Lumen
Selected Proceedings from the Canadian Society for Eighteenth-Century Studies
Travaux choisis de la Société canadienne d'étude du dix-huitième siècle

LUMEN

Understanding and Interpreting Confusion: Philippe Pinel and the Invention of Psychiatry

John C. O'Neal

Volume 26, 2007

Imitation et invention au siècle des Lumières
Imitation and Invention in the Eighteenth Century

URI: https://id.erudit.org/iderudit/1012071ar
DOI: https://doi.org/10.7202/1012071ar

See table of contents

Publisher(s)

Canadian Society for Eighteenth-Century Studies / Société canadienne d'étude du dix-huitième siècle

ISSN

1209-3696 (print)
1927-8284 (digital)

Explore this journal

Cite this article

O'Neal, J. C. (2007). Understanding and Interpreting Confusion: Philippe Pinel and the Invention of Psychiatry. *Lumen*, *26*, 243–258. https://doi.org/10.7202/1012071ar

15. Understanding and Interpreting Confusion: Philippe Pinel and the Invention of Psychiatry[1]

Any attempt at understanding mental illness entails an effort to understand and interpret confusion. Mental illness itself constitutes one of the most baffling dilemmas in medicine. Accurate diagnosis of the disease can sometimes elude even the most astute clinician. Treatment typically varies tremendously from one patient to the next, depending on a host of circumstances. The ultimate goal consists, of course, in curing the disease, when this is possible and it is not a permanent condition, and in banishing confusion from the ideas and judgments of the insane. Today, we speak rarely of the insane and prefer to use the term mentally ill for various reasons. In his *Traité médico-philosophique sur l'aliénation mentale,* Philippe Pinel speaks of 'l'aliénation mentale' and 'les aliénés,' usually translated as 'insanity' and 'the insane.' He divides insanity into four categories: mania, melancholy, dementia, and idiotism or mental retardation. It is clear that in some cases dementia and mental retardation (and mania and melancholy to a lesser extent), as described by Pinel, are permanent conditions rather than mental illnesses that may have a cure.[2] Paradoxically, however, helping others recover their minds and their reason sometimes depends at least as much

---

1 This article is dedicated to Marcellus Cephas, M.D.

2 See Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale* (New York: Arno Press, 1976), iv, 6, 138-39, 408-9. This is a facsimile edition of the second edition, published in 1809 by Brosson. The first edition appeared in 1801. Future page references to Pinel's work are indicated parenthetically in the text. All translations are my own. I have used both the terms *the insane* and *the mentally ill* to remain faithful to Pinel's original text and to employ the more contemporary, kinder expression whenever possible out of deference to those stricken with these illnesses, some of which are now being successfully treated so that they are no longer perma-

1209-3696 / 2007 / 2600-0243 $16.00 / © CSECS / SCEDHS

on banishing confusion as it does on maintaining it at a number of different levels in the treatment of the illness. To borrow Jean Starobinski's expression, the remedy lies in the evil itself.[3]

In the history of medicine, Philippe Pinel effected a dramatic reform in the care of the mentally ill at the Salpêtrière hospice when he had the chains of eighty patients removed in 1796. Although perhaps not the first to have broken the chains of the insane, Pinel has largely received credit for this humanitarian gesture. There remains a certain myth, encouraged by his son Scipion, about his being the first to free the insane from their chains at Bicêtre. Like several other experimenters at the time, Jean-Baptiste Pussin, chief administrator at Bicêtre, where Pinel first worked in 1793 before moving on to the Salpêtrière two years later, was already letting his less violent mentally ill patients roam freely without chains as early as 1790. According to one report from that year, only ten of two hundred and seventy mentally ill patients were chained at Bicêtre at the time of the investigators' visit to this hospice.[4] Pinel's gesture can and should be seen, however, not only as the liberation of an oppressed group of people but also as their rightful inclusion in humanity as a whole. The eighteenth-century *philosophes* had argued for the greater social equality of classes, and the French Revolution strove to implement their ideals as much as possible. But the insane at the time had no status at all. In their chains they were associated more with wild, exotic animals in a zoo, or even 'monsters,' than with human beings. Much to Pinel's dismay, curious visitors were allowed to come view the patients in his mental hospitals for the visitors' own amusement, sometimes with disastrous consequences for the patients (278). In good weather on Sundays in Paris, some two thousand visitors might turn out at Bicêtre. (Bicêtre and the Salpêtrière were, respectively, the men's and women's sections of the Hôpital Général.[5]) Pinel, however, recog-

---

nent, debilitating conditions. In other words, *the insane* sometimes implies a degree of permanence that *the mentally ill* does not.

3 Jean Starobinski, *Le Remède dans le mal: Critique et légitimation de l'artifice à l'âge des Lumières* (Paris: Gallimard, 1989).

4 See Dora B. Weiner, 'Health and Mental Health in the Thought of Philippe Pinel: The Emergence of Psychiatry during the French Revolution,' in *Healing and History: Essays for George Rosen*, ed. Charles E. Rosenberg (New York: Science History Publications, 1979), 75-76. On the history of the Salpêtrière, see Michel Bonduelle, 'La Salpêtrière de Mazarin à Charcot,' *Histoire des Sciences Médicales* 31, no. 2 (1997): 163-70.

5 About these public showings Michel Foucault writes as follows: 'Until the beginning of the nineteenth century, and to the indignation of Royer-Collar, madmen

nized the humanity of the insane, based to a large degree on their sensibility, and believed in a common humanity.[6] As Pinel puts it: 'Far from being guilty people who should be punished, the insane are sick people whose painful state deserves all the respect due suffering humanity' (202). In his book *Traité médico-philosophique sur l'aliénation mentale*, Pinel expands the notion of what it means to be human to include the insane. This is a felicitous confusion not of social classes but of mental abilities across a broad spectrum. His conception of the disease itself, its causes and its cures, along with his experience as a hospital physician reflect a careful methodology in which Pinel actually embraces confusion instead of constantly trying to dismiss it. It may seem odd to make such a claim for Pinel, esteemed by his contemporaries especially for his nosology or orderly classification of diseases (*Nosologie philosophique, ou Méthode de l'analyse appliquée à la médecine*, 1798). Although interested in a methodical classification of diseases, Pinel did not let his abstract, theoretical tendency overshadow his practical observation of patients.[7]

---

remained monsters – that is, etymologically, beings or things to be shown.' See Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage, 1973), 70. Foucault also notes the association of madness with a certain animality for these times and even for a thinker as progressive as Pinel, who marveled, according to Foucault, at the ability of the insane 'to endure, like animals, the worst inclemencies' (74). See also Colin Jones, 'The "New Treatment" of the Insane in Paris: The Formation of the Lunatic Asylum under the French Revolution,' *History Today* 30 (1980): 6-7.

6 The linking of humanity with sensibility marks a major contribution of the Enlightenment to the modern definition of the self. See John C. O'Neal, *The Authority of Experience: Sensationist Theory in the French Enlightenment* (University Park, PA: The Pennsylvania State University Press, 1996) and *Changing Minds: The Shifting Perception of Culture in Eighteenth-Century France* (Newark and London: University of Delaware Press, 2002). This latter work contains a chapter on animal souls (70-101), for which eighteenth-century arguments made the connection between the ability to have feelings and certain human attributes, such as a soul. Pinel's quotation makes similar use of feeling, in this case pain, to argue for the humanity of the insane. Our humanity is defined, as it were, by the struggle in our lives and, especially, in our emotions.

7 For Pinel's reputation in his own day, see Marie-José Imbault-Huart, 'Concepts and Realities of the Beginning of Clinical Teaching in France in the Late 18th and early 19th Centuries,' *Clio Medica* 21 (1988): 66-67. As Bernard Mackler and Elinor Bernstein point out about Pinel: 'He recognized that his categories were not mutually exclusive, for he had watched patients shift from one status to another during their illnesses.' See their 'Contributions to the History of Psychology: II. Philippe Pinel: The Man and His Time,' *Psychological Reports* 19, no. 3 (1966): 711-12. According to Walther Riese, Pinel's nosology allowed him to make a 'preliminary orientation and a tentative therapeutical plan,' but 'in spite of his classificatory tendencies

Ultimately, however, an appreciation of confusion figures prominently in Pinel's assessment of insanity and the invention of psychiatry, and reveals his adherence to the Enlightenment's modern perspective on complexity.

Pinel acknowledges the confusing difficulty of his subject and claims to have chosen it on purpose: 'I have intentionally chosen the most obscure subject, and perhaps the one most liable to endless rambling if one gives in to a hypothetical way of thinking' (2; see also 308). He views the study of insanity as an exercise in mental concentration that forces him to give it his full attention. By its very nature, 'the kind of incoherent and confused alloy it presents,' insanity challenges physicians to become 'true observers' (ix). Along with the related notion of experience, observation provided the fundamental basis for clinical medicine at the turn of the century.[8] Like the more enlightened physicians of his time, Pinel was tiring of 'always following beaten paths [and] speaking of madness in general in a dogmatic tone' (xxv). The arbitrary, empty theories of the past should give way to the light of reason that would make a field as confusing as insanity understandable at last. The key to Pinel's method lies in patient observation over a long period of time, the kind of observation and record-keeping his extended tenure as a physician in insane asylums first at Bicêtre, then at the Salpêtrière, afforded him. The worst kind of 'confusion and disorder' in mental hospitals arises when the insane are 'observed without any rule of method' (5). Pinel proposes an analytical method of orderly observation to achieve the kind of progress needed in any general history of insanity (ibid.). One would be hard pressed to find a more poignant image of the Enlightenment's exuberant faith in analytic method than that presented by Pinel as he calmly walks, presumably, through the halls of insane

---

. . . he permanently adjusted his own flexible reactions to the patient's changing behavior and his ever changing symptoms, his outbursts, helplessness, and suspiciousness.' Pinel views the insane patient as 'an *individual*,' not as an ontological entity or species of disease. See Riese, 'An Outline of a History of Ideas in Psychotherapy,' *Bulletin of the History of Medicine* 25 (1951): 446-47. His actual practice of medicine is hardly based on mere 'nosological prejudice,' as Michel Foucault implies and would have us believe. See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Vintage, 1975), 191-92 and 146. As I shall attempt to demonstrate in this essay, it is through his patient observation of mental confusion in all of its aberrations that Pinel succeeds in his therapy and invents a new approach to medicine.

8 See the chapter 'Auenbrugger, Corvisart, and the Perception of Disease' in O'Neal, *Changing Minds*, 166-85.

asylums, confident that his collection of reasoned observations will allow him to prevail in the end over the bedlam around him.[9]

The confusion surrounding insanity thus forces Pinel to sharpen his powers of observation and become a better clinician. Adding to this confusion are the numerous possible causes that a physician must consider in diagnosing an illness. Like his contemporary and *idéologue* friend Pierre-Jean Georges Cabanis, author of *Rapports du physique et du moral de l'homme* (1802), Pinel takes into account both physical and psychological explanations of human beings. Pinel was also enormously influenced by the philosophy of Condillac and kept company with Condillac's disciples at the end of the century, the idéologues. Pinel himself acknowledges Condillac's influence in the *Traité* (xi, 94, 148).[10] The two sides of humans – their material and immaterial nature – deserve equal attention, although one senses Pinel's preference for the latter with his discussion of the passions as 'the most ordinary origin' or 'most frequent cause' of insanity (ii, x). This discussion and his definition of the passions as 'unknown alterations of physical and moral sensibility whose distinctive characteristics we can only sort out and determine by external signs' (25) imply an influence of the soul on the body. In a similar vein, Pinel had previously cited the English author Alexander Crighton, whose own book on insanity (*An Inquiry into the Nature and Origin of Mental Derangement*, 1798) focuses largely on the passions and their 'more or less violent effects on the physical constitution' (12).

The always delicate question of physical influence remains, however. Does the physical body or the environment influence the spiritual soul? Does Pinel also have any materialist tendency? Although Pinel seems at first to acquiesce to the Ancients' speculative view of the passions as maladies of the soul, he quickly turns around and confesses his own agnosticism: 'Whatever meaning one assigns to this term [the passions], what is even more certain is that they are the most frequent causes of illness' (ibid.). He goes on to point out the numerous cases of

---

9 Bedlam was, of course, the popular name given to the Hospital of St. Mary of Bethlehem, a London insane asylum, and hence associated with confusion.

10 See also F. Colonna d'Istria, 'Ce que la médecine expérimentale doit à la philosophie: Pinel,' *Revue de Métaphysique et de Morale* 12 (1904): 186-210; and Walther Riese, 'La méthode analytique de Condillac et ses rapports avec l'œuvre de Philippe Pinel,' *Revue Philosophique* 158 (1968): 321-36. Riese, among others, rightly notes Pinel's indirect reference to Condillac's philosophy in the title of the *Traité médico-philosophique sur l'aliénation mentale*. On the connection between Condillac and the *idéologues*, see chapter 9 in O'Neal, *The Authority of Experience*, 225-44.

insanity he has seen caused by the passions. The metaphysical status of the passions does not interest him, and he simply does not know what meaning to assign them. Fundamentally, it does not matter to him, for metaphysics, in his account, should not be mixed with a science of facts like medicine (vii-viii). But Pinel did suggest, following Rousseau, that artificial passions, such as those spawned in cities and the rarefied culture of eighteenth-century salons, could lead to insanity, although his student Esquirol would develop these ideas even further than the teacher himself.[11]

Despite his legacy as one of the first to advance the moral or psychological treatment of the mentally ill,[12] what nonetheless clearly emerges from Pinel's writings are the psychological *and* physical causes for insanity, and there are a bewildering number of them. Moreover, he seemingly takes pleasure in enumerating them, as if the more confusing the picture he paints of insanity, the more realistic it becomes. Pinel, of course, offers abstract categories for both sets of causes, but each specific case always differs somewhat from the next. Whereas on the psychological side, grief, a vexed love relationship, excessive attachment to religious principles, domestic problems, highly aroused but unsatisfied desires, financial hardship or a sudden change in fortune, immorality, and even reading novels can drive one temporarily or permanently insane according to Pinel, on the physical side, he finds causes in lesions of the head, the aftermath of an illness or skin irruption, the sudden stopping of a hemorrhage, habitual drunkenness, blows to the head, menstrual complications, accidents during pregnancy or childbirth, the post-partum period, menopause, and gout (4, 30, 46-51, 418).

The French Revolution itself played a significant role in creating psychological and physical conditions that could either give rise to insanity or exacerbate it. Keenly aware of the ripe historical conditions for insanity in which he was living, Pinel makes the connection between the passions that revolutionary periods incite 'to the highest degree' and mania 'in all its forms' (xxx; see also 243). At Bicêtre for the Year III of the French Republic,[13] Pinel attributes thirty out of one hundred

---

11 See Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 98-101.

12 In the history of medicine, this legacy by Pinel, along with that as a classifier of diseases, is sometimes contrasted with Broussais's subsequent emphasis on physiology and with others' view of the brain as the seat of mental illness. See Dora B. Weiner, *Comprendre et soigner: Philippe Pinel (1745-1826). La médecine de l'esprit* (Paris: Fayard, 1999), 333.

13 The Revolutionary calendar begins with September 22, 1792 when the French Re-

thirteen cases of insanity to the events of the Revolution (457). A radical loss of fortune, such as that suffered by the wealthy or the privileged aristocratic classes during the Revolution, could suffice to make one lose one's mind – as in the case of a man who had spent twenty years in the American colonies (112; for a similar case, see 215) – or lose all hope (325). Another man's wife fell into a state of intense grief and delirium after her husband spent practically all their money to help émigrés leave the country (121-22). The overthrow of Catholicism in France led one young man to maniacally imitate a life-threatening fast formerly practiced by religious recluses (207). The inability to attend Mass for several years made one sensitive religious woman feel overly guilty when blamed for it (298). Having suddenly to change one's ideas from those of the Old Regime to those of the new revolutionary order proved overwhelming to some people, who simply refused to accept the new reality and went into a state of denial, delirium, or delusion. Pinel cites the example of one man who had lived at the house of a prince but who, having experienced the personal humiliation of the Revolution, started believing in his own supernatural powers to move heaven and earth (211-12). Others felt a sense of being victimized or of being condemned to death in this turbulent period (257, 349).

As for the physical causes, food shortages and rationing during the Revolution had disastrous consequences for the insane held in hospices like Bicêtre and the Salpêtrière. Pinel occasionally notes the voracious appetite characteristic of the insane (64, 234), which must have made periods of rationing extremely difficult, if not deadly, for them. Assessing the exceptionally high mortality rate at Bicêtre and the Salpêtrière in the Year IV, Pinel faults food shortage and rationing for triggering outbreaks of deadly dysentery, while these material conditions also increased the paranoid tendency of manic patients to believe they were being starved to death (232-34). Tepid baths proved to be an effective calming therapy for manic and melancholic patients, but the dire events of the Revolution kept Pinel from using them at Bicêtre in the Years II and III, and only later at the Salpêtrière could he resume this successful treatment (328-29, 362).

What is true for the causes of insanity also holds true for its cures. Just as there are both physical and psychological causes, so too are there

---

public was first proclaimed. Year I thus runs from September 22, 1792 for 360 days (12 months of 30 days each) on into 1793. Without knowledge of the exact month, it is difficult to convert these Revolutionary years with complete accuracy to years in the Gregorian calendar. I have therefore left the years Pinel mentions in the Revolutionary calendar as is.

physical and psychological cures.[14] Pinel mixes both kinds of treatment. In addition to baths, he prescribed emetics, laxatives, anti-spasmodic drugs, sedatives such as camphor, and even the moderate use of opium (xii, 284, 316, 327, 367). Cold showers could occasionally help patients, as could bleedings, although Pinel seriously doubted the efficacy of this latter practice in all but the rarest cases (204, 322). He deplored, however, the indiscriminate use of any physical remedy – especially bleedings, baths, and showers – as he had witnessed all too frequently the state of exhaustion of patients sent to him from other hospitals where these treatments had been used excessively (213). When absolutely required for the safety of the patient and others in the hospital, straitjackets became a more humane substitute for chains and even allowed the patient to walk freely on the ward (i-ii, 201).

Of all the physical remedies for insanity, however, Pinel reserves a special place for work,[15] which represents the 'fundamental law of any insane asylum' (237). He cites with approval the example of an asylum in Spain, in which the patients did housecleaning, cultivated fields, and gathered fruits and vegetables at harvest time (238-39). With the help of administrators, Pinel established sewing workshops at the Salpêtrière for his female patients there. Although Pinel had to separate mentally ill patients in extreme cases, he clearly wishes to bring them together as quickly as possible in such social gatherings, where friendly conversations allow the patients to forget their troubles and see among themselves the models of sane behavior they have become (248-49). At its best, this form of work recreates the happy banter and playfully mixed voices of society, in stark contrast with the lonely wailing of the mad in

---

14 For Foucault the classical period did not 'distinguish physical therapeutics from psychological medications for the simple reason that psychology did not exist.' See his *Madness and Civilization*, 197.

15 Some medical historians consider work a form of 'moral' or psychological remedy and a part of Pinel's 'new treatment.' See Jones, 'The "New Treatment" of the Insane in Paris,' 10. When actual physical movement is involved, especially of an arduous or exhausting nature, it seems more appropriate to attribute it to the physical rather than the psychological realm. Moreover, Pinel himself, as he subsequently indicated at the end of this same paragraph in his text (239), does not claim this as a new practice at all, but as an integral part of ancient medicine. However in some cases of lighter work – sewing, for example – one might, at most, see a mixture of the physical and the psychological in view of the positive psychotherapeutic value of conversation that the sewing workshops fostered. As an associate of the *idéologues* who attended Mme Helvétius's salon at Auteuil, Pinel believed that the physical and the psychological complemented each other, and were not mutually exclusive.

their isolated cells. Ancient medicine and modern medicine agree more on the benefits of work and exercise for the insane than on any other principle, according to Pinel, who goes on to elaborate: 'Recreational movement or hard work stops the senseless ramblings of the insane, helps avoid strokes, makes the blood flow more evenly, and allows one to sleep quietly' (239).

Beyond mere mechanical work, however, Pinel saw an opportunity for blurring the lines between those working at his hospitals and creating, in effect, a certain confusion between hospital workers and patients, a kind of mainstreaming in today's terms. As the mentally ill slowly recovered from their afflictions and began their convalescence, Pinel – following a practice implemented in a Dutch asylum – had them work as hospital staff workers on duty in the wards (227, 240-41). Apparently, such a practice was already being followed in the Old Regime by the *sœurs officières*, nuns working in secular jobs such as those at the Salpêtrière.[16] Although performing some menial tasks, the convalescing patients nonetheless made themselves useful to the other patients, for whom they provided real services normally done by the hospital staff (371, 398). This kind of work could accelerate considerably one's recovery and reintegration into society, especially into the society of revolutionary France, valuing as it did the notion of fraternity or the mutual assistance of all members of society. Noteworthy here is Pinel's willingness to blend or confuse empirical practices developed by his predecessors without any formal medical training with his own scientific and philosophical knowledge, and this at a time when theoretical medicine still had enormous influence.[17] In other words, psychiatry develops in the late eighteenth century precisely because of the confusion of areas of expertise that had previously been rigidly separated.[18] A similar de-

---

16 Weiner, *Comprendre et soigner*, 198. Weiner ultimately judges Pinel's enthusiasm for his patients' work as naïve and remains skeptical about any hospital administrator's ability to respect the free choice of patients, some of whom would work out of fear of reprisal (240).

17 According to Jan Goldstein, both Pinel and Cabanis were 'committed to taking these *remèdes moraux* from "charlatanistic" practices and assimilating them to official medicine by means of a theoretical or philosophical gloss.' See her *Console and Classify*, 79. On the rejection of theory in favor of observation and analysis by late eighteenth-century and early nineteenth-century clinicians, see O'Neal, *Changing Minds*, 166-74. For Evelyn A. Woods and Eric T. Carlson, Pinel 'avoided damaging mistakes by refusing to theorize.' See their 'The Psychiatry of Philippe Pinel,' *Bulletin of the History of Medicine* 35 (1955): 18.

18 The word *psychiatry* is first used in 1808 (in German) but did not attain any degree of currency and was not adopted as the name of a medical discipline in France un-

velopment occurs in general medicine with the gradual integration of previously snubbed surgeons with physicians.

However much Pinel may seek physical cures in medications, he acknowledges their inadequacy when compared with psychological remedies (348, 368). For Pinel, these typically include some combination of gentleness and firmness on the part of the physician and the caretakers in the treatment of the mentally ill. In favor of a conciliatory approach, he rejects any use of harshness or physical violence by hospital staff on patients in insane asylums, indeed forbidding it at the Salpêtrière after seeing the flagrant abuses at the Hôtel-Dieu (xxiv, 225-26). Pinel summarizes his psychological approach as early as his days at Bicêtre in the following recommendation: 'the general direction of the hospice should be likened to that of a large family composed of unruly and impetuous beings that one must hold back but not exasperate, contain by feelings of respect and esteem rather than by a servile fear when they are capable of responding to such treatment, and most often lead with gentleness, but always with an inflexible firmness' (250-51). An enlightened approach to treatment of the insane not only entails respect for them (and, what is more, the purest form of love for them as human beings ['philanthropy,' to use Pinel's expression], 263) but also an appreciation of the complexity of any cure. Simple, single-minded, and brutal care for the insane reminds one of the 'centuries of ignorance and barbarism' (262). Pinel clearly delineates here a breaking point between the past and the future, which is nothing less than the difference between pre-modern and modern times.

This passage in the *Traité* about the care of the mentally ill serves as an allegory for the Enlightenment's political and moral project, for which Pinel acts as spokesman here. Any indiscriminate, arbitrary, upper-handed treatment of anyone – but especially the poor, the downtrodden, and the mentally ill – deserves utmost condemnation. The list today that now includes race, class, gender, and other differences begins with the Enlightenment, which runs together and confuses all categories of human beings into one all-embracing category of humanity. To apply only one form of treatment – and a particularly brutal one at that in the case of the insane – actually hastens the patients' death. Pinel does not usually indulge in irony, but he cannot hold back his contempt for simple-mindedness in the contemporary treatment of the insane. Leading them, he mocks, 'with an iron rod as if to accelerate the end of

---

til the 1840s. See Kathleen M. Grange, 'Pinel and Eighteenth-Century Psychiatry,' *Bulletin of the History of Medicine* 35 (1955): 442, 452-53; and Goldstein, *Console and Classify*, 6.

an existence deemed deplorable is doubtless a very convenient method of supervision' (262). Passages such as this one need to be adduced to counter the unusually harsh criticism Michel Foucault reserves for Pinel. In Foucault's assessment, Pinel's 'philanthropic' and 'liberating' enterprise is little more than a 'conversion of medicine into justice, of therapeutics into repression.'[19] *Pace* Foucault, Pinel equates the old order's simplicity of solutions with brutality, and the new modern age's appreciation of complexity with an enlightened sense of humanity.

Pinel himself resorted at times to the use of force, but only when a kind, conciliatory approach did not work; ultimately, he and his hospital colleagues want to gain the confidence of their patients (xxviii, 174, 263). Pinel treats them as subjects, not objects, and recognizes their humanity. Whenever patients are capable of understanding, he explains to them the rationale for having taken necessary repressive measures with them (290). By speaking to the insane rationally, whenever possible, and attempting to win their confidence by any means, Pinel acknowledges both the potential reason and will of his patients. Some refractory mental conditions will always defy any cure, but Pinel remains hopeful for the most part. He speaks of the temporary loss of reason in most of his patients, who have simply misplaced ('égaré') it (ii, et passim). One of the first signs of recovery consists in a return to their 'primitive state' (126, 242), by which he means the sane operations of reason and will. In many cases of insanity, especially melancholy (64), patients cannot rid themselves of some exclusive desire that dominates all others. The psychotherapist's art lies in redirecting their will away from their obsessions and delusions, in 'inspiring' in them the desire to leave their state of madness (174). To gain their confidence, one must be prepared to do anything, even replicate their confusion. Pinel refers approvingly to the ingenious method of Madame Pussin, the superintendent at Bicêtre, who, to calm a patient's delirious outbursts and to make him eat, began imitating his crazy speech and wild gestures (219).

In those instances in which Pinel discusses remedies for insanity, he generally eschews simple solutions and often makes confusion part of the cure. The most striking example of the real necessity for confusion in treating the insane arises in cases of religious fanaticism. The healing process for these patients requires a passage from certainty to uncertainty, from rigid answers to questions, from clarity to confusion. Pinel speaks here as a veritable *philosophe* of the Enlightenment:

---

19 Foucault, *Madness and Civilization*, 266. Foucault loathed any system that might discipline and punish human beings for their resistance to the 'moral and social uniformity' imposed by Pinel's asylum (268; see also 197, 269).

'Those we were able to cure were endowed with a healthy sense of judgment, which allowed them at first to weigh opinions, then to move up ['s'élever'] to doubts and uncertainties, then to shed new light by judicious questions' (298). Paradoxically, Pinel portrays the movement from aberrant religious certainty to healthy skepticism not as a descent (into hell) but as an ascension (into renewed life and sanity), not as a passage into a dark, nether world but as a secular resurrection of sorts into a bright, enlightened one. One might be inclined to dismiss these cases as less serious than others. But Pinel emphasizes the dangerous character of excessive piety, which can make one lose touch with reality, give one delusions, and even lead to enraged homicidal acts (41, 44, 111, 119-20). This particular form of insanity challenged Pinel to the utmost. He had to consider it from 'a purely medical angle' and, in what might seem like a cruel gesture, to remove books of piety and articles of devotion from these patients for their own good (265, 268, 299).[20]

Although he may have taken books from these patients, he encouraged other patients in the fine arts and letters. Pinel considers these latter activities a kind of psychological therapy similar to mechanical work in their ability to expedite the healing process. Writing poetry, playing a musical instrument, and painting can productively engage convalescing patients in beneficial activities, but one must introduce them at the appropriate time, lest they overwhelm the patient and increase his or her stress rather than reduce it (242-45).

Determining the appropriate time for any treatment, physical or psychological, preoccupies Pinel in the final part of his *Traité*, in which he writes extensively about his experience with the different periods of insanity and clearly defines his clinical methodology. A highly complex conception of time emerges from these pages.[21] One can never ascertain exactly when a period of mental illness commences and when it ends. The physician must resist the temptation to make hasty judgments and, like it or not, learn to live with a certain amount of confusion and uncer-

---

20 It should be pointed out, however, that a sense of confusion in the Christian religion is not necessarily a heretical notion and can indeed reflect one's deeper faith. Kierkegaard's knight of faith, even in the depths of despair, comes closer to true faith than does the complacent individual who never struggles with or questions his or her beliefs. See Søren Kierkegaard, *Fear and Trembling: A Dialectical Lyric*, trans. Walter Lowrie (Princeton: Princeton University Press, 1945). In the New Testament, the evangelists severely criticize, as did Christ himself, the certainty of the self-satisfied Pharisees.

21 Compare the 'limited role' of time in pathology from antiquity through the classical age. See Foucault, *The Birth of the Clinic*, 12.

tainty. Instead of despairing over this situation, however, Pinel accepts it quite willingly, for he knows that to act otherwise and rashly would lead to disastrous results. As a physician at an insane asylum, Pinel ultimately had to sign either the release papers for his cured patients or, on occasion, an official document certifying the incurability of a patient's mental condition. Pinel found these pronouncements all the more difficult to make as the stakes increased. Legal injunctions, inheritance rights, marriages, even the crowns of state can depend on a physician's decision about the sanity or insanity of a patient, a decision which can influence these important matters one way or the other (384-85). Pinel frequently received requests, especially from the families of patients, to release the person early, but in each case, Pinel had to consider the complexity of the disease and, particularly, its own internal rhythms, which for the most part would not correspond to what relatives wanted. Such an approach excludes simple, hasty solutions and takes full account of the sliding scale of time in mental illness, for which clear breaks do not always exist. And when these do occur, they do not necessarily augur well for the patient, as the example of periodic mania illustrates (375, 396-97). The physician of the mentally ill must beware of overly clear signals and learn to sort out and, indeed, to live with the confusing stages of the disease, which often overlap.

Pinel distinguishes three phases of insanity: its active phase of 'extreme intensity' or 'violence,' a waning stage or 'decline,' and convalescence (137, 144). Although perhaps clear on the surface, these phases nonetheless have degrees that can escape even the most experienced observer (121). Mentioning, as he does, these temporal divisions of insanity in the first part of his *Traité*, however, Pinel does not fully develop his discussion of them until the end of his work when he takes up the various treatments of insanity and the question of the probability of cure for the insane. The different periods of insanity require different treatments of a physical and psychological nature (338). All of the aforementioned remedies must be used judiciously and at the right time for the particular illness. Unlike his counterparts at the Hôtel-Dieu, where one or two treatments seem to fit all forms of insanity, Pinel actually individualizes the care of his patients.[22] Instead of emphasizing

22 Individualization of a patient's illness derives from the Hippocratic tradition. According to Riese, Pinel tried to reconcile individualization and generalization, that is, the tendency to diagnose mental illness solely on the basis of general symptoms found in classificatory systems or nosologies. See his 'Philippe Pinel: His Views on Human Nature and Disease. His Medical Thought,' *Journal of Nervous and Mental Disease* 114 (1951): 316.

the simplicity of recommended treatments, Pinel always underscores their complexity and maintains a necessary level of confusion, without which one risks making serious mistakes: 'To lay out the general rules of treatment is far from excluding the changes to which they are subject and the attentiveness one must have in special cases for a host of secondary circumstances' (339-40). With his book on insanity, Pinel may be solving some problems, but he does not want others – those physicians presumably reading his work – to follow his suggestions blindly and to become complacent in their clinical observation of patients at all stages of their illness. It is better, he implies, to remain a bit confused than to underestimate the complexity of insanity and make poor judgments that will affect the very lives of those in one's care.

Pinel exemplifies a certain epistemological modesty, a willingness to admit humbly he does not know an answer, especially when a rash judgment can have such dire consequences for his patients. His professional agnosticism contrasts sharply with the dogmatic, theoretical approach of his predecessors. Patient observation of all factors contributing to insanity at the different stages and a willing acceptance of their irreducible confusion will lead to better treatment of the mentally ill. Obviously, Pinel does want to reduce as much as possible the overwhelming confusion associated with insanity, but not at the cost of poor diagnosis and treatment. A residual confusion, therefore, serves as a positive sign to the physician that he or she is doing the job properly. Modern medicine, as it was emerging at the end of the eighteenth and the beginning of the nineteenth century, prizes doubt over error. One of the *bêtes noires* of the *philosophes*, error was to be rooted out at all costs.[23] Faced with the vast diversity of complications in a condition as confusing as insanity, Pinel chooses to keep a certain amount of confusion in his conclusions – or, at least, not to dismiss it – as a kind of guarantee of veracity. Total clarity and certainty in medicine become signs of ignorance, not intelligence. Pinel relates with horror the numerous bleedings and other unnecessary procedures a patient endured in England before finding a competent doctor. No matter where these unfortunate events occur, whether in England or France, they all have the same cause: 'ignorance, in general, of the true principles of the treatment of the insane' (360-61).

Figuring prominently among these principles is the physician's ability to adjust to the individual circumstances of patients and their

---

23 For a fine study of the notion of error in French Enlightenment thought, see David William Bates, *Enlightenment Aberrations: Error and Revolution in France* (Ithaca: Cornell University Press, 2002).

illnesses. Beyond considerations of the patient's age, sex, and temperament (287, 359), one must also take into account the season or time of year, which can bring on a relapse in a disorder like mania (397). Just as the diversity of circumstances dictates the variety of treatments (287), so do the different periods of illness affect them. The more the physician focuses on such complex diversity and on the dynamic nature of time, the better his or her treatment will be. The long list of treatments Pinel recommends for the insane in the first period of their illness is noteworthy not only for its broad mixture of physical and psychological measures used – the importance of which I discussed earlier – but also for the emphasis placed on gradation. The wide spectrum of possible restraints available to the physician can give the patient more or less freedom of movement, but in all cases they should be 'adjusted' to suit the individual circumstances of the patient (338). Pinel uses only the degree of restraint necessary and no more. In the case of a young girl whose convalescence had gone awry and brought out an agitated, sarcastic side, Pinel approves the use of a corset with straps that holds her shoulders back in a 'moderate' position and achieves the desired behavior after only a day (203).

The three different periods of insanity determine not only the specific treatment of patients but also their lodging. Housing the insane in different areas of the hospice according to the degree of their illness, as Pinel did at the Salpêtrière, becomes for him an axiomatic principle in their treatment (147, 193-94, 198-200, 333-34, 343-44, 369-70, 406). Such a division both facilitates supervision and keeps patients from disturbing one another and precipitating a relapse in them. It proves especially important for those in the third stage of convalescence, whose imminent reintegration should not be jeopardized (200, 243). The isolation and separation, not confusion, of patients may maintain order in an insane asylum, but not at the expense of the humane treatment of its patients.

Although Pinel creates divisions for the insane asylum he oversees, these divisions do not remain impermeable. When their symptoms change for the better or worse, patients can move from one area of the hospice to another (291). Such flexibility may seem like an insignificant detail, but it creates movement at the borders of otherwise rigid categories and reinserts a salutary element of confusion in the insane asylum. A subtle but very important distinction exists between Pinel's approach to hospital administration for the insane and what held sway before him. Far from irrevocable, the decision to place a patient in one ward or another is subject to 'continuous efforts and close observation' (ibid.) that lead to a redistribution of patients in the hospice. In other words, despite the calm appearance of Pinel's hospice, a constant reshuffling of patients is taking place. Exactly reversing the preexisting priorities

for treatment of the insane, Pinel's motto might well be, as he puts it in his own words, 'always encourage, sometimes repress' (ibid.). He gives hope to patients who previously had none, chained and abandoned in their cells as they were. What Pinel grants the maniacal patients is extended, one assumes, to all his patients in the asylum: 'all the latitude of freedom that his or her personal safety and that of the other patients can allow' (292).

By breaking their chains and breaking down, as it were, the impassable walls of the asylum, Pinel essentially humanizes the mentally ill, considered wild or 'untamable' (291) by his predecessors and undoubtedly by most people in Old Regime society. He not only allows them to mingle among themselves, when their conditions warrant change, but also associates them with the rest of humanity. They are locked neither in a physical space nor in a hopeless identity for the rest of their lives. Material conditions and psychological behavior can change for the mentally ill just as they can for any other human being. Adapting the thinking of the Ancients to that of the Moderns, Pinel's reflections on medical practices for the insane echo the progressive thinking of the Enlightenment, which saw more virtue in confusion than in rigidly separated areas of expertise or clear, but dogmatic, approaches to problems and their solutions. The invention of psychiatry arose from just such a spirit, and Pinel contributed in a major way to the development of this new field of medicine. More than a mere possibility, change is desirable for everyone, including – and especially, one might add – the insane. Even in incurable cases where dramatic change is not possible, Pinel insisted on humane treatment as a right. Pinel clearly sets himself apart from the prejudice of his times, which believed in the 'absolute incurability of all of the insane' (404-5). His rejection of any such simplistic, summary judgment reveals at once his compassion for and understanding of the confusion of the mentally ill. Moreover, it ultimately bespeaks a profound modern understanding of complexity, one that came to light in the eighteenth century and continues, felicitously, to influence our critical thinking today at its best.

JOHN C. O'NEAL
Hamilton College