"Nervous Diseases" and the Politics of Healing in America, 1869-1919

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“Nervous Diseases” and the Politics of Healing in America, 1869-1919

by

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A thesis submitted to the Department of History of the State University of New York College at Brockport in partial fulfillment of the requirements for the degree of Master of Arts

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Abstract

This paper follows the discourse of “nervous diseases” in America as it was articulated and contested by various lay, religious, and medical healers from the late nineteenth-century through the First World War. Specifically, it inquires into how their various diagnoses, treatments, and regimens either shaped or reinforced the structure of the social order and the individual’s designated role within it. On the one hand, while dissenting interpretations and healing modalities challenged this discourse, their underlying ideological agreement with it, in crucial respects, accounts for why they failed to alter or decenter it. On the other hand, a majority of neurologists, psychiatrists, psychopathologists, psychotherapists, and social workers, along with a number of lay healers, theorists, and journalists, attenuated, and ultimately suppressed, the subversive implications of alternative theories and healing proposals. In both these ways, a dominant set of interpretations and treatments cohered which, by the second decade of the twentieth century, stabilized the prevailing order and translated into new structures of control.
Introduction

Presenting a paper on the technique of psychotherapy before the American Neurological Association in 1907, St. Louis neurologist Sidney Schwab made the case for assimilating this experimental practice into his profession’s therapeutic repertoire. The case: a 35-year-old divorced woman victimized by an unhappy marriage, locked into a dreary “household regime,” and suffering from symptoms of fatigue and irritability (“the not uncommon neurasthenia hysteria symptom-complex”) as well as acute skin irritations over her ovarian region. Schwab detailed how he attempted to heal her by creating “de novo a social life” for her. Being a woman of some literary talent, he devised an admittedly “very artificial” social existence in order to give her a sense of importance, of fulfilling some purpose in life through employment, while ultimately providing her with an “ideal of living apart from the mental and physical sufferings which [she] had been so long accustomed.” In this process, Schwab remarked how the small group of people of “robust personality and sane views” impressed upon her a new appreciation for “the tangible business of life,” while her verse, published in the Atlantic, Scribner’s, and the Century, lessened her “tendency towards self-minimization,” and diverted her from dwelling on her neurasthenic symptoms.

Completing the process, he attempted to “dissect former erroneous ideas and hopes [in order] to substitute a saner conception and a more definite appreciation of the whole scheme of existence.” A year and a half later Schwab observed that, despite lingering symptoms of neurasthenia and hysteria, she acquired “a totally different feeling about herself” and is an “active, busy, and fairly happy and reasonably contented...member of society.” Such a success as this, he concluded, meant that the “technique or system of psychotherapeutics must in the long run be made up of the accumulated wisdom of many such experiments.”

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1 Sidney I. Schwab, “The Use of Intercourse as a Therapeutic Agent in the Psychoneuroses: A
In examples such as this, historians have documented how physicians and specialists of the Victorian and Progressive eras treated nervous diseases sensibly and, at times, more effectively than previously recognized. At the same time, they have demonstrated how practitioners developed psychotherapeutic healing principles and techniques prior to the introduction of Sigmund Freud’s psychoanalytic therapy. Yet what has not received adequate attention is the medical discourse on nervous diseases itself, as well as the optimistic healing narrative that accompanied it. To inquire how lay, medical, and religious healers of these eras managed to transcend their cultural milieus tends to slight how they may have simultaneously limited alternative ideas which otherwise transcended their own. But it also overlooks the ways in which they reinforced the power structure through their very healing practices. More specifically, to examine the therapeutic process of psychological dissection and behavioral modification that Schwab engaged in is to interrogate power relations between practitioner and patient, as the philosopher and historian Michel Foucault argued, and

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2 Contribution to the Art of Psychotherapy,” *Journal of Nervous and Mental Disease* 34, (1907): 499-503.

3 In the following, I distinguish nervous diseases from “organic” illnesses such as tuberculosis and typhoid fever, on the one hand, and mental psychoses such as dementia praecox (schizophrenia), paranoia, and post-traumatic stress disorders, on the other.


While the following essay is indebted to the contributions of these authors, it nonetheless is an effort “to illuminate,” as the philosopher Theodor Adorno wrote, “the realm of facticity—without which there can be no true knowledge—with reflections of a different type.” *Prisms*, trans. Samuel and Shierry Weber, (Cambridge, Mass.: MIT Press, 1982), 7.
understand how they “structured the field of possible actions” within the social order. Such an investigation, based on the popular medical tracts on nervousness by neurologist and electrotherapist George M. Beard, to the sophisticated studies and treatises on nervous diseases in the “Freudian” era of American psychotherapeutics after 1909, reveals how a dominant set of professional-medical interpretations and treatments cohered that reinforced both the evolving structure of the capitalist order and the individual’s designated role within it.

The thread that runs through this discourse on nervous diseases was an orthodox attachment to the sociologist Herbert Spencer’s doctrine of the evolution of society, “civilization.” Here the desire to medically conquer nervous diseases and achieve renewed health coincided with the belief in the ineluctable progress of American civilization. This invariably translated into therapists’ counsel of adjustment and regimented adaptation to the prevailing patterns of life. As Beard viewed nervous afflictions as diseases of civilization that middle- and upper-class Americans were particularly susceptible to, he also rationalized the adverse effects of industrialization as the price Americans paid as the torch-bearers of progress. In similar fashion, the renowned nerve specialist S. Weir Mitchell’s gendered curative measures reinforced the tenets of Victorian civilization, reinforcing the link that men’s and women’s health was predicated on enlightened adaptation to their given roles in society.

For those who sought to resist the grip of medical authority while essentially adhering to the universalistic assumptions contained in the doctrine of evolution, their solutions often mirrored the trends they sought to overcome. To the feminist social critic Charlotte Perkins Gilman, this took the form of a rigid ultimatum, as women could avoid the snares of nervous debility by either accepting a life of domesticity, which she equated with savagery, or devoting oneself wholeheartedly to racial advance and “specialized service” within capitalist society. In the reverse direction, the variety of homeopathically-oriented

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faith healing leaders from Mary Baker Eddy to Henry Wood, charted an inward course. As they preached a doctrine of spiritual reliance, self-control, and positive thinking, the imperative on maintaining a constant state of healthy-mindedness entailed a “laissez-faire” acceptance of the status quo.⁵

Yet this turn inward as a means of mastering the tensions of nervous illnesses and effecting a harmonious balance with the world shifted the discourse onto a psychological plane and to a more fundamental mode of manipulated well-being. To the cross-section of faith and medical healers associated with the Emmanuel Movement, which emerged in the first years of the twentieth century, the guiding light to societal progress resided within the sufferer’s subconscious, “soul.” Accepting as irrevocable the material imbalances in a society dominated by capitalist conglomerates, the subconscious mind fueled their optimism. From here, their emphasis on renewal, balance, and wholeness increasingly resembled the redolent rhetoric of efficiency, productivity, and performance in the nascent managerial capitalist ideology.⁶

Identifying figures who challenged the dominant assumptions of this discourse and healing narrative, two eminent Harvard philosophers and professors of psychology, William James and Josiah Royce, stand out. Although Royce, and especially James, shared in the desire for revitalization in the face of nervous debility and cultural stagnation, the philosophical and religious frameworks of meaning that they brought to bear on it altered the terms of debate among psychotherapists. Specifically, their inquiries not only led them to examine the deeper psychological motives and social influences that shaped the mind and affected the body. They ultimately led them to question the emerging therapeutic ideal of health that religious and medical healers espoused. The alternative they articulated centered

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upon cultivating strenuous ideals to achieve personal and cultural renewal as James’s “moral equivalent to war” did.⁷

While James and Royce expanded the dimensions of the discourse on nervous diseases, the push to psychologically cure the nervous sufferer by helping her adapt to society had become more firmly rooted among the medical professions. Even after American therapists’ official encounter with Freud’s analytic therapy and instinctual theory, which called into question people’s ability to adapt to the established social order, psychopathologists, neurologists, psychiatrists, mental hygienists, and their advocates housebroke psychoanalytic knowledge to accord with the mounting, authoritative body of “wisdom” on nervous diseases. In this way, psychoanalysis fueled the flames of therapeutic optimism, while the prospects of societal progress burned brighter than ever. From here, an imperialistic idiom of direction, development, and emancipation prevailed and new structures of power and domination arose.

1. Curing the Disease of Civilization: George M. Beard and S. Weir Mitchell

In the late 1860s, a prevalent, protean illness among Americans, one which seemed to confound their otherwise healthy constitutions, suggested to the New York neurologist George M. Beard that modern civilization had engendered its own peculiar disease, “neurasthenia.”⁸ He grouped everything from “deficient mental control” and “morbid fears” to insomnia and the desire for stimulants and narcotics under this one capacious concept. The symptom Beard emphasized most, and which gave the “disease” coherent unity, was exhaustion.⁹ In his formulation, the very devotion to civilization by the higher classes in society, coupled with inventions peculiar to modernity, such as the steam engine, the periodical press, and the telegraph, caused “brain-workers” to deplete their nerve force.

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Additionally, the recent emergence of "the mental activity of women," according to Beard, accounted for the high incidence of nervous disease. As he concluded, these inventions and developments "give [modern civilization] a character for which there is no precedent." As a direct consequence, "the methods and incitements of brain-work have multiplied far in excess of average cerebral developments." Identifying neurasthenia as "a malady that has developed mainly during the last half century," Beard concluded that "it is the cry of the system struggling with its environment." What was novel about Beard's formulation, though, was not neurasthenia as such,—since English observers in the eighteenth century described the same malady as the byproduct of luxury, politeness, and excess—but that it was a disease peculiar to the late-nineteenth-century industrialized order. Thus from Beard's sociologically-informed perspective, the primary cause of nervous illness was not repressive cultural constraints but rather the social Darwinian "struggle for existence."

Similar to such prominent Gilded Age physicians as Silas Weir Mitchell and Mary Putnam Jacobi, Beard "emphatically rejected the excessive restraint—the abstemiousness in food, sex, drink and, particularly, the obligatory self-scrutiny"—once imposed by their Calvinist forbearers. As the historian Barbara Sicherman has pointed out, they embraced a "liberalized behavioral ethic," yet nonetheless gravitated between "high hopes and aspirations and lingering doubts and fears." To this late-Victorian generation, "the repressive constraints of a modern superego" became less tolerable to them as the larger religious and cultural frameworks of meaning weakened. At the same time, they found it increasingly difficult to fulfill the conflicting demands this superego continued to make on them. For Beard, the shifting, hydra-headed illness which dogged the health and ambitions of his class

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15 Lears, No Place of Grace, 47-49.
led him to embrace and promote, as Sicherman argued, “a ‘minimal’ concept of health—
freedom from incapacitating symptoms and good resistance to stress.” In this he patterned his
ideal after the Lamarckian thought of Herbert Spencer, who maintained that adaptation meant
a “continuous adjustment of internal relations to external conditions.”16 Yet what was ironic
about this strategy was that just as such these physicians set the more severe moral injunctions
aside, they called upon their contemporaries to scrupulously monitor and safeguard their
personal health.17

The prudent regimen Beard recommended to the neurasthenic in his popular treatises
sounded similar to the ritualized upkeep of a delicate machine. Besides endorsing specialized
treatment from bromides, tonics, sedatives, and special diets, to electro-shock therapy,
exercise, and “mental therapeutics” such as hypnotism, he advised brain-workers to “maintain
themselves in [their] special calling,” to avoid “if possible...excessive strain in it, and not to
go outside of the routine of their lives except in the way of relaxation and pleasure.”18

According to him, the “hygiene of nervous diseases” contained “three gospels—rest, work,
and change of work.” Thus the duty of Beard’s fellow brain-workers was to avoid, as much
as possible, the “friction” of modern society—“the main cause of ill-health and short-life.”19

While such conclusions may have led other theorists to a critique of the modern
capitalism system, the optimistic, social-evolutionary doctrine Beard fervently championed
ruled this out. As he took late-Victorian civilization for a universal historical process instead
of as the historical outcome of “embourgeoisement,” Beard saw the sociocultural course of
development in America as simply inexorable.20 In this regard, neurasthenia stood out as
simply a fact of modern life, “a part of the compensation for our progress and refinement.”21

With American Nervousness (1881), he argued that Americans became especially prone to the

18 George M. Beard, “The Influence of the Mind in the Causation and Cure of Disease—The
Potency of Definite Expectation,” JNMD 3, (July 1876), 429-436; Sexual Neurasthenia: Its
20 Lears, No Place of Grace, 51.
21 George M. Beard, Our Home Physician: A New and Popular Guide to the Art of
Preserving Health and Treating Disease; with Plain Advice for All the Medical and Surgical
malady since they comprised the most advanced civilized society in the world. Thus while acknowledging it as an “evil,” Beard assured his middle-class readers that it will “correct itself; …increasing wealth will bring increasing calm and repose; the friction of nervousness shall be diminished by various inventions.” On the other hand, as he suggested that new processes and technological innovations may perhaps bring about an “even more rapid increase of nervousness and…functional nervous disease,” he confidently averred that the “keen eyes and steps that are not slow” of medical science will soon find the means of prevention and relief. For those now “enfeebled” by the demands of modern society, and dependent on narcotics and intoxicants, “artificial support,” they can expect in the near future to be, if not cured, “at least put into working order where they are the most useful and happy.” The proper attitude that his sociological treatise suggested thus was one of patience and faith. Social imbalances were only temporary, since material progress and medical science would soon discover the “redeeming forces” to bring about adaptation. In this manner, by tacitly isolating “therapy from society” and “health from politics,” Beard offered, as the historian Donald Meyer has pointed out, “one of the major lines of retreat” to nineteenth-century individualism.

Besides offering this palliative assurance to ambitious middle-class Americans suffering from one neurasthenic symptom or another, Beard’s conceptualizing of it as a modern, elite disease resonated with those who desired a signifier of their cultural and national superiority. “All our civilization hangs by a thread,” he declared, as only by dint of

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22 Charles Rosenberg, “The Place of George M. Beard in Nineteenth Century Psychiatry,” Bulletin of the History of Medicine 36, (May-June 1962), 256-57: “Beard questioned the desirability and inevitability of progress as little as he doubted that science and technology were the only sources of such progress.” Beard, American Nervousness, ix, 289-291.
24 Beard, American Nervousness, 304-05.
25 Meyer, 27.
26 Joan Burbick, Healing the Republic The Language of Health and the Culture of Nationalism in Nineteenth-Century America, (New York: Cambridge Univ. Press, 1994), 239-40. As Burbick’s analysis of Poe’s “The Fall of the House of Usher” (1839) and Hawthorne’s The House of the Seven Gables (1851) reveals, nervous illness as a badge of superiority was not foreign to early-nineteenth century elites who attempted to construct
“the activity and the force of the very few makes us what we are as a nation.” American brain-workers could take pride—and did—in the fact that they shouldered the burdens of progress, where soon they would have as their recompense freedom from the health-destroying friction of modern life. “The higher we rise in the atmosphere of thought the more we escape the strifes, the competitions, the worryings and exhausting disappointments.”

“Stimulated and sustained by those lofty truths for which so few aspire,” Beard saw a “limited order of philosophers” emerging who shall think for themselves “as though the gods were blind.” In contrast to “sensitive” white women, he argued that the “savage” Indian squaw preserves her nerve force only because she does not live according to the premises of civilization. “The slow and easy drudgery of the savage domestic life in the open air,” he contended, “without past or future, and only a dull present—never calls for the full quota of her available force.” In comparison, the “civilized,” American woman depletes her “small inherited endowment of force” by fulfilling her specialized domestic role. “Living in-doors; torn and crossed by happy or unhappy love; subsisting on fiction, journals, receptions, waylaid at all hours by worry and ambition,...and needing long periods of rest before and after any important campaign,”—in a word, her neurasthenia—at once attested to how advanced she was.

While Beard’s elite-based growth therapy, surfeited with positive assurances of a healthy, prosperous future, partially defused the threatening malady by reasserting the primacy of progress, S. Weir Mitchell’s popular treatises offered the functionally ill a path back to health. A prolific author like Beard, the renowned Philadelphian nerve specialist published not only in medical journals, but for a public audience, as well, including poetry within “the cult of nervousness...an exclusive reserve, where pathology indicates national glory and predicts a continuation of a racial hegemony into the future.”

As John and Robin Haller’s study of late-nineteenth century American physicians revealed, middle-class men derived satisfaction even from the severest of neurasthenic maladies since they “marked the line between genius and the common sort, between culture and depravity, between mental superiority and mere mechanical activity.” On the other hand, many middle-class women interpreted their susceptibility to nervous disorders as the cross they bore on behalf of civilization, and often delighted in their illnesses for this reason. John S. Haller and Robin Haller, *The Physician and Sexuality in Victorian America*, (New York: Norton, 1974), 25-28; Beard, *American Nervousness*, 299.


and a number of fictional novels. Reflecting on his popular medical works, Mitchell found himself tempted to call his essays “lay sermons, so serious did some of their subjects seem to me.” To him the role of the physician treating the nervous disorders of his patients was not unlike the priest hearing the confessions of his congregation. Considering “perfect health” to be almost a “virtue,” Mitchell lamented the deleterious tolls post-Civil War society was taking on men and women: “the cruel competition for the dollar, the new and exacting habits of business, the racing speed which the telegraph and railway have introduced into commercial life, the new value which great fortunes have come to possess as means towards social advancement, and the overeducation and overstraining of our young people, have brought about some great and growing evils [which are] now beginning to be distinctly felt.” Like Beard, he maintained that only the sedentary, mental-laboring class, alongside “city-bred women,” succumbed to nervous debility, while only the physically-inclined, “mechanic classes” and less-constricted countrywomen escaped these evils.

While Mitchell may not have espoused quite the same social evolutionary optimism as Beard, he was nonetheless as much a partisan of the dominant culture as the latter. Writing in 1877, he asserted, “The work in this country has to be done, and whether it is done wisely or not, or whether the habits of the mass admit of its being wisely done, little concerns us here.” Believing that the nation owed its prominence to the kind of constant struggle and feverish activity he witnessed, Mitchell took neurasthenic illness, especially in men, as “cultural proof of this exertion, a sign of the greatness and immensity of the effort.” On the other hand, and unlike Beard, he did not envision a utopian moment in the future where the civilized elite would rise above friction and the social struggle for survival once and for all, as he understood neurasthenia to be a recurring ailment of the modern condition. As the scholar Barbara Will has argued, physicians like Mitchell could only understand such an imbalance in

32 S. Weir Mitchell, Nurse and Patient; and, Camp Cure, (J.B. Lippincott and Co., 1877), 43.
33 Mitchell, Wear and Tear, 8-9; Barbara Will, “The Nervous Origins of the American Western,” American Literature 70, No. 2 (June 1998), 298.
relation “to the imbalances of other ‘modern’ systems, like the circulation of capital; there seemed no space outside a neurasthenic world in relation to which ‘cure’ could be figured.”

In this regard, he saw neurasthenic illness as being interwoven with the course of civilization. The greater complexity and specialization of the social order simply meant that it fell to therapeutic specialists like himself to readapt its highest members to meet the exigencies of progress.

Given this objective, Mitchell evinced little interest in exploring the causes of nervous illness in any depth. According to him, the American businessman or professional suffered more often from mental exhaustion due to overwork or business-related strain than his European counterpart by running too frequently on “borrowed capital.” With the introduction of “elements of great anxiety or worry, or excessive haste,” Mitchell says, “the whole machinery begins at once to work...with a dangerous amount of friction.” As this led to a depletion of will, the physician must then step in and “determine for him how far and how much he shall use his mind; whether or not it is well for him to continue his work,...what his amusements should be.” On the other hand, Mitchell’s female patient succumbed to nervous exhaustion not through excessive work, but through some environmental factor which overtaxed her physiologically-limited nerve-force. Whether it was “over-taxing [her] emotional centres” when caring for a family member (something which, in Mitchell’s opinion, ought to be left to a professional nurse); straining herself mentally by pursuing an education that exceeded her physiological limitations; or persisting in “morbid habits” of introspection, almost any assertion of will transgressed her biologically-determined limits and disposed her to nervous illness.

As Mitchell’s patients arrived at nervous exhaustion from different paths, the treatments he devised, not surprisingly, diverged quite sharply along gender lines. The mentally and physically exhausted businessman “who cannot sleep, or who dreams stocks and

34 Will, 299.
35 Mitchell, Wear and Tear, 21, 60-63.
dividends and awakens leg-heavy, and who has fifty other nameless symptoms,” he claimed, needs to “reverse the conditions of his life” by making a return to “some form of barbarism.” Instead of taking a trip to some summer destination or popular vacation spot, Mitchell held that only by escaping the compulsion, complexity, and regimented activity of civilization would healing take place. By venturing out into the wilderness near a stream or lake and partaking of the “simple pleasure” of the camp, (what he called the “Camp Cure,” and otherwise known as the “West Cure”) the neurasthenic found relief from self-conscious activity: “there is nothing which you must do, and a vast deal involving gentle exercise which you may do or not as you choose.” At the same time, returning him to willful exertion can only come through “the sturdy contest with Nature,” the kind by which his ancestors had waged. From this “complete and prolonged cessation from work” and invigorating contact with “uncivilized” life, the mental laborer had his personal store of “capital vitality” replenished, enabling him to once again face the daily grind of economic competition. Thus on the one hand, it greatly appealed to the neurasthenic of the Eastern establishment precisely because it held out the opportunity of immersing himself in a more visceral life—to a feeling that one was not, as the pioneer author of the Western novel Owen Wister said, “a stinking brain alone.” But on the other hand, as the scholar Jennifer Tuttle observed, “the ultimate goal” of this “cure” was “a return to productive involvement in the very civilization he had fled.” In this regard, Mitchell’s diagnosis of nervous exhaustion from overwork, with the periodic treatment via willful, health-building struggle with nature, at once assimilated the disease and contained it within the framework of advanced capitalist society.

Similar to his periodic treatment for male neurasthenics, Mitchell’s therapeutic regimen for women both constructed and reinforced their normative gender roles. While the nervously exhausted woman in his eyes also needed to be returned to willful behavior, the end

38 Mitchell, Nurse and Patient, 45-46, 54.
39 Mitchell, Wear and Tear, 8, 73-74.
41 Tuttle, 105.
was quite different. If she suffered from hysteria, some mental strain, or indulged in morbid preoccupation with her nervous symptoms as the "couch-loving invalid" did, the physician's task centered upon having her regain her self-control.\textsuperscript{42} Identifying the very assertion of will—women possessing "morbidly-developed or ungoverned maternal instincts"—as the precipitating factor in such cases, the physician had to proceed cautiously.\textsuperscript{43} As Mitchell explained, "cures of these cases are to be made by a slow, steady, hopeful training of the will powers through every-day effort, which needs some caution not to err in the way of excess. A little nervousness," he warned, "is a bad sign, and it is well each day to attempt a very little."\textsuperscript{44} With the threat of failure always looming, successful treatment depended upon "the cordial and submissive assistance of the patient."\textsuperscript{45} Indeed, the most notable feature of the cases that Mitchell claimed to have successfully treated was a new compliancy of mind and body—an acquiescence to "a regime of repression," in Foucault's words—as patients attested to having "realized the necessity of self-control."\textsuperscript{46}

With his "rest cure," Mitchell elaborated a course of treatment to accomplish this end. The listless exhaustion in his female patients confirmed to him that they, in one degree or another, needed to be nursed back to physical health before they could reestablish self-control. While utilizing some combination of a rich diet, and tonics, along with massage and mild electric stimulation of the muscles—the substituting of "passive exercise for exertion"—the chief elements of Mitchell's "cure" consisted of rest and seclusion. In his reasoning, separating the ill woman from her familiar surroundings not only "cuts off excitement and foolish sympathy," it also breaks up "old habits" and eliminates "many hurtful influences." By the same token, all intellectual activity had to cease, as only letters read by a nurse could be permitted, and, even then, only those which brought "no worrying news." As Mitchell explained, "[rest] meant absence of all possible use of brain and body." In this manner, the

\textsuperscript{44} Mitchell, \textit{Lectures on Diseases}, 35-36.
\textsuperscript{45} Mitchell, \textit{Fat and Blood}, 64.
nervously ill woman transitioned from "a restless life of irregular hours, from hurtful sympathy and over-zealous care, ... into an atmosphere of quiet, of orderly control, and under the care of a thorough nurse." By the end of this process, Mitchell concluded, the disappearance of her symptoms and the "sense of relief" that she will evince afforded the doctor the "precious chance" of administering "moral medication": that of persuading her to control her emotions and to suppress her nervousness. 47

Thus from beginning to end, the rest cure was as much a process of containing women’s sexuality within the cultural boundaries of late-Victorian society as it was an attempt to reestablish those boundaries within women themselves. In this regard, stabilization more than complete recuperation was the vital concern, as the medical expert hoped to guide the patient back to "useful health"—back into the fold of the family system to fulfill her parental and conjugal obligations. 48 Put in perspective, the "unhealthy" element in all forms of rest cure, according to Weir Mitchell’s German critic, Friedrich Nietzsche, was the rest cure itself. Judging the Philadelphian nerve specialist to be another "priestly" aristocrat, Nietzsche found that his cure inculcated habits, "antithetical values," in people that turned them "away from action," only to leave them alternating "between brooding and emotional explosions." 49

While Mitchell may have remained unaware of Nietzsche’s criticism, his introduction of a milder version of the camp cure for women in his 1888 text Doctor and Patient represented his response to the “woman question” and the growing unrest over women’s role in Victorian society which feminists were beginning to articulate. 50 On the one hand, Mitchell reiterated his belief that the "strong ordeals of [their] sexual life" (menstrual

47 Mitchell, Lectures on Diseases, 270-272, 275-277.
48 Mitchell defended his methods against criticism that patients had relapsed, writing how many of them remained in "useful health." Going on, he argued that in cases of nervous exhaustion, and unlike cases of organic illness such as typhoid fever where patients either "die or get well," "it is impossible to state accurately the number of partial recoveries, or, at least, to define usefully the degrees of gain." (Mitchell, Fat and Blood, 161-163). Foucault, History of Sexuality, 112.
periods, childbirth) rendered the vast majority of women ill-equipped to compete with, and assume the same duties as, men, while adding that no length of changes over time in education or activity would ever really alter these characteristics. But conceding, on the other hand, how nervously-prone women might benefit by the kind of change outdoor excursions brought men, Mitchell wrote how “nothing so dismisses the host of little nervousnesses with which house-caged women suffer as this free-life.” Here again, though, the stabilization of women and their sexuality within the dominant power structure remained the therapeutic objective, as the camp cure offered specialists another means of inculcating in girls and young women “that habitual capacity to suffer moral and physical ill without exterior show of emotion.” Also, as opposed to restoring the vital reserves of capital in men, the purpose of outdoor life was to dissipate the superfluous, yet threatening, nervous energy of women. In these respects, the “moral medication” and the superfluous activity of this camp cure represented more of a transposition of the rest cure to the outdoors than the “free-life” Mitchell made it out to be, as the neurasthenic woman merely periodically exchanged the house-caged life of bourgeois domesticity for the open-air cage of bourgeois recreation. 51

2. Healing in Action: Jane Addams and Charlotte Perkins Gilman

Of the many nervously-ill women who resisted such treatments by persisting, as Mitchell complained, in their “despotic selfishness” and remaining “the despair of the best of us,” social reformers such as Jane Addams and Charlotte Perkins Gilman were among those women who turned towards action by incorporating them into their social and cultural critiques. 52 Undergoing Mitchell’s rest cure at his Hospital of Orthopedic and Nervous Diseases in 1882, Addams found that it only temporarily alleviated the backache she suffered from, while her depression remained. On the other hand, she found the proscription against reading intolerable, as it made her realize “how much [she] depended on that.” As Mitchell cited her slight curvature of the spine as the rationale for why her depression persisted and why she could not bear the stimulus of society, Addams dissented. In her view, her depression owed to the “feeling,” as the scholar Suzanne Poirier pointed out, “that she lacked

51 Mitchell, Doctor and Patient, 13, 137-138, 155
52 Mitchell, Lectures on Diseases, 268.
a goal and an appropriate vehicle with which to confront a harsh, unsympathetic—
macho—world." Describing herself, Addams said she felt "absolutely at sea so far as any
moral purpose was concerned." She also confessed to the feeling of "getting life in
translation" and having all her faculties remain "perfectly inaccessible locked up away from
me." In this light she believed Mitchell's cure only alienated women like herself further
from the world by resting them up to return to the apolitical sphere of domesticity. Here she
counteracted his argument that a woman could only avoid "overtaxing" her limited nerve-force
by remaining within low-stimulus environments and engaging in activities involving little
mental strain, finding that the opposite was the case. If contemporary higher education
unduly strained young women, as Mitchell maintained, it was the mentally-deadening aspect
of it that did, the all too exclusive development of "the power of acquiring knowledge and of
merely receiving impressions." Lacking "a proper outlet for active faculties," young
women, she observed, suffered and grew "sensibly lower in vitality in the first years after they
leave school. In our attempt then to give a girl pleasure and freedom from care we succeed,
for the most part, in making her pitifully miserable.

While addressing the incidence of nervous illness in young women, Addams saw
such illness as indicative of a social imbalance that affected both sexes. As she observed, the
country cultivated "a fast-growing number of young people who have no recognized outlet for
their active faculties," where "their uselessness hangs about them heavily." Addams's
diagnosis thus pointed to how it was not excessive overwork, but the lack of useful work,
which engendered neurasthenic symptoms in both young men and young women. She in turn
understood this as the "subjective necessity" of establishing Settlement houses like Hull-

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53 Jane Addams, "With All My Apparent Leisure I Do Nothing At All," [1886] in The Social
Thought of Jane Addams, ed. Christopher Lasch (Indianapolis: The Bobbs-Merrill Co., 1965),
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54 Suzanne Poirier, "The Weir Mitchell Rest Cure: Doctors and Patients," Women's Studies 10
(1983), 24-25.
56 Jane Addams, Twenty Years at Hull House, (New York: The MacMillan Co., 1911), 71;
Christopher Lasch, The New Radicalism in America, 1889-1963: The Intellectual as a Social
Type, (New York: Norton, 1965), 18, 60.
57 Jane Addams, "The Subjective Necessity for Social Settlements," [1892] In The Social
Thought of Jane Addams, ed. Christopher Lasch, (Indianapolis: The Bobbs-Merrill Co.,
1965), 36-37.
House in 1893: "Our young people feel nervously the need of putting theory into action, and respond quickly to the Settlement form of activity."\(^{58}\) But while Addams complicated the premise that only the strains and stresses of civilized life led to nervous debility, as well as the physiological assumptions bound up with it, she conceived of Settlement work in terms not unlike the adaptive ideal that Beard and Mitchell advanced. As she wrote, the college-bred young person of today ought to be equipped with the "the power to adjust [men] in healthful relations to nature and their fellow men."\(^{59}\) Similar to the priest-like role Mitchell saw himself as fulfilling, Addams envisioned a secular ministry healing the social body of its maladies and promoting the virtue of health.\(^{60}\) Considering how she laid much emphasis on Hull-House residents being inspired by Dante and Shakespeare, and afforded "the solaces of literature," the parallel becomes clear: where Mitchell held up a return to "barbarism" as a cure for the ills of civilization, Addams espoused an exposure to culture as a cure for the dehumanizing industrial labor process.\(^{61}\)

Just as nervous illness informed Addams's sociological perspective and led her to both challenge and sustain the power structure of late-Victorian society, Charlotte Perkins Gilman's own bouts with it led her to draw similarly ambiguous conclusions from it. Growing up in a middle-class family marked by financial difficulties led Gilman to develop an acute awareness of the limitations placed upon women by the Victorian doctrine of

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\(^{61}\) Jane Addams, Twenty Years, 433-434. In a later essay, Addams argued that the "emotional force" of working-class youth had no socially constructive outlet, so that when it "seizes them, it serves as a cancer in the very tissues of society and as a disrupter of the securest social bonds. No attempt is made to treat the manifestations of this fundamental instinct with dignity or to give it possible social utility." But at another point, she reiterates her faith in the healing salve of culture: if a girl entering a sewing factory knew something about the work she is doing in relation to the finished product; ... the material she is manipulating and the processes it is subjected; ... the design she is elaborating in its historic relation to art and decoration, her daily life is lifted from drudgery to one of self-conscious activity." The Spirit of Youth and the City Streets, [1909] (New York: The MacMillan Co., 1921), 15, 122. As Christopher Lasch argued, "The trouble was that Jane Addams was asking, in effect, that young people be adjusted to a social order which by her own admission was cynically indifferent to their welfare.... Industrial society, according to Jane Addams, was a terrific engine of repression; yet her own efforts seemed often to have as their aim only to make its parts run more smoothly." Lasch, The New Radicalism, 157.
separate spheres. At the same time, having acquired an avid interest in social evolutionary thought as a young woman convinced Gilman that “it gave her a religious mandate to expand woman’s sphere.” To her, as the historian Gail Bederman has argued, “[p]roductive work, outside the home, was part of the cosmic, divinely ordained process of keeping the white race moving ever onward, toward a perfect civilization.” Yet neurasthenic illness complicated Gilman’s vision. After having experienced a “tremendous surge of free energy” upon gaining her independence at twenty-one, debilitating symptoms set in shortly after she married a young artist, Charles Walter Stetson, and gave birth to a child. Here she admitted to having suffered from a “sheer continuous pain” in her mind that the doctors who examined her could not confirm. Experiencing a “constant dragging weariness miles below zero,” Gilman admitted that “[n]othing was more utterly bitter than this, that even motherhood brought no joy.” Like Addams, she undertook Mitchell’s rest cure treatment and found the recommendation to “rest and never touch a pen or brush for the duration of her life” intolerable. Equally devastating to Gilman was his advice that she live “as domestic a life as possible” and have her child with her all the time. As Bederman pointed out, the “most eminent medical expert had treated her, exiled her from civilization, and relegated her—as a mother, but like a child—to the home and nursery.”

Drawing upon these experiences, Gilman wrote a scathing fictional critique of the rest cure that exposed its pernicious aspects. In The Yellow Wall Paper, it is the doctor/husband of Gilman’s female protagonist who prohibits her from engaging in contemplative thought for the sake of her own well-being. Her “imaginative power and habit of storymaking,” he reasons, would only exacerbate her nervous weakness and “lead to all manner of excited fancies.” Likewise, he implores her to use “[h]er will and good sense to check the tendency” while remaining confined to a room in the country house they are staying at, one whose main feature is its “repellant, almost revolting” yellow wallpaper. The bitter

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63 Bederman, 128.
65 Bederman, 131.
irony which becomes apparent is that while her husband insists that she is getting better thanks to mind-suspended rest, enforced seclusion, and the high fat diet he has her on, she slowly descends into madness, determined to follow the wallpaper’s “pointless pattern to some sort of conclusion.”

As Gilman adamantly rejected this immobilizing path back to health, she did so by appropriating the west cure, on her way to assuming the peripatetic life of a committed writer and agitator. Traveling westward to visit her friends in Pasadena, California, Gilman noted the immediate improvement in her health. “From the moment the wheels began to turn, the train move, I felt better.” Once out West, the increased vigor that she felt, alongside the horrifying revelation—“the stark fact—that “[she] was well while away and sick while at home,” led her to embrace, as Tuttle argued, “the principles of the West Cure not as a temporary salve, but as a way of life.” As her other fictional work abounding in western settings and conventions indicates, Gilman understood the cure of women’s nervous debility to be the life of the professional who casts aside the “feeble and hopeless” roles of wife and mother for the growing “assurance of serious work,” “calm sublimity,” and “steady peace.”

Yet what tempered Gilman’s idealization of life out West were not only her economic and social difficulties, but her moral ones, as well. The disfavor her writings met in San Francisco, “as immoral a city as the country owned,” in her opinion, contrasted with the delight her Stanford University visits brought her, being “among educated people again, bookish people, and...treated with respect and friendliness.” Thus belatedly, Gilman identified with the mores of the New England culture she had fled, and, in essence, practiced the revitalizing west cure that Mitchell had preached.

Just as Gilman drew back from renouncing the cultural superiority of the Eastern establishment in her appropriation of Mitchell’s west cure, her social evolutionist solutions to

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68 Gilman, *The Living*, 95; Tuttle, 113.
69 Deborah Evans, “‘Come Out to Colorado with me—and Grow’: The Crux and Gilman’s New Western Hero(ines)” quoted in Tuttle, 114-15.
71 Tuttle, 116.
women’s nervous illness reaffirmed the premises of the neurasthenic discourse more than they denied them. On the one hand, she maintained that a woman’s neurasthenia was indicative not of the high degree of civilization she had achieved in her specialized, domestic role, but to an underlying conflict between the call for her to actively participate in society’s progress and her lingering attachment to her long occupied function in the home. In this way, as Bederman argued, “[Gilman] never completely rejected the terms of the neurasthenic paradox,” as in her equation, the choice for women came down to either womanly fulfillment, or intellectual achievement and the duties of progress. In other words, either leading the healthy, “savage domestic life” of Beard’s “Squaw,” or toiling in the world and building up “the ever-nobler forms of life toward which social evolution ends.”

Thus on the other hand, despite her equating of civilized domesticity with savage domesticity, Gilman did not depart from Beard’s elitist vision, his “limited order of philosophers” emerging at the end of the evolutionary tunnel. At the same time, she took a far more sanguineous view of the impact modern industrial society had on the individual’s constitution than either Beard or Mitchell did, averring that the “excessive sex-distinction in men...has been always checked and offset in them by the healthful activities of racial life. Their energies have been called out and their faculties developed along all the lines of human progress.” Conversely, the modern, civilized woman suffered excessively from neurasthenia due to the “increasing strain” of the antiquated patriarchal household, as the “jar and shock of changing from trade to trade a dozen times a day,” she argued, resulted in “a distinct injury, a waste of nerve force.” But by subjecting the “belated home industries,” housework, food preparation, child care, to the division of labor, Gilman’s civilized white woman would fulfill her “specialized service” to the capitalist world, while counteracting the unbridled individualism—excess masculinity—that prevailed in it. At the same time, she would achieve “organic expression” of a “new functional power” that would render neurasthenic illness a

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73 Gilman, Women and Economics, 43, 155-56.
relic of her primitive past. In this way, Gilman's feminist revision of social evolutionary thinking in the end sustained the neurasthenic discourse. By understanding the repressive and alienating set of demands of late-Victorian culture primarily in terms of sex instead of class, she reformulated these demands in the name of growth and "millennial perfection." What the conclusions reached by both Gilman and Addams indicates is that social criticism informed by nervous illness neither transcended the governing assumptions of the neurasthenic discourse, nor, for that reason, challenged the dominant culture bound up with it. While their symptomatic language detailed how a reified, borrowed culture weighed heavily upon them, both stopped short of articulating qualitatively different alternatives to it. This in turn accounts for the correspondence between their sociological conclusions and those of thoroughgoing partisans of the dominant order such as Beard and Mitchell. More precisely, the underlying agreement between individual and society remained, as the avenues by which nervous illness could be ameliorated proceeded either alongside, or on the same route, of the expanding managerial capitalist system. But other middle- and upper-middle-class Americans wearied by the rampant materialism of the post-Civil War era, and of a more religious turn of mind, formulated a competing diagnosis of and remedy for the "disease of civilization." To these groups of mental and faith healers, if the pervasive selfishness and ambition of the Gilded Age was the mainspring of illness, then the individual's spiritual progress was the solution.

3. The Harmony of Retreat: The "Mind Cure" Movement

"To legally abolish slavery in the United States was good," the founder of Christian Science, Mary Baker Eddy, wrote in 1869, "but its abolition in the human mind is a more difficult task....We still have men and women of all races in bondage, ignorant of how to obtain their freedom." This sentiment by one of the most prominent mental healers to emerge in the late nineteenth century captures the crusade-like opposition to illness that resonated with a number of middle- and upper-middle-class Americans. Whether it was

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74 Gilman, Human Work, 369; Gilman, Women and Economics, 156.
75 Lasch, The New Radicalism, 64-65; Bederman, 128.
Eddy’s Christian Science, Warren Felt Evans’s practical mysticism, or the New Thought movement in the 1890s, mental healers rejected in varying degrees the dominance of material over spiritual thought, and what they saw as the objectification of the individual by orthodox medicine.\(^{77}\) To mind curists, as William James dubbed them, and other alternative healing persuasions such as osteopathy, homeopathy, naturopathy, and eclecticism, allopathic medicine’s reflexive reliance on drugs, and frequent recourse to surgery following the introduction of anaesthesia in the 1840s, fostered a dependency in the mind of the sick upon artificial support and materialistic ways of thinking.\(^{78}\)

In part, mind cure’s emphasis on the spiritual resources of the individual protested against the rationalistic turn allopathic medicine took in the 1860s, whereby the latter’s technological approach to disease and suffering reduced individual illnesses to simple malfunctions rectified through medical intervention.\(^{79}\) As this often meant tying an illness like neurasthenia back to some specific physiological disorder, especially in the case of women who could not claim “overwork” as a reason for their sickness, it all too often sanctioned gynecological or urinary surgery in response. In this way, scientific medicine had come to resemble the same depersonalized, intrusive, physical force that epitomized the “struggle for existence.”\(^{80}\) Considered alongside the fact that the most prominent feature of the mind-cure movement was the “ubiquity of women,” the emphasis on metaphysical or

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spiritual self-healing reflected the desire of middle- and upper-middle class women to retain their selfhood from this aggressive, male-dominated practice of medicine.\textsuperscript{81}

But while mind curists shared essentially the same impulse of other women reformers like Addams or Gilman to avoid ossification, they charted a much different ideological course than the latter when confronted with nervous illnesses. If feminists championed women’s entry into the world of commerce as the solution to their neurasthenia, mind cure presented nervously ill women with a way of turning their weakness and passivity into a strength, with a project “that did not require them to wrestle with the world.” Hence instead of devoting oneself to charity or social work, or attempting to enter the masculine sphere of work, “[t]he project of getting well,” as Meyer argued, “could be pursued entirely within oneself.” Additionally, against the distressing feeling of being subject to impersonal economic forces, mind cure insisted that the mind had its own order (God is mind) and thus held out to women a realm in which they might feel that life was under their control.\textsuperscript{82} As one of its most popular proponents, Ralph Waldo Trine, maintained, “instead of being an embodiment of weakness and a creature of circumstances, you will find yourself a tower of strength and a master of circumstances.”\textsuperscript{83}

Alongside this optimism in the empowering potential of metaphysical healing, mind curists saw modern civilization as responsible for the incidence of nervous illness. Where Beard saw a lack of adaptation at root, mind curists conversely saw a recession from nature as responsible. The growth of “Artificialism,” according to Henry Wood, caused people to “become hyper-sensitive to discord and morbidity. Insanity, insomnia, and nervous degeneration are increasingly prevalent,” he argued, “and even the physical senses more than ever before require artificial aids and props.” In his conclusion, the problem boiled down to dependence “upon the Without rather than the Within.”\textsuperscript{84} From this understanding, the consensus among mind curists was that only spiritual or “psychical remedies,” as Evans

\textsuperscript{81} Meyer, 46.  
\textsuperscript{82} Meyer, 57-59, 76-77.  
\textsuperscript{83} Ralph Waldo Trine, \textit{In Tune with the Infinite; Or Fullness of Peace, Power, and Plenty}, (New York: Thomas Y. Crowell and Co., 1897), 147.  
\textsuperscript{84} Henry Wood, \textit{Ideal Suggestion through Mental Photography: A Restorative System for Home and Private Use}, (Boston: Lee and Shepard Publishers, 1893), 27.
asserted, could remove what was essentially a spiritual disturbance.  

But instead of placing their trust in scientific medicine or evolutionary adaptation, mind cure held that the individual must redress the imbalance within, and once again return mind, the spirit, to its sovereignty over matter. The harmonizing of the individual with society would follow then as the nervously-ill soul retired inward and retreated to “a higher plane of activity” (Evans), or rejected the sense-bound mortal mind for the omnipotent “Divine Mind” (Eddy). Echoing the evolutionary optimism of Beard, Wood declared that while the “weak negative condition of the individual and the race cannot be overcome at once,” the “high time” had arrived “for a general movement to conquer. Soul must rise superior to environment, dominate body, and free itself from degrading and long-continued servitude.”

But the paradox of mind cure’s vision of an empowered life free of nervous suffering through spiritual progress was that it called upon middle- and upper-middle class Americans, especially women, to exercise more self-control on top of the demands civilized culture already imposed upon them. At one end, mind curists rejected the ecclesiasticism of their orthodox forbearers and the way, according to the historian of New Thought, Horatio Dresser, “it dwelt on sin, emphasized the darkness and misery of the world, the distress and the suffering.” Ruminating on the harm done by generations of Calvinist hell-fire and damnation preaching, Wood averred how only “boundless divine love, exuberance, and vitality, constantly poured in, even though unconsciously to us, could in some degree neutralize such an ocean of morbidity.” Thus as opposed to the “undeniably pessimistic” orientation of the “old thought,” the “new dwelt on life and light,” and thereby pointed “the way to the mastery of all sorrow and suffering.” Yet to achieve this vision of an affliction-free life, mind cure did not call for a relaxation of conscious restraints, but rather for a new exigency to purge the

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85 Evans, 307-08.
86 Eddy, 6, 21-22, 29.
87 Evans, 336-37; Eddy, 29.
89 Wood, Ideal Suggestion, 54-55.
90 Dresser, 161-66.
mind of all disease-producing thoughts so that disease could not "enter and gain a foothold." 91

The ego must avoid roaming, according to Wood, in the dank and murky atmosphere of "sensuous consciousness" or else "a host of negative phantoms, shadows, and specters take on veritable reality and overwhelming power." Additionally, only by achieving a "passive and receptive" state of mind, barring "the door of thought against the external world," and concentrating on an ideal suggestion, wholly giving "YOURSELF UP TO IT, until it fills and overflows the entire consciousness," could the individual then actualize her ideals of well-being. 92 With Charles Fillmore's contribution, the regimentation of both body and mind became more explicit as he held that his healing suggestions should be "applied as one applies mathematical rules...for mental discipline." 93

In this regard, the contagion of introspection and morbid thoughts that Mitchell sought to cordon neurasthenic-prone women off from, mind cure transmuted into the loftiness of a spiritual precept.

While either barring the door to "morbidity" and the subconscious, or denying the latter's existence altogether in the case of Christian Science, mind cure eschewed a deeper interrogation of functional illness. By localizing the source of illness entirely within the interior life, the individual psyche, and relegating matter to secondary status, mind curists effectively dissolved the weighty cultural framework of late-Victorian society. In this way, the nervously ill had to look no further than themselves to find the source of "inharmony." Mind being "the governing element, the controlling principle" of man's inner life, according to Evans in his appropriation of German idealist philosophy, such a disease was simply "an abnormal mental condition...a wrong belief"; "change that belief, and we cure the disease." 94

In explaining how such an abnormality developed, mind curists argued that the ill stood in violation of divine law. "As long as there is the violation of law," Trine reasoned, "so long disease and suffering will result." 95 Elaborating upon this argument, he found that all frictions, uncertainties, sufferings, fears, "come to us because we are out of harmony with the

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91 Eddy, 30.
93 Fillmore, 3.
94 Teahan, 78; Evans, Mental Medicine, 210.
95 Trine, In Tune, 59-60.
divine order of things.... Rowing against the tide is hard and uncertain.” On the other hand, the person who goes with the tide takes “advantage of a great natural force [that] is safe and easy.” In the end, he says, “body, soul, and mind become perfectly harmonized, and when this is so, life becomes full and complete.”96

But as mind curists made clear, this divine, harmonious state of being was predicated upon unswerving obedience to the secular order of things. As Charles Fillmore declared, “It is not for us to quarrel with the conditions of the world, nor take upon ourselves the burden of righting them”; instead, he says, there “is a state of consciousness, which can be and is being attained by men, where all things are provided to fulfill the desires of the regenerated souls.”97 In this regard, fundamental to mind cure’s strategy for overcoming nervous illness was a subjective acceptance of the prevailing “moral order,” a laissez-faire attitude toward the status quo.98 Spurning all thought and activity that might upset the affliction-free balance within the self, mind curists urged conformity to the social order in the name of health. “Think no evil,” Wood counseled, “and have eyes only for the good. Optimism is of God, and it stimulates and attracts its possessor along the upward road towards the ideal and the perfect.” In contrast, pessimism, or “being against something,” “creates and multiplies unwholesome conditions, and galvanizes them into apparent life.”99 Trine, in turn, made Wood’s implicit conflation of divine order and secular order explicit. According to him, since “God or Infinite Being” worked through the “great systems of law,” it followed that to “know these laws, and to live, to work in harmony with them brings peace and harmony.” Obversely, to willfully “violate them brings inharmony and struggle and suffering.”100 Just as they dissolved in their undivided focus on the nervously ill’s mind state the repressive interdictions of late-Victorian culture, mind curists dissolved in advance that which threatened to enmesh regenerated souls

96 Trine, In Tune, 217-18.
97 Fillmore, 238-3.
99 Wood, New Old Healing, 272; Ideal Suggestion, 58.
in either conflicting loyalties or “entangling alliances,” and divert them from union with “the ideal and the perfect,” politics.\textsuperscript{101}

In historical perspective, what mind-cure’s strategy reveals is how it did not so much seek to overcome, or come to terms with, nervous illness, as much as it sought to evade it. Like the prominent physicians opposite to them, mind curists shored up the demands of a dominant culture whose transcendent framework of meaning was weakening while, like their feminist contemporaries, evincing a similar incapacity to blaze a path beyond the boundaries of the prevailing order. In their simple hermeneutics, the rusty, burdensome shackles of Calvinist “morbidity” were in large part responsible for the incidence of nervous illnesses among their class. In response, mind curists embraced a revolution that was entirely internal; “wrong belief,” they assured their fellow bourgeois, was the only thing preventing them from enjoying the material bounties of civilization’s progress and attaining mystical wholeness with the world. Likewise, by equating strength with dependency and health with passivity, they not only reinforced the ideology of domesticity, they did so “at the price,” as Meyer argued, “of withdrawal from consciousness, self and impulse.”\textsuperscript{102}

But perhaps the most significant repercussion of mind cure’s worldview was its devaluation of the subjective experience of nervous illness as no more than an abnormal deviation from the unbroken progress of civilization. By combining dogmatic optimism (the “immediate projection” of a wish for greater harmony) with a means of “denying non-wishful reality,” mind cure not only offered its middle- and upper-middle-class patrons an escape from the anxieties of individuality,\textsuperscript{103} it allowed them to artificially preserve the identity between divine order and social order, on the one hand, and individual and society, on the other. Christened as “the psychology of success” as it melded with the ethos of the emerging managerial capitalist elite, all disjunctures between the two faded into immateriality before the “constructive attitude,” the “attitude habitually making for,” as Horatio Dresser affirmed,

\textsuperscript{101} Wood, \textit{New Old Healing}, 108; Meyer, 112.
\textsuperscript{102} Meyer, 122.
\textsuperscript{103} Meyer, 81, 123-24.
"health, freedom, prosperity."\textsuperscript{104} By the turn of the twentieth century, greater psychological insight into the relationship between mind and body would find various lay, faith, and medical healers agreeing that this attitude was the only reality.

4. Inoculating the Soul: The Psychotherapeutic Movement

"If the nineteenth century was materialistic and critical," the Rev. Dr. Elwood Worcester proclaimed in 1908, "the first half of the twentieth century promises to be mystical and spiritual. Already we are conscious of a general revolt in the name of the soul."\textsuperscript{105} As the founder of the pastoral-based, psychotherapeutic Emmanuel Movement of Boston in 1905, Worcester's transcendentalist sentiment reflected the resonance the mind cure movement had with liberal Protestants in the East.\textsuperscript{106} Trained in psychology in Germany under Gustav Theodor Fechner and Wilhelm Wundt, and retaining close ties to Weir Mitchell in Philadelphia and Richard Cabot, an internist at Massachusetts General Hospital, Worcester's Movement blended liberal Christianity, psychological theory on the powers of the subliminal self, and the latest in medical psychotherapy. Together with his pastoral associate, Samuel McComb, and his medical colleagues, Isador Coriat, M.D. and Joseph H. Pratt, M.D., the Emmanuel Movement sought to respond to the growing skepticism among all classes to the practices of orthodox medicine, while also fulfilling a physical healing function long neglected by the church.\textsuperscript{107} As the movement captured the attention of other physicians, it spread to other cities across the country. Such a rapprochement between religious and medical professionals reflected the growing disillusionment over the "somatic style" (which most orthodox practitioners, nerve specialists, and neurologists adhered to) for its failure to

\textsuperscript{104} Dresser, 162, 325-26.
\textsuperscript{105} Elwood Worcester, Samuel McComb, and Isador H. Coriat, \textit{Religion and Medicine: The Moral Control of Nervous Disorders}, (New York: Moffat, Yard and Co., 1908), 8. Cf. also Elwood Worcester, \textit{The Living Word}, (New York: Moffat, Yard, and Co., 1908), xiv-xv: "What we see to-day is a reaction from the scientific materialism in which we grew up, a general revolt in the name of the soul, a desire for a more spiritual life and a more spiritual interpretation of life."
\textsuperscript{106} Haller, 145-148.
provide conclusive knowledge of the brain and nervous system, and with it, the scientific control of disease.\textsuperscript{108} Other contributing developments came from the renewed appreciation for the body’s own healing potential with osteopathic medicine; the holistic “physiological principle” as emphasized by the neurologist James Putnam; the psychobiological studies of Adolf Meyer; and the emphasis on the roles that emotions and ideas had on the body by the American physiologist Walter B. Cannon. All contributed to a more unified conception of body and mind.\textsuperscript{109} With its emphasis on the spiritual component of well-being, the Emmanuel Movement came to embody this new unitary principle, where not only the whole brain, or the whole nervous system, but the “whole man,” should be the concern of the physician.\textsuperscript{110}

But while Worcester and his colleagues helped advance this new psychosomatic approach to nervous illness, they also reaffirmed the underlying assumptions of the neurasthenic discourse that Beard specified almost thirty years earlier. In a lengthy reprisal of Beard’s arguments in \textit{American Nervousness}, Worcester noted how nervousness had increased and spread throughout society due to environmental causes—the exacting demands of a profit-driven society and the dizzying array of interests of modern life. The incidence of early deaths and suicides of “our ablest men”; an increase in both nervousness and insanity; diminishing offspring of the “cultured classes”; and the general recourse to alcohol and narcotics revealed to him “a limit set to the dissipation of man’s energies.” Also, echoing the criticism of capitalist industries that prominent social gospelers such as Walter Rauschenbusch and Washington Gladden advanced, Worcester found that these “mighty servants...have ended by enslaving their masters” by introducing “an element of haste and of feverish unrest into human life which amounts to a disease.” Additionally, the more noteworthy aspects of this critique was not only how Worcester and McComb blamed the

\textsuperscript{110} Powell, 58; Hale, \textit{Freud and the Americans}, 91.
social structure for the rise in “temporary and irresponsible unions” among all classes. But also, it was how they condemned the prevailing hypocrisy of the nation’s “civilized” sexual morality111 (which most neurologists at the time defended) for forcing men, and especially women, to lead nervously-damaging double lives. At bottom, nervous capital to them was a scarce resource, and such a disease, they maintained, depleted “our forces faster than those forces are generated.” Yet unlike Beard, Worcester and his colleagues did not see greater adaptation evolving out of greater specialization, finding that civilization’s end was on the horizon “[u]nless we [Americans] find some better means...to calm and simplify our lives.”112

Although Worcester’s appeal to simplicity seemingly departed from the main tenet of the evolutionist-neurasthenic discourse, the rustic “Simple Life” was no more viable an option to him than it was for Beard or Mitchell.113 Firmly wedded to society’s material progress, he found that a back-to-nature alternative, a return to “an effective milk and water existence,” to be inconceivable. On the other hand, Worcester saw the more realistic

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alternative, viz. a general reduction of “the nervous tension in which we are living,” ruled out by the ambitious mugwump politician Theodore Roosevelt and his “loud roar for the Strenuous Life.” Since the onset of imperial expansionism in the late 1890s and the defeat of the anti-imperialist movement to prevent annexation of the Philippines, Worcester stood apart from those intellectuals who shared Roosevelt’s vision of imperial warfare as the remedy for civilization’s ills. Whereas the latter imagined, as Jackson Lears argues, “that ‘a great war’ might not only lance the boil of overcivilization but also banish the specter of neurasthenia—restoring energy to a leadership class grown nerveless and flaccid”—Worcester and his kind did not see the efficacy in this. In the latter’s eyes, this ethos of expansionism, with its emphasis on “the life of toil and effort, of labor and strife,” only contributed to “nervous tension.” But as Worcester maintained, the progress in psychological knowledge and practice delineated the path to be taken: “an increase of moral and nervous energy to meet life’s demands.” Thus far from questioning the assumptions Beard’s evolutionary optimism was grounded upon, Worcester’s Emmanuel Movement poised itself to become those “redeeming forces” that he envisioned, extending to all classes what the former held out to the brain-working elite, namely, greater adaptation to modern life.

On the one hand, Worcester’s program, as a counter-response to Roosevelt’s strenuous life, reaffirmed Weir Mitchell’s prudent logic. Writing with the overworked businessman in mind, Worcester advised him to introduce variety into his life by varying “work with play which really amuses him,” or by substituting “muscular exercise” for “mental toil.” Rather than a change of occupation, Worcester advises him to take up “a real secondary interest in life which keeps the heart young” by returning “to nature and the soil,” and cultivating “a renewed love of out-of-door life and sport.” Similarly, just as Mitchell and most physicians at this time argued that women’s “biology” made them weaker than men and disposed them to nervous disorders, Worcester and his colleagues concurred. Married women

114 Worcester, Religion and Medicine, 133, 145.
117 Powell, 57, 157.
and married women teachers “are among those most benefited by rest and change,” they argued, with the additional stipulation that “reorganization of home life is frequently necessary.” Likewise, where Mitchell recommended “abundant fresh air and exercise” for young college women, they commended the focus on athletics in colleges, and the overall “physical activity and prowess of our young women.” Thus aside from counseling nervous sufferers to incorporate prayer into their daily lives, their escape route from “the flood of nervous disorders” deviated little from Mitchell’s gender-oriented, prophylactic prescriptions.

But on the other hand, and in the spirit of the mind curists, Worcester’s movement looked to effect a transformation within the individual’s psyche in order to overcome nervous illnesses. In this regard, Worcester and McComb were not unlike other American social reformers and theorists at the turn-of-the-century who either sought to convert the discovery of a buried layer of the psyche into programs for social change or, in the case of psychology professor G. Stanley Hall’s advocacy of a healthy “savage” boyhood, avoid the enervating effects of civilization. As Hale explains, both Worcester and McComb saw the subconscious as (among other things) “the locus of emotion and of will,...the source of man’s reserve energies.” From this perspective, Worcester was also far more sanguine about the subconscious than the Viennese psychoanalyst Sigmund Freud was, claiming that it was “purer and more sensitive to good and evil than our conscious mind.”

118 Mitchell, Wear and Tear, 48; Worcester, Religion and Medicine, 155.
120 Lasch, The New Radicalism, 143-44; Bederman, 116-120.
122 Worcester, Religion and Medicine, 42; Worcester, The Christian Religion, 114-118; As Hale clarifies, “[t]he unconscious of Worcester and McComb was derived not from Freud, but from Von Hartmann, Schopenhauer, and American traditions of mental healing and Transcendentalism.... Its roots were the Infinite, it was closer to the Universal Spirit.” In other words, where Freud’s theory of the unconscious denoted limits to which the repressed contents below consciousness could be excavated and utilized, Worcester and McComb’s subconscious was “uncanny: it healed; it remembered everything, it solved problems; it could impart glorious, undreamed-of resources.” (Hale, Freud and the Americans, 241). On the contrast between the nineteenth-century psycho-philosophical theory of the unconscious and
James and the psychopathologist Boris Sidis who maintained that reserve energies reside within the subconscious, Worcester, McComb, and their acolytes held that the healing powers of it could be realized upon lifting repressions and breaking oneself free from stultifying routines. 123 “For the first time in the history of thought,” Worcester reflected, “science is able to place in our hands a key which opens many a door in the house of the soul, and all who aim at dealing intelligently and profitably with human beings ought to be in possession of this key and to know what doors it will open and what doors as yet remain closed to it.” 124

Upon opening these doors, Worcester and his colleagues discovered that the array of sociocultural pressures and harmful environmental factors besieging modern-day men and women had metastasized into a “disease of the subconscious” itself. 125 In their interpretation, “the effects of over-exertion” led to a dissociation of consciousness, and the person suffering from neurasthenic symptoms attested to how she had lost the “function of the real,” the sense of being a part of the world. 126 In this line of thought, Worcester and company appropriated the work of the French medical psychologist Pierre Janet, whose reformulation of neurasthenia—“psychasthenia”—was characterized by precisely this loss of the real (la perte du réel), as well as nervous exhaustion and a “sense of incompleteness.” 127 Likewise, they agreed with Janet upon the need for “moral treatment,” that is treatment which reeducated the person to the function of the real, while also raising her mental level. As Coriat explained, a “state of healthy-mindedness” could only be secured by such “a reassociation, a synthesis of


125 Worcester, Religion and Medicine, 199.

126 Worcester, Religion and Medicine, 216, 287-88.

this split consciousness.” Yet what is curious about this goal that Worcester and his Emmanuel colleagues aimed for is not so much that they viewed neurasthenic or psychasthenic symptoms as deviations from the main stream of conscious activity; but, rather, that they had so few qualms about adjusting the psyche to the “reality” that caused the disturbance in the first place.

As this therapeutic objective suggests, the Emmanuel Movement’s idealist conception of the subconscious circumscribed nervous illnesses within an essentially spiritual framework. Hypnosis and “constant suggestions,” the authors averred, “can remold the plastic nervous system” and train the will, “for the [latter] is nothing but a selective action or reaction to certain ideas.” Accordingly, the properly reeducated psyche was one in which the “morbid emotional complex” gave way to “a feeling of pleasure and energy in all the acts and reactions of every-day life.” In this therapeutic process, the material foundations of the patient’s suffering faded into the background as the avenue to renewed health could be purportedly reached by internalizing ideal values and reasserting conscious control over one’s thoughts and actions. The victims of fear and worry, by this token, needed only to amass “a good store of valuable and permanent interests,” while coordinating their powers and concentrating them “on some worthy end,” such as religion, “the most powerful antidote to worry.”

In the facile prescriptions proffered by the Episcopal Bishop Samuel Fallows, an enthusiastic advocate of Emmanuel, as well as a leading light of the movement in Chicago, personal good health and an “optimistic view of life” went hand in hand. Reasoning how our own “intrinsic goodness is the measure of our force,” Fallows preached to victims of nervous prostration that “the extent of our [self-] control determines our goodness.” Thus by assiduously cultivating “happy suggestions,” he exclaimed, “[w]e can be masters of

128 Worcester, Religion and Medicine, 217.
130 Samuel Fallows, Health and Happiness; or Religious Therapeutics and Right Living, (Chicago: A.G. McClurg and Co., 1908), 83.
131 Fallows, Health, 86, 163-64.
circumstances by goodness."¹³² That Emmanuel’s leaders, conversely, identified selfishness as the first link in the chain leading to neurasthenia and similar ailments highlights how symptoms of societal repression became, under their idealist psychological gaze, symptoms of individual moral failure.¹³³

While this psycho-moralistic interpretation of nervous illnesses underscored Worcester and McComb’s use of the compulsory methods of hypnosis and suggestion, it also led them to advocate work and social work as remedial agents. Whether it was the self-centered, hard-drinking factory laborer, the nerve-shattered artist, or the idle, upper-middle-class woman, Worcester reasoned that outside of the Emmanuel clinic they required additional “help in the ordinary exigencies of their daily lives; ...to be reminded frequently of their good resolutions.” “So,” he says, “I found a place for the social worker.” Touting the latter’s task as an “unselfish effort to improve the conditions of human life,” Worcester believed that such a presence in the home of a neurasthenic would, in many cases, prevent “total disintegration of the family and social relationship.” Thus while setting much store in Christianity’s great “spiritual Potencies” and their own ability to “direct the energies of the individual into channels of health and freedom,” it was the movement’s joint-interventionist efforts that carried out this transformation. While Worcester’s task force channeled middle- and upper-middle-class-women to philanthropic and charitable organizations, it directed its working-class and professional patrons to “daily programmes of work” more suitable to their weakened constitutions. Explaining this therapeutic device, Worcester exclaimed that the “[o]ne sovereign remedy” for the disease of “morbid self-reflection...is work.” Here again, Worcester’s affirmative stance absorbed his sociological critique, as the barriers to productive development and spiritual vitality in the modern capitalist order disappeared before the healing efficacy of work, its capacity to restore “the sufferer to the function of the real.”¹³⁴

¹³² Fallows, Health, 86.
¹³³ Worcester, Religion and Medicine, 351; McComb, “Nervousness,” 263.
Yet as Worcester recruited greater expert guidance in the healing process, psychiatry began advancing a similar brand of moral medicine. An energetic champion of the Emmanuel Movement’s philosophy of treating the “whole man,” Richard Cabot saw in nervous illnesses an ever expanding role for psychiatric social workers.\(^{135}\) Psychotherapy, like religion, required getting “into people,” taking “account of every element of a man’s life...of all that concerns him vitally.” In this task, Cabot conceived the helping expert as the moral vaccine strengthening the nervously ill’s resistance against whatever discouragement, anxiety, and depression they met.\(^{136}\) The properly cultivated, “wide-awake human being” accordingly learned to exorcise the “disease” of “day-dreaming of impractical ideals”—the “morbid separation of the thought from action, of soul from body.”\(^{137}\) As he maintained that nothing less than constant motion, change, and action sustained “balance” and preserved health against “such a self-corrosive process,” Cabot adamantly rejected the “lame and impotent solution” of the rest cure for the “work cure.”\(^{138}\) Besides being “a waste of time and money” and paying insufficient attention to the psychological causes of illness, the former failed to reform the habits of the ill, to teach him “how to work—a lesson which he usually needs very sorely.”\(^{139}\) Taking the fully-regimented worker in all his one dimensionality as the embodiment of health, Cabot’s holistic treatment boiled down to heeding the prosaic wisdom of machine-like performance and practicing the virtues of repetition and routine.\(^{140}\)

Thus as the rest cure continued to fall out of favor beside this new appreciation for the therapeutic value of work, the psychotherapeutic movement began subscribing to the


\(^{136}\) Richard Cabot, “Creative Assertion,” in *Psychotherapy* I, No. 2, 17-18

\(^{137}\) Richard Cabot, “The Teamwork of Body and Soul,” in *Psychotherapy* I, No. 3, 24


rationale efficiency experts advanced to validate the nascent managerial capitalist mode of
labor. In the last decades of the nineteenth century, Frederick Winslow Taylor initiated the
attempt to systematically apply the methods of science to the problems of expanding capitalist
enterprises with scientific management. A key aspect of this venture, as the sociologist Harry
Braverman noted, was how it bypassed the antagonism that existed between resistant workers
and exigent capitalists by investigating “not labor in general, but the adaptation of labor to the
needs of capital.” By the first years of the twentieth century, the new ruling class’s attempt
to revitalize itself and revamp its cultural hegemony by embracing, as Lears said, “a
managerial ethos of continuous ‘peak performance,’” coincided with Taylor’s zealous aim of
granting management monopolistic control over “each step of the labor process and its mode
of execution.” Significant to this strategic empowerment of one class at the expense of
another was how Taylor claimed that his markedly higher standards of output were not only
based on the neutral authority of science, but that they also improved the labor process itself
by setting it at “a pace under which men became happier and thrive.”

At this juncture, the psychotherapeutic wisdom concerning nervous illness and the
labor process converged with that of other popular self-help authors by raising this
“performance ethic” to the level of a spiritual precept. Analogizing how the modern
industrial worker was much like a “bent axle” or “a leaky oil tank,” Worcester and McComb
argued that he “goes to pieces or breaks down not from overuse, but from wrong use.” As
they abstracted from the actual conditions of the industrialized work routine, they maintained
that the key to refreshing work now lied entirely within the worker himself: the tolls of “waste
and friction” could be eliminated once he mastered his own emotions, guilt, and desires.

142 Harry Braverman, Labor and Monopoly Capital: The Degradation of Work in the
of Wealth and Power in a Democracy, eds. Steve Fraser and Gary Gerstle, (Cambridge:
Harvard Univ. Press, 2005), 182, 200; Braverman, 119. (Original italics)  
144 Lears, “The Managerial Revitalization,” 202; Frederick Winslow Taylor, Shop
Other psychological therapy tracts reinforced this type of reductionism by insisting that “selfish spiritual tension” led to “misused energy,” impeded industrial efficiency and, consequently, prevented one from “living with inspiration and power.” In cases such as these, Worcester wrote echoing Cabot, “find[ing] out what is wrong in the way an individual works, and [showing] him a better way is itself a very valuable factor in psychotherapy.”

That Worcester and McComb deemed it necessary to create an agency of helping experts, a Social Service Bureau, to assist in this effort highlights the irony of it: the movement’s “more effective assault” upon the forces producing the “maladies of the human soul” underwrote new forms of intrusion and psychological coercion, while indirectly facilitating managerial capitalism’s more effective assault on labor.

Thus what began as a revolt against an overly mechanistic late-nineteenth-century social order on behalf of the soul ended by enmeshing mind, body, and soul more tightly within virtually the same order. In this light, not only did the psychotherapeutic movement’s antidotal ideals resemble the narrow means-to-ends instrumentalism of the reigning orthodoxies in medicine, science, and capitalist industries; they also appeared truncated and diminutive beside their enthusiasm over the subconscious mind’s untapped potentials for human growth and freedom. What in part explains this outcome is that their access to the inner minds of nervous sufferers, to the doors “in the house of the soul,” provided them with, as it did for mind curists, a means of reaffirming both their place in Victorian society and the premise of inevitable progress, instead of questioning them. Yet not all who were versed in psychology and religion, and who grappled with the reality of nervous illnesses, remained as optimistic as Worcester and his colleagues about the prospects of healing within the established order.

5. Beyond Sickness and Health: William James and Josiah Royce

Across the Charles River from Worcester and company in Harvard Square, the subject of neurasthenia engaged the minds of the school's renowned professors of philosophy and psychology, William James and Josiah Royce. Similar to Addams and Gilman, their own recurring bouts with neurasthenic symptoms informed their intellectual life. Both introspective thinkers, James and Royce were among a handful of psychologists in America who, as the historian Nathan Hale points out, departed from the "narrow materialistic determinism that had formed the foundation of the neurology of the Gilded Age." In the process, they "encouraged a number of physicians to explore nervous and mental disorder from a directly psychological outlook."151

In terms of observing nervous disorders, James did not have to look far, as insomnia, inertia, vision problems, and writing blocks were a more or less constant throughout his life. As a young man in the late 1860s and early 1870s in the grip of indecision and a deep depression, symptoms suggestive of intense struggles over sexuality, James came to admire the kind of "health," "brightness and...freshness" that the Homeric Greeks in the Odyssey possessed.152 In their acceptance of the universe, "their indifference to evil in the abstract," the "bloody old heathens," he found, stood in marked contrast to the modern class of "over-cultivated and vaguely sick complainers" in which he fell. Yet after battling through his debility, James not only credited his understanding of morbid mentality and religious mysticism to it; it also led him to the determination that "vigor of will" sprang from believing in free will, setting the tone of his whole philosophical outlook.153 As he held fast to the notion that the "fruits" of a given idea proved its worth, its "cash value," as he formulated it, it is not surprising that mind cure, according to a recent biographer, became his preferred

151 Hale, Freud and the Americans, 99.
method of treatment for his neurasthenia. Yet in this regard, what attracted James to it was his desire to overcome the limits placed upon him by his various illnesses, to acquire a “new zest” for life, rather than attain the “achieved,” tensionless balance with the world that mind curists sought.

In part, this affinity James had for mind cure reflected the change of mind he had concerning Americans and the energy they exuded. As a volunteer in the 1865 Brazilian expedition of Louis Agassiz, the renowned paleontologist and natural history professor at Harvard, James “hoped to find,” as the historian Louis Menand noted, “adventures that might call out qualities of fortitude and boldness in himself.” Yet as he found himself trapped in a monotonous, mosquito-ridden milieu instead, James grew impatient with the “sleepiness... laziness and stolidity” of the Brazilian Indians, realizing for the first time “the real greatness of American energy”—“the extraordinary variety of character that results from it all.” A couple of decades later, though, this healthy industriousness looked more and more like the opposite. In their intense drive for efficiency and productivity, Americans demonstrated to him only an overly-tense, mechanical activeness, which in turn rendered them feeble and inefficient. As a result, James became an advocate of “the gospel of relaxation,” espousing and recommending the kind of psychic “abundance therapy” that New Thought authors such as Annie Payson Call preached in her popular *Power through Repose* (1891).

While James endorsed and partook in this therapy, the longings for personal and national revitalization that suffused imperialist cant in the late 1890s resonated with the anti-

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imperialist James, leading him to a deeper exploration of illness and vitality. Unlike Worcester, James did not equate all the calls to embrace a more strenuous life with an intensification of the stresses and strains of civilization. Instead, he saw in this charged atmosphere the opportunity to recast courage by reintroducing the kind of “sufferings and hardships” capable of annulling these afflictions. For James, the sickly health of “suggestiveness, decay and over-refinement” in both Europe and America, where “anesthesia, [the] mere escape from suffering” became “our rule of life,” bred only neurasthenic morbidity and melancholy. This vicious circle also militated against “the particular mood called seriousness,” he wrote, “which means the willingness to live with energy, though energy bring pain.” As he witnessed in his summer visit to Chautauqua Lake in 1896 an example of a landscape that had been purged of anything conjuring up “strength and strenuousness, intensity and danger,” James saw more vividly how nervous illnesses grew out of material progress and the “irremediable flatness coming over the world.” In contrast, he averred that the “great fields of heroism” surfeiting “the daily lives of the laboring classes” still fostered such healthy qualities. Yet reflecting on the discrepancy between this idealized picture and reality, James remarked how the “laborer’s life...[was] moved by no such ideal inner springs.” Thus it was not a matter of learning to embrace work as a therapeutic end-in-itself as the psychotherapeutic movement did; instead, it required a change in the ends work served by marrying some “unhabitual ideal” such as fidelity, courage, or endurance “with some man’s or woman’s pains.”

Developing these insights further, the strenuous ideals James elaborated pointed to the inadequacy of the positive-minded healing doctrines of both mind cure and the psychotherapeutic movement. In his Gifford Lectures investigating the psychological dimensions of belief, The Varieties of Religious Experience (1901-02), James distinguished between the “sentimental optimism,” the “gospel of healthy-mindedness” of the “once-born,” from the “tough-minded,” “high-hearted indifference to life” of the “sick souls,” the “twice-

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157 Lears, Rebirth of a Nation, 220; William James, The Will to Believe and Other Essays in Popular Philosophy, [1897] (New York: Longmans, Green and Co.: 1919), 47, 86; James, Talks to Teachers, 271, 273-75, 290-91, 295, 299.
born.” As he articulated, it was precisely this indifference of the latter, rooted in the feeling that life is a “tragic mystery,” that “the real wrongness of the world,” “must be fairly met and overcome in higher excitement” in order to break its “sting,” which made it possible to “live with energy.” While identifying this quality with the twice-born philosophy, James emphasized how it simply stemmed from “mankind’s common instinct for reality, which in point of fact has always held the world to be essentially a theatre for heroism.” Although imperial adventure may satisfy this “ascetic impulse” by casting life “upon a higher plane of power,” the appropriate social alternative, the “moral equivalent to war,” lied in appropriating the “ancient idealization of poverty” of the saints. Cognizant of Nietzsche’s criticism of how “saintly impulses” are really the morbid impulses of the “sophisticated invalid,...the man of insufficient vitality,” James nonetheless found in such qualities a means of achieving the kind of indifference to life that dissolved “inhibitions,” inertia, and all the nervously-destructive emotions bound up with material attachments so prevalent among the educated elite. Thus James’s psychological investigations of belief not only underscored how the strategies of inward retreat and readaptation to reality were based upon delusive ideals of health; they also revealed how these ideals themselves repressed the very spiritual impulses they purportedly abided by.158

Yet as James’s “desire for regeneration led him beyond morality to a fascination with energy itself,” his verdicts on health and illness became more conciliatory towards both the mind curist worldview and the emerging managerial capitalist ethos.159 In this regard, the thought of the French vitalist philosopher Henri Bergson exercised a decisive influence upon James. Hailing the former’s Matière et mémoire (1896), in a letter from 1902 to the author, as philosophy’s “Copernican revolution,” James found in Bergson the “philosophy of pure experience” he himself was working towards.160 Here Bergson’s insight that acting freely, recovering ourselves from a reified, “external world” (l’espace homogène) in which we spend most of our time complying with, and living in pure or real duration (la durée réelle)

159 Lears, Rebirth of a Nation, 221.
160 James quoted in Perry, 341, 343; Richardson, 428.
signaled to James that process (becoming) and intuition were truer and more vital modes of experience than those derived from fixity and the intellect. This not only led him to his epistemological renunciation of the “intellectualistic method” of the natural sciences and “the current notion that logic is an adequate measure of what can or cannot be”; it also placed the distinction he drew between the healthy-minded and the tough-minded in a different light. As he now saw it, the latter’s need for emotional assurance in the absolute made them “tender-minded” and “afraid of life,” while the former’s indefatigably optimistic faith rendered them capable of “annulling all pain and weakness,” of living “a cheerful active life”—capable, that is, of embracing life as a “real adventure, with real danger.” Ignoring his own evidence (in Varieties) suggesting otherwise, James concluded that the healthy-minded had “allied themselves best with the whole body and drift of all truths in sight” and, as a result, possessed “the more strenuous type of emotion,” while the “quietistic religion” of the sick souls kept them from living in this flux, in the “active thickness of the real.” At this point, the task as he saw it came down to a “practical problem of national economy” and “individual ethics”: “how can men be trained up to their most useful pitch of energy?” Thus for James, and not unlike Worcester, McComb, or Cabot, the moral concerns surrounding nervous illness and health resolved themselves in utilitarian fashion. As he followed Bergson’s lead in paradoxically absolutizing the “dynamic element” of experience in order to

164 James, “The Energies,” 673.
overcome the rigidities of intellectualism and neurasthenic stagnation, he also reified it into a
“privileged mode” of managerial cognition—into “a line of business.”

But while James’s “energetic utilitarianism” and “economistic thinking” may have put him alongside Frederick Taylor and Theodore Roosevelt in the neurasthenic discourse as Lutz has argued, his return to the topic of a moral equivalence to war in 1910 altered the dimensions of it. Here James’s discussion of why the martial virtues should be fostered in the social realm conceded, in essence, that simply therapeutically adjusting everyone to acquire the same “strenuous type of emotion” to which the healthy-minded possessed was untenable. The immanent change from a producer society to a consumer society (a “pain-economy” to a “pleasure-economy”) as the sociologist Simon Nelson Patten predicted, James saw how this “pacific cosmopolitan industrialism” lacked the kind of “duties, penalties, and sanctions” required by those “who still keep a sense for life’s more bitter flavors.” Besides safeguarding a commonwealth from a more “military-minded” nation bent on its destruction, martial virtues such as self-sacrifice, “contempt of softness,” and pride in “service to the collectivity” awakened “the higher ranges of men’s spiritual energy.”

From James’s perspective, the competing political ideologies either ignored these needs altogether, as the undemanding, painless utopian collectivities envisioned by pacifists and socialist authors such as Edward Bellamy and Lowes Dickinson did; or restricted them to the baleful “war-function” alone, as imperialists proceeded to do. Thus to do justice to the “ascetic impulse,” to cast life upon that “higher plane of power” at which nervous illnesses lost their hold, James called for the creation of a civic army, “a conscription of the whole youthful population...for a certain number of years...enlisted against Nature.” In this fashion, the “military ideals of hardihood and discipline would be wrought into the growing fibre of the people,” while “our gilded youths... [would] get the childishness knocked out of them,

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166 James, “The Moral Equivalent of War,” 1287-88
and...come back into society with healthier sympathies and soberer ideas.” That James’s moral equivalent had a compulsory sound to it only underscored how, in lieu of a “revival of small-scale production,” as Christopher Lasch argued, “some other form of demanding discipline, some other means of instilling a sense of unswerving devotion to an honorable calling, would have to be found.” Put in this light, James’s emphasis on living within the “active flux of the real” took on a much different import, as it pointed to a vital need to check the total domestication and rationalization of everyday life that corporate ideologues, efficiency experts, and psychotherapeutic healers gravitated towards.167

Just as James’s sustained engagement with the subject of spiritual regeneration challenged the governing assumptions of the neurasthenic discourse, his colleague’s meditations on nervous illness and suffering did likewise. Much like James, Royce’s own travails with nervous debility proved to be pivotal moments in his intellectual development. Not long after journeying with his young family from his native California to Cambridge in 1882 as a temporary replacement for James, and earning, through much effort, a position within Harvard’s illustrious philosophy department, exhaustion caught up with Royce and precipitated his nervous breakdown.168 A “sick soul” by James’s taxonomy, Royce’s illness plunged him into a severe depression, as he vacillated between being “afraid of life” and still hoping to get “something from it.” As he felt oddly well at the same time, he remarked, “nobody meeting me on the street would call me ill, but the little devil in the brain is there all the same.” Royce then submitted to a rest cure of sorts, a long, solitary voyage to the South Seas in 1888, and convalesced not by suspending thought and peacefully communing with


168 John J. McDermott, “Introduction to the New Edition,” in Josiah Royce, The Philosophy of Loyalty, [1908] (Nashville: Univ. of Vanderbilt Press, 1995), xi. As Royce’s biographer John Clendenning points out, Royce’s “enormous success” at this time in his life “had been achieved at great cost.” Despite the academic security his numerous works brought him, they were not received well, while the need to support his growing family on a small salary was a “constant source of irritation.” Additionally, he speculates that the sudden deaths of Royce’s mentors, George Buchanan Coale and Edward Rowland Sille, left “a deeper psychological wound than he suspected. Something inside, he felt, was dying.” John Clendenning, The Life and Thought of Josiah Royce, (Madison: Univ. of Wisconsin Press, 1985), 168-69.
nature, but by learning about his condition while straightening out the “big metaphysical
tangle” in his mind. Coming away from the trip with, as James later remarked, a “freer
simple touch with deepest relations,” Royce also took steps to safeguard his health from that
point on by periodically dropping work to go on a solitary excursion or brief holiday.169

But if Royce’s voyage did not convert him to the regimen of his Victorian
contemporaries who, as Henry James wrote, dashed around the world in “a wild hunt for
rest,” it did draw him to reflect more deeply upon the purpose of suffering. In an early essay
grappling with Schopenhauer’s pessimistic doctrine of life, Royce had agreed with the great
German philosopher that the inseparability of pain, restlessness, and dissatisfaction from
desire and, hence, life itself, meant that happiness could only be achieved in the act of striving
for an ideal beyond the self. Returning to this discussion, Royce took aim at the kind of
mystical balance with the world that mind cure sought to achieve, arguing that the only
harmony or unity possible comes not by way of carefully circumscribing life, but by a
“triumphantly wealthy acquaintance” with the manifold tensions in it. As he illustrated these
arguments in his psychological sketch of the seventeenth-century Puritan preacher John
Bunyan—the “strong type” of nervous sufferer—Royce at the same time revealed the
weaknesses of mental healing and therapeutic suggestion. Finding that Bunyan prevailed over
his maladies by essentially substituting a “pretty steady assurance of damnation” for “restless
anxiety,” Royce concluded that it was through a long process of endurance that finally
enabled him to subordinate “his greatest enemy—the systematized insistent impulses.” In this
regard, and contra “the voice of wholesome consciousness,” the “evil about desires and
primary instincts,” he argued, “is that they are out of harmony with one another.” As
reflective experience brought him to that “decidedly healthy self-contempt for his own
weakness,” and “served to make him more objective in his whole attitude towards life,” the
primary evil, in Royce’s view, resided in whatever inhibited such reflection. Thus to the
extent that healthy-minded therapeutics bypassed the disharmony of inner conflict and

169 Royce quoted in Clendenning, 169; Royce and James quoted in Frank Oppenheim, Royce’s
Voyage Down Under: A Journey of the Mind, (Lexington: Univ. Press of Kentucky Press,
substituted another’s will for the self’s own to achieve a harmonious balance with the world, it not only functioned as another form of inhibition; it healed by inhibiting what everyone’s instincts blindly groped for: “intense life, broad life, deep life”—the “fullness of life” itself.\(^{170}\)

While Royce sought to retrieve this strenuous conception of life from the therapeutic version that was emerging in the 1890s, he also evinced a prescient awareness of the self’s vulnerabilities. Drawing on the latest studies in abnormal psychology, he pointed out how precarious the “sense of inner self-possession” was when confronted by the jarring stimulations of the external world, or by “the play of our own impulses.” While the neurasthenic’s fluctuations between psychological suffering and physical suffering may not evince any connections to social situations, the “nascent associations” present in them, especially in “sexually tinged emotions,” suggested to Royce that the majority of them have “very complex social associations. Consequently,” as he told a group of Boston psychiatrists in 1894, “we may expect to find self-consciousness deranged in disorders involving the sexual functions.” As such anomalies underscored a breakdown in the normal development of the ego, they suggested to Royce a lack of “sound intelligent guidance” at an early age; guidance, that is, which enables the self to organize its inherited instincts, acquire “weapons” for self-expression through social imitation, and internalize its own ideal “life-plan.” A “real will of our own” not only went a ways toward insuring emotional and mental stability, in his theory, it allowed the self to “discover this will to be in sharp conflict with the will of society.” Yet Royce recognized how problematic sound social customs had become when modern tendencies toward standardization, assimilation, and centralization threatened to “crush the individual” and strip him of “all sense of his unique moral destiny as an individual.” Thus in the absence of proper development, the “whole world of the sexual emotions” became

susceptible to distorted feelings which, in turn, accounted for why hysteria and neurasthenia were often such “chaotic” and “generally incurable” disorders.171

But as Worcester, McComb, and the growing body of psychotherapists latched onto subliminal psychology and therapeutic suggestion as the cure, Royce saw how such methods healed by denying the spiritual ideals of life that they claimed to be fulfilling. To him, what vitiated the whole psychotherapeutic enterprise was the false premise it operated under, viz. that it healed by correcting the existing imbalance between the material realm and the spiritual realm. As they conflated the social world with the physical world, mental healers lost sight of the fact that the self’s best virtues and highest ideals have a “social character.” Thus for the unseen or divine world to have any transformative, “health-giving value,” it had to be realized in concrete daily life, in a socially-unified cause. For Royce, this meant provincialism, loyalty to a “small group,” since service to some “absorbing social cause” provided the self “with clear insight that his cause is the will of God.” Here as in James’s moral equivalent, suffering took on a positive valence, became “spiritual health,” as loyalty united self-sacrifice and the desire for self-assertion in “a higher social unity of experience.”172

In contrast, the mentally-healed person who understood “his private cure and his personal health” as a “signally convincing revelation of the presence of God” was, to Royce’s mind, “still a patient, still not wholly cured”—“a convalescent.” Religion in the “new gospel…of the subconscious” thus lacked a truly transformative power since it remained at the level of the self, and prey to its “endless psychological caprices.” In this regard, Royce revealed how the guiding ideal in the “work cure” was not self-transcendence, but integration, where devotion to a cause served as simply another therapeutic device in the self’s endless convalescence. As he held that only “strenuous, active loyalty” could resolve the dilemmas posed by nervous illnesses, Royce articulated, like James, an ideal that was not reducible to


Taken together, the common element of strenuous activity in James and Royce’s ideals reflected a shared recognition that collective peace and prosperity, far from being consonant with individual health and vitality, were in many ways antithetical to them. The narrowly individualistic solutions advanced in the neurasthenic discourse, from Beard up to the psychotherapeutic movement, confirmed this, as they pursued a false sense of harmony, abundance, and renewal either outside of, or divorced from, the larger realities of social life. Here the imperative James and Royce placed upon strenuous engagement was intended to combat this delusive pursuit while confronting the crisis the neurasthenic discourse deferred. Royce made this more explicit in his psychological study concerning the moral burden of the individual in The Problem of Christianity (1913) as he speculated that the more skilled individuals became in externally complying with their culture’s demands, the more they would “revolt inwardly.” As this revolt will only “tend to increase as culture advances,” he said, “the vaster and deeper...these inward and outward conflicts” would become. By this time, the circulation of psychoanalytic ideas in America, especially following Freud’s conference lectures at Clark University in 1909, might have given added credence and urgency to such insights. At base, Freudian theories emphasized how nervous illnesses were not so much the product of the strains and complexities of modern society, as much as they were the expression of an antagonism between the individual constitution and the “demands of civilization.” Yet to the majority of psychotherapists, psychopathologists, psychoanalysts, and therapeutic-minded journalists who embraced the “glad tidings of the subconscious,” individual renewal and civilization’s progress went in hand-in-hand.\footnote{Royce, Problem, 127, 143-44; Royce, William James, 21; Sigmund Freud, The Basic Writings of Sigmund Freud, trans. A.A. Brill, (New York: Modern Library, 1966), 578-79; Sigmund Freud, “‘Civilized’ Sexual Morality and Modern Nervousness,” [1908] in Sexuality and the Psychology of Love, ed. Philip Rieff, (New York: Collier Books, 1963), 30; Rieff, 308.}
6. Colonizing the Mind: American Medicine and Psychoanalysis

Decades after Beard promised a harmonious future for the elite brain-workers of the nation with the progress of medical science, the middle and upper middle classes were at last afforded a private, individualized method of alleviating their distress with psychoanalysis. Additionally, Freud’s theories also allowed other segments of society to claim the badge of cultural superiority as nervous sufferers by making “the neurasthenicization of the petite bourgeoisie” and their integration into “therapeutic culture” possible. But what this narrative neglects is the degree to which American medicine facilitated this transition, and the new modes of authority that emerged as a result. Leading medical figures who began to systematically deploy psychoanalytic theories in substantially diluted form, and meld them with the methods utilized by psychotherapeutic healers, not only stabilized the dominant power structure, but did so in ways which ensured that this therapeutic culture would prevail.

The new forms of social coercion, intervention, and control these leaders purveyed and their advocates championed, from 1909 through World War I, was part of a larger historical process that submerged pluralism in the name of optimal health, industrial efficiency, and societal harmony.

In this light, the growing fissure between collective harmony and individual distress that James and Royce’s explorations revealed, as well as the resistance the instincts posed to sublimation that psychoanalytic research confirmed, were not simply quelled or sated by the new modes of self-realization that consumer capitalism offered. Nor was psychiatry’s steady rise as a dominant profession and successor to religion a symbol of hegemonic agreement over the values of therapeutic culture. Instead, the “elements of Progressivism,” which the historian John Burnham identified, viz. “optimism, environmentalism, moral fervor and leadership by an enlightened elite,” were also the elements of the psychiatric movement. And as the discourse during this period demonstrates, new technologies of power proliferated

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175 Foucault, *History of Sexuality*, 130.
176 Lutz, 286.
as the proponents of mental healing applied “therapeutic pressure” to a nervously-diseased social body. 178

With the cessation of the Emmanuel Movement’s public practice in 1910 following medical, psychological, and clerical opposition, psychiatric leaders took steps toward solidifying their hegemony by steadily divorcing themselves from their association with the movement and its unsavory roots in mind cure, while retaining its moralistic emphasis on moral uplift and renewal. 179 Whether conceptualizing, classifying, and mapping out the dynamics of nervous diseases to render psychotherapeutics more “scientific”; cleansing suggestion of its demagogic undertones; or formulating and implementing social measures to help usher in an era of industrial efficiency and societal harmony, psychiatry made adaptation its overriding objective. 180 In this effort, its leading figures exalted the subconscious no less than Worcester and McComb did. American exposure to Henri Bergson’s Creative Evolution in 1907, followed by James’s enthusiastic endorsement of his philosophy in 1909, only solidified their optimism in the healing powers of the subliminal self. Alongside a broad cross-section of progressives and feminists, psychiatry and its champions vaunted the evolutionary cosmology of the “philosopher-scientist” for reinterpreting the evolutionary process as the expression of élan vital, a Life Force, and giving priority not to reason, but to instinct, feeling, and intuition. 181 In this way, a munificent subconscious in the hands of this enlightened elite lit the path to social progress. 182

179 Gifford, 73-98; Caplan, 131-146.
In this atmosphere of "ebullient irrationalism," Freud’s emphasis on the resistance the unconscious posed to progressive or unlimited human development, along with his realism concerning the body and its demands, contrasted sharply with such optimism. At one point, Freud threw his support behind an essentially "prophylactic" measure, calling for a lessening of restrictions governing sexual activity to reduce the incidence of nervous and mental illnesses. "Our civilized standards make life too difficult for the majority of human organizations," Freud lectured. "We ought not to seek to alienate the whole amount of energy of the sexual instinct from its proper ends." Yet at the same time, Freud’s theory of the human instincts at this juncture confirmed a deeper layer of conflict. Nervous and mental illnesses not only stemmed from an antagonism between pleasure and reality; they were also expressions of the individual’s own conflicting instinctual impulses which became manifest in the first years of childhood. Thus while Freud found that "lifelong" neuroses often formed early in childhood, he argued that such injuries were not preventable, but unavoidable, due to the fact that participation in life occurs well before human beings can possibly learn the rules governing it. "Strict protection of the young loses value," he pointed out, "because it is powerless against the constitutional factor."

Placed in historical context, Freud’s genetic reasoning confirmed, as the sociologist Philip Rieff wrote, a “radical discontinuity”: the illnesses of psychoanalytic patients underscored not only the failure of the repressions, but “the more general failure of the moral demand system to compensate men satisfactorily for the necessary deprivations imposed upon

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Turning to therapy, methods such as hypnosis and suggestion did not remove inhibitions or lead to greater self-reliance, according to orthodox psychoanalysts, but merely added some attitude or belief system to the patient's mind. Besides rendering the patient more dependent on the physician, such methods only temporarily suppressed the "underlying pathogenetic idea," as Ernest Jones clarified, so that it was only a matter of time before it manifested in the same guise or some fresh one. In contrast, the psychoanalytic method of transference via free association held out to the sufferer the possibility of both rationally reclaiming control over the suppressed energies, and gaining more independence from the repressive cultural constraints of the social personality (super-ego). Yet far from the promises of healthy renewal and psychical abundance that mind cure, psychotherapy, and Bergson's *élan vital* held out, psychoanalytic therapy, as Freud maintained, could only substitute "common unhappiness" for debilitating illness.

While the reality of inherent instinctual conflict chastened the wider social prospects of orthodox psychoanalysts, the means to rationally reordering mind and body that American psychiatry believed it possessed reinforced their vision of civilization's unbroken progress. For the latter, progress in the field of psychology had kindled their positivistic dream of laying hold of the mechanisms of the mind, while explaining mental life and all its experiences with complete certainty. As James and Royce's fellow professor of psychology at Harvard Hugo Münsterberg explained, the first psychological researchers

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aimed to “no longer speculate about the soul, but to find the psychical elements and the constant laws which control their connections.”194 Armed with a means of grasping all individual abnormalities from the “point of view of the psychological laboratory” made it possible to systematically “apply the experimental results of psychology to the needs of society.”195 Now the sight of neurasthenics on “every street, at every corner” was no longer a cause for alarm thanks to the efforts of psychopathologists—“Masters of the Mind,” as the journalist H. Addington Bruce dubbed them.196 Having tapped and directed the latent power within the human consciousness and enabled the “human organism” to meet the “exigencies of civilization,” this elite circle, from Janet and Sidis to Freud and his “increasing band of disciples,” found a “way to make the wheels of progress run more smoothly.”197 Thus by gliding over the depth of conflict that psychoanalytic research revealed, the discourse on nervous diseases and its premise of evolutionary adaptation remained intact; discontinuity became continuity, and psychotherapy the latest specialized implement sustaining civilization’s steady, crusade-like advancement.198

Yet while this reductionism effectively drained psychoanalysis of its humanistic and subversive implications, many psychiatrists went further by interpreting psychology’s development as a sanction to colonize the mind in order to ensure “harmonious growth.”199 In their view, psychoanalysis (“modern science”) liberated them from the “coercion of pleasure,” while bestowing upon mankind the means for increasing control over the environment. It also confirmed their positivistic outlook that the principle social difficulties required not political,

197 Bruce, “Insanity,” 74, 76-77; Bruce, “Masters,” 81.
but moral changes.\textsuperscript{200} The "moral phase" of social evolution, as Wilfred Lay observed, obliged the cultural elite to sacrifice "the infantility...standing in the way of our best development in the direction of social human adult activity."\textsuperscript{201} In this manner, the "scientific" physicians who healed the nervously ill, they argued, had a duty to become "engineers" as well, "frontiersmen" of the mind, since the "psychotherapeutic energies which work for real health outside of the medical profession form a stream of vast power but without solid bed and without dam."\textsuperscript{202} As nervous illnesses represented transgressive behavior to the psychiatric mind, only right-minded specialists like themselves could carry out the task of recovering these energies and channeling them to socially productive ends, while keeping the essentially infantile "desires and impulses [of the regenerated] in control."\textsuperscript{203} Properly aligned with the aims of the social order and the natural laws it operates under, the nervously disordered, as William Alanson White reasoned, would recognize that no discrepancy existed between useful activity and happiness, happiness and "socially efficient conduct."\textsuperscript{204} By dismissing the experiential realities of pleasure and nervous illnesses as nothing more than archaic "resistances to progress," psychiatry thereby asserted that the aims of the sovereign whole perfectly encompassed all the desires of the "whole" individual.\textsuperscript{205}

Based upon this sterilized agreement, leading medical and psychiatric figures envisioned the systematic adaptation and reeducation of the nervously ill to the demands of the established order. Mindful of the integrated system of production that capitalists and their representatives controlled, such leaders honed in on the laborer's psychical health and the
“moral atmosphere” of the work environment as important variables in productivity.206

“Good employers of...commercial enterprises of all kinds,” Cabot observed, needed to now look after “their subordinates...in order to be sure that the psychical part of the great machine runs smoothly.”207 At the same time, experimental psychology’s progress towards this “adjustment of work and psyche” promised to replace all the dissatisfactions stemming from nervous affliction with “overflowing joy and perfect inner harmony.”208 With the new cadre of psychological engineers, the most efficient and productive labor divisions and machine arrangements will in turn yield, as Münsterberg estimated, the “greatest personal satisfaction.”

Yet as much as this psychologicist focus diverted attention both from the objective conditions of labor, it also placed the factory and clerical worker alike on nearly the same par as the maintenance of fixed capital. Here all the barriers to productivity stood to be resolved, in White’s opinion, by dealing “with the human being as if he were a machine”: finding out “what the conditions are which lower his efficiency,...and then endeavoring to discover what the conditions are which will prevent this temporary or permanent impairment, and so increase the efficiency.”209

In conjunction with these efforts, and under the auspices of eliminating the obstacles in the way of renewed health and optimal efficiency, psychiatry took greater strides toward neutralizing nervous illness at its “root.” To the psychiatric social worker, such illness betrayed “a sign of disease rather than of sin,” and each case warranted an investigation into the “psychical influences” causing it, along with a lengthy course in reeducation.210 Refashioning the analytic method into a tool of personal reform, psychiatry saw the immediate environment of the sufferer as the breeding ground of illness, and maintained that a “radical cure” could only come by way of bringing these “mental torments and errors” to

208 Münsterberg, Industrial Psychology, 307-09.
209 White, Principles of Mental Hygiene, 225-26.
light.\textsuperscript{211} By dissecting the “chain of the patient’s relationships to family and friends,” as well as the “chain of mental and moral causes” up to the present, the “moral worker” arrived at a scientific diagnosis and prescribed “fundamental treatment.”\textsuperscript{212} Yet with instinctual conflict revised out of such analysis, the conflict psychiatry saw was not between the self and society but, rather, between the self and its woeful ignorance of modern life. Based on their knowledge of how the inner life and the social order operated, such experts proceeded to enlighten the patient by revealing that all her afflictions were “mental deficiencies,” products of “groundless fears” and “maladjustment.”\textsuperscript{213} As the psychiatric investigation brought the latter to light, the sufferer purportedly experienced a “cure” by being reconnected with her “deepest interests.”\textsuperscript{214} But not unlike the “moral medicine” of Weir Mitchell or the Emmanuel Movement, the patient’s “deepest interests” invariably corresponded to the exigencies of the prevailing order, as the social worker impressed upon the nervous sufferer the value of self-control, a “hygienic education,” and the wisdom of how to live in “balance” by adapting to the new rhythms of work and leisure.\textsuperscript{215} Thus in place of a consciousness of her alienated self and the renunciations of happiness that the social order demanded, psychiatry prescribed medically-approved happiness to the patient.

In this healing process, social control and the aggrandizement of medical authority followed psychiatry’s deployment of its democratically-tinged therapeutic sensibility. Here the elevation of the subconscious and the authority of the prevailing order intersected as the psychiatric movement reestablished compliancy at the level of individual behavior. Rejecting the authority of traditional restraints for an “ethic ‘from below,’” in E.B. Holt’s phrase, psychiatry sought to effect in the ill a spontaneous union of mind and body in undivided

\textsuperscript{211} Cabot, Social Work, 69, 75-76.
\textsuperscript{212} Cabot, Social Work, 155-56; Groves, Moral Sanitation, 89.
\textsuperscript{213} Cabot, Social Work, 81, 89, 98.
\textsuperscript{214} Cabot, Social Work, 82-83.
service to society. 216 Undergoing expert reeducation to change the “ego-centric meaning of ideas, viewpoint and attitude of mind,” the nervous sufferer learned to cultivate a therapeutic sense of well-being in play, love, worship, and work. In turn, they learned to realize the peace of mind that “a healthy and unworried, untroubled fatigue” brings. 217 Within this orientation, the life process itself became the ideal in as much as the behavioral imperative to engage in constant activity and eshew reflection attempted to obliterate the tension between inner and outer life. 218 Leveled and reshaped to conform to the efficiency and energy demands of the social body, practical psychiatry dissolved the ill’s claims for self-fulfillment in order to obtain that “unbroken integration” of action, behavior, and conduct that were the hallmarks of the “unified soul.” 219

While this drive to adjust could scarcely be separated from the psychiatric movement’s impetus to heal in these years, the Harvard professor of neurology and orthodox psychoanalyst James Putnam managed to resist this trend. From 1909 until his death in 1918, he eloquently defended psychoanalysis before a hostile medical establishment, and remained loyal to Freud when the defections of prominent figures such as Alfred Adler, Wilhelm Stekel, and Carl Jung threatened the movement. Yet during these years, Putnam also wrestled with the underlying principle of adjustment in psychoanalytic therapy. 220 Repudiating the Emmanuel Movement shortly after endorsing it, and departing from the psychotherapeutic techniques that social workers utilized in his neurological clinic at Massachusetts General,

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Putnam adopted the analytic method to help nervous sufferers overcome their instinctual conflicts.\textsuperscript{221} With his embrace of Freud and depth psychology stemming from "a desperate effort to save the American transcendental nineteenth-century religious past," he criticized the positivism of psychoanalysts for siding with that "terrible form of individualism and indifference of the so-called scientific age from whose all too-confining embrace we have just now freed ourselves."\textsuperscript{222} In his view, they had an obligation to take the "will, the ethical insight" of the patient into account and to assist him in fulfilling "his higher destiny."\textsuperscript{223}

Influenced by James, Bergson, and Royce, as well as his neo-Hegelian patient Susan Blow, he argued that the therapeutic goal of adaptation to reality and the mere achievement of health slighted the desire "to live a fuller life," the "real source" of which resided not in tangible nature, but in the transcendent realm.\textsuperscript{224} That a patient learned "to live in the midst of [the] unpicturable energies" which comprised mankind's highest ideals was, in Putnam's view, precisely the goal of analytic therapy.\textsuperscript{225}

While his idealist critique of society set Putnam apart from the majority of his psychiatric colleagues, his commitment to the notion of progress led him to minimize the conflict between instincts and civilization.\textsuperscript{226} Writing to Freud about the lack of "any strong purpose in life" that many of his patients evinced upon completing therapy, his correspondent informed him that these were their "therapeutic limitations."\textsuperscript{227} Speaking to his American counterpart's desire for social amelioration, Freud argued that the recognition of their limits only "reinforces our determination to change other social factors so that men and women shall

\textsuperscript{221} Ray Stannard Baker, \textit{The Spiritual Unrest}, (New York: Frederick A. Stokes Co., 1910), 227-28; Prochnik, 442.
\textsuperscript{222} Prochnik, 122; Putnam quoted in Hale, \textit{James Jackson Putnam}, 55-56.
\textsuperscript{227} Freud to Putnam, Dec. 5, 1909; Putnam to Freud, Apr. 14, 1913. All letters are in Hale's \textit{James Jackson Putnam}. 
no longer be forced into hopeless situations.” As he also underscored how strong drives and inferior constitutions precluded the kind of sublimated activity Putnam hoped for, the latter held fast to his belief that everyone possessed a “sort of endowment of the mind” that made such activity possible.228 Judging there to be “no difference except in degree between the nervous invalid and the so-called normal person,” he held that each strove to be free of those “passionate longings” they felt were “incompatible with [their] best social tendency.”229 In his view, this “certain power” for sublimated activity accrued to someone once he realized the innate sense of his “social bonds,…his belonging to the community,” and the “deeper and deeper relationships between the outside world and the inner life.”230 But here Putnam failed to recognize the incompatibility of analytic therapy with the idealism he hoped it would facilitate, as the successful compromise with reality that transference achieved did so at the cost of dislocating the moral ardor and “spontaneous life” he hoped it would release.231

Besides leading him to aggrandize the role of therapy, Putnam’s metaphysically vague formulation failed to outline how such “deeper relationships” could be secured or sustained. More precisely, in an increasingly impersonal and hierarchical order, it did not elucidate how exactly a “sense of power and freedom,” along with a Kantian insight into one’s “duties and obligations towards individuals and the community,” could be fostered.232 Appropriating Bergson’s élan vital and Royce’s psychosocial ego theory of development, Putnam saw the formation of such ideal goals and desires in childhood as an ontogenetic process whereby a person evolved through life’s tensions and conflicts to achieve them.233 Yet in his aversion to materialism and determinism of any sort, he did not adequately factor in the degree to which large-scale group formations and the “levelling tendencies” in capitalist

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228 Putnam to Freud, Apr. 15, 1914.
society militated against this process. Here the definite limits placed upon an individual’s capacity for autonomous growth dissolved before Putnam’s evolutionary optimism, as he steadfastly believed that the patient’s “best self” was simply waiting to be recovered and restored to its symbiotic relationship with the world—with “a self-creating universe of which it is a representative member.” In this way, he overlooked precisely what gave Royce’s pragmatic ideal of loyalty its “health-giving value,” and made it a dynamic agent of change: the opportunity to live connected to the “manifold wealth of life.” By doing so, Putnam expected from analytic therapy and cosmological evolution what only qualitative changes in social organization could bring.

As Putnam’s anti-materialistic thought and abiding faith in sublimation vitiated his attempts to alter the discourse on nervous diseases, his medical contemporaries became more confident over the prospects of comprehensive social adjustment. Viewing the environment as the primary culprit in the pathology of nervous illnesses, psychiatric leaders looked to institute preventive measures in schools. Understanding the task of modern education to no longer be about diffusing “knowledge more generally through the mass of the people,” but with developing efficiency in interpersonal relations and “promoting the highest interest of the group,” they underscored the need for psychiatric techniques in securing these ends. The nervous constitutent student, unable, indifferent, or unwilling to do school work, betrayed signs not of heredity, but of a disposition broken by early familial influences. In turn, the psychiatrically trained educator needed to, according to Lay, “pay sole attention to the reshaping of their badly deformed mental physique” by suppressing their habits of “undirected” thinking, inward attention (“mental masturbation”) while steering them toward

“socially approved objects.” Here the revisionist theories of Alfred Adler, who held that neuroses stemmed not from repression, libido, and infantile sexuality, but from feelings of “uncertainty and inferiority” that demanded “insistently a guiding, assuring and tranquilizing positing of a goal to render life bearable,” held sway among psychiatric theorists. With a proper “education of the feelings,” the “surplus energy” of the student could be harnessed, and the pupil taught to sublimate “his mental activity from the world of phantasy...to the world of reality.” In this light, psychiatry’s healing ideal proceeded from the same rationale that scientific management did, as the “inefficient” use of resources became the grounds for expropriating them on behalf of the larger will, and in the name of harmonious growth.

Yet as psychiatry and public hygienists viewed the environment as the primary culprit in the pathology of nervous illnesses, they insisted that a “desirable continuity” needed to be obtained between the school and the home in order to eliminate such afflictions. Reflecting the consensus among the “helping professions,” as Lasch argued, that the family was no longer capable of providing for its own needs in the modern industrial order, psychiatry emphasized the “harmful environmental suggestions” parents unwittingly transmitted to their children; thus the need to bring the “home life of the child” under the same “systematic principles” that governed the “social life of the man.” Here the litany of unsuspected parental abuses included a failure to direct children’s thoughts into “worth while channels”; keeping them in a state of “nervous tension,” “overexcitement,” and “over-anxiety”; not properly developing their “sense of moral responsibility” nor their will-power against “hysteria-producing suggestions”; and failing to provide them with an example of

“industrious activity.”

“All this goes to create in the child,” Addington Bruce argued, “habits inimical to real work.” Thus with the inherent conflict between pleasure and reality paved over, the most prominent obstacle in the way of developing “mental and moral vigor in the mass of mankind,” according to the psychiatric interpretation, was the morally “unhealthy” atmosphere of the home.

In one respect, the tensions that this interpretation struck at, namely, the “emotional overloading of the parent-child connection,” as Lasch noted, were the product of the middle class’s attempts to shield children from an increasingly harsh, corrupting capitalist world and intrusive marketplace. Yet at the same time, the therapeutic solutions psychiatry put forth reinforced this arrangement as it criticized it. Just as managerial capitalists, efficiency experts, and an encroaching marketplace eroded the functions of the family and weakened its authority, psychiatry demanded that the home meet the highest standards of mental hygiene: “a wholesome mental spiritual environment which is to create the mind of the child.” Thus as representatives of a “new reality principle,” as the philosopher Herbert Marcuse recognized, which demanded cooperative behavior and acquiescence to the group over autonomy and self-reliance, the symptoms of nervous diseases furnished psychiatry with the license to appropriate the role of socialization from unenlightened parents.

From this new basis, the liberation of “mental and moral vigor” that psychiatry promised revolved around neutralizing the tension between the individual and society that analysts like Putnam hoped to preserve. Here the signs of nervous illness in the “sensitive child” became the grounds for modifying the parental relationship itself, as the psychiatric

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social worker impressed on the “healthy members of the family” the need to assume a “more helpful, forgiving, or disciplinary tone.” In larger terms, and reflective of Adler’s individual psychology, psychiatric theorists sought to implement a “really constructive program,” in White’s words, that grew “out of love…rather than…out of hate.” Here it was parent-child conflict that needed to be annulled, in their interpretation, as the meddling, dominating mother and the severe attitude of the father stood out as the primary detriments to the child’s ability to adapt later in life. Along these lines, an atmosphere reflecting “the bitterness of failure” became grounds for transplanting the nervously ill to a new family group that afforded them, in Cabot’s eyes, “the consciousness of success”—“one of the most healing and strengthening experiences a human being can go through.” Echoing Gilman’s call for the state to liberate children from the “unchecked tyranny…of the private home,” psychiatry looked to socially engineer the development of “the family as a social unit” by dismantling the “idea of the ownership of children,” and fostering a “new ideal of parenthood” on the model of a “trusteeship for coming generations.” Thus by replacing these hindrances with the psychiatrically-approved “original directions” and “affective orientation,” they foresaw the solution to the social evolutionary quandary: the development of “greater efficiency” in the individual to meet the growing demands of civilization. But with the process of conflict, of individualization, skipped over, the ego prematurely socialized, and the “repressive organization of the instincts” maintained upon a new collective, depersonalized basis, psychiatry’s program to heal the child consummated the “technological abolition of the individual.”

249 Adler, xii; William A. White, *The Mental Hygiene of Childhood*, (Boston: Little, Brown, and Co., 1919), 175-76.
253 White, *Mental Hygiene*, 65, 70.
Conclusion: The Perennial Quest for a Cure

What becomes evident from reading the discourse on nervous diseases from Beard on up to the psycho-medical therapeutic articulations of it is that the imperative to heal, revitalize, and cure civilization was necessarily an imperative to control, manage, and adjust the maladapted to the new exigencies of a market-dominated society. That Addams, Gilman, and the mind-curists’ solutions contained this ideological component explains how they could end up reinforcing a political order that was hardly less antagonistic to health and human growth. As the psychotherapeutic movement’s various healing methods embodied this component, a resilient view of nervous illnesses became a dominant one. Thus the most striking feature of medical understanding in the era of Freudian theory is not how little the discourse changed, but how it became more resistant to change. Here the budding optimism that all nervous and mental illnesses could be conquered through psychological imperialism screened out not only Freud, but even James and Royce’s meditations on how men and women required compensations for their sacrifices the likes of which a thoroughly rationalized social order could not meet.

Thus as heteronomy was converted into the language of liberation, the psycho-medical model in the interwar period effectively stabilized the “new basis of civilization.” That in the 1920s a widespread embrace of libidinal liberation, together with a “leisure world of intense private experience” oriented around consumption, coincided with the intensification of industrial efficiency, managerial control, and psychical adjustment, attests to the triumph of the discourse and the defeat of cultural renewal along democratic lines.255 The specter of nervous disease provided mental hygienists and psychiatry with its hegemonic raison d’être, as the helping professions deployed preventative measures in home, school, and work to eliminate “handicaps” and insure optimal functioning.256 In complementary fashion, psychoanalysis and its derivatives became no different from “pastoral care,” while the persistent “search for a flawless healer” and “a miraculous cure” within the dominant value system veiled the fact that society’s very development was predicated upon the individual’s

256 Sicherman, The Quest for Mental Health, 418-23.
alienation and fragmentation. Thus the quest for personal renewal, “the search for psychic health under conditions of psychic disease,” as the scholar Norman O. Brown noted, could be nothing more than that: a restless quest for a quality of experience denied under conditions of repression.

In this light, the neo-Freudians and the post-Freudians proved to be instrumental in perpetuating this healing narrative throughout much of the twentieth century. With the first group, such figures as Erich Fromm, Karen Horney, and Harry Stack Sullivan viewed nervous illnesses in essentially the same terms pre-Freudians did. In their decided “cultural orientation,” they shunted attention away from the true nature of civilized repression to a realm in which conflicts remained on the surface, while tracing the etiology of nervous ills not to the social Darwinian “struggle for existence,” but to the “American way of life.” As they jettisoned the instinctual dynamic, “the vicissitudes of the two basic instincts” in Freudian theory, such afflictions remained essentially spiritual and moral problems, and their removal an educational task only. Such ego psychology thus helped sustain the fiction of the ego as an autonomous unit at a time when the psychoanalytic concept of narcissism showed how it was in retreat—privately regressing, as the historian Russell Jacoby observed, “into the id under the sway of public domination.”

During the post-World War II era, the second group from Gordon Allport and Carl Rogers to Rollo May and Abraham Maslow, essentially denied the reality of nervous suffering itself by dismissing it as simply a departure from the “human norm,” the “productive personality,” while proclaiming the happiness derived from integration and the “attainment of goals.” Taking as its model the “more open, gregarious, trusting type of personality,”

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260 Marcuse, Eros, 267.
262 R. Jacoby, 49-50, 56, 61; Gordon W. Allport, Becoming; Basic Considerations for a Psychology of Personality, (New Haven, Yale Univ. Press, 1955), 68, 72, 80-81.
modern psychotherapy sought to dismantle the infantile complexes that impeded the “development of a generic conscience whose code is one of respect for all persons,” “an image of man,” according to Allport, “more in accord with the democratic ideals by which psychologists as individuals do in fact live.” Here the existential psychology they deployed, the “pseudoconcrete” concepts of values, being, becoming, and health, functioned as the jargon of “soul” and the “whole man” did; viz. by positing a universal equality that did not exist while relinquishing the attempt to comprehend the conditions in which psychic and physical damage occurred. Championed in theory and “[d]eprived of its power of negation” by the “exigencies of total administration,” the ego of the late twentieth century, as Marcuse noted, was fated to either submit quickly to “the required modes of thought and behavior,” or engage in the therapeutic quest to heal its nervous and emotional disorders.

What the cultural repression of nervous illnesses has artificially preserved is the “therapeutic optimism” that medicine’s progress would enable its practitioners to abolish nervous and mental disorders, as well as the understanding that “psychosocial and spiritual suffering has no psychological or spiritual meaning whatsoever but stems instead from abnormalities in the physiology of the brain.” Here the “pharmacological revolution,” which began in the 1950s and accelerated with the dawning of neoliberal globalization in the early 1970s, sustains this biopsychiatric narrative by holding out the promise of adjustment, success, and a “problem-free personality” in pill form. Likewise, whereas psychiatric social workers penetrated the walls of the home to neutralize instinctual conflicts between children and their parents, the clinicians of today do so by prescribing drug treatments and

264 R. Jacoby, 62-63.
actively medicalizing them. Thus as psychiatry increasingly reifies such experiences into acute disease entities in need of pharmacotherapy, the management and "homogenization of experiences on a global scale" dovetails with a global capitalist system predicated upon pliant pools of "human resources" and an expanding base of needy consumers. In this way, and as the philosophers Max Horkheimer and Theodor Adorno argued, the standardized "mastery of the senses," and the subsequent impoverishment of both thought and experience, occurs as the "more complex and sensitive the social, economic, and scientific mechanisms" become. In turn, this facilitates nothing less than a regression of human beings to the point at which they are identical with one another—"mere examples of the species...through isolation within the compulsively controlled collectivity." The preceding historical analysis attests to this, as the truth about the humanistic drive to adjust the nervous sufferer to a dehumanizing society is that it has been false all along.

269 Healy, 236.
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