# Evaluation of the Movie "The Professor and the Madman" in the Framework of the History of Psychiatry and Psychiatric Treatments

## "Deli ve Dâhi" Filminin Psikiyatrinin Tarihi ve Psikiyatrik Tedaviler Çerçevesinde Değerlendirilmesi

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**ABSTRACT**

In prehistoric times, people thought that mental illnesses were caused by supernatural forces. For this reason, it is long overdue to accept the view that mental illnesses are diseases that need to be "treated" in the historical process. During these periods, when scientific approaches were not developed, those with mental disorders were branded with adjectives such as "guilty", "sinful", "mad". Basing the approach to these patients on scientific foundations was not possible before the middle of the nineteenth century. In contrast to the negative approaches to those with mental disorders in the past, it is seen that issues such as psychiatric education, patient-therapist communication, psychosocial initiatives are becoming important today and motion pictures are one of the tools that can be used in the context of embodying these issues. It is thought that examining the practices in the field of psychiatry in the past, as embodied in the movies, will be beneficial in terms of seeing the difference between the past and the present in terms of training to be given to mental health professionals and informing the society about attitudes towards individuals with mental disorders. As a matter of fact, ignorance of unsuccessful approaches and practices in the past may cause similar failures to be experienced again. In this context, in this review, in which the approaches and practices in the field of psychiatry in the past are presented as they are embodied in the film, it is aimed to examine the movie "The Professor and The Madman" in the light of literature information in terms of the history of psychiatry and psychiatric treatments. In this way, it is thought that today's psychiatric practices and opinions can be developed more in favor of individuals with mental disorders. In this respect, it is suggested that the film be recommended to health professionals in the field of mental health and students studying in this field.

**Keywords:** History of psychiatry, psychiatric therapeutic, The Professor and the Madman (2019)

**ÖZ**

Tarih öncesi dönemlerde insanlar ruhsal hastalıkların doğaüstü güçlerden kaynaklandığını düşünmüşlerdir. Bu nedenle tarihsel süreçte ruhsal hastalıkların "tedavi" edilmesi gereken hastalıklar olduğu görüşünün kabul edilmesi gecikmiştir. Bilimsel yaklaşımların gelişmemiş olduğu bu dönemlerde ruhsal bozukluğu olanlar "suçlu", "günahkâr", "deli" gibi sıfatlarla damgalanmışlardır. Bu hastalara yönelik yaklaşımın bilimsel temellere dayandırılması ise on dokuzuncu yüzyılın ortalarından önce mümkün olamamıştır. Geçmişte ruhsal bozukluğu olanlara yönelik olumsuz yaklaşımların aksine günümüzde psikiyatri eğitimi, hasta-terapist iletişimi, psikososyal girişimler gibi konuların önem kazandığı ve bu konuların somutlaştırılması bağlamında sinema filmlerinin kullanılabilecek araçlardan biri olduğu görülmektedir. Filmlerde somutlaştırıldığı hali ile geçmişte psikiyatri alanındaki uygulamaların irdelenmesinin, gerek ruh sağlığı profesyonellerine yönelik verilecek eğitimler gerekse toplumun ruhsal bozukluğu olan bireylere yönelik tutumlar konusunda bilgilenmesini sağlamak açısından geçmiş ve günümüz arasındaki farkı görebilmek konusunda yarar sağlayacağı düşünülmektedir. Nitekim geçmişteki başarısız yaklaşım ve uygulamaların farkında olmamak, benzer başarısızlıkların yeniden yaşanmasına neden olabilir. Bu bağlamda geçmişte psikiyatri alanındaki yaklaşım ve uygulamaların filmde somutlaştırıldıkları şekli ile sunulduğu bu derlemede "The Professor and The Madman (Deli ve Dâhi)" filminin psikiyatrinin tarihi ve psikiyatrik tedaviler yönünden literatür bilgileri ışığında irdelenmesi amaçlanmıştır. Bu sayede günümüzdeki psikiyatrik uygulama ve görüşlerin ruhsal bozukluğu olan bireylerin lehine daha fazla geliştirebileceği düşünülmektedir. Bu açıdan filmin ruh sağlığı alanındaki sağlık profesyonellerine ve bu alanda öğrenim gören öğrencilere önerilmesi tavsiye edilmektedir.

**Anahtar sözcükler:** Psikiyatri tarihi, psikiyatrik tedavi, Deli ve Dâhi (2019)

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## Introduction

Mental illnesses have emerged along with the existence of human beings; however, the recognition of the view that they are among the diseases that need "treating" has been delayed (Nesipoğlu 2015a). This is because it was believed in the past that there were supernatural causes behind mental disorders (Gözütok 2019). In these times when scientific approaches were not developed yet, individuals with mental disorders were stigmatized with adjectives, such as "guilty", "sinful", or "mad" on the grounds that they acted contrary to the social rules of the time (Nesipoğlu 2015b). For these reasons, they were subjected to such practices as isolation, burning, chaining, and holding by force in storehouse hospitals to be "rehabilitated" (Nesipoğlu 2015a), "to pay for their sins" (Mercan 2019), and to protect society from those who "went astray" (Nesipoğlu 2015a, Abay and Gölgeçen 2018). In his article in which he presented the book "Madness and Civilization", Kılıçbay (1993) expressed this situation, which Foucault criticized, as follows: "*Mental disorder, by definition, is contrary to society; in other words, it is the element that threatens the mind and therefore society. Then it must be isolated, and this must be done by giving the person patient status. Because giving the status of a patient to a person means the person with mental disorders can be rehabilitated.*" The approach to these patients could not be based on scientific foundations until the midst of the 19th century (Nesipoğlu 2015a).

Contrary to the negative approaches towards individuals with mental disorders in the past (Öztürk and Uluşahin 2011, Nesipoğlu 2015a, Videbeck 2017), it is seen that today topics, such as psychiatry education (Başar 2019), providing a therapeutic environment (Öztürk 2018), patient-therapist communication (Gülüm 2015), psychosocial interventions (Bekiroğlu and Attepe Özden 2021), and ethics (Arslantaş 2015, Arslantaş 2018, Baysan Arabacı and Mutlu 2018), have gained importance, and movies are one of the tools that can be used in the context of embodying these issues (Bhugra 2003) (Dave and Tandon 2011, Gramaglia et al. 2013, Terzioğlu et al. 2017). Cinema films have some potential effects on the audience, such as creating an emotional response and teaching empathy, and it is stated that cinema is one of the tools used to raise awareness (Kağnıcı 2015). It also provides benefits in terms of visualizing the events. Cinema is one of the fields that can reach the masses, and its effect on people is undeniable (Atasoy 2013). At this point, the different approaches of the people watching films gain importance as much as the messages that the films convey. In the literature, there are some studies addressing some issues through films, such as mental disorders (Sönmezsoy 2016, Kurt 2020), psychological concepts (Becerikli and Boz 2019), theories related to mental health (Bozkurt Avcı 2016, Gül et al. 2021), and the role of psychiatric nursing (Temel 2021). However, there are no studies that examined the history of psychiatry and the films about mental health practices of the past. In this context, it is thought that examining the past practices in the field of psychiatry, just as it is embodied in the cinema, will be beneficial in terms of seeing the difference between the past and the present and giving education to mental health professionals and informing society about attitudes towards individuals with mental disorders. As a matter of fact, ignoring the unsuccessful approaches of the past may cause similar approaches to emerge again and again and this may turn into a vicious circle. Indeed, knowing the past will help to understand the present (Baysan Arabacı and Mutlu 2018).

## Approaches to Psychiatric Diseases in the Historical Process

In prehistoric times, people thought that mental illnesses, like other diseases that they could not understand, were caused by supernatural forces (Nesipoğlu 2015b). In ancient Greece and Rome, the attitudes of society towards mental illnesses were in the form of negative prejudices, people were afraid of patients with mental disorders, and these patients were generally kept in their homes (Bilici et al. 2013). Unlike this view, Hippocrates (460-370 BC) (Bozan 2019), who stated that mental illnesses were 'brain' disorders, grouped the diseases according to complaints and symptoms, and used treatment methods similar to drug therapy, withdrawing blood, going on a diet, and psychotherapy (Öztürk 2016). In addition, physicians and philosophers of the period defined mental disorders such as depression and melancholy (Güven 2021) and applied methods such as music therapy (Birkan 2014).

The dominant religion in the Middle Ages (Hatunoğlu 2019), on the other hand, based diseases on theological foundations, as in prehistoric times (Nesipoğlu 2015b). Churches stated that people with mental disorders were punished for turning away from God and that their souls collaborated with the devil (Nesipoğlu 2015b), and they saw them as a magician captured by the devil (Öztürk and Uluşahin 2011, Videbeck 2017). For this reason, they tortured patients with mental disorders severely on the grounds that they rehabilitated them (Nesipoğlu 2015b). On the other hand, they sentenced the unrehabilitated patients to death by starving them under confinement or by burning them alive (Öztürk and Uluşahin 2011) (Nesipoğlu 2015a). It is seen that in the Middle Ages, patients were generally excluded from society and allowed to lead their lives away from their settlements, while some patients were considered to be under the control of the devil and were burned by the Inquisition courts (Foucault 2006, Alataş et al. 2009). On the other hand, patients with mental disorders were approached with tolerance in places under the influence of Islam during these times. This approach originated from the belief that people with mental disorders were individuals equipped with special qualities by God (Bozan 2019).

In the 17th century, it is seen that mental patients were kept in structures that were previously prisons and that they were exposed to the same treatment as wild animals (Bozan 2019). Patients with mental disorders were left in a situation where they were turned into one of the groups that were not accepted in society and they were far from being treated. Also, they were exposed to attitudes such as stigmatization and discrimination.

Until the 18th century, it was accepted that mental patients could not be cured. Patients were confined to large mental hospitals with 1500-2000 beds located away from settlements (Alataş et al. 2009). These 'lunatics with no intelligence', who were confined to these hospitals by normal citizens, later began to be confined to private mental health clinics. This situation was directly related to the authorization of psychiatry to confine and treat 'lunatics with no intelligence' in the name of society and the state (Foucault 2006).

In the historical process, it is seen that psychiatry developed later than the advances in other basic and clinical sciences. The 19th century was a period when the first developments in the context of the etiology, pathogenesis, and treatment methods of mental diseases in the field of psychiatry came to the fore, and the concepts of the mental disorder instead of insaneness and moral treatment instead of inhuman practices began to be used (Ekmekçi 2018). It was also the era when occupational treatments came to the fore (Paterson 2008). In this period, developments in the field of mental health, especially in Europe, formed a bridge between the darkness of the Middle Ages and the enlightenment of the 20th century in terms of the scientific advancement of psychiatry (Alataş et al. 2009, Ekmekçi 2018). In this period, the countries with the most significant developments in the field of mental health were France, Germany, and England (Ekmekçi 2018)

## Approaches to Patients with Mental Disorders in France

The most radical change towards individuals with mental illnesses in the 19th century came from the French Doctor Philippe Pinel (1745-1826). Refusing the connection between madness and the devil, Pinel argued that the pathogenesis of mental illnesses was not related to supernatural forces or sins committed by individuals and that mental disorders might occur due to psychological, social, or genetic conditions (Pinel 1806, Horwitz and Grob 2011). In addition, Pinel, who saved forty 'lunatics' from chains for the first time in Paris hospitals (1793) with his own hands, came to the fore as the physician who started the movement to 'free lunatics in clinics from chains' (Miles 1956, Taylan 2011). However, although many years have passed since this event and there have been many developments in the field of psychiatry, the practices of isolation and confinement to institutions for mental patients have not completely disappeared (Busch 2005).

## Approaches to Patients with Mental Disorders in Germany

One of the prominent figures in the approach to mental illnesses in Germany was Johann Christian Reil (1759-1813), known as "Pinel of German" (Harms 1960, Ekmekçi 2018). At the beginning of the 19th century, Reil created a holistic approach that prioritized psychodynamics (Ekmekçi 2018). In addition, he suggested a practice similar to moral therapy in his work titled "Rhapsodien über die Anwendung der syhischen Curmethode auf Geisteszerrütingen (Use of Psychological Treatment Methods in Mental Breakdown)", which was published in 1803 (Binder et al. 2007). According to this suggestion, the physician was brought to an authoritarian position and the patient's fixed ideas were tried to be eliminated by techniques such as prompting and impersonation. In addition to these, Reil also suggested applications such as dripping melted wax on the fingertips of patients and immersing them in a pool full of eels (Macintyre and Munro 2015, Ekmekçi 2018).

Another prominent figure in the field of psychiatry in 19th century Germany was Wilhelm Griesinger (1817-1868). Claiming that mental disorders were caused by brain pathologies, Griesinger adopted the view that pathological examinations needed to be made in the brain tissue to find the causes of these disorders (Marx 1972). Griesinger advocated the community-based treatment approach, which is still accepted today, and opposed keeping patients with mental disorders in hospitals or nursing homes for long periods. Accordingly, he stated that patients needed to be brought to mental hospitals and treated by specialist physicians, especially during exacerbations, and then a supportive social environment needed to be provided so that they could become viable in the social area (Rössler et al. 1994, Ekmekçi 2018).

## Approaches to Patients with Mental Disorders in England

One of the important developments in England in the 19th century was the opening of the York Treat institution, instead of the York Asylum, which was known for the inhumane methods they applied to patients with mental disorders. In this institution, various methods were applied by adopting Pinel's approach. The achievements of York Treat were written by Samuel Tuke (1784-1857), who was not a physician but showed great interest in the care and treatment of patients with mental disorders, in his work titled "Description of the Retreat: An Institution Near York for Insane Persons of the Society of Friends" (Raad and Makari 2010). Tuke argued that physicians' authority and drugs were not adequately included in the approach to patients with mental disorders. In this sense, it was stated that the formation of "York Treat" had two prominent results. First, it legitimized the confinement of patients with mental disorders to institutions, and secondly, it argued that physicians should take a strong role in the treatment of mental disorders. In addition, Tuke adopted the family life model (Raad and Makari 2010), in which patients, physicians, and caregivers lived, ate, and socialized together (Porter 1997). The physicians of the period saw the benefits of the moral treatment approach suggested by Pinel, but they still argued that mental illnesses were due to organic causes originating from the brain. In this context, they continued to argue that diseases could be treated with medical methods developed by them (Ekmekçi 2018).

John Conolly (1794-1866) was one of the prominent figures arguing that physicians could put these views into practice (Jones 1984). Conolly applied the moral treatment approach suggested

by Pinel and achieved success while he was the director of the mental hospital in Hanwell, Middlesex. At the same time, he adopted the "phrenology" approach developed by Austrian Dr. Franz Joseph Gall (1758-1828) and J.C. Spurzheim (1776-1832). According to the phrenology approach, the brain is the center that produces wishes and thoughts and shapes the character, and the configuration of the brain determines the personality traits (Zola-Morgan 1995, Ekmekçi 2018).

Another important development in England was the acceptance of psychiatry as a separate specialty. Forensic psychiatry was among the most important factors in this development. Since ancient times, a general view that those with mental disorders did not have criminal liability had been adopted (Coleman and Davidson 1978, Ekmekçi 2018). However, this situation gained legal validity in England in 1799 following the assassination attempt on King George III (Gutheil 2005). James Hadfield, who assassinated the king, was not punished on the grounds that he had mental disorders. Following this, in the case in which the murder of Edward Drummond by Daniel M'Naghten, who was claimed to be mentally unstable, was examined, the House of Lords ordered making law on issues such as mental health and criminal liability. The regulation was referred to as the M'Naghten Law and it explained how to evaluate the state of partial or complete madness, whether the accused had the ability to distinguish between right and wrong, and even if this ability was present, the wrong behaviors that the accused could not refrain from doing due to their impulsive disorder (Coleman and Davidson 1978, Macintyre and Munro 2015, Ekmekçi 2018).

## Attitudes and Practices Towards Patients with Mental Disorders Following Scientific Advances

It was observed that although phrenology and moral treatment approaches were widely adopted, they were not successful in standardizing the practice and treatment methods for patients with mental disorders (Esmer 2003, Demirci 2017). On the other hand, there were allegations that mental hospitals, whose number and patient capacity had been increasing (Çetin 2015), practiced inhuman and poor quality services and that some institutions even violated human rights (Ekmekçi 2018). In this period, institutions applied various treatment methods consisting of a combination of traditional and new approaches. On the one hand, it was aimed to develop and change the personality through methods such as socialization and occupational treatments; on the other hand, applications such as electroshock, withdrawing blood, cold bath, and isolation were included in the treatment (Porter 1997).

During these times, American Dr. Worthington Hooker (1806-1867) made an important contribution to the history of mental health ethics and compulsory hospitalizations in his work titled "Physician and Patient" (1849), in which approaches to patients with mental disorders and patient rights were discussed for the first time (Nesipoğlu 2015a). Hooker stated that the patient to be admitted to the hospital needed to be examined scientifically and for a long time by a committee formed by physicians in

cases of harming himself/herself and his/her surroundings and disturbing the social peace and added that a fair decision could only be reached in this way (Hooker 1849).

It is known that one of the prominent problems in terms of attitudes towards patients with mental disorders throughout history is stigmatization (Avcil et al. 2016). It is thought that patients with mental disorders who have behaviors that cannot be understood by other people in society and whose speech, thoughts, and actions do not comply with social norms pose a threat to the environment they live in and will harm others (Özyiğit et al. 2004). Despite increased information sharing in modern times, stigmatization is still maintained against patients with mental disorders, with the perception that they are dangerous or unpredictable people (Çam and Çuhadar 2011, Avcil et al. 2016).

When the history of psychiatry is examined in general, it is seen that various approaches and treatment methods have been applied for individuals with mental disorders. For this reason, this review, in which the past approaches and practices in the field of psychiatry were presented as they were embodied in films, was conducted to examine the movie "The Professor and the Madman" in light of the literature in terms of the history of psychiatry and psychiatric treatments.

## Content of the Movie "The Professor and the Madman"

Adapted from Simon Winchester's book "The Surgeon of Crowthorne" that was published in 1998, "The Professor and the Madman" is a 2019 biographical drama film directed by Farhad Safinia. In the film, in which actors and actresses, such as Mel Gibson, Sean Penn, Natalie Dormer, and Eddie Marsan starred, the story of Professor Sir James Murray, who started creating the Oxford English Dictionary in 1857, and a 'mad' surgeon who was treated at Broadmoor Criminal Lunatic Asylum and made important contributions to the dictionary was presented (Beyazperde 2021, Psikoloji Kesitleri 2021).

One of the main characters of the movie, Mr. Murray is accepted by Oxford scholars for the writing of the Oxford English dictionary, which reflects a controversial character. But he speaks many languages, and the extent of his knowledge allows him to be accepted. Another main character, Dr. Minor, on the other hand, reflects a man who served as a military surgeon in the United States for a while but is currently mentally ill. His help with the dictionary both contributes to the creation of the dictionary and has a healing effect on his own mental health.

## Findings About the Film

### Broadmoor Criminal Lunatic Asylum

In the first scene of the movie, Dr. Minor kills a man who he suspects is stalking him. But the man he killed is the wrong man, and Dr. Minor realizes this right after he commits the murder. Taken to court for murder, Dr. Minor says, *"I am being chased. A*

*man with a scar on the left side of his face wants to kill me. I killed Mr. Marrett by mistake, thinking it was him. I am very sorry."* From his statement and the flow of events, the jury concludes that no one actually chases him and that Dr. Minor is mentally ill; therefore, they decide that it would be appropriate to send him to the murder suspects mental hospital. From a historical perspective, it is seen that forensic psychiatry was evaluated with different approaches, especially in England. One of the examples was the case of James Hadfield, who assassinated King George III and was not punished on the grounds that he was mentally unstable (1799) (Coleman and Davidson 1978, Gutheil 2005, Ekmekçi 2018). The movie "The Professor and the Madman" is about the England of the 1850s, and the approach to someone with a mental disorder being referred to a mental hospital instead of being imprisoned directly seems to be similar to the approach applied 50 years ago. However, the fact that the mentioned institution is a hospital for murder suspects is an element that needs attention. Since there is no information in the film about the approach to individuals with mental illnesses who has not committed a crime, the approach to mental patients suspected of a murder could not be evaluated comparatively in this context. In the literature, it is stated that until the first half of the 19th century, patients with mental disorders were confined to hospitals and kept there for a long time, even if they were not involved in crime (Bozan 2019). It is known that in the middle of the 19th century, when the movie "The Professor and the Madman" was made, there was a practice that required that psychiatric patients who were not related to crime should only be hospitalized during an attack/exacerbation period. However, a "revolving door case" was encountered, in which patients were admitted to the hospital again with the same symptoms when they returned to their circles after frequent and short-term hospitalizations (Botha et al. 2010, Aydın et al. 2014). Unlike this situation, it is seen in the movie that patients with mental disorders who are suspected of murder are not taken out of the institution in any way.

## The Guardian Whose Leg is Amputated

In one of the scenes in the movie, an iron railing sliding down the ceiling falls on a guardian's leg, and Dr. Minor saves his life by amputating the injured leg. After this incident, the managers of Broadmoor Criminal Lunatic Asylum thank Dr. Minor and ask him if he has a request. Dr. Minor says he wants to donate his salary to the family of the man he killed, and one of the guardians, Mr. Muncie, sincerely states that he will take care of his request. In the following scenes, one of the days when Dr. Minor is locked in the mental institution is shown. Looking through the door of his room because of the voices he has heard, Dr. Minor witnesses one of the other patients harming himself and starts hallucinating as he remembers the soldier who he pressed a hot iron on his face while serving in the army. He gets into a violent fight (!) with the person while he is having hallucinations and gets injured. During this attack period, Dr. Minor, who is respected by the doctors of the hospital because he has saved the guardian, is offered the comfort that reminds him of his home and having his reasonable wishes come true so that he can feel good. So, he wants his books, painting materials, and his gun, and he is provided with his

wishes other than his gun. In the historical process, it is seen that there is no practice related to fulfilling the wishes of the mentally ill. Especially until the 18th century, mental hospitals were places where psychiatric patients were accepted as incurable patients. On the contrary, spiritual treatments were applied to patients with mental disorders by approaching them with tolerance in places where Islamic belief was effective (Alataş et al. 2009, Bozan 2019). Based on this explanation, it can be said that there were different attitudes towards psychiatric patients throughout history, but the knowledge of whether there was an approach in line with the wishes of the patients was not reflected in the literature.

It would not be wrong to say that in the scene where the iron railing falls on the guardian's leg, a feeling of gratitude arises towards Dr. Minor as he saves the guardian, and therefore his wishes are fulfilled. His identity as "surgeon captain" and saving the guardian's life are rewarded by the authorities of the mental hospital. In this way, Dr. Minor is allowed to engage in his interests that will help his recovery; in other words, he himself deserves it. This situation suggests that although the film does not contain information about other patients, no attempt has been made to improve the recovery of other patients and that the authorities are insensitive to their wishes.

## Examination of Dr. Minor After the Attacks

After Dr. Minor's injury during his fight with the person while he is having hallucinations, his examination by the authorized physician of the Broadmoor Criminal Lunatic Asylum is shown in one of the scenes. During the examination, the physician, Dr. Brayne tells his assistants some of the measurements he obtains from the skull examination while questioning Dr. Minor about what has happened in the room. Assistants note these measurements on the head drawings on the canvas in the room. This scene reminds us of the "phrenology" approach that was on the agenda in 19th century Europe. The phrenology approach suggests that the brain is a kind of puzzle formed by the combination of parts with different characteristics (Zola-Morgan 1995). According to phrenology, the physical shape and volume of the brain are related to the size of the puzzle pieces; it is possible to understand how much the characteristic features represented by the sections have developed or whether there are deviations from the normal by looking at the shapes, recesses and bumps on the skull (Porter 1997). In the episode right after this scene, Dr. Brayne says that he is surprised that Dr. Minor is a very intelligent man and that he cannot cope with his mental disorder. In addition to the knowledge that Dr. Minor is a surgical captain, Dr. Brayne is thought to come to this conclusion based on his skull measurements.

## Desire to Recover

The books and painting materials that Dr. Minor wants are brought, and his room is transformed into a more livable environment. Dr. Minor is delighted to see a letter requesting his contribution to the writing of the "Oxford English Dictionary" in the book that the guards have given as a gift to thank him for

rescuing their friend. His effort to contribute to the dictionary makes him feel good, and he continues his meticulous studies. These studies and thus his concentration on a pursuit help disappear Dr. Minor's hallucinations. From these perspectives, it is possible to say how far the psychotherapies practiced today are from practices of that time. Dr. Minor actually finds his cure himself. Working for a purpose and therefore turning to books takes him away from his negative mood. There are many different reasons why people turn to books. The reasons for these tendencies sometimes include obtaining new information and sometimes finding a way out of their emotions, coping with the issues individuals are afraid to face, and seeking solutions to their problems (Öner 2007). Dr. Minor may have coped with his hallucinations by turning to books. Indeed, in a conversation with Mrs. Marrett in the garden, he says, *"No one is chasing me when I am reading; I am the one who is chasing while I am reading".* With this statement, it is understood that Dr. Minor's turn to books had a healing effect. Even Dr. Brayne, who does not think that Dr. Minor will recover, states that he can recover. Similarly, when Dr. Minor gets the painting materials he wants, it is seen that he is willingly engaged in painting and that he has a sincere dialogue with Mr. Muncie. Both his desire to paint and his willing and loving attitudes while painting reflect that this engagement makes Dr. Minor feel good. In the treatment applications of psychiatric patients in the past, methods, such as pastimes (Paterson 2008), art (Demirci 2017), and music therapy (Birkan 2014) were used. However, it is observed in these scenes that the activities that make a patient feel good in the Broadmoor Criminal Lunatic Asylum are seriously overlooked. These pastimes were given to Dr. Minor only because he deserved it (!), and there were no alternative activities that would make him feel good when his attack recurred.

## Dealing with the "Mad"

When Dr. Murray visits Dr. Minor, who makes significant contributions to the writing of the "Oxford English Dictionary," he first thinks he is the inspector of the hospital. But when he learns the truth, his respect for him does not change. It is known that from past to present, including the times when Dr. Murray lived, society stigmatized patients with mental disorders (Bilge and Çam 2010, Nesipoğlu 2015a, Avcil et al. 2016). Foucault (2006) states that one of the forms of 'madness' refers to an awareness in which the 'mad' is considered alien by the society in which they live. In this case, moral guilt is attributed to the 'mad', and the 'mad' is described as someone else, a stranger, or the excluded (Foucault 2006). When Dr. Murray's wife, Ada, learns about the situation, she gets very angry with her husband for spending time with "a mad person". However, Dr. Murray convinces his wife that Dr. Minor is a well-equipped person. Dr. Murray's positive attitude towards a 'mad person' sets an example for the past and present. However, it is shown in the movie that "stigma", which is common today, was more prevalent those days. Indeed, when Oxford scholars learn that a 'mad person' has contributed to this important dictionary, they disallow Dr. Murray to edit the dictionary.

## "The time has come for more intensive and experimental treatments."

After several meetings, Dr. Minor comes into emotional contact with Mrs. Eliza Marrett, whose husband he accidentally killed, but Eliza's older daughter's aggressive behaviors cause his feeling of guilt to reappear. After that, he secretly meets with Mrs. Marrett. In this scene, Mrs. Marrett kisses Dr. Minor. When he returns to his room, Dr. Minor's feelings of guilt intensify, and his hallucinations reappear, causing him to harm himself. Dr. Brayne informs Dr. Minor that he will begin more intensive and experimental treatments. Dr. Minor recklessly accepts all interventions. Afterward, Dr. Brayne and his team apply some treatment (!) methods in Dr. Minor's room, which has been restored to its original form. Dr. Minor, who is held tightly in his arms by the bodyguards, is made to vomit as a guard puts his hand in his mouth, and this process is repeated over and over. These practices explain the authorization of psychiatry in previous centuries to confine people to clinics and treat 'lunatics with no intelligence' on behalf of society and the state (Foucault 2006). It is known that applications such as dripping melted wax on the fingertips and immersing the individual in a pool full of eels were also used to treat psychiatric patients in the past (Macintyre and Munro 2015, Ekmekçi 2018). This 'experimental' practice, the rationale of which is unknown, makes Dr. Minor worse than he really is and far from recovering. Psychiatric patients, who were subjected to practices such as isolation, burning, being chained, and forced detention in storehouse hospitals in the past (Nesipoğlu 2015a), could not show any recovery progress. Today, the importance of human rights and the view that psychiatric patients can recover has turned this situation in favor of patients.

## Visits to Dr. Minor and the End of the Movie

Throughout the film, it is observed that Dr. Minor is frequently visited by Mrs. Marrett and Dr. Murray for various reasons. Dr. Minor is seen handcuffed during the first visit by Mrs. Marrett. Then he is visited by Dr. Murray on the same day. In this scene, Dr. Minor is chained by his feet. In the following visits, it is seen that there are no chains or handcuffs, but visits are always provided in the company of physicians or guards. The history of psychiatry shows that there is enough information about negative attitudes towards individuals with mental disorders and different treatment approaches of the past, but there is no information about the visits paid by the relatives of the patient in the literature. In the film, it is not clear who orders the patient to wear handcuffs or chains, or why, but it is understood that all decisions about Dr. Minor, including the visits, are made by Dr. Brayne.

In the following scenes, Dr. Brayne tells Mrs. Marrett, *"I believe he will recover faster when he has connections with the outside world behind these walls."* In the literature, it is stated that the change and development in personality are tried to be achieved by the socialization method in mental health institutions (Porter 1997). The fact that Dr. Brayne thinks that Dr. Minor can recover faster by socializing supports the view of socialization for mental patients of the period in the literature. In addition, an approach

in which patients, physicians, and caregivers eat together and socialize was also on the agenda those days (Porter 1997). However, it is observed in the film that there is no practice in the institution for socialization.

At the end of the movie, it is stated that Dr. Minor was diagnosed with schizophrenia in the USA and died peacefully at home, not from his mental disorder, but from pneumonia. In the literature, the view that patients with mental disorders should be treated during the exacerbation period and that a supportive social environment should be provided so that they can live in the social area has been emphasized (Rössler et al. 1994, Ekmekçi 2018). Although a confinement policy was followed by the Broadmoor Criminal Lunatic Asylum at the time, it is understood that Dr. Murray was able to save Dr. Minor and send him to his country as a result of difficult efforts. Reflecting on this, it is possible to infer that psychiatric patients can live in their homes, in other words, in the community, and this inference coincides with the views of the period in the literature.

## Conclusion

The approaches of the past to patients with mental disorders were considerably different from those of today. In the historical process, the confinement of people with mental disorders to institutions without their consent had not been questioned for years, and patients were isolated regardless of the nature of the disease. The view on which this approach was based was generally the idea of protecting both the patient and society from the harm that patients may cause (Nesipoğlu 2015a). Psychiatry has a historical process that extends from practices such as burning patients alive, imprisoning or exclusion from society to approaches such as phrenology and moral treatment methods. Especially in the 19th century, theological and supernatural beliefs about the causes of mental disorders began to give way to organic and biological views. Mental disorders began to be evaluated in the same category as organic-based diseases such as stroke and epilepsy. Therefore, this situation affected the treatment views on mental disorders, and a period when approaches that attached importance to communication with psychiatric patients and respected human dignity emerged (Ekmekçi 2018).

In this review, the history of psychiatry and psychiatric treatments were examined through the film "The Professor and the Madman". While it is shown that an intelligent patient with mental disorders can make great contributions to an important work such as the Oxford English Dictionary, the film also conveys the attitudes of the period towards mental patients and provides the concretization of some facts in terms of the history of psychiatry and psychiatric treatments.

Knowing the development process of approaches towards psychiatric patients from past to present is important in terms of recognizing incomplete/faulty practices and perspectives in this field. Thanks to this awareness, it is thought that today's psychiatric practices and views can be developed more in favor of mental patients by both society and professionals in the field of psychiatry. The movie "The Professor and the Madman" should be recommended to health professionals in the field of psychiatry, students studying in this field, and those who are interested in this field, in terms of presenting the past psychiatric practices visually. In future studies, it is thought that the examination of the films "One Flew Over the Cuckoo's Nest" made in 1975, "Shutter Island" made in 2010, and "55 Steps (Eleanor and Colette)" made in 2017, which are thought to be related to practices and approaches of the past in psychiatry, will contribute to the literature.

It is also possible to study the movie "The Professor and the Madman", which is open to interpretation from different perspectives, in the context of different topics related to psychiatry. In this sense, besides the concepts of recovery, stigmatization, trauma, guilt, and forgiveness, it is predicted and suggested that the present topic can be discussed in light of the literature through movie scenes within the scope of DSM-5 (Diagnostic and Statistical Manual of Mental Disorders-5), which is used in today's psychiatry field.

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