History Column

by David Handley, MD

A significant shift in the underpinnings of psychiatry in the United States took place in the years leading to and immediately after the Second World War. The notion of a therapeutic asylum had long been discarded due the pressures of intense over-crowding and inadequate staffing. The outpatient practice of psychotherapy and the treatment of the "nervous disorders" were firmly in the hands of neurology and internal medicine where the public could distance themselves as much as possible from the stigma associated with heritable madness and the fear of the asylum. This would dramatically change with Freud and the launch of the psychoanalytic movement. Psychiatrists were eager to incorporate this new method of treatment, filling the demand from the middle class for fashionable avenues of introspection. This would ensure the psychiatrists' desired exit from institution-based treatment to that of the outpatient clinic. This time marks not just a change in the venue of care but a momentous shift in psychiatry's focus, from psychosis and illnesses with (unknown) brain-based origins to psychogenic neurosis and the hypothesized result of unconscious conflicts stemming from early childhood experiences.

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This shift becomes important for our story because as the analytic movement took hold in the United States more physicians started joining the ranks of psychiatry. In 1954, the year before our district branch became Colorado Psychiatric Society, the APA had a 5-fold increase in membership over 20 years, "far beyond the increase in population ... and far beyond the percentage of increase in the medical profession generally."[1] Psychoanalysis infiltrated American psychiatry by the founding of numerous psychoanalytic training institutes, the appointment of psychoanalysts as chairs of universities, and by increasing their ranks in the organizational structure of the APA. Psychoanalytic thought would establish for itself in the United States a monopoly that did not exist anywhere else in the world.[2]

The increased membership as well as the changing priorities in American psychiatry contributed to significant reforms in the governance of the APA. For most of its first 100 years the APA relied on a small proportion of attendees at the annual meeting to elect Council members responsible for establishing policy. Eventually it was felt that the governing structure was undemocratic and that leaders were out of touch with members of the organization and with society as a whole. Dr. Obenauf, president of the APA in 1959, stated in his address, "There was a suspicion on the part of some that

the Association was being controlled by a small autocratic group, to whom the wishes of the membership were not known; or if known, were largely being ignored."[3]

It would take over a decade for reforms to be accepted by the membership with many meetings notable for their hostility and "mud-slinging" with threats that the psychoanalytic committee would completely splinter from the APA.[4] Besides the desire for greater representation, those most vocal about reform wished for the APA to take a leadership role in medical education and training, public education, funding for research, establishing ethical standards of conduct, to insert itself into the public discourse over issues such as sterilization and to create policies about the treatment of people with mental illness. There was great concern for organizational apathy as it pertained to the lack of participation in the war effort, leaving a vacuum for the creation of the National Committee for Mental Hygiene which took the lead not only for the war effort but also in the establishment of child psychiatry and hospital quality initiatives.[5]

One of the earlier reforms that got little attention was the formation in 1936 of District Branches. At that time they seemed to serve little purpose and local communities continued participating in their "Affiliated Societies" where they were free to associate with practitioners who were not eligible for membership in the APA. In Colorado this was the Colorado Neurological Society (later the Colorado Neuropsychiatric Society), which was made up of neurologists, neurosurgeons, neuroanatomists, psychiatrists and other physicians. Factions in the national organization discussed whether the APA should continue its exclusivity of membership or open itself to allied health practitioners and other physicians. There was concern that the exclusion of colleagues would further alienate psychiatrists from the medical field, damaging their identity as physicians. This argument was not sufficient to implement change though concern for declining professional status would be a theme repeated year after year. By 1952, reform had been accomplished in the governing body and there was enough cooperation to allow the creation of the Assembly of the District Branches which gave voting ability to elected representatives from each district. This would give an actual purpose and voice to District Branches. By the following year the number of branches would increase from 2 to 16 with 49 established by the end of the decade with a complementary decline in the affiliated societies.[5] Colorado's charter petition was submitted in September 1952, the same year the APA published the first edition of the Diagnostic and Statistical Manual. Our district held its first meeting September 1953 and branded itself as the Colorado Psychiatric Society in 1955, the year following FDA approval of chlorpromazine.

The next two decades would bring about another era of remarkable and dramatic changes in psychiatry as the pendulum of our history would change course once again. Despite this, the questions posed by the APA during the 1940s persist: what is the role of the organization in influencing public perception of psychiatry, mental illness and its treatment; to what degree should the group render opinion in an effort to influence public policy; and how does the organization engage and represent its members?

There are so many aphorisms about the role of history and its repetition that one is hardly worth repeating. Particularly in our field, we know the importance of history as a therapeutic tool and predictive model of behavior, assisting our patients in discovering new narratives about their past and

assessing their risks in the future. Why then, do we tend to shy away from our professional history? There is no other field of medicine more linked to its social and cultural history than psychiatry.[6] It's hard to imagine a movement against gastroenterology or organized protests outside of a rheumatology conference. I worry that ignorance of our past robs us of the needed perspective to honestly evaluate our current practices. The critical appraisal of our shared history, our group identify, is a powerful force that unites us against our current and future challenges. Humans have been keeping up with their family tree since the first Neolithic crops were planted. Understanding our shared history is clearly important for our group survival.

The Executive Committee of CPS voted this past July to reinstitute the History and Archives Committee, something dormant since the death of Dr. J. Gary May, the most recent chair. This committee was initially founded by Dr. Don Glasco at the request of CPS president Dr. Cynthia Rose in 1982. Over the next 15 years he and Dr. John Lightburn undertook a project to record oral histories of several senior members in an effort to document the history of psychiatry in Colorado. Unfortunately, much of their work is inaccessible to us now (as of this writing). With change in membership our small archival collection is becoming more difficult to interpret, a few stacks of photos with unnamed faces, unfiled correspondence on yellowed onion skin. My interest in our shared history has motivated me to undertake the preservation of this prior work and hopefully to continue in the same vein as those before me. According to membership rosters, the History and Archives Committee was well populated by volunteers in those early days and many of you are still members of this organization. Creating a searchable and meaningful archive available to all our members—present and future— is not a task to be done alone. Please consider lending your expertise, your curiosity and your creativity to this worthwhile effort. Even if you have only ideas or feedback to share, please contact me. I would love to hear from you.

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NOTES:

[1] Solomon, H. (1958, July). "The American Psychiatric Association in Relation to American Psychiatry." American Journal of Psychiatry 115 (1), pp 1-9

[2] Shorter, E. (1997). A History of Psychiatry. New York, NY: Wiley 1997. p 171

[3] Obenauf, W (1959, November) "The District Branch of the APA: Its Origin, Present Status, and Future Development." American Journal of Psychiatry 116 (5) pp 416-422

[4] Barton, W. (1987). The History and Influence of the American Psychiatric Association.Washington, DC: American Psychiatric Press, Inc. Chapter 5, pp 175-178

[5] Obenauf, W. "The District Branch of APA..."

[6] Shorter, E. (2008, November). "History of Psychiatry." Current Opinion Psychiatry. 21(6) pp. 593–597.

A PIECE OF OUR MIND

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