

YALE UNIVERSITY

BRIGHT YOUNG MINDS: COLLEGIATE MENTAL HYGIENE IN EARLY TWENTIETH
CENTURY AMERICA

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I think it may be said that within a few years public opinion will hold educators as strictly to account for the tragic failures of students beginning with marked disorders of the emotional life as it does now for the unfortunate ending of a case showing marked pulmonary symptoms and left so long without proper medical attention.

-Stewart Paton, 1920

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Bright Young Minds: Collegiate Mental Hygiene in Early Twentieth Century America

In December 1958, readers of the *Yale Daily News* would have encountered a full page advertisement paid for by the University Press: “Christmas Gift Suggestions – Books from Yale at Christmas.”¹ At the very bottom of the list of recommended reading, the advertisement described *Psychosocial Problems of College Men*, edited by Bryant M. Wedge. The book—a series of essays authored by staff in the Division of Student Mental Hygiene—aimed to support a thesis that “the college years provide a marked reorganization of the personality” of college men.²

The volume’s fourteen essays drew upon confidentially administered questionnaires provided by members of the student body from 1953 to 1957; Wedge served as editor of the volume in his capacity as chief psychiatrist at Yale. Wedge began his preface to the book by writing that, “the college age, second only to early childhood in personality development, may be a decisive epoch in the formation of healthy adult personalities.”³

By 1958, this was—as it is today—a rather anodyne claim. Shaping young minds has always been considered part of the collegiate mandate; however, in the early twentieth century this role was often restricted solely to academic development alone. The concept that a university should additionally concern itself with a student’s psychosocial and emotional development was a novel claim just thirty years prior to Wedge’s uncontroversial comment. Indeed, the idea that a university should even *have* a chief psychiatrist, or, for that matter, a division for student mental health, was barely half a century old.

¹ Yale University Press, “Books from Yale at Christmas” (print advertisement), *Yale Daily News*, 10 December 1958, 9.

² Gideon Gordon, “From the Couch: Study of Yale Mind Published,” *Yale Daily News*, 22 October 1958, 1.

³ Bryant M. Wedge, preface to *Psychosocial Problems of College Men*, ed. Bryant M. Wedge (New Haven: Yale University Press, 1958), vii.

The publication of *Psychosocial Problems of College Men* presents a crystalline example of a trend that had been developing since the early 1920s: a growing concern among liberal educators about how to address the emotional development and mental health issues of their students.⁴ This trend emerged from the larger mental hygiene movement in the United States, a Progressive Era reform effort seeking to change the ways in which mental illness was understood, characterized, and treated.⁵ Under the broad mandate of improving mental health in any setting where personal development took place, mental hygienists of the 1920s saw the college experience much in the way Wedge articulated, a time where the development of a student was decisive—and, potentially, vulnerable. From this movement, collegiate mental health services began to take form.

Today, collegiate mental health is one of the most prominent issues affecting higher education. In 2012, the Association for University and College Counseling Center Directors reported that ninety-five percent of directors surveyed indicated that the number of students with significant psychological problems was of growing concern at their institutions.⁶ Similarly, students have increasingly been more vocal about mental health issues, drawing attention to perceived deficiencies in university counseling services and adding their own narratives to debates about the university's culture of mental health.⁷

Shared in this concern is a view of the university as a singular setting, a place where unique stressors exert a unique influence on individuals. This view is remarkably similar to that

⁴ Heather Munro Prescott, *Student Bodies: The Influence of Student Health Services in American Society and Medicine* (Ann Arbor: The University of Michigan Press, 2007), 118.

⁵ Norman Dain, *Clifford W. Beers: Advocate for the Insane* (Pittsburgh: University of Pittsburgh Press, 1980), 110-111.

⁶ Brian J. Mistler, et al., *The Association for University and College Counseling Center Directors Annual Survey* (AUCCCD, 2012), accessed April 4, 2015, http://files.cmglobal.com/Monograph_2012_AUCCCD_Public.pdf.

⁷ National Alliance on Mental Illness, *College Students Speak: A Survey Report on Mental Health* (Arlington: NAMI, 2012), accessed April 4, 2015, http://www2.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAMI_Survey_on_College_Students/collegereport.pdf.

expressed by early advocates of collegiate mental health, who saw a dynamic relationship between the individual and his environment, between the student and his university.⁸ The enduring tension of this relationship remains a critical part of the mental health debate; within it are considerations of the proper role of a university in fostering emotional development, as well as what can be rightly expected of a student vis-à-vis the academic pressures of higher education. What does a university's concern with mental health say about its students? What do students' mental health concerns say about their university?

The answers to these questions were of paramount importance when collegiate mental health was emerging in U.S. universities during the 1920s and 30s, just as they remain important considerations today. Early proponents of collegiate mental hygiene had to convince administrators and students of the value of—and need for—their services. In doing so, they expressed a view—both explicitly and implicitly—of students, universities, and the relationship between them that would have a lasting impact on how all parties understood their roles and responsibilities in the development of personality, emotional wellbeing, and mental health on the college campus.

This paper will argue that the nascent college mental hygiene movement viewed mental illness as primarily a function of a student's inability to adapt to his collegiate environment. A preoccupation with school failure reflected hygienists' concern that students were occasionally unfit to withstand the rigors of academic life, and that sustained inability to meet these challenges would lead to worsened psychological distress in the future.

⁸ George E. Gardner, "Causes of Mental Ill Health among College Students," *Annals of the American Academy of Political and Social Science* (1930): 102-104. Gardner noted the unique collegiate setting as the reason for justifying the attention of mental hygienists when he wrote: "Yet it is the peculiar type of environment that surrounds the collegian that gives rise to mental troubles in excess of the number found elsewhere. Whether or not the individual variations in intelligence and home training are potent enough in themselves to cause us to regard colleges with an eye of expectation, surely the conditions under which the student works and plays justify our concern."

This view of mental illness emphasized a concept of the student—rather than the university—as flawed, favoring an individualistic approach of psychological distress rather than an institutional one. However, the collegiate mental hygiene movement charged universities with the responsibility to care for maladapted students, and to invest resources in the emotional well-being of its undergraduates. The mental health issues of students were generally seen as arising from their own shortcomings, but the onus of preventative or therapeutic response was placed on the university.

This paper argues that this paradigm for the relationship between students and universities emerged from the context in which collegiate mental health first took shape. The paper will demonstrate how mental hygienists in the 1920s, drawing on the work of the influential psychiatrist Adolf Meyer, began to conceptualize a relationship between a student’s psychological development and the culture of a university. It will then explore how mental hygienists attempted to apply these concepts through the creation of the first collegiate mental health services in the United States. Finally, it will consider what elements of these concepts remain in the current discussions of student mental health.

Adolf Meyer and the Origins of Mental Hygiene

In 1909, Sigmund Freud and Carl Jung delivered a series of lectures at Clark University on the topic of psychoanalysis.⁹ The Austrian and Swiss psychiatrists—today considered some of the most important figures in the history of psychiatry—were then both relatively unknown in the United States. The lectures helped elevate the reputation of Freud and Jung’s ideas; Freud

⁹ Richard Skues, “Clark Revisited: Reappraising Freud in America,” in *After Freud Left: A Century of Psychoanalysis in America*, ed. John Burnham (Chicago: University of Chicago Press, 2012), 49.

would later write that the lectures “seemed like the realization of some incredible day-dream: psychoanalysis was no longer a product of delusion, it had become a valuable part of reality.”¹⁰

Psychoanalysis tends to hold a firm place in the history of early 20th century psychiatry, with Freud widely considered one of the most influential psychiatrists of the time.¹¹ The prominence and celebrity that Freud continues to hold perhaps tempts the thought that there was little American psychiatry had to offer before Freudian thought rose to dominance. In fact, Freudian psychology was by no means unrivaled, nor was it, *a priori*, fated to dominate the landscape of American psychiatry.¹² As the Clark University lectures highlight, psychoanalysis was quite vulnerable when it was introduced in the United States. It would take decades for Freudian thought to rise to the forefront of American psychiatry; psychoanalysis—for all the fame it would later accrue—arrived from Europe as delicate as a day-dream.¹³

As Freud and Jung introduced the nascent concepts of psychoanalysis to an American audience, a separate and altogether radical movement was already finding purchase in American psychiatry. The mental hygiene movement, begun by Clifford Beers in 1908, aimed at the widespread reform of psychiatric care and the larger culture of mental illness in the United States.¹⁴

The history of this movement is described in greater detail in the subsequent chapter of this paper. It is, however, worthwhile to briefly consider the state of American psychiatry in the period leading up to the movement’s development. From this period arose the major philosophical pillars that would form the foundation of the mental hygiene movement and, consequently, collegiate mental health. In particular, this period introduces the work of Adolf

¹⁰ Sigmund Freud, “An Autobiographical Study,” in *The Freud Reader*, ed. Peter Gay (New York; London: W. W. Norton, 1995), 33.

¹¹ Skues, “Clark Revisited,” 49.

¹² Burnham, *After Freud Left*, 14-15.

¹³ Sonu Shamdasani, “Psychotherapy, 1909: Notes on a Vintage,” in *After Freud Left*, ed. Burnham, 31-48.

¹⁴ Johannes Coenraad Pols, “Managing the mind: The culture of American mental hygiene, 1910-1950” (Ph.D. diss., University of Pennsylvania, 1997), 8.

Meyer, which was inextricably linked with the mental hygiene movement and its central philosophy; Meyer, in fact, coined the term “mental hygiene” and recommended it as the name for the new movement.¹⁵ In the era before psychoanalysis, Meyerian psychology was considered the leading school of psychiatric thought.¹⁶ Though eclipsed by Freud shortly after his retirement,¹⁷ Meyer’s contributions were essential to the field of collegiate mental health; just at the moment when Freud’s ideas were being introduced to American psychiatrists for the first time, Meyer’s ideas were already giving rise to an entire movement of reform.

The closing years of 19th century American psychiatry were tense: neurologists—medical specialists of diseases of the nervous system—were becoming increasingly critical of institutional psychiatry.¹⁸ Mental institutions were criticized for being backwards, lacking the practice of scientific principles and modern therapeutic methodology. Some neurologists were concerned that institutional psychiatry was so detached from the medical profession at large that standards of medical practice and patient care had altogether been abandoned. The concern was acutely captured in an 1894 address before the American Medico-Psychological Association, when neurologist Silas Weir Mitchell brusquely threw down the gauntlet before an audience of institutional psychiatrists: “We, neurologists, think you have fallen behind us, and this opinion is gaining ground outside our own ranks. Where [are] your careful scientific reports? You live

¹⁵ Clifford Whittingham Beers, *A Mind that Found Itself: An Autobiography*, 1966 rev. edition (Garden City, NY: Doubleday, 1966), 263. As Beers wrote: “To Dr. Meyer belongs the credit for selecting the term ‘mental hygiene’ to characterize the movement, an apt selection expressing not only the idea of the amelioration of conditions among the insane, but also that of prevention of mental disorders.”

¹⁶ Andrew Scull and Jay Schulkin, “Psychobiology, psychiatry, and psychoanalysis: the intersecting careers of Adolf Meyer, Phyllis Greenacre, and Curt Richter,” *Medical History* 53, no. 1 (2009): 5.

¹⁷ Lawrence Davidson, “The strange disappearance of Adolf Meyer,” *Orthomolecular Psychiatry* 9, no. 2 (1980): 135.

¹⁸ Pols, “Managing the mind,” 7.

alone, un-criticized, unquestioned, out of the healthy conflicts which keep us up to the mark of the fullest possible competence.”¹⁹

Into this fray arrived Adolf Meyer. Born in Niederweningen, Switzerland, some twenty kilometers from Zürich, Meyer began his work in psychiatry as a neurologist, studying brain pathology under Auguste Forel and Constantin von Monakow at the University of Zürich.²⁰ He received his M.D. in 1892, and immediately set off for the United States, where he believed there to be better career opportunities than in Europe. He arrived in Chicago, and eventually accepted a position at the Illinois Eastern Hospital for the Insane at Kankakee. This was not a particularly desirable assignment as the hospital was ninety miles from the city, and lacked the prestige of Meyer’s preferred post: a position at the newly created University of Chicago.

Meyer found Kankakee to be emblematic of the critiques Silas Mitchell articulated against institutional psychiatry. The hospital did not keep adequate patient records, resulting in a total dearth of recording of a patient’s symptoms and prognosis.²¹ To the scientifically trained Meyer, this was unacceptable. He decided to train the medical staff himself in record keeping and clinical observation, standardizing case records at Kankakee and formalizing the hospital’s record keeping system. This crystalized his belief in empiricism and the need for a rigorous methodology in the practice of psychiatry.

Meyer, however, soon left Kankakee for Massachusetts, where he became director of research at Worcester State Hospital. There, Meyer began to develop a framework for conceptualizing a new approach to psychiatry, one grounded in his experiences at Kankakee and his training in scientific methodology. Meyer believed that mental illness could be understood as

¹⁹ S. Weir Mitchell, "Address before the fiftieth annual meeting of the American Medico-Psychological Association, held in Philadelphia, May 16th, 1894," *The Journal of Nervous and Mental Disease* 19, no. 7 (1894): 429.

²⁰ Scull and Schulkin, "Psychobiology, Psychiatry, and Psychoanalysis," 6.

²¹ *Ibid.*

the consequence of the relationship between an individual and his surroundings.²² This required that a psychiatrist view the patient holistically, taking careful note (and record) of all psychological, social, and biological factors relevant to the case at hand. Meyer believed that these factors interplayed in a dynamic relationship of organism and environment; the pathologies of the mind could be understood as a failure of the individual to adapt to the external world. Meyer's approach would eventually be termed "psychobiology," and soon became a leading doctrine of psychiatric thought for the early 20th century.²³

Meyer's psychobiology drew on his training in Zürich and his contrasting interaction with the state of American institutional psychiatry. It also relied on a philosophical component, one which Meyer became familiar with during his stay in Chicago and his subsequent move to Massachusetts: American pragmatism.²⁴ Pragmatism arose in the 1870s as a philosophy which considered thought as a function of the relationship between an organism and its environment; thoughts, consequently, could be viewed as instruments of action, and could be considered and evaluated based on their practical use. Meyer was familiar with the works of many leading American pragmatists, including John Dewey and Charles Pierce.²⁵ His move to Worcester led to a third connection with William James, a prominent pragmatist and a founder of functionalist psychiatry.²⁶ To some extent, functionalist psychiatry was the application of pragmatism to the pathology of the mind; functionalism posited that mental disorders had to be understood in terms of an active adjustment of the mind to the environment around it.

²² D. B. Double, "Adolf Meyer's psychobiology and the challenge for biomedicine," *Philosophy, Psychiatry, & Psychology* 14, no. 4 (2007): 335.

²³ Theodore Lidz, "Adolf Meyer and the development of American psychiatry," *American Journal of Psychiatry* 123, no. 3 (1966): 320-332.

²⁴ S. Nassir Ghaemi, *The Rise and Fall of the Biopsychosocial Model: Reconciling Art and Science in Psychiatry* (Baltimore: Johns Hopkins University Press, 2010), 4; S. Nassir Ghaemi, *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness* (Baltimore: Johns Hopkins University Press, 2003), 5.

²⁵ Lidz, "Adolf Meyer," 324-325.

²⁶ Scull and Schulkin, "Psychobiology, Psychiatry, and Psychoanalysis," 7.

Underpinning pragmatism and functionalism was a preoccupation with “adaptation,” or the ability of an organism to successfully negotiate a relationship with the environment.²⁷ That the language of adaptation, organism, and environment seems vaguely reminiscent of Charles Darwin’s description of the theory of evolution is far from accidental; for William James, Darwinian theory was critical in the formulation of his philosophical, theoretical, and moral beliefs.²⁸ Functionalist psychiatry also drew on Darwinism to explain the importance of studying the functions of the mind as part of a biological adaptive process.²⁹

Meyer’s psychobiology inherited many of the distinctive traits of these various movements in psychiatry and philosophy.³⁰ His work rejected a distinction between the mind and the body,³¹ and advocated instead a holistic approach that favored an integrated look at the patient as a whole, rather than as a sum of systems or parts.³² Applying his belief in the dynamic relationship between individual and environment, and the importance of successful adjustment of the former to the latter, Meyer believed that the sources of maladjustment—and, thus, the causes of mental illness—could result from a myriad of factors. Physical health and personality were just as critical, in a psychobiological perspective, as social and family background.

Psychobiology can also be interpreted as a response to Meyer’s perception of the state of American psychiatry, as well as a culmination of his intellectual and academic experiences. The conclusion of Meyerian psychiatry was a need to push beyond the superficial, to seek mental illness and its antecedents outside of the mental hospital and into the world. “One of the most

²⁷ Ibid., 8.

²⁸ Ignas K. Skrupskelis, “Evolution and Pragmatism: an unpublished letter of William James,” *Transactions of the Charles S. Peirce Society: A Quarterly Journal in American Philosophy* 43, no. 4 (2007): 745-752.

²⁹ Stephanie Shields, “Functionalism, Darwinism, and the psychology of women,” *American Psychologist* 30, no. 7 (1975): 739.

³⁰ S. D. Lamb, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* (Baltimore: Johns Hopkins University Press, 2014), 74-75.

³¹ Lamb, *Pathologist*, 60.

³² Ghaemi, *The Rise and Fall of the Biopsychosocial Model*, 5.

important lessons of modern psychiatry,” Meyer said in a speech to the New York Academy of Medicine in 1909, “is the absolute necessity of going beyond the asylum walls ... [going to] where things have their beginnings.”³³ This neatly foreshadows the mantra of the American mental hygiene movement, the need to apply principles of psychiatry not just in the asylum, but to “wherever intelligent attempts are being made to direct human activities.”³⁴

Meyer’s dynamic psychiatry provided the scientific and theoretical framework for the mental hygiene movement, and, consequently, collegiate mental health. Considering the college as an environment, psychobiology could be applied in the study of how students related to their schools. In the university, all of Meyer’s factors for maladjustment could readily be found. Stress in academic life originated from external pressures, but also from issues of background. Did one’s education in preparatory school provide adequate training for college? One’s upbringing? One’s pedigree? These were the questions to which college mental hygienists addressed themselves, all within the framework of Meyerian psychobiology.

College educators in the 20th century were, as they are now, concerned with the shaping of young minds; dynamic psychiatry suggested, however, that young minds were just as impressionable to the educative environment as a whole, not just the pedagogy of an instructor.³⁵ The impacts of this impression were not only readily identifiable—academic standing, extracurricular achievement, social status—they were quantifiable, or, at the least, discernable against a mean. A student whose grades suffered, who failed to achieve positions of rank in his extracurricular activities and his class, stood out from the rest. Achievement, thus, could be

³³ Adolf Meyer, “Modern Psychiatry: Its Possibilities and Responsibilities,” in Alfred Lief, ed., *The Commonsense Psychiatry of Dr. Adolf Meyer: Fifty-Two Selected Papers* (New York: McGraw-Hill, 1948), 293, cited in Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, Mass: Harvard University Press, 2002), 53.

³⁴ *Mental Hygiene*, 1 (January 1917): 1, cited in Norman Dain, *Clifford W. Beers*, 185.

³⁵ Charles D. Bohannon, “Mental Hygiene from the Standpoint of College Administration,” *The Annals of the American Academy of Political and Social Science* 149 (1930): 87.

considered a barometer of successful adaptation to the collegiate environment. Students who fit in well enjoyed success; those who didn't, suffered.

The Progressive Era echoed this focus on individualism and struggle. Theodore Roosevelt's rhetoric of "the strenuous life" had instilled a sense of urgency to cultivating an industrious workforce, one that wrestled and triumphed against adversity. "In the last analysis," Roosevelt observed, "a healthy state can exist only when the men and women who make it up lead clean, vigorous, healthy lives; when the children are so trained that they shall endeavor, not to shirk difficulties, but to overcome them; not to seek ease, but to know how to wrest triumph from toil and risk."³⁶ Roosevelt's language invoked elements of Social Darwinism to stress the urgency of his message: of those who avoided, feared, or failed in struggle, Roosevelt said "well it is that they should vanish from the earth."³⁷

It is important to note the asymmetrical dimension in Meyerian psychiatry, which Roosevelt's speech highlights. Under the language of the dynamic relationship, the fault of maladaptation of organism to environment lies in the organism.³⁸ This is not terribly surprising, considering the Darwinian roots of Meyer's theories. Evolutionary theory placed the pressure to adapt on the organism; whatever the environment, the organism either had to adapt to it, leave it, or perish.

Applying Meyer's theory to the collegiate environment, the suggestion that students are maladapted to their environment posits that there is something deficient in the student.³⁹ The

³⁶ Theodore Roosevelt, *The Strenuous Life: Essays and Addresses* (New York: The Century Co., 1902), 1-24.

³⁷ Ibid.

³⁸ Ernest R. Groves, "Mental Hygiene in the College and the University," *Social Forces* 8 (1929): 37.

³⁹ Ibid. Groves, typical of many collegiate mental hygienists, wrote: "Young men and women who are basically unsound, when transferred from the relatively easier environment of the secondary school because of their advancement in age, are brought to a testing which causes their basic unsoundness to appear in a serious form that announces the onset of some sort of nervous malady. Such students are unequal to the competition and the pressure of a college environment, just as they would be marked for disaster were they to enter some other undertaking where greater maturity and application than that of their high school period would be demanded of them."

possibility of flaw or deficiency in the environment—in meeting the needs of the student, easing pressures when necessary, providing support for struggling students—did not follow as readily from Meyer’s psychiatry as the individual’s inability to fit in with his environment. That the environment ought to, perhaps, structure itself in such a way to facilitate this fit was not a central tenet of psychobiology;⁴⁰ the collegiate mental hygiene movement, thus, inherited the psychobiological focus on the individual’s failures in adaptation.

After a seven year tenure at Worcester, Meyer moved on to a teaching position at the University Medical College in Ithaca, New York, where he remained for five years before accepting a professorship at Johns Hopkins University in 1910. That same year, Abraham Flexner wrote a report for the Carnegie Foundation that sought to provide a thorough review of the state of medical education in the United States and Canada.⁴¹ The report was a landmark work, and led to sweeping reforms in medical education. Flexner found that the education at most medical programs was profoundly deficient; one of the few schools, however, that was praised for its work was Johns Hopkins, which Flexner heralded as a model for medical education.⁴² Hopkins enjoyed substantial renown due to the report, and a position at the medical school became one of the most desirable in medical academia. Meyer had attained such a post within 18 years of arriving in America.

⁴⁰ There were, however, some mental hygienists who, as early as 1930, conceptualized the task of collegiate mental hygiene as routing out environmental causes of mental illness, rather than only addressing core deficiencies in struggling students. See Bohannon, "Mental Hygiene," 87: "Certainly, as college administrators and faculty members, we are, or should be, keenly interested, not only in the treatment of any pronounced cases of mental disease within student bodies, but also in discovering and eradicating the factors or elements in the college situation or environment which tend to render difficult the adjustment of the student to new situations." However, Bohannon’s comments still observe that non-environmental causes may exist within the student: "Likewise, we are interested in discovering what conditions or attitudes are commonly present among students....which render them apt to make inadequate adjustments and responses."

⁴¹ Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: Carnegie Foundation for the Advancement of Teaching, 1910).

⁴² Thomas P. Duffy, "The Flexner report—100 years later," *The Yale Journal of Biology and Medicine* 84, no. 3 (2011): 272.

In 1914, Meyer was asked to become director of the university's Henry Phipps Psychiatric Clinic. At the Clinic, Meyer held a position of substantial sway in the psychiatric community; not only did colleagues accord Hopkins and Meyer with deference and respect, but so too did his students. With every class of students, Meyer's influence radiated outward; in 1937, it was estimated, nearly one in ten academic psychiatrists in the country were taught by Meyer at Hopkins.⁴³ As American psychiatry received greater public attention—and funding—in the 1920s and 1930s and rose to prominence, Meyer's psychobiology gained in influence, eventually becoming the dominant perspective in psychiatry.⁴⁴ In its prominence, it would impact other fields as well, shaping psychiatric social work and the study of child development.⁴⁵ And, of course, it would form the core of the mental hygiene movement, with its emphasis on holistic care, institutional psychiatric reform, and the need to promote mental wellness outside of the asylum.

Meyer's psychobiology became popular, in part, because of its inclusivity. The theory urged psychiatrists to consider a plurality of factors when assessing a patient; similarly, Meyer hoped to cultivate a professional approach to psychiatry based on pluralism. Meyer's theories were aimed at consensus, and soon became known as a "commonsense psychiatry" —not that the principles were obvious, but that they were commonly appealing.⁴⁶ Through both the elasticity of his theories and his personal charisma, Meyer was able to reorient American psychiatry with a model that bypassed dogmatic tendencies in the field and instead focused on the pragmatic, the practical, and the observable. The shift was one to the immediate, and

⁴³ Franklin G. Ebaugh, "Adolf Meyer's contribution to psychiatric education," *Bulletin of the Johns Hopkins Hospital* 89 Supplement (1951), 71, cited in Scull and Schulkin, "Psychobiology, Psychiatry, and Psychoanalysis," 10.

⁴⁴ Lidz, "Adolf Meyer," 320-323.

⁴⁵ Alysia Young Han, "Children's Mental Health in the United States: The Development of Child Psychiatry at Johns Hopkins, 1890-1945" (Ph.D. diss., University of California, Berkeley, 2012), 9-25.

⁴⁶ Davidson, "The strange disappearance of Adolf Meyer," 136.

suggested, perhaps optimistically, that psychiatrists could take measurable steps to improve the care of their patients by upholding a holistic view of their charges. It became the dominant perspective in psychiatry by the late 1920s; so fixed was Meyer's influence that he was elected president of the American Psychiatric Association in 1928.⁴⁷ He was only the third non-American to hold the office.

As Frankwood E. Williams, a leader of the mental hygiene movement, would observe, Meyer's influence far outstretched that of Freud in the early 1900s: writing on psychoanalysis, Williams noted that "it made little headway, but what did immeasurably affect psychiatry in the United States was the psychoanalytic point of view, if you will, as expressed by such men as Dr. Adolf Meyer."⁴⁸ Why then, returning to the opening of this section, does the legacy of early 20th century psychiatry belong to Freud, and not Meyer? Why did psychobiology fade from prominence, while psychoanalysis endures?

As Freudian theories began to gain traction in the United States, they began to compete with Meyer's psychobiology and his "commonsense psychiatry." Psychobiology appealed to a consensus, but this made it quite difficult to define.⁴⁹ Psychiatrists soon came to consider pluralism in psychiatry as a failure of the field to adequately define a reliable doctrine. Freudian psychology stood out in sharp relief against the pluralism of psychobiology; in a field eager for a dogma to rally around, psychoanalysis was more than happy to oblige.⁵⁰

Inseverable from their theories, Freud and Meyer were also in competition, both as thinkers and personalities. Freud believed it his duty to craft a school around psychoanalysis, considering it an obligation to raise its profile and advance its teachings to the utmost extent

⁴⁷ Scull and Schulkin, "Psychobiology, Psychiatry, and Psychoanalysis," 11.

⁴⁸ Frankwood E. Williams, "Finding a Way in Mental Hygiene," *Annals of the American Academy of Political and Social Science* Vol. 149, Part 3: Some Social Aspects of Mental Hygiene (May, 1930), 8.

⁴⁹ Davidson, "The strange disappearance of Adolf Meyer," 140.

⁵⁰ *Ibid.*

possible. Freud readily staked a claim for publicity, and relentlessly pursued it; Meyer, by contrast, tried to circumvent doctrine by nature.⁵¹ Even if Meyer had endeavored to the sort of self-promotion Freud excelled at achieving, it is unclear if he would have met success. Though Meyer's English was quite strong, his writing was notoriously dense.⁵² While Freud was lauded for the clarity and precision of his words, Meyer's corpus was marked by rambling prose, eclectic syntax, and an "elliptical" train of thought.⁵³ Furthermore, though Meyer was a prolific writer, he left no books. He championed psychobiology, but never to the point of dogma, and hesitated in forming a doctrine or school around his perspective like Freud and others had done.⁵⁴ When Meyer retired in 1941, Freudian thought had already eclipsed his own work.⁵⁵ Psychobiology had reinforced standards of clinical care and practice, emphasizing the observable and the holistic above the abstract and the discrete. While this impact endured, it persisted only in the umbra of Freud's influence.

Today, psychobiology is more often associated with psychopharmacology than with an early 20th century shift in psychiatric practice.⁵⁶ Historical reviews of the period give far greater emphasis to Freud than to Meyer. Biographies, for instance, of Freud have been prolific, appearing since the 1940s. The sole book-length biography of Meyer—*Pathologist of the Mind*, by S.D. Lamb—has only just been published in 2014.⁵⁷

⁵¹ Ibid.

⁵² Ibid.

⁵³ Franklin G. Ebaugh, "Adolf Meyer: a tribute from home," *The American Journal of Psychiatry* 123, no. 3 (1966): 335.

⁵⁴ Ibid.

⁵⁵ Davidson, "The strange disappearance of Adolf Meyer," 139.

⁵⁶ Ibid., 135.

⁵⁷ Lamb, *Pathologist*, 8-11

Like defective bulbs in a string of lights, Meyer's terms and ideas flickered out after his retirement and his death in 1950. Psychobiology, commonsense and dynamic psychiatry—all either faded from memory or became rebranded for a new purpose.⁵⁸

All save for one. Meyer's influence endured most prominently in its relationship with the mental hygiene movement. When the movement's founder, Clifford Beers, was in need of a prominent psychiatrist to lend scientific support and credibility to the effort, Meyer stepped forward.⁵⁹ The two began a long-lasting partnership and friendship that gave rise to one of the most significant mental health reform efforts of the 20th century. Because of this close collaboration, Meyerian psychiatry became threaded into the mental hygiene movement, through which it continued to exert influence even after it became largely displaced in the psychiatric community by psychoanalysis.

More than theory, however, Meyer also supplied the movement its name, the one Meyerian term which endures to this day. On Meyer's coining of the phrase "mental hygiene," Beers wrote, "This was a happy choice—almost a stroke of genius in the devising of descriptive titles. Not only did 'mental hygiene' describe the work as originally planned; it will continue to describe it accurately regardless of its growth."⁶⁰ Beers, further, praised Meyer as a crucial advisor and wrote that Meyer, "because of his profound knowledge of the scientific, medical, and social problems involved, did more than anyone else to place the initial work on a sound basis."⁶¹

The history of this work, the movement it fostered, and its contributions to the emergence of collegiate mental health, form the subject of the following section of this paper.

⁵⁸ Davidson, "The strange disappearance of Adolf Meyer," 135.

⁵⁹ Eunice E. Winters, "Adolf Meyer and Clifford Beers, 1907-1910," *Bulletin of the History of Medicine* 43, no. 5 (1968): 414.

⁶⁰ Clifford Whittingham Beers, *The Mental Hygiene Movement* (New York?: Longmans, Green, & Co.?, 1921), 265.

⁶¹ *Ibid.*

Clifford Beers and the Launch of a Movement

In 1903, Clifford Beers—a recent graduate of Yale University—found himself in a miserable situation: suffering from severe depression, suicidal thoughts, and hallucinations, Beers had been institutionalized by his family at the Connecticut State Hospital at Middletown, after having stayed at two previous asylums.⁶² At each institution, Beers would later recall in his memoir, he experienced mistreatment and frank abuse by the staff, frequently being denied basic privileges and access to medical treatment. Beers was incensed that these conditions could be perpetuated against patients under professional care: “Is it not then,” he would later write, “an atrocious anomaly that the treatment often meted out to an insane person is the very treatment which would deprive a sane person of his normal capacity?”⁶³ Beers found that the care he received only seemed to compound his suffering, assault his dignity, and leave him less empowered than when he arrived.

From his harrowing experiences in the asylums, however, Beers resolved that it was necessary to reform the standards of treatment and care for the mentally ill. To bring attention to the state of conditions, he decided to collect the account of his experiences with institutionalization in a memoir, one of the first mental health patient narratives to be published, and certainly one of the most influential and widely read. *A Mind That Found Itself* (1908) and its author would eventually inspire an entire movement to reform the treatment of mental illness, within and without the institution. The mental hygiene movement would become a pivotal

⁶² Manon Parry, "From a patient's perspective: Clifford Whittingham Beers' work to reform mental health services," *American Journal of Public Health* 100, no. 12 (2010): 2356.

⁶³ Clifford Whittingham Beers, *A Mind that Found Itself: An Autobiography*, 1st edition (New York: Longmans, Green, & Co., 1908), 252.

moment in the history of American psychiatry, perhaps the first to emerge not from an internal leader in the profession, but from a patient.⁶⁴

The portrayal of Beers as a patient-pioneer who overcame the grip of mental illness—and the abuses of mental health care—to revolutionize psychiatric care is prominent in histories of the mental hygiene movement.⁶⁵ Though this narrative accurately captures the major arcs of Beers' life, it elides the altogether far more complicated origin story of the mental hygiene movement, and fails to recognize the influence of additional figures in the nascent reform effort, including Adolf Meyer, James Rowland Angell, Stewart Paton, and William James, to name a few. Beers' memoir was essential in launching the mental hygiene movement, but so too was the work, influence, and authority of the psychiatrists it recruited in its early effort. As this section will demonstrate, it was this network of connections that helped anchor the mental hygiene movement into the professional field of psychiatry, thus exerting its influence and formalizing its efforts. Importantly, these prominent figures helped link mental hygiene to the university setting, resulting in the rise of the first collegiate mental health services.

Clifford Whittingham Beers—widely considered one of the earliest and most influential advocates of mental health reform in the United States—was born in New Haven, Connecticut to a well-established family. Quite unlike Adolf Meyer, Beers enjoyed a well-established American heritage, tracing ancestry to Englanders who “settled in this country not long after the Mayflower first sailed into Plymouth Harbor.”⁶⁶ While Beers' home and upbringing could be characterized as comfortable, an early onset of anxiety and, later, depression, darkened his childhood and adolescence. These feelings crystallized with the death of his brother, who had suddenly begun

⁶⁴ Alexandra L. Adame and Gail A. Hornstein, "Representing Madness: How Are Subjective Experiences of Emotional Distress Presented in First-Person Accounts?" *The Humanistic Psychologist* 34, no. 2 (2006): 140.

⁶⁵ Parry, "From a patient's perspective," 2356.

⁶⁶ Beers, *A Mind*, 1st edition, 5.

to suffer from seizures when Beers was eighteen years old. Beers was consumed with the fear that he might develop the same illness as his brother; “The more I considered it and him,” he wrote, “the more nervous I became; and the more nervous, the more convinced that my own breakdown was only a matter of time. Doomed to what I then considered a living death, I thought of epilepsy, I dreamed epilepsy, until thousands of times during the six years that this disquieting idea persisted, my over-wrought imagination seemed to drag me to the very verge of an attack.”⁶⁷

In 1897, Beers graduated from the Sheffield Scientific School at Yale University. He had experienced recurrent episodes of depression as a student, which frequently paralyzed his ability to complete examinations and deliver recitations. He quickly took a position working as a clerk in New York City, and rapidly found his health deteriorating. In 1900, during a visit back home, Beers decided to commit suicide by throwing himself out of his bedroom window. The attempt occurred just as his family was having dinner; coincidentally, the bedroom window was just above the dining hall, and thus the family saw and quickly responded to Beers’ fall. (“Naturally,” Beers glibly remarked, “that dinner was permanently interrupted.”⁶⁸) Shortly thereafter, his family decided that Beers should be sent to an institution for professional care.

From 1900 to 1903, Beers was institutionalized at Stamford Hall, the Hartford Retreat, and, finally, the asylum at Middletown. He returned to his work in business in 1904, but did not forget the conditions he experienced during his stay in the various asylums and sanatoria. After a highly successful period at work, he returned to his ambition to launch a reform effort of mental health care, and resolved to essay a book on his experiences. He returned to two of the asylums at which he had stayed in order to “[seek] ammunition” for his project, and then presented his

⁶⁷ Ibid., 9.

⁶⁸ Ibid., 21.

idea for a reform effort to the President of Yale, Arthur Twining Hadley.⁶⁹ Beers was originally set on going directly to President Theodore Roosevelt and Secretary of State John Hay to seek their assistance; Hadley tactfully encouraged him to wait until his thoughts had coalesced around a solid proposal.

As Beers prepared to write his first draft, his fervor for the project rapidly outpaced his control. On the advice of his brother, he voluntarily returned to the Hartford Retreat for a short convalescence; though being recommitted was undoubtedly a frustration, Beers considered the stay at the asylum freeing, in part. There, he was able to devote a greater liberty of time and industry to writing notes for his autobiography.

One of the first people to review the manuscript for *A Mind That Found Itself* was William James, professor at Harvard University, who was already considered one of the most eminent psychologists in America. James' reply to Beers was laudatory: "You speak of rewriting. Don't you do it. You can hardly improve your book."⁷⁰ A second luminary who reviewed the manuscript was Stewart Paton, a prominent doctor who was, by the turn-of-the-century, "an influential leaven in the Johns Hopkins medical group."⁷¹ Paton had studied medicine at Columbia, and ultimately pursued interests in neuropsychiatry, ultimately leading to his career as a prominent investigator of the nature of nervous and mental illness.

Paton and James recommended that Beers to meet with one of their colleagues and mutual friends: Adolf Meyer. In the end of September 1907, Beers sent his manuscript to the Swiss psychiatrist, whom he had never met in person nor previously corresponded with. Shortly

⁶⁹ Ibid., 264.

⁷⁰ Ibid., vii-viii.

⁷¹ Adolf Meyer, quoted in Fred B. Rogers, "Stewart Paton (1865-1942): Mental Hygienist," *American Journal of Public Health and the Nation's Health* 55, no. 5 (1965): 654-656.

thereafter they arranged a meeting; within weeks, they were sending each other daily correspondence regarding the manuscript and the effort of reform it called for.⁷²

Meyer—a thoughtful, calm, and reflective scientist who valued rational and empirical thought—infused the manuscript with greater restraint of prose and policy recommendations; the original manuscript levied acerbic censure against many of Beers’ psychiatrists, and called for national inquests and sweeping legislative action.⁷³ Meyer was concerned that this would both alienate the psychiatric community and fail to bring about the desired change: the improvement of care and treatment for patients with mental illness, and the prevention of mental disease at large. His focus on scientific and practical aims tempered some of the fervor of Beers’ prose, and helped anchor the recommendations in the concluding section in the leading psychiatric thought of the early twentieth century. In particular, Meyer’s pragmatic approach to psychiatric reform became the main focal point of Beers’ recommendations; as Beers wrote, the movement’s purpose was, simply, “the spreading of a common-sense gospel of right-thinking.”⁷⁴

It was Meyer, further, who recommended that Beers use the term “mental hygiene” to describe the promotion of a social and individual mental health, in addition to the active prevention of mental illness. The recommendation was consistent with Meyer’s belief that reform could not be limited to the mental hospital; to do so would be impractical, but also inadequate, as the conclusion of psychobiology was that the environment as a whole—within the institution and without—influenced the psychology of the individual. Though Beers had originally envisioned a national society dedicated to the reform and review of hospital

⁷² Winters, “Adolf Meyer and Clifford Beers,” 417.

⁷³ *Ibid.*, 416.

⁷⁴ Beers, *A Mind*, 1st. ed., 295.

conditions, Meyer successfully steered Beers' vision towards a more broad organization, one concerned with any and all environments that influenced the shaping of the mind.⁷⁵

Beers published *A Mind That Found Itself* in 1908, after substantial revisions at the suggestion of his newfound colleague and correspondent; Meyer, however, privately remained unsatisfied with elements of the final draft, which he believed reflected the bias of Beers' manic observations while unwell in hospital.⁷⁶ Though the two men became colleagues and friends, Meyer's attitude and approach towards Beers betrayed a certain unease about Beers' mental state. Thirty five years after the book was published, Meyer told the editor of the *American Journal of Psychiatry* that "a good share of the writing was done in a state in which adequate insight could hardly be expected,"⁷⁷ Meyer the psychologist, perhaps, could never fully dis sever Beers' writing and his advocacy from the pathology of his illness.

Nonetheless, the book was well received, and was widely praised by both laymen and psychiatric professionals.⁷⁸ In the following year, Beers and his supporters—including his earliest advocates, William James and Adolf Meyer—founded the National Committee for Mental Hygiene (NCMH).⁷⁹ Beers was elected secretary of the organization, while Meyer became chairman of the executive committee. The national movement Beers had hoped to kindle was finally beginning to unfold, to great enthusiasm and fanfare.

Collegiate Mental Hygiene in the 1910s

More quietly, however, a second effort was underway: just a year after the creation of the National Committee, Stewart Paton founded the first collegiate mental hygiene service, at

⁷⁵ Winters, "Adolf Meyer and Clifford Beers," 416.

⁷⁶ Dain, *Clifford W. Beers*, 81.

⁷⁷ Adolf Meyer, cited in Dain, *Clifford W. Beers*, 81.

⁷⁸ Winters, "Adolf Meyer and Clifford Beers," 419.

⁷⁹ *Ibid.*, 425.

Princeton University.⁸⁰ Paton had only recently arrived at Princeton, having only just returned to the United States from a five year research stay at the Naples Zoological Station.⁸¹ Though the distance of Paton's research had made his involvement with the mental hygiene movement less intimate than Meyer and James' contributions, he had been especially supportive of Beers' efforts, particularly in advance of the publication of his book. Just before Paton was to leave for a return trip to Naples, Beers asked him if he could put in a good word to the president of the Rockefeller Institute for Medical Research, Frederick T. Gates. Beers was appealing for philanthropic support for both the publication of the book and the funding of his envisioned mental hygiene movement. Paton promised to do so, even if it meant returning from Naples; he further provided Beers with letters of introduction to William Welch, who was chairman of the board of the Rockefeller Institute and an influential figure in the philanthropic organization.⁸²

Paton's interest in neurobiology and his move to Princeton drew him towards the study of the emotional problems of the college student. A progressive at heart, Paton believed that it was essential that college students had resources to provide support in the critical period of adjustment and growth. Shortly after commencing his appointment, Paton informally invited any and all "troubled souls" to come to his office for "conferences" —this informal offer would become the first counseling service available to undergraduates in the United States.⁸³ The invitation, reportedly, was taken up by dozens of Paton's students.⁸⁴

Nonetheless, Paton encountered difficulty in persuading his colleagues that the study of collegiate mental hygiene was a worthwhile endeavor. He expressed frustration at how

⁸⁰ David P. Kraft, "One hundred years of college mental health," *Journal of American College Health* 59, no. 6 (2011): 478.

⁸¹ Rogers, "Stewart Paton," 654-655.

⁸² Dain, *Clifford W. Beers*, 84.

⁸³ Winifred Richmond, "Mental Hygiene in the Colleges," *Journal of the American Medical Association* 93 (1929): 1936.

⁸⁴ *Ibid.*

underdeveloped the field was compared to the mental hygiene movement at large, and how little interest or attention universities seemed to be investing in the emotional and social wellbeing of their students. “If the brain,” he wrote in 1911, “is the only organ to be used effectively in the fight against the foul fiend of ignorance, it is not creditable to American universities that they have thus far given so little attention to the proper study of the weapons to be used.”⁸⁵ From his position at Princeton, Paton advocated for a greater expansion of counseling services, and encouraged colleagues in the mental hygiene movement to devote greater resources to the study of the mental hygiene of college students. By 1915, he had recruited a small but influential cadre of psychiatrists to his point of view, including Thomas William Salmon, the newly appointed and inaugural medical director of the National Committee for Mental Hygiene.⁸⁶ During the same period, the NCMH had been increasing its attention towards the application of mental hygiene among adolescents and children. Aiming preventative efforts towards youths mirrored the efforts of other progressive campaigns (including antituberculosis efforts and the social hygiene movement at large), reflecting the belief that young minds were malleable and, consequently, the most impressionable.⁸⁷

The onset of World War I, however, disrupted the efforts of Paton and others in advancing collegiate mental hygiene. Paton and a number of his colleagues joined the war effort as military psychiatrists. In 1917, Paton joined Thomas Salmon and Pearce Bailey, a third civilian neuropsychiatrist, on a mental health survey of domestic military camps on the Mexican border, and of international bases in Canada and England.⁸⁸ The military sought to have a better

⁸⁵ Stewart Paton, “University Reforms,” *Popular Science Monthly* 78 (1911): 70.

⁸⁶ Sol Cohen, “The mental hygiene movement and the development of personality: changing conceptions of the American college and university, 1920-1940,” *History of Higher Education Annual*, 2 (1982): 70-71.

⁸⁷ Prescott, *Student Bodies*, 116.

⁸⁸ Theresa R. Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada* (Albany, N.Y.: State University of New York Press, 1989), 56.

sense of the potential psychiatric needs of its soldiers in the event of the country's entry into the war. The three psychiatrists presented their first report to the Surgeon General on April 12, 1917. Six days prior, Congress had formally declared war on the German Empire.

The first reports—and, indeed, each subsequent one—highlighted the prevalence of mental disorders among the Army, which were described as three times as prevalent among soldiers as civilians.⁸⁹ Following the report, the Surgeon General established a division of neuropsychiatry for the American Expeditionary Forces; Thomas Salmon temporarily left the National Committee to become its chief.⁹⁰ Paton also left Princeton, and served as a major in the army medical corps, where he was commissioned to study the effects of shell shock among American soldiers. In their respective posts, Paton and Stewart became convinced that the study of mental health was an essential field, in war and in peace.⁹¹ Furthermore, the experience of treating shell shock affirmed that a well-timed psychiatric intervention was critical in hemming psychological distress and averting a worsened condition. The dual experiences of treating stress disorders among college students at Princeton and the shell shock of soldiers at the frontline led Paton to see a parallel between the stresses of times of war and—critically—peace. “Peace no less than War,” he wrote shortly following the end of WWI, “produces ‘shell shock’”⁹² He noted that while the armed forces “appreciate the necessity for protecting the soldier against shell-shock,” little was being done by colleges or universities “to protect the civilian in times of peace, by giving him the right kind of education to withstand the strain and stress of modern life.”⁹³

⁸⁹ Pearce Bailey, Frankwood E. Williams, and Paul O. Komora, *The Medical Department of the United States Army in the World War*, vol. 10, *Neuropsychiatry* (Washington, D.C.: U.S. Government Printing Office, 1929), 1-12.

⁹⁰ Cohen, “The mental hygiene movement,” 69-70.

⁹¹ Prescott, *Student Bodies*, 117.

⁹² Stewart Paton, *Education in War and Peace* (New York: Hoeber, 1920), vii.

⁹³ *Ibid.*, 71.

With the end of the war, Paton and Salmon resumed their previous positions and returned to their interests in collegiate mental hygiene. The war had sharpened for many an interest in the emotional wellness, adaptation—or maladjustment—of young minds. This was particularly true of the military, which had recognized the importance of addressing psychological distress during the war. Now, during peacetime, the issue was no less important; at the U.S. Military Academy at West Point, two students committed suicide in the same year, just two years after the end of the war. The military hired Harry N. Kerns to serve as the academy's psychiatrist, and to conduct a study of the most common mental health problems among its cadets. Kerns' appointment established a counseling service for the cadets, the first collegiate mental health service to be created after the war.⁹⁴

Mental Hygiene on the Post-War College Campus

The civilian reach of collegiate mental hygiene expanded in the post-WWI period.⁹⁵ The experience of psychiatrists during the war had shown that timely interventions among traumatized or distressed adults could avert future psychological suffering and the development of severe mental illness. The post-war period also brought a renewed concern for the future of the country; as America entered the 1920s, the country faced insecurity towards the future of peace and democracy, and, in the words of Warren G. Harding's campaign promise, sought a return to normalcy, to a pre-war stability and equipoise.

The restoration of this order and the preservation of democracy, many hygienists believed, depended on the successful education and molding of America's young minds.⁹⁶

⁹⁴ Prescott, *Student Bodies*, 117.

⁹⁵ John Seiler Brubacher and Willis Rudy, *Higher Education in Transition; An American History, 1636-1956* (New York: Harper, 1958), 329.

⁹⁶ Stewart Paton, "The Essentials of an Education," *Mental Hygiene* 3 (1920), 280. Paton spoke for many of his colleagues when he wrote: "We should now accept the fact that democracy is now on trial and try to make the democratic system safe for the world by finding out what the essential factors of temperament and character are and then directing these forces intelligently, so that full expression may be given to normal, well-balanced personalities."

Mental hygienists frequently wrote of the elite abilities and cultivated intellect in American universities, that these were the best men in their most impressionable years, the bud of American potential in its anthesis.⁹⁷ “Courageously, if naïvely,” a mental hygienist wrote in 1921, “the student starts out to add to his store of knowledge, and, in all good faith, to prepare himself to make the world a ‘better place because he has lived in it.’”⁹⁸ Mental hygienists positioned themselves as mentors for these students not just for their sake, but for that of society and the future of American democracy. As the historian Sol Cohen argues, this approach to mental hygiene was both conservative and Utopian, reflecting a belief that the preservation of democracy could be achieved through the cultivation (and protection) of minds, particularly those of the educated and empowered elite.⁹⁹ For mental hygienists, it was the elite who wielded great influence to direct the course of human affairs, making the wellbeing of their emotional and mental state all the more important. Paton spoke for many of his comrades in collegiate mental hygiene when he wrote, “It is our duty to try to make democracy safe for the world... Surely those who call themselves educators should realize that this cannot be done unless we study the human machine and explore the genesis of impulses, the development of the personality, and add some understanding of the method of regulating intelligently the forces expressed in human behavior.”¹⁰⁰

Pragmatic motivations for collegiate mental hygiene’s expansion existed alongside idealistic ones. The National Committee for Mental Hygiene had, up to this point, developed

The success and interest developed in establishing the foundations of democracy may be pretty accurately measured by showing that we appreciate that education should be a process of assisting a person to adjust life happily and successfully. Once this biological view is accepted, the teacher becomes a recognized leader in a movement upon the success of which the safety of our civilization depends.”

⁹⁷ Groves, “Mental Hygiene in the College,” 50; Cohen, “The mental hygiene movement,” 85-86. As Groves wrote in 1929: “The American is more inclined than ever to look to education as the efficient means of advancing social life.”

⁹⁸ Frankwood E. Williams, “Mental hygiene and the college student,” *Mental Hygiene* 5, no. 2 (1921): 283-301.

⁹⁹ Cohen, “The mental hygiene movement,” 84-85.

¹⁰⁰ Paton, *Education*, 93-94.

apart from any sort of institutional backing, though it must be noted that Clifford Beers' efforts were greatly aided by the support he received from various members of the Yale faculty and administration. To establish mental hygiene services at the collegiate level would boost the prestige and reach of the movement, and lend it greater credibility within the academe.

Further, mental hygienists had practical concerns: working with college students provided a conveniently accessible client base, one which was frequently in need of service. For some, this helped the professionalization of psychiatry, and allowed for psychiatrists to build up a practice of college students, spouses, and their children.¹⁰¹ For others, access to college students allowed for research on the emotional and psychosocial problems of adolescents, an emerging field of research which burgeoned through the widening spread of mental health services for undergraduates.

It would be inaccurate, however, to emphasize these practical concerns at the expense of the humanitarian ideals of the collegiate mental hygienists. To most educators and academics, undergraduate life was seen as prosaic, "as a general rule...pleasurable, even at times gay," in the words of sociologist Robert C. Angell.¹⁰² But where most saw an environment insulated from the troubles of emotional distress, the mental hygienists observed frequent and recurring cases of depression, anxiety, and poor self-esteem. They also observed that the faculty of most schools were indifferent—and occasionally hostile—to efforts to attend to the emotional needs of students.¹⁰³ These educators primarily saw their responsibility as one of cultivating intellect, not

¹⁰¹ Cohen, "The mental hygiene movement," 86-87.

¹⁰² Robert Cooley Angell, *The Campus: A Study of Contemporary Undergraduate Life in the American University* (New York: D. Appleton & Co., 1928), 6. Angell noted that the stresses of academic life made this all the more impressive: "One is prepared for the genial good nature, the amiable banter, and the general optimism prevalent on the campus, though this latter is perhaps remarkable when one realizes the difficulties many students encounter in trying to support themselves" (pgs. 6-7).

¹⁰³ Groves, "Mental Hygiene in the College," 38.

personality. The mental hygienists believed that this was to the detriment of the collegiate mind, the mind upon which American society itself depended, and sought to enact a remedy.

The spread of mental hygiene services in the 1920s was remarkably rapid. In 1920, Karl Menninger joined Washburn College under contract to teach a course in mental hygiene and to establish a counseling service for the college's students. Dr. Menninger—a member of the famous Menninger family of psychiatrists, and a co-founder of the now-renowned Menninger Clinic—had served in the same neuropsychiatry division as Paton did during the war, and had been a close follower of Meyer's work from the John's Hopkins Phipps Clinic.¹⁰⁴ For Menninger, working in the college environment was a clear extension of “the application of dynamic and pragmatic psychiatry” that Meyer advocated for in schools, civic organizations, and churches, “the facilitation of personality development at a critical point, comparable to a bad turn on a race track.”¹⁰⁵

A second veteran of the neuropsychiatry division, Arthur Hiler Ruggles, was integral to the founding of two additional collegiate counseling services. In 1921, Dartmouth president Ernest Hopkins requested that Paton assist him in creating a mental hygiene service for the university. Shortly thereafter, Hopkins hired Ruggles, then the superintendent of the Butler Psychiatric Hospital in Providence, Rhode Island, to serve as a psychiatrist-in-residence for the students of Dartmouth.¹⁰⁶ Ruggles later returned to the Butler Hospital, but was subsequently approached by Yale University, which sought to establish a mental health service of its own.¹⁰⁷

¹⁰⁴ Prescott, *Student Bodies*, 118.

¹⁰⁵ Karl Menninger, *Adaption Difficulties in College Students* (New York: National Committee for Mental Hygiene, 1927), 1.

¹⁰⁶ Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca, N.Y.: Cornell University Press, 1997), 112.

¹⁰⁷ Heather Munro Prescott's *Student Bodies* states that Yale “persuaded Ruggles to leave Dartmouth” in 1925 (pg. 119). This is at variance with primary sources, which observe that Ruggles, at the time of his appointment at Yale, had actually resumed his post as medical superintendent of Butler Hospital in 1923. See “Notes and Comment,” *American Journal of Psychiatry* 88, no. 2 (October 1925): 323-326.

The dean of the school of medicine, Milton C. Winternitz, successfully persuaded Ruggles to take a one-year leave of absence from Butler to establish a mental hygiene clinic at Yale, and to teach courses in mental health. Ruggles agreed, and established Yale's mental hygiene service in 1925.

During this period of rapid expansion, collegiate mental hygienists struggled in shaping inchoate counseling services. Immediately, there were administrative concerns: under what department should these services be provided?¹⁰⁸ Some services, like those at Yale, were incorporated into student health services, often run in conjunction with the psychiatric divisions of the university's medical program. Others were attached to student counseling centers, such as those at Washburn and Dartmouth Colleges. Each posed its own advantages and challenges. Medical school programs and university hospitals were often isolated from the undergraduate population,¹⁰⁹ while student counseling centers and bureaus were often more accessible. However, affiliation with a medical program fulfilled the desire mental hygienists had to identify themselves and their field with the medical profession, as a legitimate medical study. Student service bureaus, by contrast, would require collaboration with psychologists, who dominated these services, and who were often seen as therapeutic rivals to psychiatrists.¹¹⁰ Faced with these balanced options, the NCMH officially recommended that nascent mental hygiene services be provided in association with undergraduate health services.

In looking for a workable template for this design, the collegiate mental hygiene community found in Yale University a model service that would eventually form the standard for

¹⁰⁸ Cohen, "The mental hygiene movement," 72-4.

¹⁰⁹ This was the case at Yale, where the mental hygiene division was originally located at the Yale Medical School, at a distance of several blocks from the central undergraduate campus. Yale University, Division of Student Mental Hygiene, *Retrospect and Prospect; a Special Report on the Twenty-Fifth Anniversary of the Student Mental Hygiene Service at Yale, June 1951* (New Haven, 1951), 4.

¹¹⁰ Cohen, "The mental hygiene movement," 73.

the field. In 1921, James Rowland Angell, an eminent psychologist and an avid member of the mental hygiene movement, was elected President of Yale, the first non-Yale graduate to hold the position. Angell was eager to implement the precepts of the mental hygiene movement at the university setting; aside from being a well-respected psychiatrist, Angell was also the son of James Burrill Angell, a former president of the University of Vermont from 1866 to 1871, and then president of the University of Michigan from 1871 to 1909. Angell's training in psychology was reflected in his approach to higher education, which he believed ought to be guided by the scientific study of the mind, personality, and intellect. Angell was well connected with members of the mental hygiene movement's leadership; he had maintained a correspondence with Stewart Paton when he established Princeton's mental health service, and was good friends with Clifford Beers.¹¹¹ In fact, he had invited Beers to return to Yale to form an "International Institute for Mental Hygiene" at the University (this ambition, however, was never realized, due to the onset of the Great Depression and changing priorities at the university).¹¹²

Instead, Angell managed to recruit Ruggles to join as Consultant to the Department of University Health and Lecturer in Psychiatry at the School of Medicine on October 3, 1925. "With this appointment," President Angell said, "Yale begins the development of a highly important contribution of medical education to the welfare of the student body, and hygienic interests of New Haven and the neighboring communities."¹¹³ Angell had personally intervened to facilitate the appointment; Beers even assisted, and helped negotiate on Yale's behalf.¹¹⁴ As one of Beers' biographers wrote, Ruggles' appointment was "the beginning of the fulfillment of

¹¹¹ Dain, *Clifford W. Beers*, 242; "Memorandum on the Department of Mental Hygiene," c. 1927, Department of Health, Division of Student Mental Hygiene, Yale University, records (RU 109), Series I, Box 1, Folder 2, Yale University Archives and Special Collections (New Haven, CT).

¹¹² Norman Dain, *Clifford W. Beers*, 236; Paul Weindling, *International Health Organisations and Movements, 1918-1939* (Cambridge: Cambridge University Press, 1995), 286.

¹¹³ "Dr. A. H. Ruggles Appointed to Department of Health," *Yale Daily News*, 5 October 1925, 2.

¹¹⁴ Dain, *Clifford W. Beers*, 229.

an old dream;”¹¹⁵ one can imagine how Beers felt, having suffered untreated depression while at Yale, seeing the formation of a student mental hygiene service at his alma mater. Perhaps the patient-turned-advocate saw in the Yale service that resource he himself had longed for in college and gone without, and perhaps saw in Ruggles the psychiatrist he had been in need of as an undergraduate. In a tragic irony, the two were reunited later under far more altered circumstances. Beers suffered a relapse in the late 1930s, and went to the Butler Hospital for treatment.¹¹⁶ Ruggles, having returned to Butler after his one-year stay at Yale, treated Beers from 1939 to 1943, when Beers passed away at the institute, still under Ruggles’ care.

The Yale department for mental hygiene was incorporated as part of the School of Medicine, but was associated with the student Department of University Health. Though the original offices were located at some distance from the main campus, the opening of a new health center in 1930 at the heart of campus substantially improved the accessibility of the mental hygiene services. The department consisted of a multidisciplinary team of psychiatrists, psychologists, and psychiatric social workers; services gradually expanded as the university successfully obtained support from the Commonwealth Fund and, later, the Old Dominion Fund.¹¹⁷ With this structure, Yale managed to become a leader in collegiate mental hygiene. Within three decades of its founding, the division was being described as one of the “most fully developed of that in any college or university in the world.”¹¹⁸

The Yale division served as a model for many others, and by 1930 similar programs had been established at Harvard, Smith, Brown, Wellesley, Mt. Holyoke, Northwestern, and the

¹¹⁵ Ibid.

¹¹⁶ Ibid., 319.

¹¹⁷ Division of Student Mental Hygiene, *Retrospect and Prospect*, 3.

¹¹⁸ “Mental Health Conference Holds First Meeting Here, Will Study Yale Program,” *Yale Daily News*, 20 September 1956, 5.

Universities of Colorado, Vermont, Michigan, and Chicago.¹¹⁹ Within twenty years of Paton's development of the Princeton counseling service, over fifteen new programs had been established across the country.

The rapid expansion of collegiate mental health services in the post-war era should not be interpreted in such a way to suggest that this expansion was easily attained. In fact, there were substantial challenges to the implementation of mental health services in the 1920s and 1930s.

The largest resistance was encountered among university faculty; a survey among college mental hygienists published in 1929 reported that this group was the "greatest hindrance" to the successful implementation of mental hygiene programs for the student body.¹²⁰ Superficially, this seems puzzling: why would instructors resist programs which, ostensibly, sought to promote the successful emotional and personal development of their students? However, a brief exploration of the major pedagogical philosophies of the time—and the ways in which mental hygiene engaged with these ideas—indicates that the two were not always readily compatible.

The major principle of higher education during the post-war period was a firm reliance on intellectualism, a classical philosophy grounded in Stoic Hellenist thought.¹²¹ The philosophy of intellectualism emphasized the power of reason over emotion, of intellect over impulse. Destructive emotions were thought to be the result of a weakness of will and intellectual control. This, thus, led to the conclusion of Stoic thought: that, as Socrates and others argued, virtuous will was sufficient for human happiness.¹²² The intellectualist school placed paramount emphasis on the ability of the well-trained mind to control its emotions, and to rise above them to reach calm and rational judgment.

¹¹⁹ Cohen, "The mental hygiene movement," 75.

¹²⁰ Richmond, "Mental Hygiene," 1938, cited in Prescott, *Student Bodies*, 120, and in Cohen, "The mental hygiene movement," 88.

¹²¹ Cohen, "The mental hygiene movement," 80-81.

¹²² Terence Irwin, *Plato's Ethics* (Oxford: Oxford University Press, 1995), 73.

Though intellectualism served as the core of higher education in the 1920s, it was viewed with suspicion by mental hygienists.¹²³ One of the leaders of the collegiate mental hygiene movement, Frankwood Williams, observed that “educational systems have been built largely upon this assumption —train the intellect and school the will that they may rule over the ‘baser animal parts.’”¹²⁴ Williams believed that intellectualism was an extension of human vanity: “it fills us with pride to think that our lives are controlled and directed by the forces of our intellect —thus as humans we are different from the animals...But we largely fool ourselves.”¹²⁵ Mental hygienists argued that most decisions were rarely made through cold logic alone, but were largely dependent on emotional responses. These emotional aspects of personality, it was argued, were poorly handled by universities, who were ill-preparing students for the stresses and challenges of the modern world by inflating the role of the intellect in self-control. Mental hygienists could be acerbic in their criticism of the “older system” of education: Stewart Paton wrote in *Popular Science Monthly* that “recently the suggestion has been made that mental training is the only remedy for the evils connected with our present system of education.”¹²⁶

Faculty members responded by accusing mental hygienists of codling students (which mental hygienists profusely denied).¹²⁷ In Stoic thought, powerful minds did not suffer personal misfortune. Though life might assail the intellect with the vicissitudes of changing circumstance, the calm Stoic mind maintained its balance through a firm reliance on intellectual power. To some, establishing mental hygiene services at a university seemed to undermine intellectual pedagogy, and, worse, risk the reputation of schools as steadfast educators of Stoic thought.

¹²³ Paton, *Education*, 88: “One of the extraordinary fallacies in the present system of education is the assumption that the emotional and mental characteristics of the cultured person may be developed in student merely by instruction in the Classics.” Also see Cohen, “The mental hygiene movement,” 80-81.

¹²⁴ Williams, “Mental Hygiene,” 2-3.

¹²⁵ *Ibid.*, 3.

¹²⁶ Stewart Paton, “College or University?” *Popular Science Monthly* 82 (1913), 193.

¹²⁷ Clements Collard Fry and Edna G. Rostow, *Mental Health in College* (New York: Commonwealth Fund, 1942), 18-19.

This fear, perhaps, explains why some faculty supporters of mental hygiene services had reservations about the publicity of these services. In 1924, Dartmouth president Ernest Hopkins—the same president who had recruited Arthur Ruggles to create a new mental hygiene service at the college—wrote in a letter to Mary Ross, the editor of the journal the *Survey*, that he frequently found himself “disabusing the minds of those who are inclined to think of us as running a sanatorium [*sic*].”¹²⁸

Hopkins’ comments highlight a second source of challenge mental hygienists faced from faculty: stigma. The American eugenics movement—anchored in the biological determinist theories of Sir Francis Galton—was widely accepted in the academic community during the 1920s; a central claim of the movement was that psychiatric patients (“the insane and the feeble minded”) were “defectives”, unfit for the “creative work” and “leadership” that was within the capabilities of “high grade” persons.¹²⁹ To have a mental illness was a biological failure of fitness, and a marker of ones “low grade” class. Elite universities feared that starting a mental hygiene program could be seen as a similar loss of status. Opposition to a collegiate mental hygiene program was, thus, affirmation of the proposition that a university was not for the feeble minded, but for the high grade elite.¹³⁰ The sanatorium could concern itself with the care of the rest.

There were many ways of being a Social Darwinist: one was the eugenic belief that “defective” individuals were permanently deficient. Another, such as the view taken by the mental hygienists, was to see the individual’s current “defects” in a developmental light, whereby current deficiencies might be addressed and remedied. Mental hygienists did not

¹²⁸ Ernest Martin Hopkins to Mary Ross, 1 December 1924, President’s Office Records, Dartmouth College, DP 11, folder 34, Mental Hygiene 1924-25, as cited in Prescott, *Student Bodies*, 120-121.

¹²⁹ Ann Gibson Winfield, *Eugenics and Education in America: Institutionalized Racism and the Implications of History, Ideology, and Memory* (New York: Peter Lang, 2007), 82.

¹³⁰ Bohannon, “Mental Hygiene,” 87.

necessarily assail eugenic principles; many were, in fact, supporters of the movement and believed that certain individuals were born a mark above the rest.¹³¹ Psychiatrists, however, challenged the notion that the mentally ill were lost causes. For eugenicists, the defect of mental illness was innate and born to the individual; a “feeble minded” person, thus, could not be salvaged. To the eugenicists, it would have been better had he never been born. Mental hygienists, however, insisted that emotional problems could be treated, and that more serious mental health issues could be averted through the use of early treatment.

This helps explain why mental hygienists concerned themselves primarily with mild emotional and mental problems. These issues were more prevalent than major cases of insanity or schizophrenia, but were also held to be seeds of future mental problems. As Arthur Ruggles observed:

Mental hygiene of the college does not mean the search for mental disease. To be sure, occasional cases of frank mental disease do manifest themselves during the college years, and the psychosis in its incipiency is at times also recognized during these years, but the great problem of mental health in the college is that of detecting and treating problems of maladjustment which handicap the student from achieving his full degree of efficiency and which might, if uncorrected, lead to later mediocrity, failure, or even mental disorder.¹³²

Collegiate mental hygienists were sensitive to the image of the psychiatric patient as a lunatic with a poor grip on his mental faculties; they feared that this stigmatized view would dissuade students from seeking treatment. They frequently stressed that most of their patients were “normal youngsters.”¹³³ One mental hygienist appealed to students through the college newspaper: “If they,” he wrote of his students, “would only realize, that it is 100% normal to

¹³¹ Dowbiggin, *Keeping America Sane*, 113. As Dowbiggin writes, “Adolf Meyer, for instance, was a member of the Committee on Eugenics of the American Breeders’ Association. He also belonged to the American Eugenics Society (AES) and even served on its advisory council from 1923 to 1935.”

¹³² Arthur H. Ruggles, “The College Student and Mental Hygiene,” *Bulletin of the American Association of University Professors* (1930): 604-607.

¹³³ Division of Student Mental Hygiene, *Retrospect and Prospect*, 22.

have problems, and that 75% of the students treated are normal boys, they could save themselves a lot of emotional unrest.”¹³⁴

The mental hygienists were able to tackle the stigma of mental illness by invoking the psychobiological relationship of the individual and the environment. They argued that struggling in college was far from aberrant; on the contrary, it was a natural response to the challenges of a new setting. As one mental hygiene service observed:

A new environment can be unsettling for some people; coming to college is expected to tax the resources, and challenge the abilities of most individuals. It is not always understood that the college experience is a special pressure coinciding in time with the peak of a person’s adolescent changes. Physically, emotionally, intellectually, an individual is inevitably going through a difficult period of transition. Proper help at this time may be of striking importance in the ultimate development and fulfillment of the individual.¹³⁵

This should not, however, suggest that mental hygienists believed that mental health problems among the undergraduates was the fault of the university; though college exerted stresses, both social and academic, it was generally the maladaptation of the individual to the environment that was perceived as the responsible cause of mental illness. As one famous collegiate mental hygiene director wrote to a colleague, “there are large groups of students in our colleges who are inadequate in every sense of the work [*sic*].”¹³⁶ Collegiate mental hygienists understood that academic life was stressful, and placed significant demands on the average student; they did not, however, believe that these demands were unreasonable or extreme. Rather, it was the student who needed to rise to meet the challenges of the university; those who faltered were perhaps ill-prepared by school and circumstance to measure up to the expectations of success.

¹³⁴ “Fry Blasts Russell’s Overemphasis on Sex as Student Problem,” *Yale Daily News*, 14 March 1941, 1.

¹³⁵ “Memorandum on the Department of Mental Hygiene,” c. 1927, Department of Health, Division of Student Mental Hygiene, Yale University, records (RU 109), Series II, Box 14, Folder 114, Yale University Archives and Special Collections (New Haven, CT).

¹³⁶ Clements C. Fry to Joseph E. Raycroft, 7 December 1929, Department of Health, Division of Student Mental Hygiene, Yale University, records (RU 109), Series II, Box 14, Folder 114, Yale University Archives and Special Collections (New Haven, CT).

However, while students might arrive to college “maladapted” to the new environment, mental hygienists believed it to be the responsibility of the university to help them successfully acclimate.¹³⁷ One mental health service described its focus to “review [the students’] social and cultural equipment as it related to fitting in ... and what could be done to fill in the gaps in their lives and training.”¹³⁸ This comprehensive approach to counseling was reflected in the programming of the early collegiate mental health services: at Yale, for example, students:

were helped in organizing study programs; taught methods of study and given general information, support, and encouragement in regard to many of their problems. According to their individual needs, they were taught something of the organization of Yale social life and mores; the library - its resources and use; recreation available in and outside the University.¹³⁹

Thus, mental hygienists emphasized the need to see that students were equipped with the necessary knowledge and skills to succeed in college. Ignoring these concerns was viewed as an invitation to emotional problems, which could develop into more serious concerns without treatment. Evident in the rhetoric of collegiate mental hygiene is the emphasis on the role of the university in promoting the emotional stability of its students. Mental health problems were thought to frequently arise when students arrived as-yet unsuited to academic life. Though mental illness was ascribed to deficiencies in the preparation of the individual student, it was related to the environmental expectation of performance and success, and thus considered an essential concern that the college had to address. Thought not the fault of the university, it remained its responsibility to remedy.

Conclusion

In the opening essay of Bryant Wedge’s *Psychosocial Problems of College Men*, the editor makes the observation that “the average undergraduate spends most of his time lurching

¹³⁷ Groves, “Mental Hygiene in the College,” 37; Paton, *Education*, 80.

¹³⁸ Division of Student Mental Hygiene, *Retrospect and Prospect*, 9.

¹³⁹ *Ibid.*, 8-9.

from crisis to crisis and that campus life is too distressingly faithful a reproduction of the intense competitiveness of American business life.”¹⁴⁰ The statement, made in 1958, is remarkably similar to the concerns expressed at present with the mental health of college students. Educators continue to worry about the mental health environment of the university, and whether the academic mission of shaping bright young minds is faring well.¹⁴¹

Most concerns, however, have emerged not among administrators, but from students, who have increasingly become vocal with their concerns about their colleges’ culture of mental health and wellness. Most student voices on mental health assail the utopian portrayal of college as a place of joy and ease, where happiness comes effortlessly and struggling to succeed is anomalous.¹⁴² Others directly challenge their university’s policies towards mental health, and the availability and quality of mental health resources. Common to these student perspective is the invective for frank dialogues about mental health,¹⁴³ about the availability of resources,¹⁴⁴ and – occasionally, the need for reform within the university.¹⁴⁵

Other commentators take this further. Some critics, most notably William Deresiewicz, have pointed to the prevalence of mental health issues among college students as an indication that the entire system of higher education—from application to enrollment to graduation—is in need of reform.¹⁴⁶ In this frame, the college process itself is seen as toxic; poisoned by the

¹⁴⁰ Bryant M. Wedge and James S. Davie, “The Psychosocial Position of the College Men,” in *Psychosocial Problems of College Men*, ed. Wedge, 14.

¹⁴¹ Daphne C. Watkins, Justin B. Hunt, and Daniel Eisenberg, “Increased demand for mental health services on college campuses: Perspectives from administrators,” *Qualitative Social Work* 11, no. 3 (2012): 319-337.

¹⁴² Anonymous, “I Am Fine,” *Harvard Crimson*, 17 February 2011, accessed April 4, 2015, <http://www.thecrimson.com/article/2011/2/17/harvard-many-feel-out/?page=single>.

¹⁴³ Yale Daily News, “For a town hall on mental health,” *Yale Daily News*, 11 February 2015, accessed April 4, 2015, <http://yaledailynews.com/blog/2015/02/11/for-a-town-hall-on-mental-health/>.

¹⁴⁴ Lauren Davis, “Princeton’s mental health obligation,” *Daily Princetonian*, 1 May 2014, accessed April 4, 2015, <http://dailyprincetonian.com/opinion/2014/05/princetons-mental-health-obligation/>.

¹⁴⁵ Andrew Giambrone, “When Mentally Ill Students Feel Alone,” *The Atlantic*, 2 March 2015, accessed April 4, 2015, <http://www.theatlantic.com/education/archive/2015/03/when-mentally-ill-students-feel-alone/386504/>.

¹⁴⁶ William Deresiewicz, “Don’t Send Your Kind to the Ivy League,” *New Republic*, 21 July 2015, accessed April 4, 2015, <http://www.newrepublic.com/article/118747/ivy-league-schools-are-overrated-send-your-kids-elsewhere>.

competitiveness of the college admissions process, students relentlessly and narrowly pursue success, much to the detriment of their emotional and mental wellbeing. The blinders engaged to focus only on trivial markers of success (e.g., a high GPA, an “A” on a paper, etc.), students lose sight of the achievement of more meaningful things, such as a sense of purpose, or a sense of self-esteem, and thus find themselves without the things needful for a happy and fulfilling life.

Still others view the issue of collegiate mental health as a larger one. One of Deresiewicz’s critics, Joshua Rothman, argues that the “soul crushing” aspects of academic life may not be due to the culture of the university, but due instead to the nature of living in the modern age. Perhaps, as Rothman phrases it, college students feel depressed or anxious not because their colleges provoke them to, but because depression and anxiety are the rational responses of a thoughtful person to the incidents and struggles of modernity as a whole.¹⁴⁷

Unlike Wedge, who worried that college was becoming a reflection of the modern world around it, Rothman considers college a mere extension of modernity, and, thus, sharing in some of its less comforting characteristics: both can be worlds where life is occasionally hectic, arrhythmic, and stressful.

Regardless of the scale in which they perceive the problem to lie, what these comments have in common is the shared view that the role of the environment is critically important in the health and wellbeing of individuals. The mental health of college students, whether considered within the context of a single school, the entire structure of higher education, or the whole sensation of modernity, remains linked to the challenge of how individuals relate to their environments. In large part, Adolf Meyer’s idea of the dynamic relationship of psychiatry remains the guiding framework in collegiate mental health.

¹⁴⁷ Joshua Rothman, “What College Can’t Do,” *New Yorker*, 5 August 2014, accessed April 4, 2015, <http://www.newyorker.com/books/joshua-rothman/what-college-cant-do>.

Much, of course, has changed with how educators, parents, and students view this relationship vis-à-vis colleges and their students. In a prominent departure from the mindset of the early 20th century, critics now question whether the demands of academic life are reasonable, and whether these demands might actively worsen the mental health of students. College mental hygienists in the 1920s worried that students were failing to measure up to the expectations set for them; today, the question has become whether those expectations are set too high for students to reasonably achieve.¹⁴⁸

It is impressive, however, how little has changed with regards to the language of success as it relates to mental health. In the 1920s, the frank concern of mental health departments was student failure.¹⁴⁹ As this paper has discussed, this concern originated from the context of post-war insecurities towards the future, and a belief in the need to cultivate the best and brightest minds for the successful stewardship of American society. A student who failed, whether in academic or social standing, represented the loss of potential of a capable leader or a creative mind. Mental hygiene was thus formed to address the wellbeing of students, and perhaps their happiness, but also their “efficiency”¹⁵⁰—their ability to perform what was expected of them.

Collegiate mental hygienists worked under this framework, that failure was pathological in an environment of competitive success. While the meaning of success in college has changed profoundly with each generation, the tension of success and failure has been the nature of collegiate mental health work since its inception. In a recent newspaper editorial, a student health director wrote an article urging students to seek out mental health resources if in need of them:

¹⁴⁸Joshua S. Smith and Ellen C. Wertlieb, "Do first-year college students' expectations align with their first-year experiences?" *Journal of Student Affairs Research and Practice* 42, no. 2 (2005): 299-320.

¹⁴⁹Williams, "Mental Hygiene," 19.

¹⁵⁰"The Department of University Health wishes to maintain..." October 4, 1930, Department of Health, Division of Student Mental Hygiene, Yale University, records (RU 109), Series I, Box 1, Folder 2, Yale University Archives and Special Collections (New Haven, CT).

“We are here to help you succeed,” he concluded. “This is the very nature of our work.”¹⁵¹ As this paper has demonstrated, the early mental hygienists believed the same.

The history of early collegiate mental hygiene highlights many of the issues and tensions through which current debates of mental health at college are framed. Throughout its history, collegiate mental health has remained embedded within the relationship of individuals to environments. Remarkably, many of the current discussions also remain in the language of “success” and “failure.” Somatic illness rarely invites this sort of semantic: the dichotomy there is often between health and sickness. “If faculties,” Frankwood Williams wrote in 1931, “were composed of those who believe that broken legs and appendicitis are ‘errors,’ it would be reasonable of them to demand that the boy with a broken leg correct his ‘error’ and attend his classrooms, or depart. But, although broken legs are tangible, concrete things in the view of faculties and to call them ‘errors’ is ridiculous, these same faculties would seem to see no absurdity in considering emotional difficulties ‘errors.’”¹⁵² To suggest that someone with a physical illness has failed to cope with the stresses of the world seems absurd; not so, it seems, with mental health.

Scholastic achievement has endured as the concern of college mental health professionals perhaps because students often feel that their personal sense of success is modulated by this achievement. Students, for better or worse, still derive much of their sense of self-worth from the metrics that they have always been assessed by: grades, test scores, admissions, and acclaim. Perhaps due to the framework of mental health emerging from the relationship between the individual and the environment, the language of adaption, and of its success and failure, cannot be easily severed from mental health. This may be particularly true of colleges, where the

¹⁵¹ Paul Genecin, “On mental health at Yale,” *Yale Daily News*, 2 March 2015, 2.

¹⁵² Williams, “Mental Hygiene,” 13-14.

environment is designed to challenge, provoke, and test. Mental health counselors still concern themselves with how students “adapt” to college because college remains a markedly different environment than any prior in one’s life. It is, at once, the setting of immense changes of positive and negative valence, of new pressures and new discoveries.

Today, the term “mental hygiene” has fallen from favor, and many of its early views towards students likely seem archaic to present-day mental health counselors, psychiatrists, psychologists, and social workers. The reasons for the creation of mental health services in the 1920s and 1930s, however, remain remarkably similar to the missions of present-day services. Collegiate mental hygienists conceived of colleges as places where individuals were challenged to grow and develop, but also as sources of stress, alienation, inferiority, and mental illness. At the time when a student’s body and development were in flux, college introduced a student to an entirely new environment, severed from friends, family, and the familiarity of old routines. The process could be traumatic, particularly for students from disparate backgrounds, or for those ill-prepared for the academic rigors of college. Mental health services, thus, reflected an understanding of the university as a unique place, a place where, at once, students could encounter the greatest challenges of their lives thus far, as well as the tools to surmount them.

(11,610 words)

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BIBLIOGRAPHIC ESSAY

Recently, the issue of collegiate mental health has become a prominent one at Yale, as it has at the university's peer institutions. When the Yale College Council released a report on the state of mental health at Yale in 2013, I became interested in the history of mental health in college, and sought at first to learn how this history unfurled at Yale. As is wont to happen in academic research, new revelations begat new questions, pushing the scope of my inquiry further and further until I began to sense that the thesis I was pursuing concerned itself with colleges in general, and the story of the origin of collegiate mental hygiene in the early twentieth century. Over the past two years, this scope guided my research, and led to the present thesis.

The published works and personal correspondences of the early mental hygienists provided excellent primary source material for my study. The digitization of a number of influential works from the 1920s and 1930s—including Clifford Beers' *A Mind That Found Itself*, and the works of Frankwood E. Williams, Ernest R. Groves, and Arthur H. Ruggles—provided a robust source of material on the theory and practice of early collegiate mental hygiene. Williams, in particular, wrote extensively about mental hygiene, and was a prolific author of articles discussing its application to the college environment. Beers' autobiography, widely considered the founding text of the mental hygiene movement, contained several illuminating sections on the experience of mental illness in college, and how Beers' transition from patient to advocate emerged. Finally, the published textbooks of early mental hygiene and the published proceedings of the First International Congress on Mental Hygiene from 1932 provided a glimpse at the ways in which mental hygienists conceptualized their profession, their history, and their mission.

While these primary sources helped illuminate the formal arguments and issues that collegiate mental hygienists articulated in public, it was a greater challenge to uncover what these individuals privately believed, and thus difficult to mark variance between public and private sentiments. The archives of many of the most prominent individuals involved in the movement—Meyer, Groves, Williams, Clements Collard Fry, and Stewart Paton—varied in terms of the accessibility, totality, and relevance of their contents. Of the collections accessed, the records of Dr. Clements Fry and the Division of Mental Hygiene at Yale’s Manuscripts and Archive collection were among the most helpful, and aided in explaining Yale’s role in the early mental hygiene movement. Dr. Fry’s personal correspondence also provided nuance to comments made in press and in public, and helped inform a more complete description of the personal beliefs and worries of collegiate mental hygienists.

One of the most frustrating challenges of researching the thesis was dealing with the unexpected loss of an invaluable archive: the Adolf Meyer collection, held in the Alan Mason Chesney Medical Archives at Johns Hopkins. I had been eager to explore this collection, and had scheduled a trip in December to visit the archive. Unfortunately, these plans were derailed last minute due to a sudden travel emergency.

I was able to salvage some of the primary sources about Meyer through fortunate finds in digital archives and citations through secondary sources. S. D. Lamb’s new biography of Adolf Meyer, *Pathologist of the Mind*, was integral in this regard, based as it was on extensive archival research. Lamb’s book is the first extensive biography of Meyer, and it was fortuitously published just two months before my trip to Baltimore had to be cancelled. Through Lamb’s work, and through some of the primary sources she referenced, I was able to place Meyer within the historical context of turn-of-the-century psychiatric practice in the United States.

Additional insight was gleaned from contemporary collegiate newspapers, particularly from the digital archives of the *Yale Daily News*. Articles—and, indeed, advertisements—about the study of mental health at Yale provided a sense of the public face of the issue, both past and present.

In addition to the primary sources consulted above, I also turned to the secondary literature regarding the history of mental hygiene and of higher education in early twentieth century America. I further sought to gather what literature I could find on the leading figures I had encountered throughout my research, such as Meyer, Beers, Williams, and Fry. Most of these persons, however, have received little mention in the secondary literature. The Lamb biography of Adolf Meyer is the first such book-length study of the influential psychiatrist. Others, such as Fry, Ruggles, and Williams, have received even less attention by historians.

As for the early history of collegiate mental hygiene itself, there are few sources in the secondary literature that address this unique setting and time period. Heather Munro Prescott's 2007 book *Student Bodies: The Influence of Student Health Services in American Society and Medicine* provided a useful description of the early collegiate mental hygiene services in the immediate post-war era. Sol Cohen's 1982 article "The Mental Hygiene Movement and the Development of Personality: Changing Conceptions of the American College and University, 1920-1940" in the *History of Higher Education Annual* captured the dichotomy of reason and emotion that crystalized in the tension which arose in post-war colleges between Stoic intellectualism and mental hygiene. Some sources were helpful for their straightforward factual accounts of dates, places, and names: David P. Kraft's "One Hundred Years of College Mental Health" in the *Journal of American College Health* provided a helpful timeline of major events in the general history of collegiate mental health.

Biographies of Clifford Beers and Adolf Meyer (*Clifford W. Beers: Advocate for the Insane*, by Norman Dain, and *Pathologist of the Mind*, by S. D. Lamb) provided biographic context for the lives of some of the collegiate mental hygiene movement's most important progenitors. *After Freud Left*, edited by John Burnham, helped anchor the work in emerging scholarship on the arrival of psychoanalysis in the United States in the early 1900s.

One of the pleasant discoveries of the research leading to this thesis was the leading role Yale played in the formative period of the collegiate mental hygiene movement. I would have liked to, however, spent more time drawing on primary sources from other early collegiate mental hygiene programs. Though Yale had a prominent place in this early history, it was certainly not alone among its peers in taking steps to promote mental hygiene among the student body. An interesting extension of this paper would have been comparing and contrasting the Yale experience (and those of other "top tier" institutions) with those of smaller liberal arts colleges, or of larger public universities. Seeing that collegiate mental hygiene disseminated through professional networks, often most readily among an elite echelon of psychiatrists and educators, I wonder how this diffusion occurred at other universities that were not necessarily "in the loop" to the same extent of their peers.