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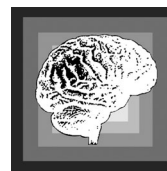
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Introduction to Special Issue: Mind and body in the history of psychiatry

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The contemporary assumption about the dissolution of the mind/body dichotomy has very specific roots in the debates about the normal and the pathological within psychiatry. The debates shape and are shaped by the assumptions about the pathological that underpin the professional fields of neurology and psychiatry. Today, as these fields seem again to be merging, many of the basic issues are again open for debate.

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One of the odd legacies of Pauline Christianity and its attitude toward the body is dualism: the assumption that mind and body were in no way (or minimally) linked. The answer to this tenuous view – that the mind/soul sat in the body directing it like the driver of a coach or being carried by it as in a sedan chair – came with a vengeance in the nineteenth century with a wide range of views that assumed the primacy of mind over body or of body over mind, but in a manner that inexorably linked the two. It should be of little surprise that this re-establishment of the corporality of the mind and the psychological significance of the body took place within evolving nineteenth-century medical specialties, especially those of neurology and psychiatry. The importance of a neurologist, Sigmund Freud, in linking mind and body (but making the body subservient to the mind) for our modern understanding of the nature of human experience is unquestioned. Yet his importance points to the centrality of the pathological in establishing this link as a commonplace. It was in those cases seen as deviant from some norm that the evident link between mind and body seemed to be seen.

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Freud was in no way unique; he was a product of the educational reforms of the nineteenth century, which made it possible to see science as the location for evidence in rethinking the relationship between the mind and the body. The reform of the Viennese Medical School had been accomplished by the time Sigmund Freud entered as a student in the 1870s. Wilhelm von Humboldt, academician and statesman, had created the model of the modern research institution in Berlin in 1810. He envisaged a '*universitas litterarum*', uniting teaching and research under the same roof. This concept of a university devoted to creating and transmitting knowledge (*Bildung*) spread throughout the German-speaking world during the nineteenth century and served in the reform of many universities of the same type over the next century and a half. Wilhelm von Humboldt was influenced by the reform ideas of the philosopher Johann Gottlieb Fichte, the first vice-chancellor of the university, and by the theologian and philosopher Friedrich Schleiermacher. Both wished to break with the institutions of the past that perpetuated older views rather than questioning them. From the outset, the university in Berlin had the traditional four classical faculties of Law, Medicine, Philosophy and Theology. But what went on in the faculties was very different from the traditional (originally medieval) universities where only teaching of received knowledge occurred.

Research was undertaken – if at all – in the academies. This was especially true in the new 'natural' sciences such as biology. When Johannes Müller came to the new university in Berlin in 1833 as full Professor for Anatomy, Physiology and Pathology, he created the idea of the modern laboratory. He created a research group, apportioned aspects of each of his projects, and encouraged his own students to undertake research. Müller strongly encouraged his students to branch off and do their own further work in collaboration with other, younger scientists. Müller's materialism meant that there was an underlying assumption that the experiences of consciousness (and later of the unconscious) were assumed to be linked to the material body. Somatic medicine became the place for the investigation of the mind. These students number among them the founders of modern neurology: Robert Remak (Remak's fibres) and Friedrich Henle (Henle's sheath). Another of Müller's students was Hermann von Helmholtz, well regarded as a physicist, physiologist, physician, biologist, mathematician, philosopher, engineer and inventor, who made important discoveries in physiology, optics, electrodynamics, mathematics and meteorology. He was also the scientist who linked qualities of perception, such as acoustics, to physical laws. These students and others, such as the father of modern cellular pathology Rudolf Virchow, were the cream of nineteenth-century science, and their students included scientists and physicians such as Sigmund Freud, a student of Ernst Brücke, who was a student of Müller, who moved the paradigm from mind being a reflex of the nerves to the mind creating somatic symptoms. The reform of the Viennese university and the creation of the so-called 'Second

Viennese School', with its emphasis on laboratory research and its application to human medicine, took place in the latter half of the nineteenth century in the shadow of Humboldt's reforms.

These reforms meant that the new mind-body synthesis dominated all the medical science of the time. Yet it is clear that this view was not without its precursors. Our present volume spans the world before the nineteenth century and well after it. Dolly MacKinnon's discussion of the relationship between music, madness and the body is an indicator that a parallel tradition linking mind and body existed within the Western tradition. The British 'mad doctors' who dominated English medicine in the eighteenth century and who treated George III, as Dana Rovang shows, played with notions of the relationship between physical symptoms and the state of madness. Nineteenth-century thinkers such as Joseph Häussler (as discussed in the paper by Philipp Gutmann) and Hermann Joseph Löwenstein (see *Classic Text* No. 65) used sexual 'deviancy' to show the inherent relationship between the ill mind and the body in ways that set the stage for Richard von Krafft-Ebing and Freud's focus on the sexual. The legacy of psychoanalysis in the diagnosis and treatment of obesity by Hilde Bruch, as Sander Gilman shows, echoes Freud's views in very much his own cultural context. Psychotropic drugs such as Cardiazol treatment in British mental hospitals, as Niall McCrae illustrates, and psychosurgery, as Rakefet Zalashik and Nadav Davidovitch show, continued the assumptions about the close relationship between the treatment of mental illness and somatic interventions. Both illustrate what Dana Rovang claimed for England: that it is the cultural context which gives nuanced meanings to both the somatic and the psychological, to their perceived or real link and to the role that madness plays in the very definition of their relationship. Given that this set of assumptions also underlies contemporary models of treatment, it is clear that the debates about such somatic interventions and their implications for the very definition of the mind and the body are still very contested. Have we reached a point in the twenty-first century where there is no longer a line between mind and body, no demarcation, so that we think of the human being as simultaneously mind and body? But then we still turn to the 'pathological' experience of this mind-body to explore the impossibility of distinguishing the boundaries between them.