

## PREFACE STORIES ABOUT MANIA

Meet Alex. S/he could be anyone's partner, parent, child, brother or sister. S/he has a nervous problem of some sort. Many of us do. Throughout human history we have struggled to understand just what might be involved when we have nervous problems. Do we have a disease or are we stressed because we are caught in some crisis or does our malaise have a spiritual origin? We don't know, but in order to get by we need answers or at least those provisional answers we often misleadingly call hypotheses.

The challenge for a history is to show in some sense that this struggle for meaning has always been with us and people have been no less rational and no less insightful at various points in history even if the answers that they have come up with may seem quite strange or odd when viewed from a different point in time. The job is to suggest that in one sense nothing ever really changes and however bizarre the practices or hypotheses that people may have had in some distant time and place that if we were placed at that point in time coming from that same cultural framework the practices and hypotheses would have seemed perfectly logical and reasonable to us.

This would be fine if at the same time the historian didn't also have a brief to convey how radically strange the past can be. Often it seems that just going back three or four years into the past throws up a world that seems very different to the world in which we live now. The past is another country, where the foreigners are ourselves.

The best instance of this has to be the changing perception of gender in the last 20 years of the 20<sup>th</sup> century. In a few short years the changes were such that travelling back to very recent writings, television programmes or movies we find a world in which large swathes of people seemed confident in their assessments that men were more intelligent or at least more rational than women and that women were more emotional or intuitive than men. All of these assumptions have now been shredded.

So the job becomes one of simultaneously conveying both how alien the past was and at the same time how familiar it is. This job has become layered with further complexities for anyone who wants to tackle a history of diseases in our time, when diseases or problems of the self have come so much to center stage as a focus for our existential concerns. This is particularly true for the kind of nervous problems that Alex had, which was finally diagnosed as manic-depressive illness, or as it's more often known these days bipolar disorder.

The landscape of bipolar disorder is changing from month to month, never mind from decade to decade. If we want some insight on the forces that shape the answers we can give to the question of what it is that's wrong with us, a disease

like bipolar disorder which offers such a rapidly changing tapestry, can give insights on what might be going on in a way that can't be easily be gained from looking at other areas.

Mania is a curious beast in that the term at least crops up in antiquity, where schizophrenia and depression do not. As part of recent efforts to educate clinicians and the public about bipolar disorder, pharmaceutical companies and academics have commonly cited the lineage of this disorder, stressing that it goes back to the Greeks, and that many famous figures through history have had the illness. But does having mania or being bipolar now mean the same thing as it meant to have mania in Athens in 400 BC or in the Renaissance in 1600 AD or in Paris in the 1850s when the concept of bipolar disorder first came into being?

Alex's story is a modern one. S/he spent 75% of his/her life being treated with psychotropic drugs for nervous problems. This simple fact dates the story to the 1960s or later. S/he had a number of diagnoses before a clinician settled on a diagnosis of bipolar disorder, dating the story to somewhere closer to the 1990s. S/he finally spent a period of time on one of the antipsychotics released since 1996, on which after a period of treatment s/he dropped dead. She died aged two years old<sup>1</sup>. This last detail dates the story to the early years of the 21<sup>st</sup> century, and immediately makes it clear that no Greek, no renaissance man or woman, no Parisian ever had anything like Alex.

Alex's story feeds into the overall narrative in this book, not because it indicates we have now entered a new period and can add one further bead to a necklace of dates and epochs, or one more eon in a geology of bipolar disorder, but rather for the shaft of light it throws into the dark caverns of how we grapple with ourselves. This history is not a chronology although it will progress from Ancient Greece through the Renaissance to the present and will include many dates about who discovered what and when. But it aims at outlining how we have understood ourselves at various points in time and what light the assemblage of ways we've gone about trying to understand ourselves in the face of morbidity can shed on the key questions of who are we and where are we going.

The book will include material from ancient through recent to modern times. But the use of the modern here is not aimed at adding a final block to the edifice, an indication of the goal toward which progress was heading all the time, but rather is much more geared toward using a period of history where the processes of disease-making with the consequent effects on how we understand ourselves have been speeded up, allowing us to pick out some of the key factors in these processes.

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<sup>1</sup> Alex's story closely follows a real case history, of which I became aware in 2002. Much more recently the story of 4 year old Rebecca O'Riley from Boston made front page news, as it became clear that her death may have been linked to medications for bipolar disorder, which she had been on since the age of 2.

<http://ahrp.blogspot.com/2007/02/4-year-old-rebecca-riley-casualty-of.html>

My assumption for the most part is that variations on these same processes have in fact applied through history but perhaps have never been deployed before with the same industrial efficiency. That the disease mongering, chicanery, and deployment of the latest jargon to foster the interests of an establishment are ever the same. They can be seen in close up in the present but must be assumed to apply to some extent in other epochs. The story could almost have been written backwards; starting from the present and working back to the Greeks.

Backwards or forwards, this is a story. Among the first things I can remember is my father recounting Greek myths to me and reciting a poem – Robert Louis Stevenson’s *Where Go the Boats*. Both the myths and this poem curiously work for 4 year olds and 104 year olds although the sonority and timbre of his voice perhaps made the poem in particular stick for me.

This book is about the ultimate stories we tell our children or the most profound issues that friends help friends with. About the fact that parents have always had to share profundities with children to help them cope with the uncertainty of this world. Many physicians and scientists would be happy at the notion that history is little more than some stories told at bedtime. But if the answers we hand on fail to work, society has a crisis. If the answers work, this will be a part of ourselves that lives on in our children or friends.

Why, a scientist might ask, do you not hand on the truths of science? And we can imagine some “Victorian” parents did just this at bedtime. With the emergence of science, there was a sense in the West that a new Truth had been born. The perception was that scientific discoveries built on previous discoveries and the resulting edifice managed to become ever more stable while at the same time inching slowly toward the heavens. At the same time the builders seemed to be moving toward a common and universal language. History was almost unnecessary. All that needed to be done was to chronicle progress. The first histories of medicine and science did just this<sup>2</sup>.

Science and medicine was often written with the initials of its authors missing. As late as the mid-1960s, George Carraz, one of the key figures in this story, references himself and co-authors by surname only – Carraz, followed by the name and page numbers of a journal. Later articles appear with an apologetic initial in brackets – Carraz (G). Emil Kraepelin, the central figure of the book, in his memoirs notes as something of an afterthought the death of his children. He neither names his wife nor surviving children. From the point of view of science the personal details of these people were unimportant. They were also unimportant to the history of both science and medicine, except in so far as a story of progress needed some convenient heroes to celebrate. Diseases were

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<sup>2</sup> Daston L (2005). *The History of Science as European Self-Portraiture*. Praemium Erasmianum Foundation, Amsterdam.

important primarily in order to demonstrate their eradication. Heroes and victories were what would entice children into the field

By the start of the 20<sup>th</sup> century however the knowledge that science appeared to offer became ever less certain. And science began to be viewed not so much as an engine of social progress but an engine powering into goodness knows what future. Some time afterwards, the history of science got to grips with this change and it also changed character offering a vision of recurring revolutions rather than steady progress<sup>3</sup>.

More recently, the history of science and medicine has come to seem almost the most important branch of history. History is in some sense about the things that change our understandings of ourselves. Once upon a time these shifts in understanding were occasioned by battles or politicians and they occurred over decades or longer. But with the emergence of modern science in the 16<sup>th</sup> and 17<sup>th</sup> centuries these shifts increasingly followed events that had taken place in scientific laboratories and clinical practice. In recent years drugs like Prozac, Valium, Viagra and chlorpromazine, technologies such as Dolly the sheep, and diseases like bipolar disorder have all changed how we view ourselves and these changes now occur within years or sometimes within months of each other<sup>4</sup>.

It is in these domains that the struggle to formulate what has been happening to us is revealed, and within this the history of health and disease reveals our most intimate secrets. Histories can be written about sex and gender, and are being written, but Viagra and conflicts about whether homosexuality is a disease are the moving points in this story. Developments in health now feature on the front pages of our leading newspapers or as the first item on the news, often trumping what would have been seen as significant political events. And in another twist to the story, if the development involves a drug, even though the news is trivial, some PR agency will ensure front-page coverage.

If this is the furnace in which we are being made, how do we guarantee the truth-value of the tales that some may bring back about what's going on in the furnace? To return to the bugbear of science, a story has protagonists and a plot, and how do you know I haven't been duped by some of the recent protagonists to tell their story rather than that of their competitors, or in the case of historical figures that I haven't picked convenient aspects of their careers for the sake of the story, or inserted twists into the plot because good stories need a twist? Furnaces are places where things are forged after all.

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<sup>3</sup> This is a history that unashamedly embraces the progress of "hard" science. There is no suggestion here that science undoes itself or does not make progress in terms of things known and mastery of the world, simply a reflection of a statement that Niels Bohr would have endorsed – that sometimes new ideas only triumph when the proponents of older ideas die.

<sup>4</sup> Healy D (2004). Psychopharmacologie et Histoire: Un Manifeste. *Psychiatrie, Sciences Humaines et Neurosciences* 2, 3-7.

These are problems for all histories but there are additional problems with this one. An anonymous reviewer of the proposal for this book, while welcoming the book overall, cautioned the editor that the author is a player in the events he proposes to tackle. It is only fair to pass on this health warning. In addition to being critical of many current trends and of the figures linked to those trends, I have done research in some of these areas. How is the reader to know that I am not bringing difficulties in other domains of my work inappropriately into this account?

Another reviewer of an earlier book of mine put his issues like this: “For some time now, critics of David Healy have been suggesting he has lost the plot. My own situation is distinctly worse in that despite two readings of *The Creation of Psychopharmacology* I am not sure I have got the plot at all... The intoxication of the argument gets the better of the facts... Healy appears to have a good memory of the 1960s, which means, I imagine, that he was not there<sup>5</sup>”. This is taking Mark Twain’s adage - that the older he got the better he remembered things that had never happened - one step further to suggest I am endowed with an even better memory of things that I could never have present at. If this is true for the 1960s, how much more true is it likely to be for sections of the book dealing with events from centuries ago? But more to the point, in the face of hostility like this, how is the reader to know whether I haven’t written this reviewer out of the script in revenge?

And on the topic of passion, who would not be passionate about a topic that involves 2 year olds dropping dead on drugs? Passion may cloud judgment, but by some alchemy this is also often what is needed for us to reach beyond ourselves. There can therefore perhaps be no hope that this history can be objective. It certainly won’t suit everyone. The value lies in whether it is picked up – and as with scientific ideas, and with boats, set afloat.

But behind the protests of critics who themselves have been players in the story where readers may think “well they would say that wouldn’t they” and protests that may stem from sibling rivalry or other dynamic factors, readers should also listen for the failure of scientists. Science is supposed to be an ever-questioning enterprise, ever open to revision, and in this lies its strength. From this point of view history, which opens up new perspectives on established truths, should be one of science’s greatest allies. Where science supposedly progresses by embracing the inconvenient observations that current experiments present, history can stimulate by outlining a series of inconvenient but forgotten observations.

Far from welcoming this, science all too often views the efforts of history that suggest the truths of science are not eternal, as a force making for nihilism. When they rail against history, scientists often reveal that while the process of

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<sup>5</sup> Cowen P (2004). Review of *The Creation of Psychopharmacology*. *Psychological Medicine* 34, 173-180.

science may be open, the mindsets of individual scientists are closed and they cling to beliefs as rigidly as any fundamentalist.

This story then is not a mirror held up to the world, it is an addition to that world, written by a creature of flesh and blood who winces in response to hostile reviews. It will become a contested element in the mental health world. For the scientists in that world who feel that I could not possibly be objective, there is another galling fact which is that where once science looked set to bid farewell to the arts and history, it is now clear that a good story, or poem endures in a way that scientific theories no longer do. The critics need therefore to consider whether the story is not only right but whether it works as a story.

The stories that are history were once naïvely simple accounts of heroes and triumph. Now they are more complex. And the field is a lot more sophisticated. This story may fail in its own right but succeed if it acts as a stimulus to a better story – or another boat. It is more likely to do this, if it is not boring.

But there is one message that I believe is novel that both those who agree and those who disagree with the details of the story might want to consider. Francis Fukuyama recently suggested that with the triumph of liberal capitalism history as we are used to it was over. It seems clear that in the sense he meant it, this idea was wrong.

But there is another way in which history could end. In chapter 8, this book suggests that the most potent cultural forces in our world today are the marketing departments of pharmaceutical corporations. They have been able to suck into their ambit the academics who were supposed to act as a counterweight to industry, as well as the apparatus that was supposed to regulate companies, and have transformed the media who distrust every politician once their lips move into the bearers of the good tidings of salvation through pharmaceuticals. There is no reason to think they won't also move in on the history of medicine and science and, if they do, that might be the end of history.

Psychopharmacology and psychiatry meetings as recently as the 1980s were places of debate where issues were contested and where there was excitement. These meetings have become sterile now, largely owing to the dead hand of marketing. Few delegates to any of these meetings would now be likely to hear some new nugget about the world worthy of bringing home and passing on to their children. It often seems the bottom line for marketing is better a boring message or no message than a message with spin that the marketers cannot control.

The fun that was to be had in psychopharmacology in the 1980s is now to be had at history of medicine meetings where things are openly contested. Sometimes vigorously. Often with humor. Stories you wouldn't hear about otherwise. Stories to pass on and build upon. It is when there is agreement about a

Stepford history that it will be time to get worried not when critics dispute elements of a book like this.