

Clifford W. Beers

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Clifford Beers considered the various methods of ending his life –each uniquely dreadful in its own way –and decided that falling from three stories high would be the least unpleasant. The anxiety and paranoia encroaching upon him became unbearable, and suicide seemed the only escape. And so he gripped the windowsill and dangled along the side of his family’s home in New Haven, Connecticut, oblivious to the fact that he was destined to survive and become a great leader, which was made possible by a fortuitous patch of earth that broke his fall along with most of the bones in his feet. Starting in 1900, Beers spent three years residing in a number of psychiatric hospitals, where he was abused and neglected. When he was finally discharged, he published an autobiography in 1908 entitled *A Mind that Found Itself*, which exposed the mistreatment that patients commonly received in psychiatric institutions. His autobiography also declared a message of hope that people with mental illnesses could in fact recover,



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offering himself as living proof. He wrote, “After again becoming a free man, my mind would not abandon the miserable ones I had left behind...I looked with abhorrence upon the system by which I had been treated” (Beers 1908, p. 99). Beers used his story to raise public consciousness and garner the support he needed to spearhead the Mental Hygiene Movement in the United States.

1 Atrocity and Resilience

It is no secret that the people with mental illnesses have historically been mistreated and oppressed (Grob, 1994). By the turn of the 20th century, psychiatric institutions in the US were staffed with under-qualified workers who were paid little for their labors. Hospitals throughout the country were becoming overcrowded with ‘chronic’ patients (those with dementia, Alzheimer’s disease, Huntington’s disease, end-stage syphilis, brain tumors and other conditions that caused doctors to pronounce the afflicted as ‘lost causes’) –while existing treatment paradigms gave way to the ascendance of a secular biomedical approach to care (Grob, 1983). Beers depicts the atrocious conditions of psychiatric hospitals in his autobiography, recalling an instance when doctors attempted to quell his racing thoughts and

delusions of grandeur by denying him access to his brother George. Beers became aggressive, earning him a stint in the violent ward of the hospital. In his manic state, Beers relished the opportunity to know how violent patients were treated so that he could “see the whole of the institution in order to write a book on insanity, thereby making millions of dollars” (Beers, 1908). He quickly regretted his curiosity, stating, “Few, if any, prisons in this country contain worse holes than this cell proved to be.” His cell lacked a bed, a toilet, heat and ventilation. Beers recalled, “My first meal increased my distaste for my semi-sociological experiment. For over a month I was kept in a half-starved condition... Hunger is a local disturbance, but when one is cold, every nerve in the body registers its call for help.” (Beers 1908, p 63). Later, he describes being restrained with a straightjacket and coerced into eating as attendants attempted to force food down his nasal passages. When Beers reflected on his hospitalization, he stated, “Had I been talked to properly during my siege I would have recovered months earlier...”

But *A Mind that Found Itself* did more than just expose the inhumanity of psychiatric institutions –it also disabused the public of misconceptions about mental illness by showcasing how ingenious and resilient people with mental illnesses can be even while experiencing symptoms. We see how clever and resourceful Beers was as he conducted experiments to verify the identities of his visitors, lest they be imposters. And though he was often denied access to paper, he was able to write down his thoughts on the communal toilet tissue, much to the chagrin of other patients. When he did find paper, he would write copious notes cataloguing his grievances with the mental health system, and would mail his manifestos to public officials. Beers claimed he would write a book and reform institutions, he pledged to elicit funding from important people and become the president of an organization, he dreamt of standing in front of the Legislature to propose a bill that would correct the coercive nature of asylums. To the hospital attendants, these claims were merely ramblings of a lunatic. When Beers left the hospital, he made sure that in the event of his decompensation, he would have unconditional access to his brother George and writing materials. With that secured, he set out to change America’s mental health system.

2 The Mental Hygiene Movement

A Mind that Found Itself materialized rather adventitiously during the height of the Progressive Era (approximately 1890-1920), when activists aimed to expose political corruption and redress social problems. And so, *A Mind that Found Itself*, with its implications for systemic reform, contributed to and fit seamlessly within the zeitgeist of the era. Much of the book’s acclaim, however, was owed to powerful men such as Yale University President Arthur Hadley, preeminent psychologist William James and prominent psychiatrist Adolph Meyer, who guided the creation and dissemination of the manuscript. Beers worked closely with Meyer in particular to make sure that *A Mind the Found Itself* remained faithful to Beers’s experiences without becoming a sensational diatribe that indicted and estranged psychiatrists. Through this book, Beers was among the first to publically admit his own insanity and share what it was like to live with mental illness in a way that reached a wide and sympathetic audience, which included philanthropists such as Joseph H. Choate, Henry Phipps and John Rockefeller. With progressivism and the support of influential and wealthy men on his side, coupled with his own dynamism and charm, Beers found favorable conditions to concretize the spirit of his narrative into a public health movement in the U.S.

Interestingly, Beers’s mania actually may have equipped him with grand visions and extraordinary energy to establish the Connecticut Society for Mental Hygiene the same year that he published *A Mind that Found Itself*, and the National Committee on Mental Hygiene

(NCMH) only one year after. But Beers's exuberance also made him unwieldy and overzealous at times, such that Meyer severed his affiliation to the NCMH in 1910 on account of Beers's instability and financial recklessness. Despite losing the support of Meyer, the NCMH continued to combine science and activism to catalyze administrative changes in psychiatric hospitals throughout the country.

Psychiatry at that time was beginning to evolve from a primarily administrative and custodial discipline into a legitimate science, focusing on empirical research to understand the etiology and nosology of psychopathology in a way that set psychiatry apart from related disciplines that were emerging contemporaneously, such as psychiatric social work, clinical psychology, nursing, and occupational therapy. The work of the NCMH thrived within the political economy of psychiatry by conducting population-based epidemiological studies on a broad array of social ills, such as suicide, alcoholism, crime, and poverty among other problems, focusing particularly on prevention and early intervention work with children. By 1920, the NCMH established chapters in almost every state in the U.S., and by 1930, the NCMH held its 1st International Congress of Mental Hygiene in Washington, D.C., with 300 delegates in attendance representing 41 countries.

3 Crisis and Collapse

Beers wrote *A Mind that Found Itself* when he was 30, preceding what historian Norman Dain describes as Beers's "Crisis and Collapse" (Dain, 1980). By 1929, Beers had become intensely paranoid again, sifting through the garbage to make sure no incriminating documents had been discarded and changing the locks on the doors of his home. He tossed and turned at night out of frustration. NCMH was barely solvent. By 1932, two of Beers's brothers had committed suicide, one of whom was George. On June 8, 1939, Beers voluntarily, but secretly, admitted himself into a psychiatric hospital. Beers's health had also been deteriorating from various heart and kidney problems and so he feared that he was becoming a wizened and impotent man. His wife, Clara, did her best to honor Beers's wishes during this time: she made sure that his doctors did not extract his rotten tooth and made sure that he had enough dye to color his hair. On July, 1939, at the age of 67, Beers fainted and injured his head, later dying of pneumonia.

4 Responding to Beers's Crisis and Collapse

Beers's re-institutionalization is often overlooked because it feels discordant with the general ethos of his work. To the modern observer, Beers's relapse signifies the futility of treatment and the inevitable decline that awaits people with mental illnesses. But to the post-modern observer, Beers's relapse depicts the nonlinearity of recovery, the phenomenology of living with mental illness, the layers of meaning and purpose that emerge despite –and because of – the persistence of symptoms. Toward the end of the 20th century, following Beers's death, new paradigms and movements emerged in reaction to psychiatry and the mental hygiene movement, challenging the Kraepelinian notion of 'chronicity' and reclaiming the hope that was so largely absent in modern secular-scientific approaches to treatment. Psychiatric rehabilitation, for instance, asserted the idea that people can recover without professional intervention and that recovery does not hinge on theories of etiology and nosology. Mutual support groups, survivors, ex-patients, and consumers began to organize efforts to reform mental health services and provide alternatives to psychiatric care. These movements proliferated throughout the country and across the globe, and eventually gave rise to the recovery paradigm as we know it today.

Understanding the backlash of Beers's efforts grants us insight into our roles as service providers and agents of change. We should be relieved that psychiatry –its ideas, values, practices –was so different during Beers's life than it is now, yet we should also be disturbed by the ways in which psychiatry has not changed at all. Even after 100 years, we are faced with the aching reality that we have yet to discover a cure for mental illness for most people. Instead, we try to support people in their recoveries, though often we end up getting in the way. What would Beers have to say about our efforts? And how would we have cared for Clifford Beers in his final years? He would have wanted us to talk to him –even in the midst of his psychosis and mania –to ask how we can best serve him. His crisis and collapse invite us to think more idiographically about service provision, to reflect more deeply about the social histories of people with mental illnesses and the many contributions they have made to our societies, and to view treatment success not merely as symptom remission, but also as the construction of meaning and purpose.

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