

The Action of the Imagination: Daniel Hack Tuke and late Victorian psycho-therapeutics

In 1884, on the publication of the second edition of *Illustrations of the Influence of the Mind upon the Body in Health and Disease* (hereafter shortened to *Illustrations*), British psychiatrist Daniel Hack Tuke (1827 – 1895) claimed there had been a ‘remarkable increase in the amount of intelligent interest felt in the more subtle relations existing between Mind and Body’ since he first published the volume a decade earlier (Tuke, 1884a). The most significant change from the first publication was that Tuke moved ‘volition’ from the first, and most prominent, example of the influence of the mind upon the body to the last (Tuke, 1870). Since the 1872 edition, the section on ‘emotion’ was the most expanded, highlighting this as the major method by which the mind could alter the physiological state (Tuke, 1872). This shift highlights changing notions of selfhood in the later nineteenth century. It also had practical implications for asylum psychiatry. If the emotions, and not the will, were considered the primary influence on a person’s physical and mental state, it was emotion with which moral therapy needed to engage. The ‘imagination’ – the idea Tuke used to describe the method by which the mind wrought bodily changes – thus became characterised less by the physiological model of reflex inhibition popular in the 1850s, but instead as a creative mental force. This new explanation for the value of moral treatment offers one possible reason as to why many asylum practitioners remained optimistic about the value of creative endeavours; despite overcrowding and administrative difficulties in asylums, art, entertainments and recreational pursuits increased in the final decades of the nineteenth century. Many institutions built dedicated entertainment halls from the 1870s on, and Bethlem Royal Hospital held perhaps the first public patient art exhibition in an asylum in 1900.¹

A model of mental functioning based on exciting emotion better supported ‘the practical application of the influence of the mind on the body to medical practice’, for which Tuke used the term ‘psycho-therapeutics’ (Tuke, 1884a: 2, p. vii). While the encouragement of a patient’s own self-control had long been an element of asylum psychiatry, the use of *emotional* suggestion emphasised the role of the medical practitioner as well as calling on the patient’s own internal restraint. The advent of psychotherapy has generally been attributed to writers in continental Europe. However, Tuke may have been one of the earliest clinicians to use the term (Carroy, 2000: 11; Shamdasani, 2005: 1), indicating that greater analysis of *Illustrations* would be a valuable addition to the history of psychotherapy. It was in *Illustrations* that Tuke outlined what he meant by psycho-therapeutics, and how it might function, although he also drew on ideas he had touched on elsewhere. Tuke’s psycho-

¹ For example, in and around London, Caterham Imbecile Asylum opened a purpose-built theatre with stage as part of an extension in 1873, Normansfield Hospital in 1879 and Bethlem in 1900. This contradicts the old assumption that increasing bureaucracy led to therapeutic pessimism (Scull, 1993).

therapeutics were not centred on the 'talking cure' for mental illness that we have come to associate with psychotherapy. The practice of psycho-therapeutics incorporated a wide variety of techniques, from the use of inert medication to hypnotism and, importantly, the influence of the physician in exciting emotional states such as faith and hope. In addition, Tuke considered psycho-therapeutics a valuable remedy for organic physical complaints as well as mental afflictions. Thus, he aimed to bind psychiatry (or psychological medicine, as it was known in Britain at the time) more closely to general medicine, emphasising the relationship between body and mind and drawing attention to 'imagination' as an important mental force. In so doing, he incorporated elements of continental psychology – including contemporary debates over hypnotism in France – as well as older ideas on mental suggestion.²

The strong connections between psychiatry and general medicine in the mid nineteenth century have led some historians to argue that psychological approaches to mental illness were unimportant to late nineteenth-century British alienists, as asylum psychiatrists were called (Clark, 1981; Daston, 1982; Jacyna, 1982). More recently, historians have explored some aspects of hypnosis and suggestion in Britain. However, this has largely focused on experimental psychology rather than the practical application within asylum psychiatry (Gauld, 1992; Sommer, 2014; Valentine, 2012). In this paper, I aim to clarify the position of suggestion and mind-body relations in late nineteenth-century British asylum psychiatry through a detailed explanation of what psycho-therapeutics meant to Tuke, who held a prominent position in late Victorian psychiatry. I focus on *Illustrations*, as the key text in which Tuke developed and outlined his notion of psycho-therapeutics, although this is set in the context of his wider work and writing, as well as some of his close colleagues. I begin with a sketch of Daniel Hack Tuke's life, before looking at several major influences that shaped his interest in the relations between body and mind. First, his background as a Quaker and member of the well-known Tuke dynasty, founders of the York Retreat and promoters of the concept of 'moral treatment', had a key role in shaping Tuke's approach. Subsequently, I explore Tuke's interests in physiological psychology and somatic approaches to mind. Finally, I describe his research into hypnotism and the 'spiritual' side of mental physiology. Today, these three strands of thought are often seen as conflicting, and Tuke himself has been represented in very different ways depending on which of his works is quoted. However, Daniel Hack Tuke's concept of psycho-therapeutics is an under-explored example of the intersection between the somatic and the psychological, which was not unusual in late Victorian psychiatry. Acknowledging this aspect of the early concept of psycho-therapeutics can aid in following the ideas of some of Tuke's contemporaries, emphasising the lack of clear distinction between body and mind in Victorian psychiatry. It also explains the ongoing relevance of moral

² For more on the background of this see (Furst, 2008; Harrington, 2008; Mayer, 2002)

treatment as a therapeutic model in British asylums, as well as highlighting changes in the way moral treatment was understood, with increasing interest in emotional control and balance, rather than a sole emphasis on the power of the will.

I. Daniel Hack Tuke and the Quaker origins of moral treatment

Born in 1827, Daniel Hack Tuke was the great grandson of William Tuke, founder of the York Retreat and the son of Samuel, whose publication on the Quaker asylum widely publicised the methods adopted there (Tuke, 1813). His mother died soon after his birth and Daniel was raised by a 'deeply religious' father with the help of an aunt and elder sister (Ireland, 1895: 377). Unlike previous generations of the Tuke family, who were lay asylum practitioners, Daniel studied medicine, receiving his MD from Heidelberg in 1853. He was well-travelled and well-read, in part due to the poor health from which he suffered throughout his life: a 'weakly child', his 'delicate health retarded his education' (Ireland, 1895: 377–8). Unable to follow a career in business, as his father did not consider him strong enough, the young Tuke initially tried law but soon dropped out. Instead, a chance visit to George Combe's Phrenological Museum led him to embark on a career as an alienist. Ill-health continued to dog Tuke's life, and much of his direct asylum experience came early in his career, at the York Retreat (Ireland, 1895: 378–9). In the 1870s, he moved to London where he had a rather sporadic private consulting practice, undertook lectureships, and was actively involved at the Bethlem Royal Hospital, where he was a governor for over twenty years, from 1871 until his death in 1895.

In the second half of the nineteenth century, Tuke became well-known as an expert on psychological medicine and the history of asylum psychiatry. On his death, a ten page obituary formed the leading article in the *Journal of Mental Science*, the main English periodical in the field (it later became the *British Journal of Psychiatry*). Reflections by Tuke's colleagues presented him as a serious, quiet and thoughtful man, perhaps of 'nervous temperament' and sentimental nature, who enjoyed discussion but disliked confrontation and appears to have been well-liked by those around him (Rollin, 1895: 719). One time president of the Medico-Psychological Association (the forerunner of the Royal College of Psychiatrists), co-author of one of the most popular psychiatric textbooks of the period (Bucknill and Tuke, 1879), and co-editor of the *Journal of Mental Science* for nearly eighteen years, Tuke was a highly regarded voice. Yet his work has received little attention from historians, although many use his textbook as representative of contemporary definitions of mental illness or cite extracts from his impressive compilation *The Dictionary of Psychological Medicine* (Tuke, 1892a) to highlight late nineteenth-century ideas in psychiatry. Tuke was a prolific and diverse writer, and this has led to confusion over how to understand him. Some of his texts have been used

as evidence of medical materialism,³ others as the reverse, particularly in relation to his interests in hypnosis and spiritualism.⁴ For Tuke, questions over the relationship between body, mind and soul dominated the study of normal and abnormal psychology, and the way he defined and understood the field in which he practised: as evidenced particularly in *Illustrations*.

Illustrations was first published as a series of eight articles in the *Journal of Mental Science* (1870-71) and expanded in 1872 in book form, revised in 1884. According to a colleague, Tuke 'always had a very strong personal affection for this book' (Rollin, 1895: 720). Like many of his other publications, *Illustrations* was primarily a compilation of cases from medical and literary works: a tendency that saw the alienist characterised as a 'scientific sponge, taking up greedily whatever was presented to him and rendering it back uncoloured by any personal tint' (Rollin, 1895: 719). This quotation suggests that objectivity assumed to be possessed by the scientist, through his ability to dispassionately classify and understand diverse phenomena. Indeed, the initial series of *Illustrations* supports this, containing little in the way of discussion. Instead, Tuke categorised cases as to whether he felt the major influence of the mind lay in the intellect, emotions or volition ('the will'), the three divisions of mind many of his contemporaries also adhered to.⁵ In book form, however, Tuke took greater pains to define his terms, as well as to explore the implications suggested by the examples. Most notably, it was here that he introduced the notion of psycho-therapeutics. If, as Tuke felt was unquestionably proved by some 350 pages of cases, the mind could *produce* disease in the body, the medical practitioner might make use of similar practices to *cure* illness.

Tuke's examples were extremely diverse and do not necessarily describe conditions that we might understand as psychological, such as psychosomatic complaints or neuroses. He thought, for example, that emotional impact on the individual nervous system could affect almost any element of muscular action, digestion and sensation, inducing ailments as diverse as epilepsy, hydrophobia (rabies), tetanus, catalepsy and heart conditions. In the case of the heart, for example, Tuke argued that it was well-known that the emotions had an effect on the regularity of the heart's function: sometimes, this could even be fatal (Tuke, 1884a: 1, 111-9).⁶ Indeed, the appearance of all the symptoms of a serious disease might be entirely due to the effects of the mind, such as hydrophobia as a result of being bitten by a dog. The rabies vaccine was not developed until 1885, and Tuke's

³ See (Berkenkotter, 2008: 84; Scull, 2006: 120). Scull quotes Tuke stating of 'the mad' that "'no good" is plainly inscribed on their foreheads': Tuke is actually talking about class and criminal heredity here, rather than insanity per se. (Tuke, 1878: 171) .

⁴ For example (Clark, 1981: 281). While Clark claims that most alienists rejected psychology, he considers Tuke one of the most interested.

⁵ Many alienists at this time, including Tuke, stated (albeit incorrectly, for the idea pre-existed Bain) that they were indebted to Bain's Association Psychology for this tri-partite division. For more on this see (Bain, 1855, 1859). The increasing popularity of this model is described in (Danziger, 1997: 64; Dixon, 2003: 70 & 158).

⁶ Interestingly, some contemporary research has reached similar conclusions on the effects of emotional stress on the heart rhythm, including the potential to induce a heart attack (Finlay, 2014).

example highlights the difficulty of being certain that disease existed prior to the availability of conclusive tests (time, rather than a blood test, was the yardstick by which doctors made a rabies diagnosis). However, Tuke also used this example to criticise an exclusionist tendency among his colleagues. Some early nineteenth-century doctors had declared that *all* cases of rabies were caused by fear, rather than a virus; others that *none* were. This reflected:

The strange tendency ... among many reasoners, when investigating the causes of morbid phenomena, to range themselves under one of two exclusive extremes – the first attributing *nothing* and the last *everything* to the Imagination... (Tuke, 1872: 209)

Tuke himself, while considering the mind to have an influence in almost every pathological state, thought that this power could often be exerted alongside another influence: an infection, genetic anomaly or other physiological cause. In addition, he regarded the will as an important influence for self-cure or control over physiological function. It was this self-influence that first inspired Tuke's notion of psycho-therapeutics: however, the interaction between patient and practitioner demanded by such a notion also required explaining. Here, the individual will became far less prominent in comparison to the emotional influence that a doctor might have on his patient.

Today, it might seem surprising that a writer could claim the mind to be so central to experiences of bodily function, even though some of Tuke's ideas remain common currency. Concepts like 'the placebo effect' – the idea that every treatment has an effect on our physiological system simply because we expect it to – indicate that we still consider mind and body to be connected, even if we don't articulate it in the same ways Tuke did.⁷ Belief in the inextricable connection between mind and body was not a surprising one in a late Victorian context. Within psychiatry, this had long been an element of 'moral treatment', the therapeutic regime for mental illness developed by the Tuke family at the York Retreat (and, simultaneously, Philippe Pinel in Paris). Foregoing chains and openly coercive measures, the Tukes adopted a mixture of religious observance, a domestic environment, work and recreation to re-educate their patients (Digby, 1985). Daniel Hack Tuke later claimed that his experiences at the Retreat shaped his choice of career: he grew up in and around the family institution and spent two years working on the wards before his MD, after which he returned as visiting physician (Tuke, 1892b: 57). Many of the Quaker principles underpinning the Retreat's values remained important to Tuke, not least the rejection of dogma. He argued fiercely against 'scientific snobs': researchers so certain of the position of modern science that they refused to consider new ideas or divergent doctrines, especially those that

⁷ In his inaugural lecture at UCL, Sonu Shamdasani pointed out the paradoxical way in which the placebo effect developed from being an explanation of the way psychotherapy functioned to something that needed to be eliminated from clinical trials, thus presumably rendering psychotherapy ineffective in tests (Shamdasani, 2015). See also (Andersen, 2005; Harrington, 1997; Justman, 2011) .

threatened their supremacy (Tuke, 1884a: 1, vii). Indeed, it seems it was the increasingly formal nature of Quakerism that led the adult Tuke to diverge from the doctrine, although he remained convinced of many of its values (Ireland, 1895: 379).

Quaker ideals remained enshrined in the doctrine of moral treatment, founded as it was on the belief that the insane were not absolutely deprived of reason, and thus could be motivated by hope, feeling and honour (Tuke, 1892b: 36). While this notion was adopted by psychiatry in later years, it emerged from religious rather than medical teaching. Tuke highlighted the same motivations inherent in the practice of moral treatment in the function of psycho-therapeutics: the physician should call on the patient's honour, arousing the will and exciting hope of cure (Tuke, 1884a: 2, 173-8). Psycho-therapeutics had some similarities, then, with the educative function of moral treatment. Many of the techniques used by asylum physicians throughout the nineteenth century were also those Tuke saw as psychotherapies:

The principle may be carried out, in a general way, by calming the mind when the body suffers from excitement; by arousing the feelings of Joy, Hope, and Faith; by suggesting motives for exertion; by inducing regular mental work, especially composition; by giving the most favourable prognosis consistent with truth; by diverting the patient's thoughts from his malady; and thus, in these and other ways, inducing beneficially the functions of Organic Life through the Mind. (Tuke, 1884a: 2, 282)

The role of occupation and recreation was particularly important within the asylum (Ernst, 2015). Activities were thought to help divert the patient's mind, avoiding the dangers of 'morbid introspection' (Clark, 1988). Yet Tuke's outline of psycho-therapeutics also put the physician in a central role: it was he who, through his words and actions, was to calm, inspire, advise and reassure the patient. This strong-minded and influential physician also appeared in later depictions of moral treatment. John Charles Bucknill, the psychiatrist who wrote the diagnostic section of their joint textbook, described the ideal alienist as having:

A faculty of seeing that which is passing in the minds of men ... Add to this a firm will, the faculty of self-control, a sympathising distress at moral pain, a strong desire to remove it, and that fascinating biologising power is elicited which enables men to domineer for good purposes over the minds of others. (Bucknill and Tuke, 1879: 663)

Bucknill here alludes to the patient-practitioner relationship as the central element of psychiatry. Indeed, he did not reduce this to doctor-patient, stressing that attendants (untrained nurses) might have a similar influence to alienists. Unlike Tuke, Bucknill concentrated on the use of moral treatment in nervous and mental disease; Tuke's psycho-therapeutics, however, was intended to cure a much broader array of illnesses. Moreover, Bucknill's model of moral treatment remained couched in terms of the regulating influence of the will, and the power of one mind over another. The spiritual context of Tuke's ideology brought the emotional content of the relationship to the

forefront: increasingly so, as the nineteenth century drew to a close, an idea picked up in French psychology, and later emphasised by Freud (Carroy, 2000: 14).

II. Physiological Explanations of The Will

Before looking at his emotional understanding of suggestion, it is worth considering the physiological underpinning of Tuke's ideas. Although psycho-therapeutics bore strong resemblance to spiritual guidance, Tuke also claimed it to have a direct physical effect on the patient, and it was this that led him to extend the remit of psycho-therapeutics to diseases of the body as well as the mind. Here, he was influenced by the physiological psychology of the mid nineteenth century, in particular that of Thomas Laycock and William Carpenter, both of whom Tuke cited heavily (Carpenter, 1871; Laycock, 1869). The term physiological psychology encompassed these and other mid-century works that placed an emphasis on brain biology, associating intellect, emotion and – most importantly – the will with reflex action and the unconscious inhibition of nervous impulse (Smith, 1992). Although it was not necessarily a foregone conclusion that impulse either preceded or was superior to the idea that prompted it (and many writers did debate this point), a tendency to view brain biology as the dominant factor in mental health became widespread in late nineteenth-century psychiatric writing. This has been characterised as 'medical materialism' and most often associated with the work of Henry Maudsley (Jacyna, 1981; Maudsley, 1873, 1876). Medical materialism encouraged a pessimistic view of recovery by suggesting that the mad were tainted by their heredity: the 'tyranny of organization', as Henry Maudsley famously put it (Maudsley, 1873: 76). Tuke certainly saw *Illustrations* as fitting within this field, and often emphasised the physiological basis of his work. This included his early interest in phrenology: an anatomical fascination that colleagues claimed never left him (Ireland, 1895: 379). While phrenology had lost credence as an explanatory model of mind by the late nineteenth century, it remained associated with the notion that mental functioning was primarily anatomical (Cooter, 1984). The second edition of *Illustrations* began with diagrams of the anatomical relation between mind and body by neurosurgeon Victor Horsley, indicating that the reader was to view the connection as a physical one.

For Tuke, mind and brain could even be one and the same thing. As he remarked in the introduction to the second edition of *Illustrations*:

Cases brought together in this volume will none the less illustrate the truth, and the importance of the truth, that the Mind or brain influences – excites, perverts, or depresses – the sensory, motor, vaso-motor, and trophic nerves, and through them causes changes in Muscular Contraction, Nutrition, and Secretion. (Tuke, 1884a: 1, 2)

The phrasing here suggests that the words 'mind' and 'brain' are interchangeable (although interestingly only 'Mind' is capitalised), emphasising the physical nature of psycho-therapeutics. Through such anatomical language, Tuke aimed to bring medicine and psychiatry into closer proximity, asserting that it was not, as commonly believed, solely in nervous or functional disorders that the mind had an influence on the body but also in many physical disorders, including of the skin, kidneys and bowels. The imagination, he rather dramatically concluded, was 'a psychological virus ... which can and does frequently kill' (Tuke, 1884a: 1, 302). Conversely, he recommended psycho-therapeutics for *all* branches of medicine, vastly extending the potential remit of psychological medicine. In the 1884 edition, Tuke supported these claims to physiological knowledge by including a letter received from Charles Darwin: endorsement of his ideas from a well-respected source (Tuke, 1884a: 1, 240). It does not seem likely, however, that the reverse was also true, in that doctors in other fields picked up Tuke's ideas. He certainly attended sectional meetings of the British Medical Association, and may have had direct impact on some colleagues. However, *Illustrations* was not positively reviewed in clinical journals. A reviewer in the *Lancet* considered that Tuke's conclusions did not advance the subject, and that his description of psycho-therapeutics was simply moral therapy by another name (Reviews and Notices of Books, 1873: 52–3).

It would be overly simplistic to cast *Illustrations* as a work of medical materialism. Despite his implication that mind and body were one and the same, Tuke (along with other psychiatric writers of the late nineteenth century) departed significantly from the language of nervous impulse found in earlier writers like Carpenter. One of Tuke's followers, Bethlem physician Theo Hyslop (1863 – 1933), saw Tuke as having proven the limitations of studying mind through matter (*Illustrations* was, after all, about the influence of mind on body, and not vice versa) so that 'no arguments hitherto adduced will allow us to grant that consciousness is a mere inert spectator of physiological processes.' (Hyslop, 1895: 12) Because the causal connection between the two aspects was unclear, Hyslop argued, mental physiology had to be seen from *both* sides, physiological and psychological. This shift away from the explicitly somatic can be seen in the way, between 1870 and 1884, Tuke changed the order in which he treated the three divisions of mind, moving 'volition' (emphasised by his predecessors, who saw it as analogous with nervous reflex action) from first to last. *Illustrations* expanded most in the section devoted to the emotions, with a further third of examples pertaining to intellect, while barely eight per cent were illustrated by Volition so that 'the direct action of the Will, however important, is the least frequently exerted power in relation to the psycho-physical phenomena' (Tuke, 1884a: 2, 299). Thus, Tuke claimed that 'will' could not be regarded as a pure element of mind at all, but instead 'composed of an emotional or active element, and an intellectual or regulative element': this claim emphasised an ideational, rather than neurological-inhibitory, concept of volition (Tuke, 1884a: 2,

138). It was not just the emphasis on particular divisions of mind that had changed from mid-century physiological psychology, but the very content and understanding of these divisions, with the will itself partly constituted by emotion.

III. Hypnotism and the Imagination

This changing understanding of the will indicates that we cannot regard physiological explanations of brain function and a correlation between mind and brain as necessarily leading towards psychiatric determinism at the close of the nineteenth century, as is often suggested (Bynum, 1983; Scull, 1993). While the medical materialism previously outlined led some alienists to regard the potential for madness as pre-existing in an individual through heredity, even the most staunch materialists considered that surroundings also had an impact on the emotional balance and the emergence of mental illness. Instead, it is more helpful to view these factors alongside other concerns about the relationship between mind and body, including the potential existence of some additional life-force or motive power. The third element I want to explore in Tuke's work – his research into hypnotism – was heavily associated with metaphysical concepts of selfhood. Although many of Tuke's papers explored the physiological effects of hypnosis (on respiration, the pulse and the muscles), he combined these observations with subjective ones, for example the 'loss of personal identity from suggestion' (Tuke, 1865: 58, 1883, 1884b). In addition, he was interested in the possibility of studying madness through 'artificial insanity' produced by hypnotism: Tuke was among the British alienists who attended Charcot's sessions in Paris in 1878 (Tuke, 1884b: vi). This interest is particularly evident in *Illustrations* via the mechanism Tuke used to explain the influence of the mind on the body: the imagination. But what did he mean by this term, which, it seemed, sat outside the three divisions of mind into which he had sorted his examples?

Imagination took on the appearance of an incontrovertible force. The term signified two things: 'that a man imagines certain (bodily) phenomena to have occurred which have not; or ... that certain bodily phenomena which have really occurred, are due to no other cause than that he imagined they would.' (Tuke, 1872: 180) In many cases, Tuke thought, the second clause was ignored, leading observers to assume that any *results* were as imaginary as the stimulus: 'in other words, that they are "all fancy"' (Tuke, 1872: 180). This was certainly what some previous investigators into hypnotic and mesmeric phenomena had claimed, dismissing the physical basis of such therapies by declaring the effects as due to imagination (Franklin, 1785). Yet Tuke was writing in an era when, on the continent, suggestion and imagination were under close investigation, in particular by Jean-Martin Charcot in Paris and Hippolyte Bernheim in Nancy. One of the prominent disagreements between the two researchers was whether everyone was suggestible, as Bernheim argued, or only the 'hysterics'

(those with a neurotic heredity), as Charcot claimed (Harrington, 2008: 58). Tuke appears to have been swayed by the former argument, defining imagination very broadly as ‘those ideas which arise without any direct external stimulus’ – a universal tendency (Tuke, 1872: 180). He was not, however, able to determine *how* these mysterious ideas arose, simply viewing imagination as some form of indefinable life-force. Tuke’s close colleague, George Savage (1842 – 1921), described a similar idea with the term ‘motive power’, boldly declaring that ‘neurologists and physiologists are only the engineers who are studying the machinery, while we in asylums have the much more difficult problem of studying the motive power.’ (Savage, 1886: 315) What this ‘motive power’ was, he didn’t speculate, although later in life he admitted such a universal force must be closely related to metaphysical and theological ideas, although it could only be revealed through its relation to action (Savage, 1913: 17–18). Similarly, Tuke related the imagination to mental states which, within a religious context, had previously been viewed as originating not in the individual’s body or brain, but through an external all-powerful force: ‘Expectation, Belief, Faith, Imitation, Sympathy, and Hope’ (Tuke, 1872: 18). Tuke’s concept of imagination suggested that idea *preceded* physiological reaction: indeed, that some inner creative force might pre-exist either intellect or emotion.

There were several ways in which the imagination might prove useful to the alienist. Influenced by Tuke, all three Bethlem superintendents in the 1880s and 1890s (George Savage, R. Percy Smith and Theo Hyslop) experimented with hypnotism (Savage, 1909; Smith and Myers, 1890; Tuke, 1883). These alienists regarded hypnotism as a potential therapy for mental disorder. In early 1883, Tuke and Savage (long-term collaborators and joint editors of the *Journal of Mental Science*) invited Carl Hansen, a Danish hypnotist, to experiment at Bethlem, and Tuke’s paper on the topic was presented to the next meeting of the MPA (Tuke, 1883). Tuke concluded that the mental condition in hypnotism was strongly related to that in insanity and, moreover, that suggestion might be used to cure physical and mental disease, absorbing the topic into his work in *Illustrations*. Savage, although sceptical at the time, thirty years later claimed to have reached a ‘stage of hope’ over the possibilities hypnotism offered as a treatment for nervous and functional disorders, as well as for investigating the functioning of the mind (Savage, 1909: 17). Percy Smith, meanwhile, indicated that hypnotism could be regarded as a continuation of Bucknill’s take on moral treatment, for ‘[t]he dominance of one human being over another, which is, for the moment at least, gained by its influence, seems in some ways more appropriate to the guidance and help of the insane by the sane.’ (Smith and Myers, 1890: 191). Hypnotism, then, emphasised the individual relationship between patient and therapist, with ‘imagination’ a way of describing the connection between the two.

Smith’s experiments in the late 1880s were the first direct contact between the Bethlem Royal Hospital and the recently founded Society for Psychical Research (SPR), set up in 1882 to investigate

spiritual, mesmeric and other psychical phenomena using a scientific methodology (Oppenheim, 1985; Williams, 1985). In 1890, Smith published the results of his experiments into therapeutic hypnotism in twenty-one female Bethlem patients, made with A.T. Myers (physician brother of Frederic Myers, founder of the SPR). The hypnosis was carried out by the SPR's G. A. Smith, a former stage hypnotist, although Myers, Percy Smith and Dr Goodall (clinical assistant at Bethlem) also made attempts to induce a hypnotic state (Gauld, 1992: 291). All of the patients hypnotised were female. The article gave no reason for this decision, although in one instance (Case VI) it was commented that the patient was chosen for her 'considerable intelligence' which, it was felt, would make it 'easy to gain her attention' (Smith and Myers, 1890: 206). Attention was a new focus in late nineteenth-century psychology, particularly following the work of Théodule Ribot, and increasingly formed a chapter heading in textbooks (Ribot, 1890). This faculty, alienists claimed, was often lacking in the insane, making them harder to hypnotise: Dr Yellowlees later complained that his efforts at therapeutic hypnotism in the Glasgow Royal Asylum had been hampered by this factor (Bramwell, 1898: 109).⁸ Attention, like imagination, emphasised the direction connection between patient and practitioner.

It is possible that a larger number of female patients exhibited the symptoms that Myers and Smith wished to investigate. Their hypnotic suggestions concentrated on removing troublesome behaviour: wild and destructive acts, 'dirty habits' (incontinence), hallucinations and delusions and, prominently, refusal of food. Half the patients experimented on (10 out of 21) had been refusing food, and the suggestions made to these patients generally focused on encouraging them to eat. While there were certainly a large number of patients in Bethlem who refused food, particularly women, this was well under half the female population. In 1889, for example, the year in which the experiments were carried out, 51 of the 160 women admitted had refused food at some point, but only a third did so while in hospital. Some success in persuading patients to eat was the most encouraging result reported: '[c]ases I, VIII, and XVII. were very similar in symptoms, in all three refusal of food being the greatest difficulty to combat, and in all there certainly was some improvement in this respect after the attempts at hypnotism.' (Smith and Myers, 1890: 213) All of these patients were in their teens and it was concluded that 'the results gained would appear to have been due much more to the large amount of personal attention devoted to each case than to any hypnotic influence.' (Smith and Myers, 1890: 213) Smith did not draw any conclusions as to the general benefit of personal attention, although all three patients were discharged cured. At Sussex House Asylum, Dr Huggard was far more enthusiastic, suggesting that hypnotism not only compelled

⁸ For more on attention, see the chapters in (Hyslop, 1895; James, 1890)

patients to eat but that this was achieved by ‘reaching and exciting to action long disused nervous channels’, indicating that physiological explanations remained a possible means of understanding the hypnotic influence (Tuke, 1884a: 2, 280).

Smith, however, was less than convinced by therapeutic hypnotism, telling Bethlem’s governors that ‘the results have been extremely limited.’ (BRHA Annual Report 1889, 40) Despite this, he and Myers carried out further experiments in 1892 (this time unpublished)⁹ and Smith’s junior colleague, Theo Hyslop, investigated therapeutic hypnotism with John Milne Bramwell later that decade (Bramwell, 1899: 145). Hyslop was particularly influenced by spiritualist approaches to mind: in 1895, he was elected an Associate of the Society for Psychical Research (List of Members and Associates, 1895: 625). The same year he declared that:

Among the insane, it [hypnotism] has been employed as a sleep producer, as a sedative in excitement, to dispel fleeting delusional states and the minor psychoses, to overcome morbid resistance of patients, and as a substitute for mechanical restraint. (Hyslop, 1895: 534)

Refusal of food was part of this ‘morbid resistance’, and remained a dominant issue in therapeutic hypnotism: George Savage later used hypnosis to treat ‘nervous anorexia’ (Savage, 1909: 1211). Hypnotism’s success was explained by the restoration of ‘natural instincts’, such as self-preservation. Similarly, in an effort to dispel then-prevalent concerns around the potential use of hypnotism for criminal purposes, Bramwell suggested that the effect of hypnotism in the insane proved that it worked by *increasing* the individual’s ability to exercise his or her natural volition over morbid tendencies (Bramwell, 1899: 145).

Hypnotism in late nineteenth-century psychiatry was simply one method used to influence the behaviour of patients, a key aim of psycho-therapeutics. It was not an outright success, partly due to the difficulty alienists had in hypnotising their patients. Many came to see hypnotism as more useful in understanding and exploring the human mind than in therapeutic practice, as Tuke himself decided (Savage, 1909: 17; Tuke et al., 1890: 443). Theo Hyslop, in particular, drew on hypnotism and psychical research to explore parallels between ‘abnormal’ states of consciousness, furthering the view that insanity and mental health were proximate, such ‘that it is possible to interpolate an innumerable series of gradations between them [abnormal cases] and health.’ (Hyslop, 1895: 443, 1899: 782) While highlighting the individual relationship between patient and practitioner, British models of hypnotism continued to incorporate ideas of self-control and the influence of the will alongside metaphysical aspects of mind and emotion.

⁹ These only appear written into individual entries in patient case books, e.g. BRHA *Female Patient Case book 1892*, (CB/144).

It was not, however, the only method incorporated into the concept of psycho-therapeutics. There were other ways in which the physician might harness the imagination as a psychological therapy. The use of placebo medication was another form of treatment, given by Tuke as a notable example of psycho-therapeutics.

When a person on swallowing a bread-pill, in the belief that it possesses aperient properties, is purged, it is said to be Imagination ... That she is relieved is no Imagination. What cured her?

Merely to say it was the Imagination is no solution of the problem. (Tuke, 1872: 181)

This statement had both theoretical importance (could it help to reveal the motive force that caused an expected physiological reaction without the individual consciously aware of its mental origins?) as well as practical implications. Placebos had been known to medical practice since at least the late eighteenth century (Andersen, 2005: 105). The use of medication known to be inert certainly occurred in asylums in this period, for some alienists were concerned about the possible ill-effects of drugs, particularly sedatives (Savage, 1879). In 1899, Bethlem patient Charles C. insisted that he was unable to sleep without drugs. His case notes record that he slept well, 'although only given a placebo' (BRHA Casebook 1899, CB/160 -12). Charles' physicians were well aware that an inert substance could lead to the same results as a psycho-active medication. However, there seem to have been few attempts in Britain beside Tuke's to explain how this occurred. Utilising the concept of imagination simply replaced supernatural explanations of causation like for like: instead, Tuke thought the process by which the change occurred needed to be explored in greater depth.

Over a hundred years later, this quandary over the so-called 'placebo effect' remains little explored. It is still an inexplicable link between body and mind, now largely considered a problem to be avoided and accounted for in clinical trials (Andersen, 2015; Harrington, 2008; Justman, 2011: 99–101). Indeed, like Tuke's concept of imagination, the placebo effect has become vast, confused and associated with negative ideas (Andersen, 2005: 107). Yet why should harnessing the power of the mind over the body not have been explored more directly as a treatment for mental and physical complaints? Tuke admitted that 'misleading patients generally' was 'unseemly' and in 'danger of sully[ng] [the] ... strict honour' of the medical profession: in other words, it smacked of quackery (Tuke, 1872: 196). This was also a major nineteenth-century concern over hypnotism, which, although explored by a number of alienists never achieved mainstream appeal.

This context, however, indicates the way in which Tuke's psycho-therapeutics was a treatment at the interface between body and mind. Unlike modern psychotherapy, late nineteenth-century psycho-therapeutics was both physiological *and* psychological, intended to treat nervous and bodily disease. Imagination, for Tuke, was not 'fancy' but a mental stimulus able to excite action in the body without any somatic cause. While his concept of psycho-therapeutics does not appear to have been

widely taken up, these ideas did influence the work of some of his successors, particularly at Bethlem, as well as spreading across the Channel; *Illustrations* was translated into French in 1886 (Carroy, 2013). Nonetheless, by Tuke's death in 1895, some British colleagues already considered *Illustrations* to be out of date (Rollin, 1895: 720). This may have been due to the major role hypnotism played in psychotherapeutics; concern over the potential ill-effects of suggestion, and the associations with quackery, pushed alienists away from the theory as well as practice. Indeed, the idea of harnessing – or even widening discussion around – the 'placebo effect' remains a controversial one to this day.

While physiological psychology improved the uncertain status of the alienist by associating him with general medicine, hypnotism did the reverse, indelibly linked with quack medicine and public spectacle in the minds of many (Gauld, 1992; Harris, 1988). This was particularly relevant when the emotional context of the individual's will, as well as the relationship between patient and practitioner, was directly highlighted. Indeed, this shift emphasised suggestion (the influence of the practitioner) rather than the patient's own imagination. As Lars Ole Andersen has recognised, this historical shift from imagination to suggestion and, later, the placebo effect, implies a move from concern for the patient's own faculties in improving health (the internal power of the mind) to emphasise what the practitioner (and, later, the medicine itself) did to a patient (Andersen, 2005: 108). Importantly for the history of psychotherapy, then, Tuke's psycho-therapeutics emphasised the therapeutic value of the patient-practitioner relationship in a way that had not previously been the case in asylum medicine.

While Daniel Hack Tuke has been acknowledged as one of the first alienists to describe 'psycho-therapeutics', there has previously been little interest in exactly what he meant by this term. As this article has shown, exploring the concept in greater depth in the context of Tuke's background as a Quaker, his connections to moral treatment at the York Retreat and his other writings as an alienist, brings to light some important nuances to our understanding of late nineteenth-century mind-body relations. While the late nineteenth-century has often been viewed as a period in which psychological medicine in Britain was characterised by a deterministic reliance on the influence of heredity, Tuke's writings show a closer relation between physiology and psychology, between the individual's mental and emotional state and his or her health. In *Illustrations* in particular, Tuke emphasised the role of the emotions in influencing the imagination – a mental force that he thought could affect the body physiologically. While psychotherapy later became cast largely as a talking cure, for Tuke this biological element was important, explaining the connection between mind and brain, and situating psychiatry firmly within a medical realm. Through psycho-therapeutics, however, emotion also became a central part of the doctor-patient encounter. It was the patient's own experiences of joy, faith and hope that would help lead to cure, particularly in psychiatry; however, all

these emotions could be harnessed and channelled by the physician. While *Illustrations* itself might have been neglected by many peers, other works by Tuke, such as his edited *Dictionary of Psychological Medicine*, continued to be referred to by colleagues into the twentieth century. Further work on the relationship of these texts to the concept of psycho-therapeutics, to mind-body relations and to interest in the emotional influence of the medical practitioner could raise further questions about the role of psycho-therapeutics in late nineteenth-century medicine – and, indeed, uncover a wider context to the idea, and the reception of Tuke’s work more generally, in Britain and beyond.

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