

Introduction

“Mental health issues are huge,” exclaimed a Canadian official in 2008, an assertion that may prove to be one of the greatest understatements of the twenty-first century. In 2001 the World Health Organization (WHO) announced its intention to “raise awareness of mental health issues at the highest level of decision and policy making.” The WHO’s aim was “to mark the beginning of a new era in the field of mental health care.”

In 2002 former U.S. president George W. Bush created the New Freedom Commission on Mental Health. In 2004 (with Bush’s endorsement) the Commission recommended extensive screening of every child in the United States for mental disorders, to be followed by widespread medicating of those diagnosed with psychological problems.

Europe, too, appeared to be caught up in the quest for mental health. In 2005 the European Union (UN) announced a new and urgent strategy to promote mental health. To the twenty-seven countries of the EU, mental illness rivaled cancer as a deadly threat to public health.¹ In 2006 a Canadian Senate committee issued *Out of the Shadows at Last*, a report that called for a massive overhaul of national mental health policy aimed at helping people with mental disabilities get the services they need and deserve.

The WHO’s announcement, EU’s strategy, the U.S. president’s initiative, and the Canadian report are just some indications that at the beginning of the new century national and international governments on both sides of the Atlantic Ocean seem as dedicated as ever to making mental health one of the most significant policy issues looming over the twenty-first century. Yet the new century’s quest for mental health has a long, contested, complex, and colorful history. Over the past two hundred years

the struggle to achieve psychological wellness has been a key chapter of modern history, resulting in the emergence of a loose but burgeoning coalition of stakeholders in mental health care policy, including government, professions, researchers, the media, the courts, drug companies, the insurance industry, unions, schools, families, and those who used to be called patients but are now referred to as “consumers.”² Though sometimes at cross-purposes, these vested interest groups have been united on the basis of an evolving consensus emphasizing the virtues of bureaucracy, welfare, education, science, professional expertise, and public administration. This consensus is sometimes referred to as “therapism,” the doctrine which states that a growing number of people in the early twenty-first century suffer from a bona fide medical condition beyond their control and require treatment from a wide range of healers and caregivers, including psychiatrists, psychologists, counselors, nurses, educators, workshopppers, and life coaches.³ By the new millennium the doctrine of therapism had spread throughout society, into schools, offices, hospitals, and homes.⁴ The search for sanity had culminated in a widespread belief that everyone is entitled to mental health, people are sicker than they realize, and government’s mandate is to empower people to enjoy a right to emotional well-being. The early years of the twenty-first century suggest that therapism shows no sign of flagging anytime soon.

The widespread enthusiasm for therapism in the early twenty-first century might suggest that previous generations scarcely tried to improve mental health, but nothing could be further from the truth. Throughout history, and in the name of psychological well-being, millions of people the world over have been hospitalized, psychoanalyzed, tranquilized, sterilized, lobotomized, or even euthanized. They have undergone testing, screening, counseling, and lecturing, to say nothing of a variety of shock therapies, all in the hope of feeling better. Over the years governments, industries, professions, schools, families, and private citizens have spent untold billions of dollars to make people less troubled.

The quest for mental health has not been without some successes. At the turn of the twenty-first century, researchers knew more than ever before about the ways in which the brain’s chemical and physiological processes affected mood and mental functioning. New technologies of neuro-imaging enabled scientists to scan for the first time abnormalities in blood flow and anatomical structure. The field of evolutionary neurobiology had made impressive strides. Therapists possessed unprecedentedly effective drugs for a range of psychological conditions. Studies showed that forms of cognitive behavioral therapy were effective in combating

Introduction

3

depression. The stigma surrounding mental illness may not have disappeared, but increasingly the public appeared willing to acknowledge that people with mental disabilities were not responsible for their conditions and were as deserving of medical assistance as anyone else.

Yet these advances have been offset by other, troubling trends. In the early twenty-first century, rates of psychological distress had never been higher. The working manual of psychiatric illnesses published by the American Psychiatric Association listed hundreds of mental disorders. A 2004 U.S. psychiatric survey found that one in ten Americans had an addiction disorder, nearly 20 million Americans suffered from mood disorders, and another 23 million met the criteria for anxiety disorders. A 2007 study reported that up to 30 percent of people worldwide will suffer from a clear-cut mental illness each year, making psychiatric disease a bigger threat to public health than cancer or heart disease. The WHO recently announced that one in four Europeans will suffer from a mental illness at least once in their life, and one in five children or adolescents experience serious developmental, cognitive, or emotional problems.

Yet all this grim news appears to have had little impact on the widespread belief that mental health is an achievable goal. Current society is unprecedentedly saturated with psychological ways of thinking. Bookstore shelves groan under the weight of countless volumes dedicated to understanding and solving emotional issues. Day and night the media broadcast the message that everyone can feel better with pills, counseling, information, and public education.

As the diagnosis of social anxiety illustrates, the threshold for emotional pain appears to be dropping steadily. Reports of anxiety, including shyness and stage fright, stretch back to classical antiquity, but before the nineteenth century the majority view was that most social anxiety was normal and even an asset in some situations that called for vigilance. Within cultures that prized bashfulness as a mark of modesty, shyness was widely praised in women. It may be little consolation for people wracked with anxiety, for whom it is a genuinely painful experience, to learn how history has affected the public perception of anxiety, but the fact remains that over time everyday feelings have been transformed into symptoms of illness. The same goes for commonplace sorrow, which now is defined as depression. In this process of medicalization, more and more people have concluded that life is impossible without the guidance of state-certified experts.

This book's account of how the quest for mental health has culminated in therapism begins in Chapter 1 with an examination of the first

stirrings of mental health care reform during the years straddling the American Revolution and the U.S. Civil War. It was no coincidence that antecedents of modern-day mental health policies showed up in locations such as eighteenth-century England, revolutionary France, the young American republic, and late-eighteenth-century Tuscany, where the shift toward constitutionalism, republicanism, and popular sovereignty and away from rule by autocratic monarchs was most noticeable. Although much of the impetus for reform came from the efforts of religious activists motivated by the teachings of the social gospel, the most significant result of the ferment of these years was the emergence of the medical specialty of psychiatry, the study and treatment of diseases of the mind. Over the next two hundred years the psychiatric profession played a vital leadership role in the quest for mental health, molding and in turn adapting to shifts in popular values and expectations. Although psychiatrists have been targets of intermittent criticism since the founding of their profession, their viewpoint that psychological disorders are certifiable medical conditions rather than moral failings or the outcome of sin had become widely accepted by the turn of the twenty-first century.

Chapter 2 charts the search for sanity against the backdrop of the growth of centralizing nation-states and the rise of mass society in the late nineteenth century. The chief feature of this era from the perspective of mental health was the building and administration of publicly funded mental hospitals, or “asylums.” As asylum heads, psychiatrists wielded a power and authority that the rest of organized medicine envied. At the same time, and for the first time in history, governments assumed responsibility for mental health care policy making by providing their populations with welfare in the form of taxpayer-funded asylums, as well as incipient versions of state-funded insurance for illness and disability, thereby stimulating popular demand and taste for psychological wellness.

On other fronts, mental health was becoming more and more democratized as families exerted influence over the profession of asylum medicine and people were attracted to spiritualism and other forms of popular mental healing, including Freudian psychoanalysis. Freudianism never ceased to be controversial, yet in its popularized versions it helped spread the theory that almost everyone was a fit candidate for psychological therapy. Freud’s views and other egalitarian trends in the psychological sciences signaled that by the early twentieth century an increasingly broad-based quest for mental health was under way.

Introduction

5

A major turning point in the struggle for psychological well-being was the era of the two world wars, the topic of Chapter 3. Just as centralizing state power expanded in other fields and jurisdictions, so governments increasingly viewed mental health as a key cause of national prosperity and power. Mental hygiene, race hygiene, intelligence testing, the eugenics movement: all these currents thrived during the 1914–45 period and stressed government interest in the early detection and prevention of mental weakness. Meanwhile, psychiatry – bedeviled by challenges to its professional authority – resorted to physicalist treatments such as lobotomy, electro-convulsive therapy, and insulin coma. Some of these treatments proved more useful than others, but they all were linked to the frustrations psychiatrists felt trying to help patients and their families cope with mental disabilities. Despite the highly mixed results of such therapies, public faith in medical approaches, far from ebbing, tended to rise throughout this period.

Chapters 4 and 5 chart the main events in the search for sanity in the post-1945 era, a time of tremendous ferment and flux in the quest for mental health. Five outstanding developments affecting mental health policy, marking the period from Yalta to Y2K, bequeathed a wide-reaching and mixed legacy to the twenty-first century.

The first was the rise of the discipline of psychology, many of whose leaders taught that they possessed the solutions to a wide range of personal and social problems.

The second was the process called deinstitutionalization, the shift away from hospitalization to community living as the main form of treatment for people with mental disabilities. Deinstitutionalization signaled that in the eyes of experts and the public at large, the definition of emotional sickness had expanded to include the entire community. Just because you were not in a hospital did not mean you were not sick.

The third crucial development was researchers' discoveries in the field of pharmaceutical medicine. Beginning in the 1950s, industry introduced a series of drugs that promised to relieve the anxiety, depression, delusions, and phobias that tormented people in day-to-day life. Amid the hoopla surrounding the new medications, pharmaceutical companies forged partnerships with government, organized medicine, and health insurance companies, thus adding to the considerable clout they derived from the multi-billion-dollar global market for prescription drugs.

The fourth development was the emergence of a full-fledged movement dedicated to patients' rights and more collaborative relationships

among doctors, patients, and the families of people with mental disabilities. This movement overturned the customary hierarchy that had ruled health care, based on the belief that licensed medical professionals knew what was best for patients.

The fifth was the growth of the media, which, beginning with print journalism, went on to include radio, television, and digital technology, and stimulated keen interest in mental health over the second half of the twentieth century.

These five developments combined with the rise of a post-1945 consumerist culture and what one author has dubbed “affluenza” – a late-twentieth-century malaise linked to rising levels of material prosperity – to produce an ever-widening democratization of mental health care policy and practice, including a growing reliance on psychiatric medications to raise levels of personal happiness.⁵ The mass consumption of psychiatric pills has deeply affected many aspects of life, such as consumer trends, definitions of health, and conceptions of well-being. Expanding markets for prescription drugs have helped to make mental health a vital and far-reaching concern, encouraging more and more people to rely on psychological concepts to interpret the full range of human behavior, emotions, and thoughts. At the close of the twentieth century, for the first time in history, serious credence was given to the notion that human beings were entitled to feel “better than well.” New medications have also shaped clinical psychiatry by expanding existing categories of mental illness or creating new ones, what psychiatrist Peter Kramer calls “diagnostic bracket creep.”⁶ The escalating rates of psychiatric drug use have placed heavy financial burdens on governments, which increasingly have to scramble to pay for state health care programs. Yet in the early twenty-first century, despite daunting fiscal challenges, most stakeholders insisted that no price could be fixed on emotional well-being.⁷

This book, then, reconstructs the winding road the world has followed since the French Revolution in the populist pursuit of psychological wellness. This unresolved quest is a tale of soaring expectations, dashed hopes, wasted opportunities, sporadic successes, incalculable suffering, and all too human careerism and self-interest. It is also the story of the resilient belief that the combined forces of science, medicine, government, public education, and professional expertise can make populations feel better about themselves. The historical quest for mental health, buffeted repeatedly by the winds of politics, business, science, and social change, was never inevitable, nor has it been uncontested. Its many stakeholders have periodically disagreed over tactics and goals. Governments that

Introduction

7

assumed leadership roles have had to perform delicate balancing acts, trying, on the one hand, to placate those who argued that greater governmental involvement threatens civil liberties and, on the other, to satisfy those who contended that governments were not doing enough to ease the burdens of families and patients who lived with crushing emotional pain every day of their lives. In the twenty-first century, as governments declare their determination to launch major reform efforts, many decry the prospect of millions of people receiving stigmatizing diagnoses and swallowing expensive and potentially dangerous drugs, but policy makers, health care providers, mental health advocacy organizations, and the pharmaceutical industry tend to believe that such programs would be a major step forward.

Above all, by preaching the importance of achieving mental health as a way of fulfilling individual and collective needs, governmental bodies have discovered time and again that the public is disposed to accept such messages. Governments routinely reward entire groups who claim victim status on the basis of (often dubious) psychiatric theories. The EU's 2005 call for an "authentic commitment to the human rights of people with mental health problems" suggests that, as globalization spreads in the early twenty-first century, millions around the world will seek to exercise such rights.⁸ To quote historian Jacques Barzun, we live in "demotic times" characterized less by representative government than by rule "of the people," embodied in the welfare state with its bureaucratic promises of security, emancipation, material gratifications, and managerial solutions.⁹ As this book shows, the questions facing society in the new century remain the same as those facing French political observer Alexis de Tocqueville in 1837: will the principle of democratic equality in everything from politics to mental health lead to "servitude or freedom ..., prosperity or wretchedness?"¹⁰ This book argues that unless a historically grounded approach is taken, the consensus necessary to back concrete solutions will not be easier to find, demands for the right to psychological well-being will continue to multiply, and on the whole "wretchedness" and "servitude" will be likelier than "freedom" from the terrible ravages of mental disease as the new millennium unfolds.

I

A New Egalitarianism

The late eighteenth century was a time of vast changes throughout the Western world, so it was no coincidence that the modern quest for mental health began in the same era. As political revolutions wracked governments on both sides of the Atlantic Ocean, as the industrial revolution spread throughout Europe, and as an unprecedented wave of sentiment for reform swept through England, western Europe, and North America, approaches and attitudes toward mental health were also in flux.

The origins of these shifts in mental health care sometimes pre-dated the late eighteenth century. Yet it is equally true that what emerged from the turmoil and ferment of the years between the American Revolution and the death of Napoleon was so different from what had gone before that contemporaries in the nineteenth century readily acknowledged that a major watershed in the history of mental health care had occurred. A new idea was born: that psychological well-being was not just an aim whose realization governments and their citizens increasingly desired, but – thanks to the march of science, the expansion of expert knowledge, and the right level of state support – an achievable and laudable goal. By the mid-nineteenth century, more and more people within industrializing societies had concluded that mental disabilities could best be treated in an institutional setting under the watchful eyes of licensed physicians. But in the meantime a new understanding of what it means to be emotionally unwell began to emerge.

THE ENGLISH MALADY

The first stirrings of the modern quest for mental health occurred in England, whose government and economy in the eyes of its admirers were

the most advanced in the world. To the French thinker Charles-Louis de Secondat, baron de Montesquieu (1689–1755), England in the eighteenth century, though ruled by a king, was “a republic concealed under the form of a monarchy.”¹ Montesquieu was impressed by England’s comparatively brisk industrial and commercial development, but most of all praised its division of powers among Parliament, the monarchy, and the courts, which, he claimed, gave its people the greatest freedom of all the nations of the world. According to Montesquieu’s countryman François-Marie Arouet, better known as Voltaire (1694–1778), the English people “share[d] in the government without confusion.”² Such comments overlooked the corruption and class-bound nature of England’s system of government, but to those who lived in countries ruled by absolute monarchs England was comparatively self-governing.

Out of this historically unique political background emerged eighteenth-century England’s “trade in lunacy,” an unprecedented proliferation of licensed, privately owned and run “madhouses.” Nowhere else did private asylums thrive so well as in eighteenth-century England with its buoyant “laissez-faire” economy. It had the highest standard of living in Europe and a rapidly growing population. Private madhouse proprietors provided a service that a society enjoying rising levels of disposable income first learned it could afford and gradually concluded it could not do without. In other words, for the first time in history, leisure, affluence, and surplus wealth begat demand for mental health care services. A consumer society, with disposable income and rising standards of living, was born.³

Private asylums, with or without resident physicians, housed inmate populations that ranged in size from a handful of patients to several hundred, and conditions varied widely according to the training, knowledge, and compassion of the keepers who ran them. The physician Francis Willis, best known for treating Britain’s King George III during the monarch’s bouts with porphyria-induced mental troubles, was one doctor who ran a private asylum. Willis’s home in Lincolnshire drew raves from visitors. The poet William Cowper spent eighteen months in a single private asylum after several suicide attempts. Once recovered, he had nothing but praise for his doctor.⁴ Patients at other madhouses did not fare as well, and the absence of regulation, combined with the all too human pursuit of profit, guaranteed that in 1815, when Parliament investigated the treatment of people with mental disabilities, allegations of cruelty, neglect, over-crowding, and physical brutality were rife. The British government eventually stepped in to curb abuses, marking a fateful stage in the evolution of mental health care toward greater state involvement.

William Cowper's battle with depression and suicide reflected the fact that by the eighteenth century melancholy was a common affliction of the times, and nowhere was interest in it and other forms of mental illness keener than in England. The plays of William Shakespeare (1564–1616) contained reference after reference to the ease with which mental illness could play tricks on the mind. Robert Burton's *The Anatomy of Melancholy* (1621) was probably the most renowned of the many texts on depression that appeared in the early modern era. By the eighteenth century the tendency of English people to suffer from depression was so well known that in 1733 the British doctor George Cheyne dubbed melancholy the "British malady." The noted author Samuel Johnson (1709–84), just one of many Englishmen tormented by depression, saw himself as the victim of a "vile melancholy" and on several occasions startled his acquaintances with his spasms, tics, phobias, hypochondria, and debilitating indolence. Quoting Shakespeare, Johnson asked his physician:

Canst thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the breast?

However, Johnson knew enough about the quality of medicine in his day to realize his doctor would not be of much help.⁵

Samuel Johnson's reflections on his depression were an example of the mounting interest in matters relating to mental health in the eighteenth century. England's reputation as the homeland of madness during this period may have been due to a combination of genetics and the country's climate, which struck other Europeans as uncommonly gloomy, but it most likely also derived from England's fledgling consumerist economy and its political evolution as a nation in which, according to Alexis de Tocqueville, the "doctrine of the sovereignty of the people had been introduced into the bosom of the monarchy."⁶

NERVOUSNESS

In the eighteenth century the quest for mental health reached another milestone that has shaped the way people perceive their own emotional health to the present day. During the eighteenth century it became possible for the first time in history to say that one suffered from nerves.

As the eighteenth century dawned, physicians reported over and over again seeing patients without any glaring sickness, but medical