“Nervous Diseases” and the Politics of Healing: William James, Josiah Royce, and the Early Dynamic Psychiatry Movement in America

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Abstract

A prominent feature of the postbellum, industrialized landscape in America was a preoccupation with a protean illness that sapped the vitality of otherwise healthily-constituted people. Termed neurasthenia, and otherwise known as the disease of civilization, the sociomedical discourse that formed around it became the cultural idiom through which a variety of elites, nonspecialists, and medical professionals negotiated their way through a changing social order. Yet social and cultural conflict was also ingrained in this discourse and the optimistic healing narrative that accompanied it. This becomes evident by analyzing the critical writings of William James and Josiah Royce, two Harvard philosophers, public intellectuals, and well-respected psychologists within the “Boston School” of psychology, against the influential articles and treatises that the incipient dynamic psychiatry movement within American medicine generated from 1909 through the Great War. Thus beyond exploring the ways in which the desire for cultural and personal renewal was held in common, the task left to historical inquiry is to analyze the reasons why it diverged between those who saw a fresh need to resuscitate the traditional republican virtues of discipline, self-reliance, and civic responsibility by allowing strenuous, ethical ideals to flourish in everyday life, and those who envisioned the enlightened direction and intervention of scientific physicians ushering in a new age of psychosomatic health and societal progress.

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specialist S. Weir Mitchell, nervous diseases loomed large in the lives and minds of the feverishly-active middle and upwardly-mobile classes. As the complement to Beard’s sociomedical treatises, which included healthy doses of reassurances to his fellow “brain-workers” on how their ailments were really so many growing pains in their ascendance up the social evolutionary ladder, Mitchell’s gendered regimens stabilized the weakening cultural framework of late Victorian society by reinforcing the roles men and women assumed within it. At the same time, a host of mental and faith healers, or “mind curists,” as William James dubbed them, blazed a different trail. From Mary Baker Eddy’s Christian Science up to Henry Wood and the New Thought movement, the promise of personal strength, balance, and control, through an inward retreat to “Divine Mind” or to “the higher realm of being,” greatly appealed to those who felt themselves languishing in a sea of impersonal economic forces. By the early twentieth century, a medical-pastoral alliance coalesced as the Rev. Dr. Elwood Worcester’s Boston-based Emmanuel Movement utilized the latest in subliminal psychology and medical psychotherapy to extend “feelings of pleasure and energy in all the acts and reactions of every-day life” to a wider stratum of the populace.

Arising alongside this crusade-like movement to quell the diseases of civilization, Rough Rider and political powerhouse Theodore Roosevelt’s “loud roar for the Strenuous Life” embodied the kind of politically-charged, vitalist sentiments that more and more cultural elites espoused. To their minds, overcoming the deleterious effects of over-civilization, and “restoring,” in cultural historian Jackson Lears’ words, “energy to a leadership class grown nerveless and flaccid,” demanded strenuous, imperialist expansion abroad and vigorous, efficient productivity at home. At this juncture, then, “the life of toil and effort, of labor and strife,” as TR proposed, vied with psychotherapeutic practice and its promise of “an increase of moral and nervous energy to meet life’s demands.”

Given these various responses to the hydra-headed illness of neurasthenia, many historians have agreed with Tom Lutz’s American Nervousness, 1903 that a wide
array of prominent intellectual and political elites actively and successfully appropriated the neurasthenic discourse in negotiating their way through a changing social order. In doing so, Lutz argues, “they transformed and recreated hegemonic agreements about personal, social, and cultural value.” Thus while this historicism posits neurasthenic discourse as the cultural idiom through which both a variety of elites discovered a “wide range of possibilities” for adapting to a new order, and a gun-shy medical profession finally adopted mental healing, thereby creating “viable cultural space for a new type of psychotherapy,” it may be fair to ask: was there another range of possibilities that this discourse, and the healing modalities it engendered, simultaneously foreclosed? For to refocus the historical lens on the discourse of “nervous diseases” that various mental healers perpetuated into the early twentieth century is to see how the very desire to heal and be healed intersected with, and was reinforced by, the power structures of the emerging


A study that diverges from both the “Freudian” and “pre-Freudian” historiography in charting American psychiatry’s early-twentieth-century expansion out of the asylum and into the cultural mainstream is Elizabeth Lunbeck’s The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America (Princeton, NJ: Princeton University Press, 1994). In Lunbeck’s Foucauldian analysis of the Boston Psychopathic Hospital, psychiatry’s impetus of bringing its specialty to bear on the dimensions of normality led directly to its “larger disciplinary transition,” one that reconfigured “the social to encompass the morals and management of everyone” (22-23). Her analysis proceeds by uncoupling psychiatry’s expansionism from the neurasthenic discourse established by Beard, and sustained by the mind-cure and psychotherapeutic movements, respectively. In contrast, the fact that what propelled psychiatry to this transition owed less to its formulation of a “disciplinary agenda around everyday concerns” (20) and more to the way “practical” or dynamic psychiatry problematized neurasthenic discourse around the axis of maximizing the biological resources (“bio-power”) of the general populace is revealed in H.L. Dreyfus, P. Rabinow, and M. Foucault, Michel Foucault: Beyond Structuralism and Hermeneutics, 2nd ed. (Chicago: University of Chicago Press, 1983), 140-142.
managerial capitalist system. In other words, by interrogating the therapeutic healing narrative at the heart of this discourse, we seek to know how the exercise of power, in philosopher and historian Michel Foucault’s words, “structure[d] the field of other possible actions” within the social order. Here the following purposes to revisit this discourse and the cultural conflicts bound up with it by analyzing the critical writings of William James and Josiah Royce, two Harvard philosophers, public intellectuals, and well-respected psychologists within the “Boston School” of psychology, against the influential articles and treatises that the incipient dynamic psychiatry movement within American medicine generated from 1909 through the Great War. What it seeks to recover, then, is not so much how the desire for cultural—vitalistic—renewal was held in common, but rather why it diverged between those who saw a fresh need to resuscitate the traditional republican virtues of discipline, self-reliance, and civic responsibility by allowing strenuous, ethical ideals to flourish in everyday life, and those who envisioned the enlightened direction and intervention of scientific physicians ushering in a new age of psychosomatic health and societal progress.

Beyond Sickness and Health: William James and Josiah Royce

In terms of observing nervous disorders, William 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. 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

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9 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.


believing in free will, setting the tone of his whole philosophical outlook.\textsuperscript{12} 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 method of treatment for his neurasthenia.\textsuperscript{13} 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.\textsuperscript{14}

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.”\textsuperscript{15} 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.”\textsuperscript{16} 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.\textsuperscript{17} 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

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\textsuperscript{13} W. James, “The Meaning of Truth: A Sequel to Pragmatism,” in William James: Writings, 1902-1910 (New York: The Library of America, 1987), 889; Richardson, James, 420.

\textsuperscript{14} D. Meyer, The Positive Thinkers: Religion as Pop Psychology from Mary Baker Eddy to Oral Roberts (New York: Pantheon, 1980), 28, 318-324; G. Cotkin, William James, Public Philosopher (Baltimore: The Johns Hopkins University Press, 1991), 111-114, 121; W. James, “The Varieties of Religious Experience: A Study in Human Experience,” in William James: Writings, 1902-1910 (New York: The Library of America, 1987), 434. Historian Robert Fuller’s sketch of James fails to elucidate this crucial difference between the two, postulating instead how James’s psychological investigations led him away from an emphasis on “strenuous, willful activity” toward an espousal of a “new sanative philosophy” à la mesmerist and mind-curist psychologies. Thus he ends up de-differentiating the two when he argues that James’s emphasis on revitalization via “religious inwardness” carried with it an expectation that it would “eventuate in the willingness to forgo certain forms of self-satisfaction in favor of…self-sacrificing moral conduct,” as well as connection with a “transpersonal sphere” where we can “experience the urgency of moral demands.” R.C. Fuller, Americans and the Unconscious (New York: Oxford University Press, 1986), 89-94.


\textsuperscript{17} W. James, Talks to Teachers on Psychology: and to Students on some of Life’s Ideals (New York: Henry Holt and Co., 1906), 216.
preached in her popular *Power through Repose* (1891).\(^\text{18}\)

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-imperialist James, leading him to a deeper exploration of illness and vitality.\(^\text{19}\) 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.\(^\text{20}\) 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.\(^\text{21}\) 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.”\(^\text{22}\) 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.”\(^\text{23}\) 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.”\(^\text{24}\)

Developing these insights further, the strenuous ideals James elaborated pointed to an 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

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\(^\text{19}\) Lears, *Rebirth*, 220.


\(^\text{22}\) James, *Talks*, 271, 273-275.

\(^\text{23}\) James, *Talks*, 290-291.

\(^\text{24}\) James, *Talks*, 295, 299.
indifference to life” of the “sick souls,” the “twice-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,” lay 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.

Yet as James’s “desire for regeneration,” as Jackson Learns argues, “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. In this regard, the thought of 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. 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 to live in pure or real duration (la durée réelle)—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

24 James, Varieties, 242-243.
26 James, Varieties, 330.
27 James, Varieties, 331.
28 James, Varieties, 333, 336-337, 364.
30 Learns, Rebirth, 221.
31 James quoted in Perry, James, 341, 343; Richardson, James, 428.
32 H. Bergson, Essai sur les données immédiates de la conscience (Paris: Ancienee Librairie Germer-Baillièr et Cie, 1889), 175-176
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.\(^{33}\) 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.”\(^{34}\) Ignoring his own evidence (in Varieties) suggesting otherwise, James concluded that the healthy-minded—or more precisely, those who responded, in James Conant’s words, to “the task of shaping and educating [their] temperaments”—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.”\(^{35}\) At this point, the cross-disciplinary project that he encouraged philosophers to join in centered upon a “practical problem of national economy” and “individual ethics”: “how can men be trained up to their most useful pitch of energy?”\(^{36}\) Thus for James, and not unlike Worcester and other psychotherapeutic healers, 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 overcome the rigidities of intellectualism and neurasthenic stagnation, he also reified it into a “privileged mode” of managerial cognition—into “a line of business.”\(^{37}\)

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37 T.W. Adorno, Negative Dialectics, trans. E.B. Ashton (New York: Continuum, 1973), 333-334. Conversely, as the Marxist philosopher Georg Lukács recognized, the privileging of intuition did not bring workers into direct and organic contact with their work since the underlying structures of bourgeois production remain untouched, while the flow of the work process became “mediated to an increasing extent exclusively by the abstract laws of the mechanism which imprison[ed] them.” G.
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 argued, his return to the topic of a moral equivalence to war in 1910 altered the dimensions of it.\(^38\) On the one hand, a major spur to James’s endorsement of a richer, more temperamentally-attuned self arose from his meditations on American imperialistic ambitions in the Philippines. Specifically, he saw the imperialist’s drive to impose abstract ideals upon another people as an all-too-natural outgrowth of the rational absolutist’s tendency to monstrously abridge life—to shrink from “the fulness [sic] of living itself.”\(^39\) Yet on the other hand, James’s discussion of why the martial virtues should be fostered in the social realm conceded, in essence, that to simply calibrate and therapeutically adjust nervously-diverse individuals to their optimal levels of energy and receptivity, à la the temperamentally well-attuned, was untenable. For with the change from a producer society to a consumer society (a “pain-economy” to a “pleasure-economy”) immanent according to the sociologist Simon Nelson Patten, James presaged how this “pacific cosmopolitan industrialism” would lack the kind of “duties, penalties, and sanctions” required by those “who still keep a sense for life’s more bitter flavors.”\(^40\) 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.”\(^41\)

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 they restricted them to the baleful “war-function” alone, as imperialists proceeded to do.\(^42\) 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.”\(^43\) In this fashion, the “military ideals of hardihood and discipline would be wrought into the

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\(^{41}\) James, “Moral Equivalent,” 1290, 1293.

\(^{42}\) James, “Moral Equivalent,” 1288-1290.

\(^{43}\) James, “Moral Equivalent,” 1291.
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growing fibre of the people,” while “our gilded youths [would] get the childishness knocked out of them, and... come back into society with healthier sympathies and soberer ideas.”44 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.”45 Put in this light, James’s emphasis on living within the “active thickness 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.

Just as James’s sustained engagement with the subject of spiritual regeneration challenged the governing assumptions of the neurasthenic discourse, Josiah Royce’s meditations on nervous illness and suffering did likewise. Much like his fellow colleague in philosophy, 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 sedulously earning a position within Harvard’s illustrious philosophy department, exhaustion caught up with Royce and precipitated his nervous breakdown.46 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.”47 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 nature, but by learning about his condition while straightening out the “big metaphysical tangle” in his mind.48 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

44 James, “Moral Equivalent,” 1291, 1293.
46 J.J. McDermott, “Introduction to the New Edition,” in Josiah Royce, The Philosophy of Loyalty (Nashville: University 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.” J. Clendenning, The Life and Thought of Josiah Royce (Madison: University of Wisconsin Press, 1985), 168-169.
47 Royce quoted in Clendenning, Royce, 169.
periodically dropping work to go on a solitary excursion or brief holiday.49

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.50

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.51

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.52 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.53 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.”54 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.”55

As reflective experience brought Bunyan 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 this kind of reflection and self-possession.56 Thus to the extent that healthy-minded therapeutics bypassed the disharmony of inner conflict and 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.57

While Royce sought to retrieve this strenuous conception of life from the

49 James quoted in Oppenheim, Royce’s Voyage, 79.
53 Royce, Good and Evil, 30.
54 Royce, Good and Evil, 67, 72-75.
55 Royce, Good and Evil, 115, 357.
56 Royce, Good and Evil, 73, 354-355.
57 Royce, Good and Evil, 372-373.
therapeutic version that was emerging in the 1890s, he also evinced a prescient awareness of the modern 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 enabled 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 way towards insuring emotional and mental stability, in his theory, it prompted 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.

But as 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

58 Royce, Good and Evil, 173.
59 Royce, Good and Evil, 189.
60 Royce, Good and Evil, 190.
62 Royce, Loyalty, 18, 134-135.
63 J. Royce, Race Questions, Provincialism, and Other American Problems (New York: MacMillan, 1908), 75-76.
64 Royce, Outlines, 377, 379.
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.”

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 the performance ethic and the streamlined social order that the emerging psychotherapeutic movement rallied around.

Taken together, the common element of strenuous activity in James and Royce’s ideals reflected a shared recognition that an order constructed around 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

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realities of social life. Here the emphasis James and Royce placed upon strenuous engagement was intended to combat this delusive pursuit while confronting the dilemmas the neurasthenic discourse deferred. Royce made this more explicit in his psychological study concerning the moral burden of the individual where 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.⁷⁰

By this time, then, the circulation of psychoanalytic ideas in America, especially following Freud’s conference lectures at Clark University in 1909, might have lent added credence, if not urgency, to such insights. For 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 individual constitutions and the “demands of civilization.”⁷¹ And yet while James and Royce’s respective efforts expanded, in this vein, the dimensions of the discourse on nervous diseases—illuminating the deeper, “transcendent” motives, tensions, and sociocultural influences that shaped the mind and affected the body—whether or not they, or the new Viennese import, tempered the emerging therapeutic tendency to instrumentalize affective life was another matter. For as the majority of psychotherapists, psychopathologists, psychoanalysts, and therapeutic-minded journalists began to coalesce and embrace, in Royce’s wry phrase, the “glad tidings of the subconscious,” individual renewal and civilization’s progress appeared to go in hand-in-hand.⁷²

Colonizing the Mind: American Medicine and Psychoanalysis

Decades after George M. Beard promised a harmonious future for the elite brain-workers of the nation with the imminent progress of medical science, the middle and upper middle classes were at last afforded a private, individualized method of alleviating their distress with psychoanalysis.⁷³ Additionally, Freud’s theories cemented the “democratization of American nervousness” by allowing other segments of society to claim the badge of cultural superiority as nervous sufferers—

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⁷⁰ Royce, Problem, 127, 143-144.
⁷² Royce, William James, 21.
by making “the neurasthenicization of the petite bourgeoisie” and their integration into “therapeutic culture” possible. What this narrative neglects, however, is not so much the degree to which American medicine facilitated this transition, but rather the new modes of authority that it acquired as a result. Fueled by the vistas of optimal health, industrial efficiency, and societal harmony, leading medical figures by 1909 began to systematically deploy psychoanalytic theories in substantially diluted form, while melding them with the methods utilized by psychotherapeutic healers. In this regard, 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 this nascent psychiatric movement.

Here the discourse of nervous diseases during this period reveals how new technologies of power proliferated as the proponents of mental healing applied “therapeutic pressure” to a nervously-diseased social body. 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 popular movement and its unsavory roots in mind cure, while retaining its moralistic emphasis on moral uplift and renewal. 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. 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

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74 Gosling, Before Freud, 161-162; Lutz, American Nervousness, 286.
77 Gifford, The Emmanuel Movement, 73-98; Caplan, Mind Games, 131-149. As Caplan astutely observes, the American medical profession’s much more secure standing in the first decade of the twentieth century, as opposed to what it was in the 1880s, played no small role in its decision to enter the “mental healing market” (149).
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. In this way, a munificent subconscious in the hands of this enlightened elite lit the path to social progress.

In this atmosphere of “ebullient irrationalism,” as historian Nathan Hale characterized it, 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 when he called 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 sociologist Philip Rieff wrote, a “radical discontinuity”: the illnesses of

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84 Freud, Five Lectures, 61.
87 Freud, “Paths,” 365.
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 their impulse lives.”88 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.89 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).90 Yet far from the promises of healthy renewal and psychical abundance that mind cure, psychotherapy, or Bergson’s élan vital held out, psychoanalytic therapy, as Freud maintained, could only substitute “common unhappiness” for debilitating illness.91

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 its 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.92 As James and Royce’s fellow Harvard colleague, psychologist Hugo Münsterberg explained, the first psychological researchers aimed to “no longer speculate about the soul, but to find the psychical elements and the constant laws which control their connections.”93 Armed with a means of grasping all individual abnormalities from the “point of view of the psychological laboratory” made it possible for

psychopathologists to systematically “apply the experimental results of psychology to the needs of society.” Now the sight of neurasthenics on “every street, at every corner” was no longer a cause for alarm thanks to the efforts of these “Masters of the Mind,” as journalist H. Addington Bruce dubbed them. 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 Pierre Janet and Boris Sidis to Freud and his “increasing band of disciples,” found a “way to make the wheels of progress run more smoothly.” 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.

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.” 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 them in their immanently positivistic outlook that the principle social difficulties required not political or economic changes, only moral ones. 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.” 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

94 Münsterberg, Industrial Efficiency, 5, 10; H. Münsterberg, Business Psychology (Chicago: LaSalle Extension University, 1915), 18-26, 183-184. On Münsterberg’s hardline separation of psychology’s “scientific” commitments from philosophy’s “values” and teleological considerations, particularly his indictment of James for “violating” this tenet, see Bordogna’s William James, 129-131, 179, 251-252, and ch. 7.


96 Bruce, “Insanity,” 74, 76-77; Bruce, “Masters,” 81.


101 Lay, Man’s Unconscious, 250.
solid bed and without dam." By carrying out this reclamation project, right-minded specialists would simultaneously keep the populace’s essentially infantile “desires and impulses in control.” 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 in turn recognize that no discrepancy existed between useful activity and happiness; happiness and “socially efficient conduct.” 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.

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. “Good employers of... commercial enterprises of all kinds,” internist Richard Cabot observed, needed to now look after “their subordinates... in order to be sure that the psychical part of the great machine runs smoothly.” 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.” With the new cadre of psychological engineers, the most efficient and productive labor divisions, machine arrangements, and selling processes will yield, as Münsterberg estimated, the “greatest personal satisfaction.” 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.” In turn, the calls by James and Royce to submit social activity to an overarching,

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ethical purpose was comprehended in decidedly functionalistic terms by the psychiatric mind, as spiritually-demanding causes could be successfully sublimated by simply keeping the modern laborer “in touch with the distant sources of interest” (Cabot), or constantly reminding him of the “moral greatness of necessary work, faithfully and gladly done” (Groves).111

Complementing 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.”112 To the psychiatrically-trained 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 to effect a “radical cure.”113 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.”114 Based upon their knowledge of how the inner life and the social order operated, such experts proceeded to enlighten the patient by revealing that all afflictions were “mental deficiencies,” products of “groundless fears” and “maladjustment.”115 As the psychiatric investigation brought the latter to light, the sufferer purportedly experienced a “cure” by being reconnected with her “deepest interests.”116 With the latter invariably corresponding to the exigencies of the prevailing order, 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.117

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

111 Lay, Man’s Unconscious, 245; R. Cabot, What Men Live By (Boston: Houghton Mifflin, 1914), 5-6; Groves, Moral Sanitation, 107-108, 111. In like fashion, E.E. Southard, director of the Boston Psychopathic Hospital, professor of neuropsychology at Harvard Medical School, and one time student of both Royce and James, considered James (rather than F.W. Taylor or Jane Addams) to be the mental hygiene movement’s intellectual trailblazer thanks to his having brought together “a stream of independent developments in our knowledge of personality.” See E.E. Southard, “The Movement for a Mental Hygiene of Industry,” Mental Hygiene IV, no. 1 (1920), 62. Lunbeck notes, however, that Southard recoiled from his own vision of “a society of selfless automatons who would happily submit to the general will as interpreted by experts...nearly as soon as he had outlined it.” Lunbeck, Psychiatric Persuasion, 243.
112 Cabot, Social Work, 69.
114 Cabot, Social Work, 155-156; Groves, Moral Sanitation, 89.
115 Cabot, Social Work, 81, 89, 98.
116 Cabot, Social Work, 82-83.
order intersected as the psychiatric movement reestablished complacency 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 service to society.\(^\text{118}\) 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.\(^\text{119}\) In turn, they learned to realize the peace of mind that “a healthy and unworried, untroubled fatigue” brings.\(^\text{120}\) Within this orientation, the life process itself became the ideal in as much as the behavioral imperative to engage in constant activity and eschew reflection attempted to obliterate the tension between inner and outer life.\(^\text{121}\) Leveled and reshaped to conform to the efficiency and energy demands of the social body, practical psychiatry envisioned the “unbroken integration” of action, behavior, and conduct—the hallmarks of the “unified soul.”\(^\text{122}\)

While this drive to adjust could scarcely be separated from the psychiatric movement’s impetus to heal in these years, Harvard professor of neurology and practicing 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 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.\(^\text{123}\) 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 Hospital, Putnam adopted the analytic method to help nervous sufferers overcome their instinctual conflicts.\(^\text{124}\) 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.” 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.” Influenced by James, Bergson, and Royce, as well as his Fröbelian 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. That a patient learned “to live in the midst of [the] un picturable energies” which comprised humankind’s highest ideals was, in Putnam’s view, precisely the goal of analytic therapy.

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. 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.” 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 no longer be forced into hopeless situations.” As he also underscored how strong drives and weak 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. 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

125 Prochnik, Putnam Camp, 122; Putnam quoted in Hale, Putnam, 55-56.
with [their] best social tendency.”

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.” 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 often at the cost of dislocating the moral ardor and “spontaneous life” that he hoped it would release.

Besides leading him to aggrandize the role of therapy, Putnam’s metaphysically vague formulation failed to outline how such “deeper relationships” could be secured, much less 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. 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. 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, the “levelling tendencies” in capitalist society that Royce spoke to, 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 be less about Jefferson’s maxim of diffusing “knowledge more generally through the mass of the people,” and more about 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 nervously constituted 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.

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142 Lay, Child’s Unconscious, 244-245, 260.
143 W.A. White, Mental Mechanisms, 144; Lay, Child’s Unconscious, 315-316.
146 White, Character Formation, 308-309.
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.\(^{147}\) Reflecting the consensus among the “helping professions,” as Christopher 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.”\(^{148}\) 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”; neglecting to properly develop both their “sense of moral responsibility” and their will-power against “hysteria-producing suggestions”; and, also, failing to provide them with an example of “industrious activity.”\(^{149}\) “All this goes to create in the child,” Addington Bruce argued, “habits inimical to real work.”\(^{150}\) Thus with the inherent conflict between pleasure and reality paved over, the most prominent obstacle in the way of developing “mental and moral vigour in the mass of mankind,” according to the psychiatric interpretation, was the morally “unhealthy” atmosphere of the home.\(^{151}\)

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 a harsh, corrupting capitalist world and an increasingly intrusive marketplace.\(^{152}\) 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:

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\(^{147}\) Campbell, “Relation of Social and Economic Factors,” 1280.


“a wholesome mental spiritual environment... to create the mind of the child.”

Thus as representatives of a “new reality principle,” as 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 vigour” that psychiatry promised revolved around neutralizing the tension between 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 psychiatrically-versed social worker impressed on the “healthy members of the family” the need to assume a “more helpful, forgiving, or disciplinary tone.”

In larger terms, psychiatric theorists sought to implement a “really constructive program,” in White’s words, which grew “out of love... rather than... out of hate.” Here it was the 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.” In turn, 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 psychiatrically-approved “original directions” and “affective orientation,” they foresaw the solution to the socioevolutionary quandary: the development of “greater efficiency” in the individual to meet the
growing demands of civilization.¹⁶⁰ 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, in Marcuse’s phrase, the “technological abolition of the individual.”¹⁶¹

Conclusion

In one sense, the very therapeutic optimism these new psychical experts accrued owed to this democratic leveling process, for by smoothing over the various frictions in everyday life, the exercise of authority and the dynamics of power relations appeared to be less problematic.¹⁶² Paradoxically, just as they drew upon the language of vitalistic renewal and autonomous growth, their strategic settlements in public and private life solidified new forms of heteronomy. 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’s healing narrative and the defeat of cultural renewal along more democratic lines.¹⁶³ The specter of nervous diseases, meanwhile, continued to provide mental hygienists and psychiatry with its hegemonic raison d’être, as the helping professions deployed systemic preventative measures in work, school, and home to eliminate “handicaps” and ensure optimal functioning.¹⁶⁴ In complementary fashion, psychoanalysis and its derivatives became hardly different from “pastoral care,” as philosopher Ernest Gellner charged, 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 self’s alienation and fragmentation.¹⁶⁵ In other words, the quest for personal renewal, “the search for psychic health under conditions of psychic disease,” as historian Norman O. Brown observed, could be no more than that: a restless quest for a quality of experience

¹⁶⁰ White, Mental Hygiene, 65, 70.
¹⁶¹ Marcuse, Eros, 96-98.
denied under conditions of repression.166 From this point, then, we can see how the successful “passage from disturbance into harmony... intensest life”—the aesthetic moment of experience—that John Dewey defended, and James and Royce each in his own way sought to revive, became a steadily diminishing possibility before the expanding domain of therapeutic expertise.167

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