Compilation/, retrieved 30.04.2019.
[6] Hess & Majerus 2011, 141.
[7] See Muzur & Rinčić 2013.
[8] See for example Leffmann & Hildt 2017.
[9] Della Rocca 2017, Hess & Majerus 2011.
[10] Paradigm shift is understood here in post-Kuhnian sense, see next sub-chapter.

for our modern understanding of these subjects, we can build an explanatory model that shows us how an individual scientific discipline at times changes relatively quickly when falling under the influence of a larger cultural phenomenon. In a society where political and ideological presentism is more of a rule than an exception, there can never be enough discussion about the viscous and contingent nature of human understanding.

By reviewing in detail their published monographs[11] from different parts of the 1990s, we are going to examine how three major historians of psychiatry, Edward Shorter (born 1941), Roy Porter (born 1946 – deceased 2002) and Andrew Scull (born 1947) accepted, included and/or dismissed different parts of the prevailing new paradigm of understanding the body and mind as biologically based actors in human history. To achieve a coherent picture of this process of change, my research questions are:

- What were the influences of other paradigms and views of madness that affected our subjects at the beginning of the decade?
- How did these views change during the decade?
- What kind of discernible effects did the nascent neuroscience and biological psychiatry have in triggering such changes?
- How did the studied historians see the future and relevance of the psychiatric profession?

The status of the history of psychiatry as a discipline located between the humanities and medicine and how these circumstances might have had an effect on our subjects' thinking shall also be explored to offer a better understanding of their position. As all three of them represent the same age-cohort, are well-known authorities in their field and express relatively similar academic fecundity in their volume of published works, they form a set of cases that may be effectively used to build a cohesive picture of the development of the academic sub-discipline.

The development of one academic sub-field is therefore the ultimate focus of this thesis. How outside cultural, social and academic influences affect a certain discipline and how different agents operating within that environment view and adopt these currents into

[11] See chapter 2 for a comprehensive take on the source material used and why monographs were the unit chosen here.

practice in distinct ways and at distinct times are aspects that help us understand the nature of knowledge and its legitimation in our society. Even as we tend to describe these changes as leaps or dramatic shifts, the objective of this thesis is to illuminate the more contingent and heterogenous dimensions of this process and to provide a new contribution to the knowledge base of history of science. This objective walks hand in hand with the hope that more analyses of similar occurrences in other contexts will be conducted in the coming years.

In the context of historiography, there is an obvious need for this kind of research, given that "*... in contrast to the tried and tested narratives of the nineteenth century, there is no historiographic model that the historical sciences accept as being a reliable framework to interpret the history of psychiatry in the twentieth century"*[12], as Hess and Majerus phrase it. Given the previously mentioned enormous effects that the heritage of the decade has had on all human sciences in the last 20 years[13], it is therefore important to understand the actual process of change and not only its repercussions.

The historiography of psychiatry per se is seldom viewed as a subject of research. In their reflection of the field[14], Bacopoulos-Viau and Fauvel have described how the last 25 years have progressed concerning the presentation or construction of the concept of patient in mental healthcare. Cooter has also contributed to the same topic in his chapter in the 2012 book *The Neurological Patient in History*, simultaneously touching upon his worry that the history of psychiatry was, in his contemporary times, sliding towards a completely materialistic reductionism[15], a concern he has again voiced in a later article[16]. When observing the covered topics of recently published European research in the field of history of psychiatry, it might be safe to say that these fears seem exaggerated to a certain extent, taking into consideration the great variety of approaches applied[17].

Even as there is plenty of current research in the fields of the history of neuroscience and biological psychiatry as well as attempts to infuse historical explanations with

[12] Hess & Majerus 2011, 141.
[13] Leffmann & Hildt 2017, XI – XIII.
[14] Bacopoulos-Viau and Fauvel 2016.
[15] Cooter 2012, 219.
[16] Cooter 2014, 153-154.
[17] See for example Laine-Frigren, Eilola & Hokkanen 2019.

neuroscientific models for a new kind of methodology[18], historiographical research that aims to understand the change inside our own discipline is still waiting for its writer. In part, this lack of literature might be explained by the inherent nature of the study of historiography, which, as an endeavour, poses various levels of challenges. As Barrera argues: "*Talking about history is only possible if one knows about history and about its sources and methods, but also about the foundations of other social sciences and about the continuing importance of traditional philosophical problems of Western thought in the fields of history and the human sciences*"[19]. This master's thesis aims to rise to these challenges by making a foray in this largely uncontested field. Next, we shall look at the theoretical and methodological tools that are utilized to this end.

1.2. Theory and method

When we begin to consider the hypothesis and research questions presented above, the first order of action would be to frame some theoretical standpoints and methodological choices to accompany them. As the whole argument is built around the supposition that we are dealing with a large-scale change in scientific thinking, portrayed through the works of three central individuals, the Kuhnian idea of paradigm shifts becomes our central concept and starting point. In following the lines of evidence discussed throughout this thesis, it shall function as a binding thread that holds the whole work together. When conducting this kind of a detailed analysis of discursive formations, however, it alone is not enough. In our individual chapters, we shall therefore utilize various additional approaches for the unwinding and deconstruction of textual elements, drawing methodological inspiration from a multitude of sources. In this sub-chapter, we shall examine these tools of understanding and how the choices made here help us bring structure to our arguments.

First, we shall consider the concept of a paradigm shift and the (post-) Kuhnian variant of it. Thomas Kuhn stated already in his famous work *The Structure of Scientific*

[18] See Smail 2008 for an ambitious attempt in forming a concept of neurohistory.
[19] Barrera, 2001, 205.

Revolutions (1962)[20] that science tends to develop in revolutionary leaps, or what he referred to as paradigm shifts. The logic is that when a scientific discipline functions properly, it slowly accumulates anomalies and inherent problems in its dominant discourse, which the set of terms, questions and tools in use cannot answer. When these anomalous features gain a certain level of critical mass, the whole paradigm, or way of perceiving the discipline, changes in a relatively short time, giving rise to a new system with more explanatory potential and better answers to the problems faced[21]. Good examples of "classical" Kuhnian shifts of this sort can be found in the field of astronomy where the prevailing Ptolemaic geocentric theory was replaced with the Copernican heliocentric model of the universe, or in physics where such a transition took place from Newtonian mechanics to Einsteinian mechanics.

This classical model has in later years been diversified and challenged by a multitude of theorists and philosophers of science. One of the central criticisms towards the model has been that it is mostly constructed around the logic of the natural sciences and, this being the case, that this kind of a streamlined view of the process cannot capture the whole spectrum of diversified human affairs that is inherently involved in the process of change. Tang, for instance, has proposed that there should actually be different categories for various paradigm shifts and that the scientific revolution of the Kuhnian kind is only one of these. Tang positions the paradigm shift as the main unit of scientific progress, without revolutionary aspects, for, as he has demonstrated, the new paradigm does not always have to be completely incompatible or antagonistic towards the older one.[22] This, broader view of the process is more in line with the murkier nature of historical enterprise, where a new paradigm does not necessarily lead to the immediate rejection of the previous set of tools[23]. As the coming pages shall demonstrate, the timespan of one decade, even as tumultuous as the 1990s, sees the change in paradigm actualising in various stages and intensities, and, in this way, the view we shall adopt is post-Kuhnian. After the inspection of our sources in the main chapter of this thesis, we

[20] A central work that can be seen as a trigger for still ongoing debate over the nature of science and the models of change in it. See for example Kindi 1995.
[21] Kuhn 1962, 92.
[22] Tang 1984, 131.
[23] Iggers 1997, 15-16 and Ihalainen 2017, 37.

shall dedicate a part of the conclusion to contemplating the nature of paradigm shifts in this light.

Even as the concept of a paradigm shift functions as the theoretical central thread of this work, the way to unearth the required evidence to observe it in action requires us to adopt various other intellectual tools. The general approach taken here, when differentiating changing vocabulary and speech acts by several actors in a given environment, is a form of discourse analysis. Jokinen et al. state that discourse analysis in general focuses on language and communication as constructors of reality, rather than as mere descriptors of it[24]. This kind of action actualizes in the speech acts of subjects who frame the reality in which they aim to live with the linguistic choices they utilize, and these individual choices and the reasoning behind them form the object of our inquiry. This way it becomes possible to reconstruct, at least plausibly (alluding to Peter Novick), the historical scenario, its motivations and nuances.

Quentin Skinner has listed three different aspects of insight that can be acquired from the vocabulary we use to describe and appraise the reality around us: insights about changing social beliefs and theories, insights about changing social perceptions and awareness, and lastly, insights about changing social values and attitudes.[25] All of these insights about change are important parts of the whole, when we begin to formulate our case around the changing environment of one academic discipline. In doing this, I find it plausible to assume that social factors are at least one of the agents in this transformation. Even though I refrain from explicitly constructing whole discursive environments around our subjects[26], the philosophy behind Skinner's idea on the importance of used vocabulary is applicable throughout this thesis, where much of our evidence is drawn from both the stationary and changing aspects of our subjects' linguistic choices.

These linguistic choices need to be analysed in a coherent context, and one of them can be found when looking into the historical story our subjects present as a narrative.

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[24] Jokinen et al. 2016, 17-19.
[25] Skinner 2002, 171-172.
[26] Which I believe would be more or less a shift towards the metaphoric dimension of historical studies that Hayden White and his kin have described. Whole constructs lean too heavily on their writer's perspective and easily omit even the otherwise attainable scrape on the surface of ontology. More cautiously refined fragments have more value as an evidence, at least in this writer's opinion.

Especially when they are structuring the large-scale changes in human history and the way in which these developments are framed in a certain light, the narrative view[27] can help us highlight the shifting discourse around mental illness. As Hyvärinen has pointed out, "*narratives bring into the open the rich and detailed personal perspectives*"[28], which are essential in finding answers to our research questions, and "*are always part of the constitution of the social, cultural and political world"*[29], which our research subjects naturally inhabit. By comparing and deconstructing the transforming central elements in their grand narratives of human affairs concerning mental health, it becomes easier to point out the effects of the decade in their overall models of thinking.

Another positive effect concerning the narrative as a tool is that it helps us position the communicator within networks of social and cultural expectations[30]. This has certain parallels to the theoretical concept of a nexus that Ihalainen, for example, has utilized in his research. The term is here understood as a point of convergence for different discursive trajectories and layers, forming a new kind of synthetic or compromise-laden discourse. The concept, originally formulated for research on political discourses, also applies well to our chosen environment[31], helping us enlighten its nature as well as to construct a scheme about the position that our chosen historians of psychiatry inhabit.

To sum up the somewhat eclectic approach that we take towards methodological concerns, let us reiterate. As we perceive our whole research topic through the filter of shifting paradigms of a post-Kuhnian kind and contemplate the ramifications of the nature and form of the studied change, discourse analysis is in many ways the logical and most efficient methodological toolbox from which to draw instruments. Ideas from Skinner, as well as other scholars of language, rhetoric and discursive formations are combined to dissect, analyze and organize the contents of our source materials in order to reconstruct, at least partially, the environment which our subjects aimed to create through their texts. To present this linguistic material from differing angles, an attempt

[27] To structure the overall story of psychiatry as having (at least) a beginning, mid-point and an end, we can more naturally perceive the aspects of the narrative that are considered as integral to the story told. See chapter 4.1 especially.
[28] Hyvärinen 2007, 447.
[29] Ibid.
[30] Hyvärinen 2007, 457.
[31] Ihalainen 2017, 39.

is also made to capture the narrative elements in our research material, underlining the level of change in the larger story of human affairs with mental illness. And finally, to understand the position of our subjects in their field, the concept of nexus is invoked as an explanatory device. With these theoretical considerations in mind, let us chart our route of inquiry in the next few pages.

1.3. The structure of this thesis

The thesis is divided into four main chapters. Sub-chapters 2.1.–2.3. are mainly focused on describing the basic details and nature of our research material as well as introducing briefly the subjects behind them. We will observe the academic careers of the three historians on whom we will focus and demonstrate how their publications from the decade fit into their personal history. In sub-chapter 2.4., we shall tackle some of the terminology and concepts that are needed to comprehend the arguments made. A summary of my own position towards the subject matter will also be discussed here.

The detailed analysis of source material begins in chapter 3. Here we shall scrutinize the ways of comprehending mental illnesses that our research subjects present that do not clearly have a connection to biological psychiatry. These ideas, usually more apparent in the first part of the decade, are divided into psychodynamic justifications, which will be discussed in sub-chapter 3.1., and socio-cultural explanations, which will be at the centre of sub-chapter 3.2. After this starting point, which establishes the situation that existed before the new paradigm evolved, chapter 4 introduces the prospect of change into the equation, observing the new emergent ways of understanding madness in the 1990s. In sub-chapter 4.1., we follow the larger narrative of human history presented by our subjects and discuss whether or not it was transformed by the influence of biological psychiatry. In sub-chapter 4.2., we adopt an even more detailed perspective and examine first the changing terminology our subjects use (in sub-chapter 4.2.1.) and then the mismatched sets of methodological applications they proceed to utilize during the decade (in sub-chapter 4.2.2).

This three-layered analysis, including the above mentioned micro-, macro- and meso-level perspectives, shall provide us with a sufficient amount of evidence to make our

case. But in order to appreciate the whole picture and the nuanced position of what being a historian of psychiatry entails, chapter 5 is needed. There, we contemplate further on the nature of the sub-discipline, reflecting on the opinions our subjects express towards the whole profession of psychiatry, what kind of valences they assign to it and especially to its future possibilities. In this chapter in particular, we highlight the position our subjects inhabit between different discursive environments. This work shall end with conclusions and extrapolations emerging from the previous chapters. In the concluding chapter, we shall weigh whether our hypothesis was even partially warranted and whether there could be future applications for a similar modelling of the transformation of scientific disciplines.

2. On writers, subjects and medical specialities

As stated in the previous chapter, the subjects of our research are three pre-eminent historians of psychiatry: Edward Shorter, Roy Porter and Andrew Scull. To begin our work of accumulating evidence on how their texts were affected by the changes in talking about the nature of mental illnesses during the Decade of the Brain, we must first separate a cohesive yet manageable amount of material from the formidable body of written works all of them have produced in the chosen timespan. Given the amount of articles, communications, books and discussions in which they took part, for the purpose of this thesis a decision was made to direct our attention towards their monographs written and/or published during the decade.

Monographs offer an interesting platform to observe intellectual shifts, given that they are usually written over longer periods of time and directed towards slightly larger audiences than other common styles and modes of academic publishing. In this way they force the writer to contemplate his or her output and choice of terminology more than one would sometimes do when communicating strictly to colleagues who are used to using common concepts. This being the case, monographs can be seen as a logical choice for analysis, and, to our benefit, each one of our historians produced multiple books during the decade. With such industrious research subjects, there is naturally the risk of gathering unreasonable amounts of source material for one work, but in this case, the number of pages included remained in acceptable digits. In this thesis we will focus on four books from Edward Shorter, four books from Roy Porter and two books from Andrew Scull. The choices and the reasoning behind them can be found below in the individual sub-chapters on each person.

Each of our historians is a scholar of both renown and influence, many times acting for those in the academic community that have come after them as prime mediums for building a picture of how mental illness has been recognized and described in the past[32]. This role they play makes it a pressing matter to understand how they themselves

[32] There are even master's thesis level –works in our universities that sometimes lean predominantly on the opinions of only one of these men, speaking volumes of their influence. See, for example Haapakorva, 2018.

construct their realities and how, in a relatively short time-span, these ways of understanding and constructing reality can shift in a paradigmatic way. Furthermore, for readers to understand this shift properly, we need to deconstruct a few of the more important concepts and terms frequently used in our research area. The latter part of this chapter thus focuses on providing such definitions for the used terminology, the most often mentioned medical specialities, and some of the ideas that have also affected the three authors. But first, we must get to know our subjects and their works in more detail.

2.1. Edward Shorter

Edward Shorter (born 1941 Evanston, Illinois, U.S.A.) is the Jason A. Hannah Professor of the History of Medicine in the Faculty of Medicine at the University of Toronto. Since 1996, he has also served as a cross-appointed Professor of Psychiatry at the same university. As his institutional homepage tells us, he has had a distinguished and long career as a social historian, based in Toronto throughout his career.[33] In his own words, his interest in medical issues stems from his early works in the 1970s when he was working with themes related to the social history of the family. This research led him to take an interest in many medical conditions of women in the past. His first published work that can be considered medical history, *Women's Bodies* (1982), was followed by a two-year hiatus during which Shorter undertook many basic courses in different medical specialities to familiarize himself more with his points of interest.

After this, he resumed working with newly found enthusiasm and knowledge on his interests in psycho-medical history, and the results of his passionate labour can be seen in his two-volume history of psychosomatic illnesses such as hysteria, *From Paralysis to Fatigue* (1992) and *From the Mind into the Body* (1994), which are also the earliest books from him that are under study in this thesis. In 1995, he published *A Century of Radiology in Toronto*, a hometown history of institutions mainly, that can also be

[33] The chapter, as far as Shorters personal and academic history is concerned, is drawn from his own homepage under University of Toronto: http://history.utoronto.ca/people/edward-shorter and his autobiographical interview in History of Psychiatry-website: http://historypsychiatry.com/category/how-i-became-a-historian-of-psychiatry/ Both rechecked at 22.04.2019. Otherwise cited separately.

utilized in the context of this thesis to find some evidence concerning his mentality towards his research subjects.

The second half of the Decade of the Brain saw the coming of Shorter's probably most renowned work, A *History of Psychiatry* (1997), which could be concisely characterized as a general overview of the development of the psychiatric profession within the western cultural sphere, encompassing the whole modern epoch until his contemporary times. The book has become standard course material on the subject and also, as an important detail to this thesis, introduced many readers to his more neurologically oriented views on psychiatric realities. These views, or more likely the ways in which they were presented, sparked some controversies and cemented Shorter's reputation as a "*controversial and brisk*"[34] historian with "*strict interpretations*"[35], as one of our other subjects, Roy Porter, described him in the earlier years of the decade.

After the Decade of the Brain, Shorter has continued his work on similar subjects, publishing titles such as: *A History of Shock Therapy* (2007), *Before Prozac* (2009) and *The Rise and Fall of the Nervous Breakdown – And How Everyone Became Depressed (*2013). So, to stay within our established framework of the decade, our primary sources from Shorter are going to be*: From Paralysis to Fatigue 1992* (PtF), *From the Mind into the Body 1994* (FMB), *A Century of Radiology in Toronto 1995* (CRT) and *A History of Psychiatry 1997* (HoP)[36]. Each of these publications is an academic work (with a slight reservation when it comes to CRT, which, despite its limited geographic scope must be commended for its local significance of being "*the first full-length account of radiology in a medical centre in Canada*"[37]). As such, special attention will be paid to logical and theoretical arguments, and hints to ontological premises and biases shall be treated as such, when they rise.

[34] Porter 1993, 74.
[35] Porter 1993, 3.
[36] Abbrevations used only when necessary to maintain texts readability.
[37] Hayter 1997, 169.

2.2. Roy Porter

Roy Porter (born 1946, London, United Kingdom – deceased 2002, St Leonards-on-Sea, United Kingdom) is perhaps the most famous individual among our subjects. By many accounts, one of the most prolific and productive historians of his generation, he authored or co-authored tens of books and hundreds of articles, edited publications, broadcasted regularly on both TV and radio, and even authored plays.[38] His most well-known affiliation was with the Wellcome Institute for the History of Medicine (part of the University College London) where he worked under a number of different academic work titles from 1979 until his retirement in 2001, just a year prior to his untimely death by heart attack.

Porter is most renowned as a medical historian and an expert on the Enlightenment, many of his works reaching past the divide between different historical disciplines, incorporating social history within the context of science and medicine, as well as philosophy. One of his most famous articles, *The Patient's View* (1985)[39], precipitated a whole new way of doing medical history, concentrating research efforts towards understanding other standpoints than those of the doctors. In their 2016 editorial *The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years on*, Alexandra Bacopoulos-Viau and Aude Fauvel give Porter great recognition for his "*call to reclaim the voice of the voiceless*"[40], where the focus is "*not only on doctors' achievements but also on the whole range of patient experience*"[41].

Given his interest in various topics and his rather excessive list of publications[42], we must adopt a different stratagem than with Shorter, and pick the most relevant ones from those published in the 1990s as our sources. This was achieved by selecting his monographs from the decade that clearly relate to the topic of psychiatry or mental

[38] Most of Porter's personal and academic history is drawn from *Roy Porter, Life and Ideas* – an extended eulogy by Carole Reeves 2002.
[39] Roy Porter. 'The patient's view: doing medical history from below'. Theory and Society 1985; 14: 175-198.
[40] Bacopoulos-Viau and Fauvel 2016, 1.
[41] Ibid., 4.
[42] Curious readers are directed towards University College of London's homepage where complete bibliographies & other Porter-related material can viewed or downloaded: https://www.ucl.ac.uk/histmed/downloads/porter (link retrieved 22.04.2019)

illness. Even though there were other promising titles than those chosen, some works were dismissed because they were co-authored, thus problematizing the objective and idea of gaining knowledge specifically about Porter's personal opinions. This choice was also made easier by the fact that there was (nearly) enough primary source material that fit our criteria to choose from, even without including any of his co-authored works.

Pointing towards the word *nearly* in the previous sentence, the earliest used material from Porter makes a small exception to our principle that all selected source material should be written or published in the 1990s. His earlier book, *A Social History of Madness: Stories of the Insane* (1987), is carefully and consciously utilized in this thesis to a smaller extent in chapter 3 to illustrate some of Porter's older ideas that he still harbored long into the next decade. The first work from the decade that was selected as source material is *Doctor of Society: Thomas Beddoes and the Sick Trade in late Enlightenment England* (1992) *(DoS)*, where Porter reflects through the career of the eponymous famed physician Thomas Beddoes on how chance, the developing economic and social relations as well as growing professionalization towards cases of insanity intertwined in 18th and 19th century England.

The next book from Porter to be included in our source material is *The Greatest Benefit to Mankind: a Medical History of Humanity from Antiquity to the Present* (1997) *(GBtM)*, an over 800-page undertaking of a massive caliber, the aim of which is to tell a coherent story of the whole medical history of humanity or, as Günter B. Risse notes, *"the essential contours of medical history*"[43]. The Greatest Benefit to Mankind can without doubt be viewed as Porter's magnum opus, and as it contains information on various other topics than the history of psychiatry, the overall story may prove to tell us more than a less all-encompassing approach would.

The last book from him has, again, an unorthodox publishing date. *Bodies Politic: Disease, Death and Doctors in Britain 1650-1900* (2001) *(BP)*, even though it was printed after the turn of the millennium, was certainly worked on during the decade and can therefore be seen to reflect Porter's thought processes at the end of it. The book

[43] Risse 2012.

takes a visual stance towards its research targets, offering its readers a history of the visual representations of the doctoring trade in Britain, containing examples of not only psychiatrists but also their patients.

2.3. Andrew Scull

Andrew Scull (born 1947, Edinburgh, Scotland) is a professor of Sociology and Science Studies at the University of California, San Diego and the last of our three research subjects. Although his official scholarly upbringing has been in the discipline of sociology[44], his works have always been considered historical research, also by himself. In fact, he has stated that he only selected sociology as a field to study because he viewed the history curriculum at Princeton to be too constricting for his personal interests when beginning to work on his dissertation. Even if he identifies as a historian, there are certain signs that the sociological context still has an effect on the way he views history. As we shall see in upcoming chapters, Scull endorses mainly the socio-cultural view of madness and at times even refers explicitly to his self-proclaimed position as an exposer of the misdeeds of human actions[45].

Scull has, for the majority of his academic career, focused almost purely on the subject of psychiatry and mental illness. Like Shorter, he began his publishing career in the 1970s, with works on the de-institutionalization of psychiatric patients and the history of British mental institutions. The same trend continued during the 1980s, and during the 1990s his first published monograph was the complete re-writing and editing of his dissertation material[46], newly released under the title *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (1993) (*MSoA)*. As the name implies, this first of our two books from Scull presents the reader with a complete and well-

[44] Scull's personal and academic history is drawn from his own homepage under University of California: https://sciencestudies.ucsd.edu/people/_faculty-staff/faculty/dept-of-sociology/andrew-scull.html and his autobiographical interview in History of Psychiatry-website: http://historypsychiatry.com/category/how-i-became-a-historian-of-psychiatry/ Both rechecked at 23.04.2019. Otherwise cited separately.
[45] Scull 1993, 375.
[46] Scull 1993, xvii.

considered depiction of the changing relationships between deviance and society at large in the given timeframe.

At this point, we run to an unfortunate hindrance concerning our material from Scull. As it happens, the latter part of the decade saw him working with various topics that are of great interest to us, but the writing and publishing was done in co-authored works, most notably with Jonathan Andrews, who was, rather interestingly, supervised during his PhD by none other than one of our other research subjects, Roy Porter.[47] Still, despite issues related to co-authored works, Scull's 1996 book *Masters of Bedlam: The Transformation of the Mad-doctoring Trade* (*MoB*), which had C. MacKenzie and N. Hervey as secondary authors, was accepted here as a second piece of source material on Scull's thinking. This could be done with relative ease as in the preface of the book Scull explicitly takes responsibility for the book's drafts and its stylistic unity[48]. This makes it reasonable to assume that the book's overall tone, the narrative presented and choices of words match Scull's personal views accurately.

After the Decade of the Brain, Scull has continued to produce research on the same themes. He has published titles like *Hysteria* (2009), *Insanity of Place / the Place of Insanity: Essays on History of Psychiatry* (2006), *Madhouse: a Tragic Tale of Megalomania and Modern Medicine* (2006) and *Madness in Civilization: a Cultural History of Insanity* (2015). In 2015, he received the Roy Porter Medal[49] for lifetime contributions to the history of medicine and in 2016 the Eric T. Carlson award for contributions to the history of psychiatry, reaffirming his acknowledged position in the field.

Now that we have gone through some background information on our subjects in addition to identifying the monographic material that shall be acting as our primary materials, there is still the matter of terminology, concepts and discipline-specific vocabulary to consider. The last part of this chapter is going to focus on these.

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[47] More about Andrews and his work can be found on his Newcastle University homepage: https://www.ncl.ac.uk/hca/staff/profile/jonathanandrews.html#background

[48] *"The basic approach we have taken to the subject is also his (Scull's), and to ensure stylistic unity, he took responsibility of producing the final draft of the entire manuscript."* Scull et al. 1996, xx.

[49] If it was not clarified previously enough to the reader how massive an influence Roy Porter has had on the world of the history of medicine and how special his heritage is considered to be, the medal carrying his name should work as a reassurance on that.

2.4. Psychology, psychiatry and neurobiology – terminological clarifications

When operating in a somewhat niche environment of the historiography of psychiatry and in between different paradigmatic surroundings, it is essential to both clarify and explain some of the key terminology used throughout this thesis. This is a crucial step also because some of the concepts utilized here may have different meanings and connotations in other contexts. As we are conducting research in such an environment, the position of the writer amidst this somewhat confusing array of conceptual geography must also be specified. This being the case, the last part of the ongoing chapter 2.4. must be reserved for introspection.

The first and probably most important concepts to differentiate here are the businesses of *psychiatry* and *psychology*. The Oxford Dictionary defines psychiatry as "*the study and treatment of mental illness, emotional disturbance, and abnormal behaviour*"[50]. Psychology, in turn, is defined to consist of "*the scientific study of the human mind and its functions, especially those affecting behaviour in a given context*"[51]. In this work, the two terms are used in the sense that psychiatry is a sub-discipline of medicine and that its practitioners are to be viewed as medical experts, whereas psychology is referred to more in the sense of the behavioural scientific study of human activities. Despite these distinct definitions, psychology and psychiatry as fields have developed closely hand in hand for all of their existence, and it is therefore often hard to separate where one ends and the other begins.

One of the crucial sub-disciplines of both psychology and psychiatry is *psychoanalysis*. Psychoanalysis and its myriad of offshoots are a difficult conceptual jungle to tackle for anyone. Relying once again on the Oxford Dictionary, where psychoanalysis is defined as *"a system of psychological theory and therapy which aims to treat mental disorders by investigating the interaction of conscious and unconscious elements in the mind and*

[50] Oxford dictionary, network edition: http://www.oxforddictionaries.com/definition/english/psychiatry, referenced 23.04.2019.
[51] Oxford dictionary, network edition: http://www.oxforddictionaries.com/definition/english/psychology, referenced 23.04.2019.

bringing repressed fears and conflicts into the conscious mind by techniques such as dream interpretation and free association"[52], we can delve a bit deeper into the word and its meaning. The concept of the *unconscious* is essential in psychoanalysis, but in modern speech, it can have multiple meanings. The analytic tradition views it as the non-accessible part of our mind that influences our behaviour, containing both stored material and repressed memories. Later this view on the nature of our mind has seeped into popular culture and common language, but it can also be viewed neurobiologically as the part of the processes of our cortex of which we are not actively aware.[53] Psychoanalysis, as well as many other psychologically oriented schools of thought, also plays a part in psychiatry, customarily in the form of *psychotherapy* or similar applications, where an educated professional helps a patient with mental problems or to overcome challenges in his or her personal life with communication, counsel and personal interaction. Today, many psychotherapies are used in tandem with pharmacological products to achieve better results in improving the life quality of patients.

In addition to psychoanalysis, there are still two concepts with psychological roots that demand clarification. *Psychodynamics*, for its part, is a term that is frequently associated with Freudian psychoanalysis, but in this thesis it is used in its broadest meaning, encompassing most psychological ideas that have to do with the systematic study of the human mind, especially within the context of dynamics between the conscious and the unconscious. *Psychosomatics* or a *psychosomatic disorder* is, on the contrary, a term that has been adopted later to biological psychiatry. It refers to physical disorders or symptoms that are assumed to emerge from mental states or psychological problems.[54] Two of the monographs considered in this thesis, Edward Shorter's PtF and FMB, operate mostly in the context of this phenomenon.

During and after the decade, the phenomenon where psychiatry began to lean heavily on the findings of modern neuro-science has been commonly named the *second biological*

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[52] Oxford dictionary, network edition: http://www.oxforddictionaries.com/definition/english/psychoanalysis. referenced 23.04.2019.
[53] After the Decade, there have been attempts to fuse the psychoanalytic views with biological findings. Interested readers could begin with Ekstrom 2004.
[54] Psychosomatic disorders are a continuously researched topic. As an example, from journal Neurological Sciences from this year, see Guidetti et al. 2019.

psychiatry. Such a naming of the phenomenon is done to differentiate it from the first surge of biological psychiatry during the latter part of the 19th century. These terms are sometimes used with the underlining idea and perspective that the psychoanalytically oriented half a century between them was somehow a setback or, if not that, a stale period at the very least. Such slur-like qualities in speaking about the past reflect the general trend of our time where medicalization has crept into many aspects of life, changing the way we perceive ourselves and even our minds. This has also caused waves of criticism in the context of the psychiatric practise and even led some to question whether madness or mental illness is a medical condition at all. We shall return to these occurrences in the first part of chapter 3.

The aforementioned *biological psychiatry* is, as a term, quite self-explanatory, referring to the approach that aims to understand psychiatric disorders and behaviour with the aid of biology and neuroscience. Concentrating on the functions of human neural anatomy and the measurable evidence of the physical kind, it is the epitome and the target of the Decade of the Brain project. Both neuroscience and biological psychiatry are usually considered *life-sciences*, a broader catch-all category of scientific disciplines that are involved in the study of living organisms. Biology and medicine, for instance, are good general examples of life-sciences.

Now that our most important concepts have been defined, there is still one clarification to make. Today it is indeed a generally accepted fact that our person, the experiences and attitudes we have, affects at least to an extent our dispositions as researchers. This is why I personally perceive it as extremely important to always position myself in relation to my research subject to the extent that it is relevant from the viewpoint of comprehensively framing my research.

As a historian who also has dabbled in neuroscientific studies, it should come as no surprise that my take on the concept of psychiatric illnesses, their definitions and legitimations, leans somewhat strongly on the medicalized side. This is not to say that I would dismiss psychodynamic or other psychological explanations of phenomena of the mind altogether, and, as I have learned, this is the stance held by most contemporary neuropsychiatric researchers. I am also not entirely unsympathetic to the ideas behind

the social-cultural explanations of managing the mad or deviants[55], but it must also be stated here that the idea that mental illnesses require medical support is how I position myself. Of course, I strive to relinquish these personal opinions from my work like any proper academic writer, but given that the subject is somewhat close to me personally, it seems important to state these possible unconscious biases.

The reader should now have at least a rudimentary familiarity with the historians we are focusing on, their works under scrutiny and most of the basic terminology needed to follow the arguments presented in the coming chapters. The first theme to touch on for establishing our case is to examine the foundations and the starting point of our project. We shall take a general historical overview of the last 50 years of psychiatric profession and then begin to analyse the ways in which our subjects wrote about mental illness in the first part of the decade.

[55] These ideas are elaborated in their context during chapter 3.

3. The perceived root cause of mental health problems in the beginning of the 1990s

To understand the general positions of our protagonists and the context of this thesis, we shall begin this chapter by recounting significant developments in the psychiatric profession during the last 50 years before the Decade of the Brain. The shifting ideas, ruling paradigms and the friction between them are essential when we try to locate how our three research subjects position themselves and their texts in the tradition. This also offers us a glimpse of the parallel, yet differing, development processes that take place simultaneously inside one scientific discipline. The general story here is drawn from Pietikäinen 2013, unless otherwise cited.

In the 1950s, psychiatry was (again) at a turning point. Psychoanalysis was at its height, but mental institutions were filled to the brim and the available therapies of insulin shock, lobotomy and electro convulsive therapy (ECT) were not producing much of a difference. When the first psychotropic pharmaceuticals were introduced and real results achieved, it accordingly began a massive change of both professional and more general thought, where madness would be cured by medicines via the doctors who controlled them. During the general counter culture phenomenon of the following decade, the 1960s, this rolling momentum also developed its opponents. Figures like Thomas Szasz, R.D. Laing and David Cooper gathered supporters by vocally challenging the very notion of mental illness and accusing the profession of psychiatrists of being mere power-hungry individuals. Events like Daniel Rosenhan's undercover research on psychiatric institutions[56] did not help to build trust in the established system, either.

This development sparked the psychiatric profession to revamp its approach in order to maintain its scientific integrity. When the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III)[57] was published in 1980, it contained a plethora of new sickness entities to differentiate from each other, and most of the psychoanalytic language of the earlier editions was removed in favor of a more medicalized approach.

[56] Rosenhan demonstrated that it was possible for sane individuals to fake symptoms of mental illness and get themselves into mental institutions. Rosenhan 1973.
[57] For a comprehensive view on DSM, the criticism and revisions it has faced, see Cooper 2015.

The growing influence of the biological paradigm was turning “psychobabble” into “bio-babble”, at least in the Anglo-Saxon context. There were still some prominent critics of psychiatry, French philosopher Michel Foucault being one of the most influential. Foucault’s theories of power in society and the idea of the “great confinement” of the deviants finds resonance even today in many circles.

During the 1980s, the Thatcherite-Reaganian shift that diminished available government resources also ended up closing many mental institutions and flooding the society with open-care patients, this in turn inspiring many dystopian views of madness in society and adding to the ambivalent stance towards psychiatry in general. On the other hand, the development of new imaging techniques that allowed real time observance of brain actions, combined with ever-developing pharmaceuticals, was the carrying force that ushered in the optimistic ethos of the Decade of the Brain. It is in this complex and rather nuanced situation that we begin our investigation to observe a change in a discipline that is intrinsically connected to the considerable developments in its subject matter.

This first main chapter focuses on the older and non-biological strata of our subjects’ thoughts. To appreciate the growing influence of the decade, we must first turn our attention to the opinions or implicit expressions that can be traced to the differing and non-biological takes on the issue of mental illness mentioned above. These are split most prominently between the psychodynamic vocabulary of sub-chapter 3.1. and the more socio-cultural points of view of sub-chapter 3.2. To establish a consistent marching order for these main chapters, we begin every sub-chapter by first directing our full attention to Shorter, then advancing to Porter and lastly examining Scull. The reasoning behind this becomes apparent during this first chapter, where we can observe that the three writers together form a spectrum of sorts, representing differing takes on the history of the discipline.

3.1. Psychodynamic vestiges in underlying thinking

To reiterate, to fully appreciate the change of terms and intellectual tools used during the decade, we must first take a closer look at our starting platform. Even as psychoanalysis and psychodynamic ways of understanding the human mind had not been in vogue for the last 20 years, they still had a certain influence over some of our subjects. In this sub-chapter we are going to focus on these aspects in their thinking and scrutinize how they helped historians frame the concept of mental illness in the first part of the Decade of the Brain.

As stated before, we shall begin our analysis by directing our gaze towards Edward Shorter and mainly his first two books of the decade, From Paralysis to Fatigue (1992) and From Mind to Body (1994). At the beginning of PtF, we are pulled to a world of the unconscious. This term, which has a multitude of meanings and strong Freudian connotations, seems to be Shorter's tool of choice in the first part of the decade. To make this most evident, consider that his preface of the book starts with: *"…. there is great pressure on the unconscious mind to produce symptoms…*", but without never actually defining or explaining to the reader what he himself means by this multifaceted word. The unconscious can be understood as a psychological level of our mind or personality, which we are not aware of normally, or as the neurologically oriented idea that the unconscious is the part of our brain processes that is not under our immediate focus. When left without definition, the reader has to assume that the intended meaning reveals itself contextually, which is in many cases much harder than one might expect.

Feats of the unconscious mind seem to be most extraordinary in some cases, for example when Shorter states that it can "*operate the smooth muscles of the body*" (visceral functions) quite easily, but sadly offers no explanation of how this is achieved, except for a reference to a behavioristic[58] article from 1983.[59] To sum up this starting point of our analysis, dichotomizing the conscious and the unconscious as the two players in the field seems to be a constant and reoccurring circumstance in PtF[60]. If

[58] A school of thought inside psychology.
[59] Shorter 1992, 8.
[60] Shorter 1992, 91.

these concepts are not clarified or elaborated, one would not be too bold to assume that Shorter is speaking in the language of the Freudian tradition, given that: "*The twin pillars of orthodox psychoanalytic theory are the unconscious and infantile sexuality…*"[61], as Roy Porter phrased it later during the decade.

From Paralysis to Fatigue introduces us also to one of Shorter's more long-lived theories, which he already formulated during the 1970s. The case of family psychodrama and its derivatives is nothing short of a psychoanalytical model of explanation, where the building up of unconscious stress and pressure feeds the surfacing of hysterical and paralysis-like symptoms.[62] In these cases, Shorter presents us with an unconscious mind that can be seen as an agent in itself that can manufacture symptoms as if it were a distinct entity[63]. The same thing can also be observed in the case of hypnosis where Shorter explains its nature solely with the vocabulary of unconscious processes[64].

If we were looking for one case that would characterize Shorter's views most efficiently in 1992, a definite and lengthy speculation containing psychiatric understanding from the 1980s can be found at the beginning of the chapter about patients rejecting treatment. At this time, Shorter placed enormous emphasis on the *subconscious* (sic) and its power over the conscious mind, again without telling the reader what precisely he means by the *subconscious*. His reasoning here leans on his own working experiences in a psychiatric institution and one additional article from 1986[65], which could easily be considered a somewhat shallow pool to draw on, given the age of both pieces of evidence. This showcases us how he views the understanding of mental health problems, the minimum requirements consisting of empirical experience reinforced with scarce secondary material. Reflecting this, the concluding lines of the same book offer us a clear oversight of life sciences in the beginning of the Decade of the Brain. He reflects on the loneliness and seclusion of individuals in modern society and how these psychological mechanisms probably contribute to increasing somatization.[66] This only

[61] Porter 1997, 515.
[62] Shorter 1992, 120-124.
[63] Shorter 1992, 146.
[64] Shorter 1992, 155-156.
[65] Shorter 1992, 261-262.
[66] Shorter 1992, 320.

gives us one side of the coin; for Shorter completely skips the possibilities of these feelings of loneliness creating stress and how that stress could manifest itself in physical and psychological symptoms, creating a feedback-loop of somatization and anxiety[67], which Shorter sees as the psychosomatic scourges of our time.

Still, there are clear signs that Shorter wants to present himself as a mediator of sorts between the cultural and biological approaches in the first half of the decade[68]. The first instances of this can be seen at work already in PtF, even as the concepts are presented in a vague and quite nonspecific manner. At the beginning of the book we are introduced to its basic mood, to present psychosomatic symptoms as rising from material conditions (sensory symptoms, motor symptoms, autonomic nervous system – symptoms and psychogenic pain) or material systems, but we are never given any other explanations than that the unconscious as an actor on its own produces these somehow.[69]

This same tendency continues in the 1994 book FMB in a chapter about anorexia and its genesis in western culture, giving us a slightly confusing but illustrative example of Shorter's thinking. As before, even as he likes to present himself here as a supporter of a balanced view where culture and biology both define mental illnesses, the explanation that he offers for the occurrence of anorexia depends, again, solely on psychological factors and mechanisms. This is not to say that the causality chain that he elevates as the main culprit should be somehow fundamentally wrong; it just exemplifies the transitory phase where contemporary medical understanding has reached the position of a supporting character but nothing more. Also, the lack of any references to life science-oriented secondary sources here could be understood as a sign of Shorter's trust in his own axioms and in the roots where they stem from; that is, mainly the psychoanalytic tradition that ruled the whole mental imagery and psychiatric understanding of a large part of the 20th century.[70]

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[67] For 1992 take on the subject, see Majewska 1992. To illustrate where this line of research leads, Kheirbek & Hen 2014 presents a good example for a reader interested in the historical continuum of this subject.
[68] Shorter 1994, 19.
[69] Shorter 1992, 2-4.
[70] Shorter 1994, 166-193.

There are some lingering examples of even older influence in the latter part of the decade. In A History of Psychiatry, when he talks about the growth of asylums and the rising number of their occupants, Shorter's line of evidence harkens back to his previous books, from where he begins to consider the tightening family relationships of the 19th century and how this change prompted intolerance towards mentally ill family members and drove them into institutions.[71] Reasoning and causalities are again well based, but the case itself is more akin to psychoanalytical models of family psychodrama than to anything else, making Shorter's prevalent aggressiveness towards analysts in HoP seem somewhat pretentious, considering that he himself sometimes uses their concepts quite liberally.

To sum up the previous pages, we can without much effort observe that Shorter's writing and thinking in the first part of the decade was totally enmeshed in psychoanalytical concepts and jargon. Kindling for the new ways of understanding was there, manifest in some chapters or ways of using laboratory-tested knowledge, but the foundations were laden with psychodynamic ideas. Even as he is the most prominent example of the phenomenon among my three subjects, there are nonetheless some rather intriguing psychodynamic aspects in the works of the other two that also warrant a closer analysis.

Akin to Shorter's liberal use of not explained psychological vocabulary at the beginning of the decade, there are some examples of Roy Porter resorting to a similar approach. In Doctor of Society from 1992, Porter muses if Beddoes' "*... worsening health was psychosomatic...*" without offering any explanation about what he means by it.[72] Again, remembering Shorter's earlier analyzed usage of words without clear definitions, Porter tells us that Beddoes faced *"...psychosomatic and somatopsychic complaints...*", leaving the reader once again to contemplate what the writer means when using such vocabulary.[73] Psychosomatic as a term could be, again, interpreted in many ways, psychodynamic understanding counting among them.

[71] Shorter 1997, 51-52.
[72] Porter 1992, 187.
[73] Porter 1992, 189.

What is probably an even more interesting phenomenon is that Porter has a peculiar way of finding Freudian comparisons in his works. Even as he usually treats Freudian psychoanalysis as a past phenomenon, he does seem able to use the father of that school of thought as a reference point here and there.[74] A careful reader thus cannot shake off the feeling that these recurring remarks represent the overall influence which Porter assigns to him in the developments of the last century. While Porter presents himself as an unconvinced scholar, the continuing appearance of Freud and his ideas, in chapters delving into completely other topics, indicates the lingering influence of the father of psychoanalysis.

Despite Porter's somewhat reluctant attitude towards Freudian reasoning, in his 1997 Greatest Benefit to Mankind there are also a few instances of clearly more psychodynamic thinking. For example, when noting in passing the positive sides of the social hygiene movement of the early 1900s, Porter remarks that "*....it became important in raising awareness of family psychodynamics and childhood problems*".[75] Even as he probably did not actively mean it, given his slightly skeptical take on psychoanalysis as a school of thought in this work[76], here he still participates in the (post-) Freudian discourse with this terminology. This could, in theory, also be construed as a kind of linguistic vestige that stems from decades of inter-professional language that has utilized Freudian terms without problematization, creeping its way into academic texts as late as in the 1990s. These looming conceptions near the end of the Decade of the Brain present a case in point of the resilience of old ways of thinking and the contingent relationship between a historian and his subjects.

Unlike Shorter, whose works contain numerous psychodynamic thoughts or Porter, where their influence is much more discreet, in Andrew Scull's works there is remarkably little to be found on this front. Some evidence of psychodynamic patterns emerges, however, for example when Scull mentions in 1993 that: "*...unconsciously suggests what was actually going on, an expansion of the boundaries of the mad.*"[77] Here, as well as in some other instances within Scull's literary works[78], the unconscious

[74] Porter 1992, 186. Porter 1997, 328, 368.
[75] Porter 1997, 645.
[76] *"...it's 'cures' were largely the product of suggestion."* Porter, 1997, 514.
[77] Scull 1993, 340, footnote 18.
[78] Scull 1993, 105.

again, as in the cases of both Shorter and Porter above, appears without any further extrapolation, linking these kinds of occurrences to the hypothesis presented in the last paragraph about linguistic vestiges. To understand Scull's position when tracking the non-biological roots of thinking about madness, we must next analyze the other, mainly socio-culturally attuned evidence in our source materials.

3.2. Socio-cultural explanations as the foundation

If not a psychodynamic view of mental illness, what was there on offer instead? As stated in the opening historical summary of this chapter, French philosopher Michel Foucault has indeed had a forceful influence on thinking about madness in the last few decades, but there were also other social historians and histories of madness or psychiatry that have strived to draw connections between mental illness (and the institutions surrounding it) and society at large. To further understand these points, we must now take a brief glance at these explanatory models.

As recounted in the beginning of this chapter, from the 1960s onward, there has been a schism of sorts in the psychiatric field in the form of antipsychiatry, and this naturally expanded to the historical portrayal of the enterprise as well. Writers like Foucault, Thomas Szasz and Erving Goffman published influential works that problematized the very notion of psychiatry as a benign and even medical affair, pointing out the mechanisms of social control of deviance that were embedded in the structure of mental healthcare from the beginning of the profession. This was made most apparent in Foucault's idea of *the great confinement*, which maintained that the developing body of managerial government started to round up the unwanted and deviants to asylums during the 17th century, keeping them out of society proper until modern times, whereas before this, madness was viewed more naturally, as an inseparable part of the human condition.[79] These kind of theses, where control, power and the organization of society were profoundly intermingled, characterize a sub-discipline which utilizes cultural explanations and could be termed the social history of psychiatry. Even as this kind of

[79] Pietikäinen 2013, 139-145.

critical take on psychiatry is often labelled as Foucauldian and is usually used as a synonym for it, it is worth remembering that there are also other valid takes and theories that focus on the social aspects of the discipline.[80]

So how, then, do these above-noted influences manifest themselves in the works of our subjects and how big of a role do they play when reasons for madness are constructed? In the case of Shorter, the given role is quite minuscule. When he writes about controlling family hierarchies and people being treated as objects in his 1992 book PtF, a keen reader can detect something of a social explanation. When doctors are said to influence their patient's unconsciousness, giving rise to the symptoms they were hoping to find, the social hierarchy of the situation is presented as the main culprit.[81] However, this was not always the case, and in other occurrences, Shorter concludes that the doctors must have influenced their patients unconsciously, meaning that the influencers themselves did not know what they were doing.[82] Although a few these kind of instances do exist, the main-focus of Shorter is usually elsewhere, like we saw before.

Next, we must leave Shorter with his focus on unconscious activities and take a closer look at the works of Roy Porter in the light of non-psychodynamic explanations of madness. Here we must also make an exception in the selection of our source material to include a book from 1987 to our list. As the title of this book is A Social History of Madness, it would be an oversight not to comment on it here, at least in passing. Even as we have seen above that there were some slightly psychodynamic undercurrents in Porter's works during the decade, he explicitly stated already in 1987 on the first page that his work is *not "…an attempt to set the civilizations of the past on the couch and analyze their collective psyches.*"[83] This particularly clear reference to psychoanalysis is repeated later, when he wants to contradict Freudians who were "*putting their historical cases on [the] therapy-couch*"[84]. If we continue on this trajectory towards the decade, in 1992 Porter stated that: *"All these would be meat and drink to a Freudian psycho-*

[80] For a comprehensive take on the different players on the field, see Huertas 2013. For a recent example on critical socio-cultural approach, see Kirk, Gomory & Cohen 2013.
[81] Shorter 1992, 164-165.
[82] Shorter 1992, 171.
[83] Porter 1987, 1.
[84] Porter 1987, 93.

historical sleuth. I shall leave these entertainments to others"[85]. It probably cannot be stated any more clearly how Porter positions his works in comparison to the slowly waning Freudian thinking of his time. But, as we have seen, even if something is denounced explicitly, that does not mean that it cannot have an observable lingering influence on the academic debate.

When compared to his works during the 1990s, it is surprising to find Porter dedicating a whole chapter in 1987 to the issue of what madness is, or is not, and how little we can ontologically say about it. This "madness is a foreign country" view, or any other premise for madness in this vein, cannot be found in his later works.[86] This ambivalent and more ponderous stance is accentuated in his works during the beginning of the decade, when Porter tends to use his own self-coined terms when describing varying phenomena, such as "*universal psychology*".[87] Also, when discussing Thomas Beddoes' wife Anna, Porter quite liberally uses, without definition, layman-psychological language, telling us that she grew "*disconsolate and depressed*". This down-to-earth way of a medical historian describing something that could also be construed as pathological implies that Porter at least is not ready to medicalize all his subjects, unlike Shorter.[88] This is not to say that he did not find Shorter's research valid, actually referring the reader to some of his older works for further information, at least in 1992.[89]

To continue on the topic of medicalization in historical narration, in his 1997 magnum opus Porter dedicates an entire chapter (p. 348-399) to characterize and go through the disparate parts of 19th century medical escapades, where professionalization, scientific breakthroughs and even alternative medicine get their due. Even though the book has its own chapter dedicated to psychiatry, the whole and complete lack of it here in this section seems striking. One would assume that the gradual professionalization of the discipline at least would warrant few remarks, concerning how striking an example of

[85] Porter 1992, 187.
[86] Porter 1987, 9-25.
[87] Porter 1992, 52. The term "universal psychology" seems to be an ad hoc creation, with no hits in common electrical research databases.
[88] Porter 1992, 186.
[89] Porter 1992, 111.

this phenomenon the mad doctors were[90]. Then again, when the chapter on psychiatry opens, the profession is titled, without problematization, as "*psychiatric medicine*"[91] with no demarcating remarks from any other conventional medicine. On a general level, Porter is somewhat ambiguous about his understanding of the causes of mental health problems. With some (denied) psychodynamic undercurrents and the avoidance of overtly medicalized[92] reasoning to go with, he usually leaves the readers to their own deductions when the topic is sometimes briefly visited.

To conclude this chapter and to introduce our most comprehensive example of socio-culturally oriented reasoning in the history of psychiatry, we shall finally turn to examine Andrew Scull's works in the same vein. When observing his approach to mental health problems in 1993 MSoA, his treatment of the topic points most forcibly towards external factors. He almost never explicitly states that society causes most of the symptomology, but it is hard to arrive at any other conclusion, given that he refrains rather consistently from labeling or acknowledging any particular pathologies or medical entities. Instead, his description most often leans towards vocabulary choices such as "*madmen and 'lunatics'*" or other broad catch-all labels that, instead of bringing the reader closer to the living-world of the patients themselves, focus more persistently on the viewpoint of those in charge of managing them. One might even argue that he uses this kind of slightly pejorative terminology repeatedly to elicit sympathy towards the subjects and to accumulate slight distaste towards the managers of the mentally ill and, as he phrases it, "*the emerging capitalist society*" they represent.[93] The same trend continues in 1996 where the question of the nature of insanity (or madness) is clearly absent. Scull et al. write at length about aspects of the professionalization-process and other variables, but it seems that the writers are consciously trying to avoid any contact with the subject matter of their protagonists (e.g. mental illness).[94]

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[90] See Scull 1993, 344-352, discussed later in this chapter.
[91] Porter 1997, 494.
[92] In 1997, Porter even reminds the reader: *"… popular medicine has not (by no means) always been misguided or erroneous"*. This somewhat positive stance towards popular- or folk medicine is something that is an uncommon sight in general histories, where the flag of "*true"* science is usually held aloft. Porter 1997, 37.
[93] Scull 1993, 113, 125, 139, 142-143, 145-146. This list could be continued, but the point is probably conveyed even with this amount of examples.
[94] Scull et al. 1996, 3-9.

In the first pages of the Most Solitary of Afflictions (1993), Scull positions himself in the field of the history of psychiatry. He proclaims that the book demonstrates to the reader through a thorough analysis that psychiatry cannot be viewed only in the Foucauldian sense or in a Whiggish way and that he himself tries to find a middle ground of sorts.[95] Considering this demarcation, in itself somewhat exclusive, it is all the more striking that when the book progresses, he never claims straightforwardly that madness is the product of its environment nor dwells upon pathological contemplations of any sort. Instead, when presented only with cases of systemic coercion, the reader is led to the singularly Foucauldian conclusion that institutions and society create their own mental problems and find means of controlling them in the coercion and institutionalization of their deviants.[96] In the same vein, Scull also unequivocally states that moral treatment[97] always "*contained seeds of oppressive mechanism*"[98], and he presents the ideas paralleling asylums and prisons in a sympathetic light[99]. This does not, of course, mean that he would be inherently wrong in his logic, only that this socio-cultural stance he chooses to endorse points towards the ideas Hanlon recognizes to stem from the 1970s and Foucauldian roots[100].

The latter part of MSoA offers us additional evidence of Scull's stance towards doctors as a profession. Continuing with the moral treatment, the way Scull portrays the medical profession assimilating the treatment under its jurisdiction creates an almost dramatic scenario of power-hungry individuals with a clearly protectionist agenda[101], their actions explained mainly with reference to scholars of professionalization processes[102]. Again, there would be nothing inherently dubious about this, had Scull also considered the medical developments linked to these advances more thoroughly. Now he only presents us with a few remarks on the brain lesions[103] that the doctors could not prove to have existed, leaving the reader with a negative overview and a caricature of blindly

[95] Scull 1993, 6-9.
[96] For an example of this implicit logic, see Scull 1993, 170-172.
[97] An approach to psychological care, concentrating on moral discipline and psychosocial interaction developed in Enlightenment England and France in the latter part of the 1700's. The York Quaker Retreat, run by William Tuke, is probably the most famous historical example of this phenomenon.
[98] Scull 1993, 304.
[99] Scull 1993, 108.
[100] Hanlon 2013, 368.
[101] Scull 1993, 222-231.
[102] Page 223 for example, ibid.
[103] Scull 1993, 223.

operating charlatans. What can be deduced from this is how Scull's socio-cultural stance reveals itself again in these statements. His arguments, even as he might have stressed otherwise in the introductory chapter, paint us a picture of a man whose understanding of the topic stems from Foucauldian ideas of recognizing, locking away and managing the deviants. Not a single reference is made to psychological or biological points of view, and every explanation, argument and narrative turn can be traced almost exclusively to a socially rooted worldview, even if it is not explicitly emphasized as the writer's chosen domain.[104]

The reader is not hard pressed to find even more cases where this kind of framing is pervasive. When discussing the growing prevalence of insanity during the latter half of the 19th century, the social construction of the phenomenon is again the only possible culprit in Scull's writing[105], and the "*expanding empire of asylumdom*"[106] gets blamed for most of these developments. A malevolent reader could even suggest that Scull does not let other possibly valid lines of inquiry disturb his powerful condemnation of the asylum system and the psychiatric profession. The last paragraphs of the book are even dedicated to offering last minute impressions of how modern psychopharmacology is *only* another tool in managing the deviant segment of the population[107].

To sum up, what were the non-biologically oriented ideas and explanations that lurked behind our subjects' conceptualizations of madness in the early 1990s? As proposed in the beginning of this chapter, one way to view our subjects is to perceive them on a continuum or a spectrum, where one end is held by explanatory models that stem from the tradition of psychoanalysis and psychodynamics, Edward Shorter occupying this sector most prominently with his unconscious-laden theories. In the middle ground, we find Roy Porter, who cannot seem to shake off the influence of Freud's person and ideas, even as he sometimes explicitly detaches himself from them. His way of using sometimes almost de-medicalizing vocabulary also positions him towards the socio-cultural side, even as the actual language he uses is almost always very careful and neutral in these aspects. Andrew Scull, on the other hand, stands firmly at the opposite

[104] Scull 1993, 222-231.
[105] Scull 1993, 344-352.
[106] Scull 1993, 352-363.
[107] Scull 1993, 392-393.

end of the spectrum, where Foucauldian and other socio-cultural explanations are the currency of the day, and mental problems are usually perceived to emerge from the surrounding culture and the power-distribution within it.

Now that we have acquainted ourselves with our subjects and the ideas about mental illness that they held mainly in the first part of the decade, the next chapter introduces us to the aspect of change. How did new ideas and concepts make their way into the historians' texts during the Decade of the Brain and how much biological, neuroscientific or even generally life-science oriented language emerged to shape their narrative of human history?

4. Ways of adopting the new biological paradigm

While it does seem that in the earlier years of the Decade the growing biological take on mental illness had not yet made its breakthrough among our subjects, this is certainly not to say that there were no references in their writings to biological or neuroscientific ways of understanding the human mind and its pathologies. As a matter of fact, in the course of the decade, the effects of transforming public discourse and scientific development began to influence also the monographic works published by Shorter, Porter and Scull. By tracing the shift in the story of human affairs concerning mental health that our subjects present, it becomes evident that an evolutionary process[108] was afoot inside the history of psychiatry. This chapter, containing the principal arguments of this master's thesis, explores this transformation on three different fronts.

First, we turn to analyze the different aspects of change that emerge in the overall story of human development; how the telos of the history of psychiatry begins to incorporate the biological aspect into its structure and how this affects the attitude towards previous paradigms, such as psychodynamics or psychoanalysis. To highlight the dimension of change, we must also take into consideration the instances where this kind of new substance and understanding is used somewhat carelessly or with vague results.

The second part of this chapter focuses more narrowly on the actual language and vocabulary that our subjects utilize. Curiously changing terminology, occasional anachronisms as well as the murkiness of the language reflect the slow process of general upheaval that was affecting the whole field of studying human mind and behaviour.

The third aspect under consideration in this chapter takes us back to the larger perspective, when we consider the role of these new angles in our subjects' worldviews and how they have an effect on the methodological tools these scholars use in their research. Shifts in methodology in writings of this calibre ultimately affect the way, how we, or people after us, perceive the history of human affairs concerning mental health and its failings.

[108] Not a revolutionary leap as the classic Kuhnian model would suggest.

4.1. The emergence of bio-medicalization into the grand narrative

As stated, we begin this chapter by observing the evidence that signifies a change in the overall story our subjects present when articulating the historical continuum of mental medicine and illness. As in the previous chapter, we begin with Edward Shorter. As early as in the PtF (1992), the first subtle hints of his developing ideas are somewhat detectable. When nearing the very last chapters of the book, he presents the reader with his general overview of how things seemed in the beginning of the 1990s. According to Shorter, psychological explanations had won a victory over neurological ones, at least concerning psychosomatic pathologies, but new findings were starting to cast them back into the biological light. Even as we have seen in the previous chapter that his actual working methods in the first half of the decade contradicted this, it seems clear that he was anticipating some changes to come.[109]

This feeling of development also reflects on some of the inner logic in his text that the reader might find confusing. In the final chapter on the last two centuries in PtF, there are assertions that could also be interpreted as shutting each other off, as being incompatible. On the one hand, Shorter emphasizes that somatizations are a recurring theme in history, with varying forms of them present (in different volumes) in every epoch. On the other hand, he makes the claim that, at the turn of the millennium, the somatizations of our time are somehow much more extreme and peculiar than any of the past forms, without giving the reader any evidence except for his own opinion. This, arguably presentist view is something that one would presume a historian not to assume, and it probably reflects the sense of overall change that the writer embodies in such vague descriptions.[110]

When exploring examples of Shorter's general views on historical explanatory models a change can be observed between PtF in 1992 and FMB in 1994. In the latter book, Shorter describes the different aspects of depression and melancholia as sickness-entities, differentiating between biological and sociological models without any mention of the subconscious.[111] The same theme continues a few pages later, where Shorter

[109] Shorter 1992, 201.
[110] Shorter 1992, 296-304.
[111] Shorter 1994, 118-119.

introduces us to a Viennese family from 19th century, whom he claims to have genetically inherited depression. Whether the family Schmid had a genetic prevalence to affective disorders is not in question here; more interesting is how the case is presented. Even as Shorter describes the gruesome details in the story of a suicidal family, he only concentrates on producing a biological explanation and fails to make even a passing remark on how the described life experiences of the family's younger members could have in themselves caused major depression in almost anybody. This contrasts starkly with his earlier explanatory models of these kinds of situations and underlines his apparent need to find biological causations.[112]

When Shorter begins his 1997 chapter on the psychoanalytical movement, he quite explicitly lays in front of the reader the shift on the meta-level towards a new understanding of the history of psychiatry: how the psychoanalytic doctrine is no longer viewed as the endpoint of the narrative of scientific progress inside the discipline, but more as a (mis-)step on the way towards a biological model. This is something that cannot be found in his previous works from the nineties.[113] It is also worth noting that here is an insight that seems to escape many of us in the present day, Shorter himself being no exception. Many of us tend to view our present state of affairs as the teleological outcome of set past actions, as Shorter seems to view the advent of second biological psychiatry as something inevitable, a fixed truth on the space-time continuum. As all presentism, this kind of framing of past events does not necessarily flatter the writer too much.

To conclude our demonstration of how completely Shorter's understanding of the historical body changed and evolved during the Decade of the Brain, we should consider how he describes the degeneration-theories of the fin de siècle. When drawing on the model of hysterical behavior of this epoch in 1992, he concludes that *"...it is this search for individual psychological fulfillment that characterizes the family's remarkable fragility*"[114]. In 1997 his explanation of the mechanisms of the genetic inheritance of mental illnesses is rich in description such as: *"... genes that cause these*

[112] Shorter 1994, 123.
[113] Shorter 1997, 145-146.
[114] Shorter 1992, 123.

illnesses expand in size (called technically trionucleotide repeat mutations)…"[115], which reflects the explanatory model he has incorporated into his works to function as a factor in human history.

In Roy Porter's later works, especially his Greatest Benefit to Mankind, there are also signs that the phenomena of the decade were affecting his version of the grand story of human medicine. When mentioning Plato's Timaeus' influence on the concepts of medicine, Porter points out that: "*… madness might thus a have physiological cause, to be treated by medical means".*[116] Underlining this particular point in the most ancient of texts he discusses, Porter offers the reader a teleological trajectory of how mental medicine was to emerge few millennia later, or at least he felt it was an important enough *step* to mention.

When considering the Hellenic medicine of Alexandria, Porter again underlines the first findings that point towards the understanding that the brain has controlling and supervising functions of some sort within the human body. [117] The reader could even boldly state that in this part of the book, Porter is trying to tell a story about the dawning of cerebral ideas. On the other hand, after the antiquity, the next deliberate allusion or reference to cerebral controlling devices in GBtM surfaces only during Porter's description of the renaissance, with the case of Leonardo da Vinci and his illustrations.[118] This leaves the reader to wonder why such a sudden change of focal points occurs. One probable explanation would be to point out that books of this magnitude are often compiled from texts written during different times, and therefore cases like these reflect the malleable nature of history in general, where changes in writers' academic interests may even effect the cohesion inside the context of one monographic work. All in all, Porter regularly tends to refer to people and their sicknesses in his subjects' contemporary terminology, but when the tone of his texts shifts towards more general developments in human history, one is not hard-pressed to stumble upon these more medicalized tools of understanding.[119]

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[115] Shorter 1997, 93-94.
[116] Porter 1997, 64.
[117] Porter 1997, 67-68.
[118] Porter 1997, 177.
[119] Porter 1997, 493. These mentioned tools are described in detail below in chapters 4.2. & 4.3.

Concerning Andrew Scull, it must be said that there is a noteworthy lack of definitive examples of him endorsing the biological view of mental illness, implying that if such an effect is to be found at all, one should look more closely at negations or what is left unsaid. For this reason, we shall next concentrate on some of the negations, or how our subjects drew demarcating lines in history, especially towards psychodynamics and/or psychoanalysis, which were the receding paradigm in the latter part of the 20th century.

Edward Shorter's 1994 book, FMB, begins with a preface that invokes somewhat contradictory conclusions. He seems to have abandoned the bandwagon of psychoanalysis quite wholeheartedly in favor of more biological explanations, but when alluding to his previous book, he makes no remarks whatsoever about his changed perception concerning psychosomatic illnesses and the means to explain them. He even goes as far as to produce witty remarks about his colleagues who might be more inclined to maintain their more psychoanalytic explanations. By doing this, Shorter positions himself to be on the forefront of modern scientific understanding.[120]

When the focus of PtF, e.g. psychosomatic illnesses, comes up for the first time in the main text of FMB, the same kind of narrative continues. Shorter gives mainly a lengthy, 5 pages long, testimony of the historical facts that *could* be used to claim that psychosomatic ailments are hereditary. In the end, he admits that no proof of this exists in his day (as there is not much today either), but this does not keep him from endorsing the genetic (life-science oriented) point of view. To complement this line of argumentation, he does not mention any of his previous works here in the main text. As mentioned above, there is a short reference to his From Paralysis to Fatigue in the preface of the book, but he does not say anything about his earlier psychodynamic conclusions, discussed in the previous chapter. One of the easily fathomable causes of this kind of deliberate quietness could be that he wants to distance himself from his previous more Freudian views.[121]

When we reach his 1997 A History of Psychiatry, Shorter's continuing references to the "*intellectual bankruptcy of psychoanalysis*"[122] underline a built-in demarcation in his mindset. Also, the use of militaristic language when describing the spreading of

[120] Shorter 1994, VII-IX.
[121] Shorter 1994, 9-13.
[122] Shorter 1997, 146.

psychoanalysis in scientific circles could be interpreted as a conscious choice to frame the subject negatively[123]. All this is to say that during the decade, Shorter clearly began to see the psychoanalytical enterprise as a thing of the past and something that he wanted to renounce himself from.

Due to the less confrontational nature of his written opinions, Roy Porter's demarcation or sidelining of psychoanalysis is more subtle. When he states in 1997 that: *"... the phenomenal growth of psychoanalysis overshadowed developments in the medical treatment of mental problems*"[124], it is apparent that in Porter's opinion psychoanalysis is a different entity than "medicine" or "medical treatment". This is made more evident again when he muses that psychoanalysis was "*medicine's increasingly powerful sibling*"[125] when describing the general developments in 20th century medicine. Therefore, while psychoanalysis can be seen to synergize with the medical world, it was still an entity somewhat ontologically removed from it. This is even further accentuated a few pages later, when "*psychiatric"* and "*psychotherapeutic*" interventions are differentiated from each other.[126] In general, this kind of careful and non-underlined but still discernible differentiation enables us to witness the distance that Porter wishes to draw between his present and psychoanalysis.

Even as there exist these explicit accounts of endorsement and negation, a sizeable amount of change is only discernible in the confusion that it creates. The next line of evidence to underline the changing narrative of human affairs rises from the deliberate tendency of our subjects to remain more vague or obscure at times. These accounts reflect the idea that even as there were rising new concepts to utilize, their effect on the narrative remained more questionable or incoherent.

When analyzing Shorter's works, one cannot escape the notion that he is a man who has crystallized opinions and is not afraid to phrase them in his written works. He tends to write in absolutes, telling the reader what the truth is and why it is so, which is quite an amalgamation of the North American tradition of argumentation in history. One could

[123] Words like "infiltration" and "march" are used to set the mood in chapter 5 where Shorter narrates the historical spread of psychoanalysis as a phenomenon.
[124] Porter 1997, 520.
[125] Porter 1997, 691.
[126] Porter 1997, 706.

even assume that this kind of personal sternness would leave no room for self-doubt, especially in the aforementioned self-appointed position and context of being in the forefront of the scientific understanding of psychiatry. As it happens, one area of Shorter's research can be found where a flexible sort of output appears: the case of anorexia in his 1994 FMB. His multi-faceted approach to the subject strikes the reader as a breath of fresh air, giving rise to different probable outcomes from several different theories.[127] This is also probably the only time Shorter emphasizes a more skeptical or cautious stance towards his contemporary medicine when he discusses the state of diagnosis concerning compulsive thinning and vomiting.[128] This would indicate that it could have been too delicate a topic in Shorter's working environment for him to make more aggressive arguments about, or simply that he did not trust the otherwise all-pervasive ascending biological paradigm to explain the phenomena accordingly – and that he therefore resorts to explanations that are a combination of the old and the new.

In Porter's case, it is not too hard to observe that he commonly utilizes somewhat opaque concepts throughout the decade. Some might even argue that he refrains from laying any judgements on the ontology of his subjects' life-worlds, or that he likes to keep his hands clean from the debates that scar the field of defining psycho-medical entities. Sometimes he holds terms like *asylum*, *insanity* and *lunacy* strictly demarcated from the development of psychiatry as a field of medicine[129], and he rarely touches on the subject of the causes or aetiology of the afflictions at hand. When psychiatric disorders are explicitly mentioned, his descriptions are still usually prosaic and anecdotal in nature[130]. Porter even demonstrates, in a linguistic tour de force, how he is capable of presenting a long and colorful description of valetudinarians and hypochondriacs of the 18th century whereby he, throughout these four pages, manages to avoid every allusion to terms like psychosomatic or unconscious, which are the hallmarks when our contemporary people discuss these phenomena[131]. This tendency harkens to the general critique of Kirk, Cohen and Gomory, where they accuse many historians of psychiatry of intentionally using vague language to the effect that the

[127] Shorter 1994, 154-155.
[128] Shorter 1994, 160.
[129] Porter 1993, 39-40.
[130] Porter 1997, 195-197.
[131] Porter 2001 159-162.

reader cannot know if the focus is on "*formal domain of science*" or on "*literary flourish*". [132]

As hypothesized previously, one could speculate that more evidence of a shift in Scull's thinking and narrative could be found in the not-so-explicit aspects of his texts. Even as there are some modern-sounding examples, including the usage of vocabulary such as "*modern cerebral anatomy*" when explaining developments of the late 19th century but referring at the same time towards his contemporary research[133], he usually falls back to the above-mentioned and critiqued category of using deliberately obscuring terminology. Scull's case of evading systematized terminology is brought under scrutiny especially in the previously cited critical analysis by Kirk, Cohen and Gomory, in which they state quite accurately that: "*The habit of co-mingling words that are prone to ambiguous interpretations, such as insane, crazy or illness, with others that also have more formal medical definitions in contemporary medicine, such as disease or psychosis, has consequences*"[134]. One such consequence could be that Scull's mixing of terminology leads the reader to deduce that he aims to distance his works from the shifting nature of his contemporary environment.

Sometimes the intended form of narration and concepts does not offer all the available evidence. Before we wrap up our analysis of the transforming elements of the grand stories and their nuances, some of the written phenomena that could be construed as unintentional must be considered. When observing Shorter's works, one aspect that strikes the reader as his blind spot is the unawareness or lack of a notion of change in his own works. When there is even a chapter entitled "*paradigm shift*" in PtF (1992), the reader would assume that when Shorter analyzes changing medical paradigms, he would simultaneously be more sensitized to pointing out similar phenomena in his own line of work. Considering that he flirted with biological psychiatry, at least to some extent, already in 1992, it is rather striking that there are no real insights to be found about the changing views of how he as a historian constructs and understands mental illnesses.[135] There are also certain incidences where he conveniently applies bio-medical

[132] Kirk, Cohen & Gomory 2013, 59-60.
[133] Scull et al. 1996, 261. These are, obviously when separated by 100 years, quite non-compatible concepts.
[134] Kirk, Cohen & Gomory 2013, 59.
[135] Shorter 1992, 267.

research to his historical cases and represents them in light of contemporary up-to-date knowledge of hereditary research and stress models[136], whereas sometimes similar scenarios are presented to be without signs of such biological factors[137]. This separation or coexistence of nature vs nurture aspects is applied somewhat arbitrarily, underlining the shifting nature of Shorter's historical reasoning.

Finally, to conclude this section for Shorter's part, a certain notion must be introduced on the presence of logic in his writing. From the vantage-point of the present, some of Shorter's views seem just a bit overconfident in biology, for there seems to be one piece missing from the foundation stones of his explanation concerning the material bases of different mental illnesses. He implies many times in HoP (1997) that psychogenic explanations are gone and a thing of the past as a physical correlation as well, as more commensurable links have been established between pathology and brain anatomy (for example, plaques and neurofibrillary tangles associated with Alzheimer's disease) on the one hand and pathological findings and chemistry (for example, chemical imbalances found in patients with major depression) on the other.[138] What he fails to elucidate to his reader is how such correlations got there in the first place, leaving us with a tautological "it is there because it is there" sort of model for explanation. Because this causal link is not established, this argument cannot logically fill the requirements of an explanatory model on the perishing of psychogenesis and works more as an example of how eager the writer was to embrace these new concepts.

In Porter's case, one of the noteworthy things to point out is the phenomena that did *not* make their way into his narrative of developing psychiatry. In GBtM, during a whole sub-chapter on imaging techniques, albeit in the main chapter on surgery, Porter delivers a two-page long story of the last thirty years. When discussing PET, MRI and the likes of them, his attention is focused on the surgical view, excluding much of the central nervous system. It is hard to say how little weight he puts on the developments of the last few decades, but he barely manages to note (one sentence on page 610) how wide an impact the new mechanics have had on understanding the brain and human psychological functions. Although remembering that there is a whole chapter on

[136] Shorter 1994, 18.
[137] Shorter 1994, 15.
[138] Shorter 1997, 246.

psychiatry earlier in this book, the small amount of attention given to these developments and to the whole shift in our understanding of ourselves that these techniques presaged is surprisingly stunted. This becomes even more evident when we look at the two important factors that Porter emphasizes when describing modern psychiatry elsewhere: the anti-psychiatric movement and pharmacological developments. Even as their importance cannot be denied, not mentioning imaging techniques seems peculiar even in Porter's contemporary context.[139] This kind of glaring omission, unintended or not, presents the whole recent history of psychiatry in a certain kind of light.

In Andrew Scull's writings, much of the evidence that could be considered unintentional or at least implicit reinforces the idea that his views were not too prone to change. In Masters of Bedlam of 1996, Scull et al. still insist on using phraseology such as *"In the huge museums of the mad…*"[140], alluding directly to his 1979 book and its title *Museums of Madness: The Social Organization of Insanity in 19th Century England*. It is thus conceivable that this certain kind of rejection of change also extends to the contents of this earlier piece of work, as it is in some measure implied that the information there is mainly not seen as outdated. Also, the continuously hostile language towards the asylum system and a solely managerial view of madness without alleviating remarks or different perspectives of any kind, presented with a condemning voice from the future, can be interpreted as either conscious or unintentional actions on Scull's part, depending on the reader's good-will. *"For our generation has learned to view the asylum as an almost unmitigated disaster, a fatally mistaken approach to the problems of managing the mad and one that cannot be too swiftly consigned to the dustbin of history*"[141] is a prime example of the moralistic tone of argumentation that embodies the nature of Scull's narrative through the decade.

To recount, let us now observe the picture that emerges from the evidence presented in this sub-chapter. If we continue with the metaphor utilized in the previous chapter, the idea of a spectrum or a continuum, we can once again find a useful tool for analyzing our observations. On one end, we have Edward Shorter, whose general story of the

[139] Porter 1997, 605-610.
[140] Scull et al. 1996, 185.
[141] Scull et al. 1996, 83.

history of psychiatry began increasingly to incorporate elements of biological psychiatry into its structure during the course of the decade. He came to renounce his own previous explanatory models of the psychodynamic origin of mental illnesses and, although as it at times produced mixed or superfluous results, he tried to integrate these new ideas into his written works. Roy Porter again dominates the middle ground, giving more cautious yet discernible nods towards the sign of the times by distancing medicine from psychoanalysis in his writing. Yet akin to Scull, he prefers more vague terminology, leaving the importance of recent developments, such as the evolution of imaging techniques, much more open to interpretation. Andrew Scull presents a lot more unfaltering position, representing the other end of the spectrum once more. Some occasional mentions of cerebral anatomy aside, his overall interpretation of human affairs remains relatively stable and to an extent comparable to his previous views. Critique of the asylum system and the social coercion of deviants are his trademarks, even as his terminology of choice sometimes strives to obscure these connotations. Next we shall adjust our point of view and zoom from the level of narratives into a much more defined environment, when we take a closer look at the terminology and language our subjects used during the decade.

4.2. Incongruent tool-sets and eclectically changing terminology

To illustrate the changes that took place during the Decade of the Brain, one of the most striking examples can be found in the practical terminology of our target historians. The relatively slow but steady shift in the socio-political research environment materializes as continuous erraticism in their works. Some aspects of the language used can be described as inaccurate, the terminology and nomenclature changing by the minute. There are even certain straightforward anachronisms present that also reflect the relatively contingent and shifting state of the enterprise of the history of psychiatry in general and the worldviews of our protagonists in particular. This can also be observed in some of the methodological tools they utilize. By turning our attention next to these practical applications of their trade, we can see explicitly how the overall transformation of the cultural understanding of madness affects a scientific discipline in action.

4.2.1. Eclectically changing language

First, we shall turn our focus towards the language and terminology that our subjects use to describe their reality. Having in previous chapters identified how our subjects construct their cases, here we consider explicitly the expressions used, how they draw increasingly from differing worlds, and how all this furthermore manifests as murky and contingent writing.

Even as Shorter touts the new and more modern view of biological psychiatry already from the beginning of the decade, as we have seen, his first real references to neurological research can be found only after leafing through the first hundred pages of From Paralysis to Fatigue. There he explains how the EEG (electroencephalography, a method used to measure electrical activity in the brain) is used to find epileptic foci in patients suffering from seizures, but in the very next paragraph we return to the mystified world of the unconscious and its different qualities.[142] It is worth pointing out that this kind of mixing of terms and traditions is never addressed by him in any way. Shorter uses his vocabulary with seemingly absolute belief in its competence to describe the reality around him. This is, somewhat, in keeping with his rhetorical style, as discussed previously, but it must nevertheless be said that when historians are explicitly dealing with a subject that has experienced such huge paradigm shifts, they should also be expected to exert some caution before asserting their own views as the right ones.[143]

The overall picture painted by Shorter depicts symptoms switching from *"motor to sensory systems"*, but he offers us no real explanation about how he understands this shift. Is he only using these terms in a general sense or does he deliberately use neurological vocabulary? Is he referring to the distinct neuronal pathways of providing and outputting information from the central nervous system or are these concepts only borrowed from there to work as literary devices to get his message across? This ambivalent usage of terminology could even be viewed as an allegory of sorts for the point in time where terms like glucocorticoid, neurotransmitter and somatosensory

[142] Shorter 1992, 96-97.
[143] Shorter 1992, 225-226.

pathway were making their way into the speech acts of historians who were more accustomed to understanding human relations in terms of psychodrama and the unconscious.[144] This is made even more confusing when the subconscious returns as an actor in the field just a few pages afterwards[145], and family psychodrama emerges just a little further on, when psychogenic pain is discussed[146].

The final chapter of the 1994 book FMB reveals another terminological anomaly that exemplifies the dynamics of shifting modes of thought and the usage of medical vocabulary: Shorter's use of the concept of stress. He uses the term in quite a definite sense, referring only to the psychological stressors of work, family life and relationships and disregarding its physical meanings altogether. If Shorter would be using the neuroscientific paradigm of understanding, as he says he is, it would be more than appropriate to define stress also as any physical or psychophysical event that disturbs our body from its baseline state[147]. This somewhere-in-between-paradigms kind of argumentation can be understood as a manifestation of a personal process of trying to convert his own thinking from psychological axioms towards a more divergent understanding, but not quite getting there yet at this point.[148]

Shorter is also not immune to anachronistic terminology that sometimes finds its way into historians' writings. An example of this can be observed in his 1997 chapter on nervousness. Even if he explains the sociological mechanisms that turned common discourse from mental illness towards nervous illness, a slip to anachronistic terminology appears when Shorter claims that: "*... doctors [of the late 19th century] believed nervous problems to be constitutional in nature and possessing a heavy genetic component.*"[149] Almost certainly, the term "genetic component" was not in general use during the years he is describing[150]. This hints towards Shorter's nascent view that biology was marching towards its inevitable triumph. It is almost impossible to find similar use of terminology in his 1992 texts.[151] In general, it is not hard to point out

[144] Shorter 1992, 267-270.
[145] Shorter 1992, 278.
[146] Shorter 1992, 294.
[147] See, for example, Antall et al. 2014.
[148] Shorter 1994, 199-207.
[149] Shorter 1997, 116-117. My italics.
[150] Even though Mendel had published his theories a few decades earlier, genetics as a disciple emerged only in the first half of the 20th century via the influential work of Hugo de Vries.
[151] Shorter 1997, 116-117.

examples that illustrate the many ways in which Shorter's wholesale embrace of the biological transformed his language.

While our other subjects did not revamp their views so profoundly, the distinct environment of change is nonetheless reflected in many ways in Porter's chosen terminology. Very much like Shorter's use of vocabulary without definitions, Porter tells us in his 1992 book that Beddoes faced *"...psychosomatic and somatopsychic complaints..."*[152]. Given his lack of explanation or further clarifications and the fact that the timeframe of the case in question is at the turn of the 19th century, such words seem a little out of place. There is also a footnote a bit earlier, where Porter claims that our contemporary age is "*post-bacteriological*" without providing any further definition, forcing the reader only to guess what exactly he means[153]. This leads us to the conclusion that even though Porter saw his contemporary time as something new and changing, he could not (or would not) place any definitive markers on it, only leaving vague terminological hints in his writing.

Like Shorter, Porter also slips in some anachronistic definitions when discussing the lifeworld of his subjects. Even as we can today see that the entity that emerged as the discipline of cognitive psychology during the middle part of the 20th century has its roots in research done in the 19th century, it still must be stated that when Porter tells us that Beddoes conducted *"... investigations in cognitive psychology..."* he certainly projects future terms to more archaic forms of the profession.[154] And, as in Shorter's case, one is hard pressed not to see certain underlying teleological hints of coming times in his selection of words. In the same vein, when he later on in the text refers to late 18th century moral treatment as "*new interactive form of psychotherapy*", the term psychotherapy is used way ahead of its time. Of course, one could assume that this is meant to convey the spirit of moral treatment in more easily understandable language for popular readers but the terminology nevertheless, in the way it is used, delivers an idea of a deterministic historical view of sorts.[155]

[152] Porter 1992, 189.
[153] Porter 1992, 115.
[154] Porter 1992, 187.
[155] Porter 1997, 273.

Given Porter's earlier established more problematic take on Freud and his legacy, his 2001 book offers us a curious dissonance to examine. At one point, he casually uses Freudian language to underline his point. He even explicitly states, when discussing pictures as historical source material, that *"…they certainly have the power to communicate raw unconscious (Freudian) or subliminal significations"*.[156] Yet going only a few pages forward he mentions "*Freudian emancipationists*" as a dubious entity[157], leaving the reader somewhat puzzled by these contradictory takes on the psychoanalytic school of thought. Further along the way, the moniker of people who regard the forces of the unconscious has been switched to post-Freudians.[158] It would be tempting to suggest that even as Porter himself had an inclination towards some vaguely psychodynamic explanatory model, the general discourse within which he was operating demanded some kind of overarching critical actions, thus twisting the written works of the author in a paradoxical manner.

The last terminological aspect of Porter's works to be discussed here is most prominently visible in his 1997 magnum opus and its chapter on the development of psychiatry. Here, when Porter reaches the late 19th century and Charcot's[159] works, the reader can notice his changing vocabulary. Describing Charcot's research interests, he mentions "*… migraine, epileptiform seizures, somnambulism, hallucinations, word blindness, alexia, aphasia…*". This shift to purely medical vocabulary from "madness and madhouses" takes place here within a few pages and without any explicit recognition of said change in used language from the writer himself.[160] It falls in line, of course, with the objective of using easily comprehensible contemporary terms, but, as we have observed previously, this has not been the case absolutely. It is even more curious, at least concerning our interests, that this changing vocabulary and nomenclature is never explicitly discussed by Porter in any of the books studied in this thesis. Why was it not deemed necessary to point out to the readers of his books what

[156] Porter 2001, 32.
[157] Porter 2001, 36.
[158] Porter 2001, 87.
[159] Jean Martin Charcot, famous French neurologist, best known of his works with hysteria and hypnosis. See, for example, L.F. Haas, 2001.
[160] Porter 1997, 514-216.

kind of tools the writer is using, given that the tools always have an effect on the reception of the work[161]?

The same phenomenon of both convoluted and shifting terminology can also be detected in Scull's writing during the decade, even if he dodges the use of explicitly anachronistic nomenclature. To illustrate how the professional terms in psychiatry have changed during the 19th century, Scull et al. begin the ending chapter of their 1996 Masters of Bedlam by calling the luminaries of different generations by evolving titles: from mad doctor to alienist to medico-psychological specialist. Considering that they use such obvious demarcations here, the lax and intermeshed vocabulary elsewhere discussed in the previous sub-chapter presents a puzzling contrast.[162]

As stated previously in chapter 2.2., Masters of Bedlam proceeds chronologically, and there does not seem to be an underlying logic in the preferred terminology of the writers. "*Elite mad doctors*" and "*alienists*" are used interchangeably in the same chapter[163], and "*mad doctoring*" still lingers as a term into the chapter on the late Victorian era, even as the term "*medical psychology*" is brought in to accompany it.[164] But as "*problems of madness*", "*nervous disorder*" and "*alienist*" exist happily in the same sentence and in the same time periods here, the clear epoch-focused nomenclature is lost in a terminological jumble of differing monikers.[165] Also, just a little further, Scull et al. start to refer to "*lunatics*" and "*alienist-doctors*", adding even more vague monikers to the mess.[166] In some cases, they are more spot-on with their choice of words. "*Institutionalized insane*" and "*psychological medicine*" are both more in line with the modernisation discourse in which they are found.[167] This more accurate terminology continues for the rest of the book, but as soon as the main chapters end and the conclusion begins, we are transported back to the world of "*mad-doctoring*" and "*confinement of those without hope*".[168] This eclectic take on naming conventions reflects on the more controversial anachronistic activities of our other subjects but

[161] Se, for example, Suoninen 2016, 62-64.
[162] Scull et al. 1996, 226.
[163] Scull et al. 1996, 154-159.
[164] Scull et al. 1996, 161.
[165] Scull et al. 1996, 188.
[166] Scull et al. 1996, 219.
[167] Scull et al. 1996, 230.
[168] Scull et al. 1996, 269.

nevertheless remains free from the language of biology and historical determinism that seems to be implied more in the works of Shorter and Porter.

In conclusion, whereas Shorter's work is more ridden with the ideals of a new biological vocabulary and Porter also seems to imply the changing times and the process of development in his choice of words, Scull utilizes the vocabulary of an outside-looking-in point of view that, again, reflects his roots in a socio-cultural explanative tradition of the subject matter. The common nominator between Shorter and Porter is that a certain kind of movement or a shift can be observed, where terms are used in uncanny connections, and this instability is made even more apparent when compared to the stable, albeit somewhat inaccurate tools used by Scull. Finally, we must take a step backwards in our perspective to observe how some of these linguistic and semantic choices reflect our subjects' world-views and methodological approaches and how the changing environment that is our culture bleeds through to their written works.

4.2.2. Confused worldviews and the tools to manifest them

Focusing our attention towards the wider, more permeating aspects of confusion or disturbances in the authors' worldviews, we continue to deal with Edward Shorter first. Especially in this case, his writings become so abundant with examples of the phenomenon that there is a danger of over-representation, but as the evidence discussed characterize the topic in such an accurate manner, they are included in their entirety here. This is done even at the risk of a slight imbalance.

It becomes apparent that Shorter's 1994 book, FMB, is a distinct hotspot for such anomalies. In this particular case, it is most efficient to highlight the mid-decade to truly appreciate the transitory aspects in his thinking, even if his other works do offer similar examples. On a general level, it is interesting that when he discusses the dichotomy of psychodynamics versus biological psychiatry in the context of female prevalence towards psychosomatic illnesses, Shorter presents himself as a proponent of modern "*lab-proofed*" insights, even though, at the same time, he uses almost exclusively

psychoanalytic and psychodynamic models to prove his points.[169] There are, however, some incursions towards more multifaceted approaches, but they are not without their inherent difficulties.

The phenomenon of using one vocabulary in speech and another set of tools in research is surprisingly clear in the pages 88 and 89, where none of the conclusions are made by referencing studies in the life-sciences. To put this in another way, this makes all the neuro-talk and quantitative methods previously discussed in the chapter seem a bit glued on. One must also notice the word-pair "*Freudian psychobabble*" that gives page 81 a humoristic twist. This kind of Freud-bashing is impossible to find in Shorter's previous book, and gives us a hint of his evolving new opinion about psychoanalysis in general.[170]

One important aspect of the evolving approaches in Shorter's work is the rising use of statistical data to draw conclusions. When considering the relationship between social class and psychosomatic illnesses, Shorter reveals to us some models of thought that must be emphasized. He seems to take the statistics he uses at face value, without contemplating the effects of social class on a person's body image or the cultural norms of sickness that accompany it. Even as this might be seen as a bit too straightforward way of interpreting the evidence, it still is not the most important information here. Much more revealing is that when Shorter explicitly states that he is speaking about his contemporary society and its statistics, he uses information from three different studies from the 1960s. This leaves the reader with the impression that Shorter does not think that data from the sixties could in many ways be obsolete or unfitting for an analysis of his contemporary 1990s. Even as he so carefully and sharply describes the myriad of changes inside the disciplines in question in all of his books, he somehow seems to be oblivious to the fact that he is here presenting the whole of the latter 20th century medicine as a monolith.[171]

Another of the more noteworthy cases is emergent in Shorter's use of quantitative methods. In the aforementioned chapter on women's higher rates of somatization, he opens his case with a few pages of statistical information from what he calls present day

[169] Shorter 1994, 76-89.
[170] Shorter 1994, 76-89.
[171] Shorter 1994, 22.

America (actually the data are from the 1960s and 1970s when the public understanding of mental illnesses was somewhat different than in the 1990s, as Shorter has clearly demonstrated elsewhere[172]) to produce the foundations on which to build his historical case. I am not in any way implying that the greater psychological or physical misery of women is some kind of a modern construction, only pointing out that Shorter approaches this subject in a quite peculiar manner by first taking fairly recent data that he then projects implicitly to past evidence to show us how the continuum of suffering women can be traced back. After the introductory chapter of From Mind to Body, not even in the concluding section does he bring the statistical data up for a second evaluation.

Another aspect here is that the data used to show a steady continuance of women's more prevalent psychosomatic symptoms are only from the United States and Canada, when the temporally earlier evidence was from Central and Western Europe. If Shorter stated that he was tracking the roots of symptoms in North America, this would be fully understandable. What makes it somewhat striking is the implicitly given picture that he is describing the whole and uniform history of western mental culture. This kind of streamlined, simplified view that moves the focus to the western side of the Atlantic after the Second World War[173] could probably be questioned by many contemporary European authors. More cases where Shorter uses statistical data from mid-twentieth-century North America to validate his claims about earlier European scenarios emerge as the 1994 book continues, establishing the method as something that Shorter does not see as in any way problematic.[174] This general ambivalence towards quantitative data demonstrates his non-familiarity with the methodology in question during this time and reflects the will to still implement them in his written works.

After a chapter concerning different somatization styles of men and women in the nineteenth century that is full of statistic and biological theorizing and vocabulary, it seems altogether more striking that Shorter once more retorts back to his previous theorems of the unconscious as an agent in the next few pages. Some notions of power hierarchies between the sexes are again reminiscent of the Foucauldian manner of

[172] Shorter 1997, 288-327.
[173] Shorter 1994, 56-89.
[174] Shorter 1994, 121.

picturing mental illnesses as a society-driven way of segregating the unwanted individuals.[175] However, in his later work (HoP) Shorter makes his view on the matter clearer. Even as he did not pay explicit attention to them in his previous works, here he does not seem to put any weight on the politically and socially driven activity of the "Great Confinement" or anything like it. Mental illness has, in Shorter's view of that day[176], always had a biological or environmental component, so when he later mentions Foucault, he usually does this with a sarcastic overtone and scoffing remarks[177].

Another problem with wider connotations appears when we look at Shorter's grasp of the use of medical research literature to back up his arguments. A case in point can be found in footnote 70 on page 148 of FMB. Here Shorter refers to a research article from the 1980s when he writes of new medical results. By the time the book was published, it had been ten years since the publication of that article. It does therefore seem, when viewed quantitatively, that Shorter deals with medical knowledge in the same manner as a historian would deal with his secondary sources, that even decades-old explanations can be used if they seem compelling and appropriate. At least today, one should be very cautious when referencing medical literature that is more than ten years old, given how quickly opinions and even "facts" tend to change. This natural characteristic of the life sciences seems to be something that Shorter does not always remember to emphasize.[178] The same theme continues in the next chapter of the book, this time with the use of fifteen-year-old psychological statistics[179].

One notion of a methodological nature must also be made from the A History of Psychiatry from 1997. In a chapter where he aims to show evidence of growing (real) mental illness rates of asylum populations, Shorter's enthusiasm to discuss biological culprits complicates the case somewhat. Even if neurosyphilis and Korsakoff's syndrome encompassed only a marginal number of patients, he gives a spectacular twelve-page presentation of them, as they were one of the few pathologies with affirmed biological causes. As both of these pathologies stem from external culturo-biological factors (*spirochetes* and *ethanol* or *venereal disease* and *too much drinking*) and only

[175] Shorter 1994, 62.
[176] Shorter 1997, 4.
[177] Shorter 1997, 3-34.
[178] Shorter 1994, 148.
[179] Shorter 1994, 153.

produce symptoms that affect the patient's cognitive abilities, they can be seen as representing only one side of the pool of pathologies when speaking about psychiatry. The length of the analysis effectively obscures the fact that he has almost no explanations on the biological side of the undisclosed majority of the growing mental illness problem. [180] All this is to exemplify the case of how strongly Shorter wants to present things in a biologically oriented light, even as that light sometimes reveals nothing new to us.

To sum up, these points highlight how Shorter connects and compares socio-psychical and more life-science oriented thinking-models. He writes as though he is forcefully trying to connect two (sometimes ill-fitting) pieces of a puzzle together. This probably reflects quite accurately how it might have felt at that time and explicitly illustrates the cultural influence and need to incorporate new methodological thinking into historical work.[181] Some more progress has since been made with this puzzle-making for us to understand these concepts: present day literature emphasizes that one should not think of them as separate pieces at all, only as different angles to assessing the same picture[182].

Like Shorter, Porter also exhibits some incongruence in his descriptions of the reality around him, albeit usually not so articulately. Probably the clearest example of creeping biological vocabulary in his writing can be observed in GBtM (1997). On many occasions, he clearly strives to use epoch specific terminology when referring to mad people or their sicknesses per se[183], but when describing general developments, one is not hard-pressed to stumble upon more modern tools of understanding. For example, when discussing 18th century theoretical models, his phrase "… *associated with sensory-motor system…*"[184] seems highly modern. Also, when discussing Locke's later influence, Porter mentions his new ideas on brain function and nerves and that he practiced "*philosophy of psychiatry*" [185]. This mixture of anachronistic terminology and projected expectations of the future seem to imply that some of Porter's contemporary

[180] Shorter 1997, 53-65.
[181] Shorter 1994, 199-207.
[182] See for example Purves et al. 2014 for a more modern neuropsychiatric take on the subject.
[183] Porter 1997, 493.
[184] Porter 1997, 253.
[185] Porter 1997, 242-243.

ideas were making their way into his writings, even as he is much more careful and considerate than his colleagues in this aspect.

As we have come to know him, Scull is, again, the odd one out in this group of authors. Concerning our topic at hand, even as he does not share so acutely the influence of general positive attitude towards a life-science take on psychiatry, he still exhibits other interesting methodological anomalies worth a look, for they illustrate his take on the affair in general.

In his 1993 book MSoA, Scull casually references cognitive simplification processes[186]. It is interesting to note that he seems to take this term as a given and presents it without any explanations. Cognitive simplification processes can be considered a concept of behavioral and cognitive psychology that was in vogue during the 1980s[187], thereby belonging to one distinct tradition in the larger field of psychology. This eclectic attitude towards terminology is of course quite typical when outside one's own field, but given that Scull could be considered a specialist, it seems a bit carefree of him to intermesh concepts so liberally. It would also be easier to dismiss this if it was a one-time occurrence, but in Masters of Bedlam, he uses the term "*cognitive and practical monopoly*" to describe the telos of the psychiatric profession.[188] Cognitive monopoly is a term usually found in cognitive economics, a hybrid offshoot from cognitive psychology.[189] From this kind of careless use of vocabulary, it would be hard not to postulate that the author is not completely in terms with the fragmentary nature of his larger research environment.

To conclude, we can quite safely concur that the wider cultural advocacy of biological psychiatry and brain research was exerting its influence into the actual written material of our research subjects. Again, the previously utilized concept of a spectrum is probably the easiest way of presenting the differing levels of evolution that our subject triumvirate expresses. Shorter, most positive of the three, uses terminology to match his transitory and idealistic view of the triumphant biological explanatory model, even as

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[186] Scull 1993, 143.
[187] For one of the most cited works in this field, see: Schwenk, 1984, Cognitive simplification processes in strategic decision-making.
[188] Scull et al. 1996, 85.
[189] See for example McCain 1992, A Framework for Cognitive Economics.

his concepts and solutions display a mishmash of intermingling paradigms. Porter, again, echoes some of this, even as his stance is always much more reserved and only an occasional hint here and there reveals the shifting in his worldview. Scull uses a stable, albeit somewhat inaccurate, vocabulary, and the larger view on psychiatry he presents could also be described as vague, terms of different sub-disciplines criss-crossing in his writing.

To take us towards the last main chapter of this work, there is one point of view that shines implicitly through in Scull's writing, and that is his subtle but negative take on psychiatry in general. Though he is far from the accusatory lines of Szasz, Foucault and the like, the continuous lexical framing still gets through. For example, when describing and defining the words mad doctor, alienist and psychiatrist, Scull et al. explicitly state that although "… *'mad doctor' is now pejorative, it was common term in the 19th hundreds"*[190]. Therefore, it does seem weird that they insist on using it, even as some of their subjects deny the term as having been derogatory already in the mid-Victorian period[191]. This arbitrary terminology conveys a tone of disdain towards the doctors and their profession, which will be clarified, when we turn our attention towards our subjects' interpretations of the future of the psychiatric profession in general.

[190] Scull et al. 1996, footnote 6, 275.
[191] Scull et al. 1996, 201.

5. Aspects of future and valence

To underline the unique position our subjects inhabit at the crossroads between different academic disciplines and ideas, we must finally consider the question of valence in their future projections and what kind of value our historians place on the work of the psychiatric profession as an entity.

The sub-discipline of the history of psychiatry is one of the more unique ones when it comes to its interconnectedness. It is positioned at the nexus[192] between the discursive environments of the history of science and the psychiatric profession[193]. Some of its professorial positions, like Shorter's, are even stationed under the faculty of medicine, instead of humanities or social sciences, as one could presume from their general and typical placements in the academic world. This situates the whole enterprise more akin to a sub-discipline or an extension of medicine although at the same time the working methods and final products, the academic texts, are definitely in the vein of more humanistic historical traditions. This integral connection leads to a situation where both the contents and the context of the history of psychiatry are intrinsically bound to the development of psychiatry in general and the axioms on which it rests. Or to phrase it in terms of activity, as psychiatry as a branch of science shifts and churns new ideas, the historical depiction of the field also evolves and moves under the same conditions, producing observable results that reflect such changes with relative ease and in a relatively short time. Given that the subject matter has been so prone to paradigmatic shifts even in the last decades, the historical research tradition does not always co-mingle perfectly with this environment, which creates the friction that we have observed in the previous chapters.

This friction also reflects into the opinions that our subjects hold towards their area of expertise in general. As a profession with quite a colourful array of past developments, psychiatry is one of the subject matters of historians that raises strong opinions even in

[192] The term is here understood as a point of convergence for different discursive trajectories and layers, forming a new kind on synthetic or compromise-laden discourse. The concept, originally formulated for the research of political discourses, also applies well to the chosen environment here. See Ihalainen 2017, 39.

[193] See, for example Wallace & Gach 2008, XVI.

its own chroniclers. Some tend to cling to the age-old, well-meaning tradition of neutral and objective accounting of the profession, even as this stance has been under increasing critique in the last few decades[194]. There are also those who have adopted a more critical view, framing themselves as the exposers of the atrocities of the profession. Finally, there also exist those who support and openly praise the developments of psychiatry in promoting the greater good of humanity. To understand how our subjects position themselves on this axis, how they relate to the above mentioned contingency with the psychiatric profession and how this affects the conclusions that can be drawn from the other material in this thesis, we shall now dive into the statements put forth by our research subjects concerning their attitudes towards the future of psychiatry and the value it gets assigned in their texts.

Views and implicit expectations of the future are sometimes one of the hardest parts to discern from a text that is concentrating on other goals altogether and regarded by the writer mainly as a contribution to an entirely different academic debate. In Shorter's case, this is not the whole truth. During the Decade of the Brain, he seems to be increasingly excited about the coming new findings in genetics and behavioral neurosciences and is not afraid to show this anticipation. The following paragraphs will illustrate how an established and renowned historian can still be in great anticipation of the days to come.

Even in the beginning of the decade, here and there bits of linguistic evidence can be found that promote the belief that the nascent neuroscience was understood by Shorter as something new and special. He usually refers to older research and outdated views with a sense of humorous downplaying, such as in "*operating under completely fallacious theory of neurophysiology*"[195]. This captures the idea that contemporary results are thought to be more in line with what is ontologically there. By 1994 more signs of trust in future applications of the evolving life sciences become easier to detect, such as the revelation-like quality that Shorter gives to psychopharmacological findings

[194] With all the post-modern –influenced turns of language and its kind and the research they have produced, it has become harder and harder to renounce any influence of a historian's person towards his written works. For a personal take on this, see the sub-chapter2.4 of this thesis concerning the medicalization of mental illnesses.
[195] Shorter 1992, 58.

and their implications for the loci of mental illnesses[196]. Hopeful statements of how genetics could in the near future pin down and treat the culprit genes of different mental pathologies are, sadly, still far from becoming reality[197]. Some genes may have been identified and tendencies ascertained, but the pathologies themselves have proved to be much more nuanced and complicated, and our geneticists still lack the needed sophisticated technology to tackle issues as efficiently as they would prefer[198]. The simplistic and overly positive picture that Shorter gives can therefore be seen more as a sign of the times than a realistic evaluation of the genetic research of his day.[199] Nevertheless, a similar line of thought arises when he considers a possible genetic component in what he deems "*Jewish hypochondria*"[200]. He cannot help but ponder with great hope for the future that as some genetic markers for depression have been found, it would then not be inconceivable that science could also find markers for genetically transferred psychosomatization. These kinds of arguments reflect Shorter's understanding of and belief in the genetic components of which he writes.[201]

Stories such as that of how the Toronto General Hospital got its first PET scanner could be seen even rather allegorically to give us some insights into the medical atmosphere from which Shorter's own research stems. Shorter, having deep roots in Toronto, wrote about the history of radiology as a scientific enterprise in his hometown. Such image-polishing success story type histories-on-demand tend to be a bit melodramatic and heroic in their style. One cannot escape the notion that when describing the developments of the 1980s, Shorter also manages to capture some of his own awe at the events of his rather recent past.[202]

Even as new pharmacological and scientific methods are usually promoted in Shorter's texts, he is also capable of showing certain caution in his hopes for future breakthroughs. This, as has become evident, does not happen often, but mentions of electro convulsive therapy (ECT) and coma-therapy elicit lines of ambivalence, giving

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196 Shorter 1994, 6.
197 Shorter 1994, 18-19.
198 "The diagnosis (of schizophrenia), although reliable, remains a clinical one." A statement from neurological and genetic point-of-view from 2 years ago. Foley et al. 2017, 60.
199 Shorter 1994, 29.
200 Curious hypothetical psychosomatic ailment that struck only male Jews. Shorter presents it as a historically accurate biological phenomenon, which is something that could probably be contested.
201 Shorter 1994, 117.
202 Shorter 1995, 151-153.

the reader a more accurate (in terms of present-day understanding) idea of how little we still know about our brain and mind and about how these two really are connected to each other.[203] Still, as might have been expected from the statements in his previous books and chapters, the latter half of the 20th century and the beginning of the second biological psychiatry are presented as a watershed in Shorter's writing. As we saw on many occasions in chapter 4.1., he presented psychoanalysis clearly as a thing of the past. The "*intellectual bankruptcy of psychoanalysis*"[204] holds another side to it also, for as when Shorter notes its passing, he always suggests that something better is waiting in the future[205]. Such expectations would become reality as the new biological approach marches onwards and saves psychiatry from the throes of psychoanalysis and its pseudoscientific ways.[206]

Finally, one way of describing the future, which was briefly mentioned in the previous chapter, cannot escape the attention of European readers. The last chapter and the case study of the first book, concerning chronic fatigue[207], exemplify well Shorter's tendency to retreat into the Anglo-Saxon world when getting closer to his present date. As in his other books, he addresses the entire western cultural geography until World War II, but after that Europe receives usually only just a few side notes, whereas his home continent of North America takes the role of the only player in the field. This would not be an issue had he stated that he would be dealing in the history of American psychiatry, but it is in many ways problematic as he likes to present himself as telling the history of the whole western cultural sphere.[208] This tendency can be found in all his books that were used here as source material. In his 1997 book History of Psychiatry, when reaching the 1970s, Shorter is so enmeshed in the North American scenario that he introduces factors like scientology onto the stage when talking about the general history of psychiatry, a set of religious beliefs that held little relevance in the European context.[209] In addition, when he does refer to more recent Old World research, his examples are usually from

[203] Shorter 1997, 207-208.
[204] Shorter 1997, 146.
[205] Shorter 1997, 145-146.
[206] Shorter 1997, 239.
[207] A diagnosis that is usually portrayed as the fashionable pseudo-ailment of the last decades of the previous century in Anglo-Saxon context.
[208] Shorter 1992, 307-314.
[209] Shorter 1997, 282.

the 1960s or the 1970s, which makes his reader assume that Shorter does not see too much relevance in recent research conducted outside of his home continent.[210]

As a concluding remark on Shorter, we can note that the future he paints in his books during the Decade of the Brain is bright and in many ways North American. After the intellectual stagnation shadowed by psychoanalytic thought had been purged from the system, he would generally present the psychiatric profession in a positive and well-meaning light. There are no harsh accusatory chapters hinting at mechanisms of social control in his works, and if one were to summarize his late-decade opinions into a single phrase, something in the vein of "everything shall be solved by science" springs to mind. This generally positive valence reflects the nexial nature of his position, where the ethos of developing psychiatry affected him as a professional historian so strongly that the works he created sometimes represent an overtly Whiggish success-story more than a considerate depiction of historical causations.

Contrary to Shorter and his long elaborations on the positive changes the future might bring, Porter and Scull are much more tight-lipped. Not only do the few morsels of evidence found in their texts point towards more negative expectations of the near future, but they also allude to the view that psychiatry as an enterprise does not deserve any special kind of glory and should even be treated with reasonable suspicion. Even as we have previously seen that they do not inherently judge all the efforts of the psychiatric profession and are able to find many redeeming qualities in recent developments, these discursive hints nevertheless point to the contrary most of the time. Such an ambivalent stance can be interpreted to stem from the nexus-like positions, where the forward-looking modern discourse of the decade collides with older, more skeptical takes on their research subject, creating written works with internal incoherence.

Porter, again, remains true to his previously established, relatively neutral position, without offering too much speculation about the future. In GBtM, it is possible to infer some of his personal views concerning the neuroscientific approach when he calls some contemporary results in the field "*shallow and indeed deluded*"[211]. In the same book, he

[210] Shorter 1997, 296.
[211] Porter 1997, 524.

also hints at his suspicions towards psychopharmacology, calling Prozac a "*'wonder drug'*" with quotation marks.[212] His stance can be described as somewhat skeptical when compared to Shorter's unabashed praise from the same year. Such a slightly negative framing continues throughout Porter's whole chapter on psychiatry, leaving the impression that his general take on the successfulness of the profession is not too high in 1997 and probably means that the future cannot be much better. This is, sadly, a rare occasion of him addressing these themes to any significant extent in any of his books during the Decade.

Scull, on the other hand, is not so subtle in his literary output. In MSoA, he dedicates a long and winding footnote (note 111) to discuss the acclaimed sexual nature of mental illnesses and their alleviation. During this tangent, it becomes explicitly apparent that in his mind, the present-day psychiatric view contains many of these sexual (and even sexist) undertones.[213] This might tell us more about Scull's attitude towards his contemporary psychiatry than about the science itself. Also, when discussing the developing psychiatry, Scull repeatedly uses phrases like *"... psychiatry's large claims to expertise and insight continued to rest on remarkably slender foundations*."[214] By continuously using this kind of language when talking about the field, he leaves little to the imagination about his views of the mad doctoring trade. Doctors in general are portrayed in his works as obstinate protectionists of their trade[215], even to a degree that their belittling could be considered a systemic property of Scull's writing. If further evidence was requested, one interesting angle would be to analyze the times he uses such poetic expressions as *"mausoleums of the mad"* [216] to evoke feelings in his readers.

In addition to holding skeptical attitudes towards the trade, Scull's views of his contemporary institutions are not altogether sunny, either, claiming that psychiatry *"has only doubtfully increased ... human happiness*"[217]. When discussing the results of modern medicine in general, he cannot help but mention that even as medicine has proof of success, *".... most of the 'experts' currently engaged in the control of deviance*

[212] Porter 1997, 574.
[213] Scull 1993, 256. Footnote 111.
[214] Scull 1993, 245.
[215] Scull 1993, 193-195.
[216] Scull 1993, 319.
[217] Scull 1993, 322, footnote 195.

clearly did not" (have the proof of success*).*[218] He also describes North American city centers after the community care reform in such a dystopian way that one is hard pressed not to blame him of exaggeration[219].

In MoB (1996), the target of his criticism has been tweaked a little. Labelling the views of W.A.F. Browne as *"unabashed materialism"* [220] and calling out Henry Maudsley as "*utterly oblivious"*[221] of what his strictly materialistic view of insanity was implying, the criticism is aimed directly at their theoretical positions. This, in light of other, abovementioned evidence, possibly refers also to the writer's contemporary "new" materialism or the "second biological psychiatry", the very thing that the decade and its effects were about. It is not impossible to assume that this is intended to shine a skeptical light on these tenets and their proponents as well and so to frame the whole question of future prospects with negative connotations.

We can, again, invoke the idea of a spectrum here, when considering our three subjects and their relative placement in comparison to each other. To summarize Scull's take on the psychiatric profession: its past, present and future seem altogether negative. The previous chapters of this work alleviate this interpretation moderately, but it still appears that during the decade, his need to formulate criticism on almost all fronts was so pervasive that the more ideally unbiased discourse of a scientific historian was in the losing party. Porter reprises his position on the most neutral ground, even if he is considerably more cautious than with the previous topics, whereas Shorter's writing quickly turns to a full-blown success-story of modern psychiatry and its practitioners. All of our three subjects represent different styles of embodying "the historian of psychiatry as a nexus of discourse", which is moderately elaborated here. A full analysis of these kinds of connections requires time and dedication that the framework of a master's thesis lacks and must so be left to other researchers.

Finally, Scull et al. have something to say about the general nature of mental health: *"The boundary between sanity and madness was and remains uncertain and*

[218] Scull 1993, 382.
[219] Scull 1993, 391.
[220] Scull et al. 1996, 102.
[221] Scull et al. 1996, 236.

labile…"[222]. This reflects Scull's view about the murkiness of his contemporary situation in the field and the competing explanatory models that still were vesting for ground during the decade. In many ways, this is still the situation. The optimism of the turn of the millennium has been taken over by certain reservations while at the same time consensus has turned towards a more cautious approach generally, even as there are, of course, many proponents of one strict approach or another. To observe how these differing threads of evidence from various approaches are interwoven, to answer the questions presented in the beginning of this thesis, we shall now take the last deductive leap and move on to the concluding chapter.

[222] Scull et al. 1996, 182.

6. Conclusion

With all the varying evidence presented above, we are now ready to start pulling the pieces together and to make concluding observations about what the Decade of the Brain as a historical context has to offer to research on paradigm shifts. The post-Kuhnian idea presented by Tang sees these shifts as the main unit of scientific change, without always needing to invoke the Kuhnian idea of a revolution in the process. In the case of three historians studied here, it can certainly be argued that this kind of change took place during the 1990s. For Shorter, this was explicitly the case, but similar strands of transformed thinking can also be found in Porter's monographs. Andrew Scull, on the other hand, represents the minimally shifting point of contrast, exemplifying the point that everyone did not jump onto the biological bandwagon as soon as it arrived. This diversity in responses to change reflects the ambiguous nature of paradigm shifts in academic history in general.

I shall now revisit my research questions and contemplate the answers we have acquired in this light. The first question to consider was: what kind of influence did non-biological paradigms of mental illness have on our subjects' understanding of madness in the first part of the decade? It quickly became clear that our three research subjects presented their cases drawing influences from distinctly different sources and backgrounds, ranging from psychodynamic to socio-cultural explanatory models. After a careful analysis of their works from the first part of the decade, it was evident that a spectrum-model would be the best way to present their relative positions in comparison to each other.

Beginning with Edward Shorter, his position was interesting, to say the least. Most of the conceptual and theoretical tools he used to write about mental illness were clearly from the tradition of psychoanalysis or at least psychodynamic. His somewhat lavish use of the unconscious as an explanatory device without further clarification and his leaning on family psychodynamics as a model in some cases position him on the psychodynamic end of our spectrum. In a way that has become familiar and recurring to us during this thesis, Roy Porter can be found in the middle ground, compared to the other two historians. Even as he sometimes uses de-medicalizing vocabulary and speaks

of the problems of madness with a careful and considerate tone, the influence of Freud still occasionally shines through, at least in the form of the person and his ideas, if not as a school of thought. On the other end of the spectrum is Andrew Scull, whose foundational ideas seemed to rise almost explicitly from the socio-cultural tradition, in the vein of Foucault and other theorists of power-distribution in society.

There are at least two conclusions to be drawn from this. First and foremost, it is evident that no shared paradigm of truth about mental illness existed between these historians, which makes the traditional Kuhnian idea of a scientific revolution obsolete. Their differing backgrounds, schools of thought (or the lack of them, perhaps) and even possible aims for target audiences enforce the idea that the history of psychiatry as a discipline is inherently heterogenous and defies easy categorizations. The other conclusion to make from these older influences is that our subjects did not inherently find the prospects of biological psychiatry too alluring. Even as Shorter describes some neuropsychiatric developments in his earlier works, there is little evidence of them internalizing these ideas to their actual explanations of madness. Given that the neuroscientific influence had been growing from the 1970s onwards, there would at least have been plenty of time for any of our subjects to venture in this direction even earlier.

My second research question addressed the aspect of change. How did the views of our subjects transform during the decade and what kind of role did the nascent neuroscientific development and discourse play in this change? To capture different levels of this process, I first concentrated on the large-scale transformation of the narrative elements our subjects utilized to deliver their overall story of the history of psychiatry and mental illness. To invoke the now familiar idea of a spectrum, we again found Edward Shorter inhabiting one end, this time the one with most drastic and observable change. During the decade, his general narrative concerning human interaction with mental illness took a noticeable turn towards explaining phenomena in a biological light. He explicitly renounced the older, psychodynamic causalities, without admitting to have endorsed them earlier himself, and ventured to integrate life-science oriented models to his written works somewhat forcibly, with varying levels of success. Roy Porter’s later works saw a more subtle shift towards implementing biological ideas,

even as there were still noticeable instances in his overarching narrative of incorporating them to various points in human history. An observable change also emerged in his works during the decade, whereby he began to distance medicine and psychoanalysis from one another, hinting at the idea that the analysis started to seem more obsolete during the ten-year period. Andrew Scull's position remained again on the other end of the spectrum, exhibiting an unflinching continuance of leaning towards socio-cultural explanations.

In the second half of chapter four, I examined the idea and modes of change from two more close-up perspectives: the actual use of vocabulary, with its anomalies, and the methodological implementations that would reflect the shifting paradigm. When observed on the relative spectrum, again, Shorter presents us with a prime example of changing substance. His terminology and methodological endeavors reflected unabashed idealism and belief in the success of the biological paradigm, even if the end-product at times failed to deliver coherent results. Porter shared with Shorter the tendency to increase the usage of biologically oriented vocabulary, even as he otherwise refrained from vehement statements or excessive changes of his opinions. Scull, similarly to his position on the other aspects of change, represented a stable element in the field, this way contrasting even more strongly with the other two historians.

To answer the questions above, it is possible to observe a general change of thinking between our three historians. Even as one of them, Scull, functions as a grounding element and an opposing force, the extravagant shift in Shorter's writings and the more modest but discernible change in Porter's views warrant the conclusion that a process of change was happening in the context of the history of psychiatry. This shift presented itself sometimes in more surreptitious ways, but the apparent influence of biological psychiatry and the vocabulary of neuroscience is hard to deny. Because of this, I can state as an answer to the research hypothesis that a paradigm shift as formulated by Tang is observable in the source material and that the transformed social context of the historians is reflected recognizably in the vocabulary they utilize.

The last part of my research questions was to contemplate on the peculiar position of historians of psychiatry as scholars functioning in between two academic disciplines and how this might affect their written works. To emphasize this, I took under scrutiny

the views our subjects displayed towards the whole profession of psychiatry in general and especially its future and relevance. To utilize the concept of a spectrum one more time, it was self-evident that Scull dominated one end of it. Considering the vocabulary used, his take on the past, present and future of the psychiatric profession presented itself as overwhelmingly negative. I invoked the concept of a discursive nexus between the history of science and the discipline of medicine when describing the positions our subjects took on the matter. In Scull's case, understanding his written works can be seen to underline the case where the critical socio-cultural stance overrides the discursive influence of him working as a historian of the medical profession quite profoundly. In this environment of overlapping discourses, even as Porter comes out again as the man in the middle, this time he is leaning more to the side of Scull in presenting his views as cautious towards the overall perceivable goodness of psychiatry. In contrast to the others, as was expected in light of previous chapters, Shorter's nexial position seemed to be overrun by the Whiggish success-story of biological psychiatry. Especially in A History of Psychiatry, I was hard-pressed to find signs of the cautious tone of the other historians.

As became evident when observing the positions of my subjects and their nexus-like qualities, there seems to be a constant tug-of-war built into the profession of a historian of psychiatry. The discursive environments of a skeptical historian of science, the influence of the medical profession and sometimes the tendency to even affiliate oneself with it, as well as the critical socio-cultural influences stemming from the movements of the 1970s, all clash within every historian in this field. As I have shown here, with the stacked up influence originating in their personal histories, this contingency can produce historians with relatively different flavors, depending on how the pull of various discourses settles in one person.

This heterogeneity of historians makes the describing and defining of a model for a paradigm shift a challenging endeavor. Even as it cannot be denied that the Decade of the Brain has had a huge impact on the human sciences[223], a concise model for a shift as it happens is much harder to pinpoint. This still leaves historians grappling in the dark, only able to agree on the fact that something had truly happened. It also implies that we

[223] Leefmann & Hildt 2017.

are, as a discipline, and generally as humans, sometimes ready to accept new truths to the codex of "right" knowledge without even always understanding where they came from. In this case, I refer to the influence of the decade and the growing general interest in neurosciences, which, during the last 15 years, seems to have established itself into our canon of language, with the cultural mechanisms behind such change sometimes not understood to a wide enough extent. There is, therefore, still a whole avenue of research to be performed on this front.

Other interesting and promising candidates for further research also raised their heads in the process of writing this thesis. The first alternative would be to consider how the substance of this study could be made more comprehensive by extending the primary source material. Taking into consideration the constraints of a master's thesis, it would not have been logical or even possible to take under scrutiny the entire bibliographies of our selected historians. Such an extended array of works would, nevertheless, of course, provide us with a much more sophisticated picture of the phenomenon. Another way to expand this chosen framework would have been to incorporate more writers as the subjects of our research. Even as the three chosen historians can without much debate be considered some the most respected and renowned in their field, certainly within the Anglo-Saxon context, there are many more that would have perhaps been equally qualified to fit the bill and therefore could have potentially produced different results.

A few new subjects or tangents arose during the process that could also warrant future inquiry. Concerning Shorter, his scope of understanding of cultural geography comes under question in his 1994 chapter about the ethnic varieties of psychosomatic illnesses. Here he refers to Chinese culture and its supposedly peculiar variants of symptoms, but, upon more accurate examination, the in-text-reference presented concerns Chinatowns in North American cities. Even more telling is that when considering Chinese people and their supposed cultural conventions, Shorter's only footnote points to a 1976 article that deals with two different North American cities and their inhabitants. A more malicious reader could find a hint of (white) arrogance here, especially taking into consideration that when Shorter seems also to conclude that a study surveying African-American communities in the 1970s can as easily be converted to represent also the

mental health culture of Chinese people or their descendants.[224] Another curious concern that needs to be mentioned here is the special interest he sometimes shows in Jews as an ethnic group. This makes the reader wonder whether Jews have been such an authoritarian force in Shorter's academic context in Toronto that he cannot help but return to them in almost every one of his publications.[225] An interesting, albeit a little peripheral, line of research could be to track down some reasons for this.

Porter, for his part, has an interesting recurring theme in his books, where he picks Sigmund Freud as an example for varying things, even when the topic is not anywhere near psychiatry or psychoanalysis. One curious example of this surfaces when he starts his chapter on cancer and the first example of its sufferers is, again, Freud[226]. There could, therefore, be room for an overarching analysis of his works and the observable but undisclosed influence of the father of psychoanalysis on them. Porter is also not afraid to criticize his contemporary political situation and the social injustices that he perceives around him. This seems to be a continuing trend in his works, and it is thus interesting to speculate if some future historian of science could build a biography centering on the modern historian as a political commentator.[227]

In this thesis, I have argued that by observing the development of the history of psychiatry during the Decade of the Brain, it is possible to discern a paradigm shift of the post-Kuhnian kind where the profession was influenced by the surrounding environment of neuropsychiatric discourse and began to assimilate parts of it to its modus operandi. This shift was not uniform or simultaneous, reflecting the nexus-like nature of the position that historians of psychiatry hold and therefore providing us with more theoretical and methodological tools to utilize, when planning and conducting future research on the changing nature of science or other legitimized knowledge.

[224] Shorter 1994, 92.
[225] Shorter 1997, 181-190.
[226] Porter 1997, 574.
[227] Porter 1997, 30.

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