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Madness Uncaged: a History of Psychiatric Practice and Its Expansion into the Everyday

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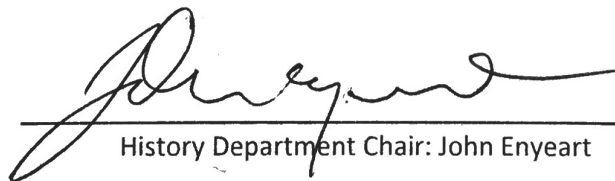
By

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Abstract

This study project provides a history and evaluation of the growth of psychology since its inception during the Middle Ages. Through secondary research on trends and breakthroughs in psychological practice, this project provides a periodization by which the history of psychology can be evaluated through a critical philosophical lens. This periodization includes four distinct time periods: The Age of Jails or "Old Asylums" (middle ages to early 19th century), The Age of Asylums (early 19th century to early 20th century), and The Age of Private Psychiatry (early to mid 20th century). Eventually, this trajectory will result in a fourth period, the Age of the University (mid 20th century and on). The final period is explored more in depth, through primary and archival documents obtained from five universities in Pennsylvania.

I then subject this history a critical analysis borrowing from the thought of such thinkers as Michel Foucault, and R.D. Laing, as well as contemporary psychologists and philosophers. This critical lens reveals the extreme growth in popularity, diagnoses, and patients of psychology as a discipline. This growth is found to be the result of increasingly less tolerance for social deviation. Paired with a perceived objectivity borrowed from psychology's place as a medical science, this tolerance for deviant behavior becomes all the more solidified in the popular imagination. As such, this project finds that, if this process goes unquestioned, psychology's growth will continue, the rate of social arrest will quicken, and human beings will be completely beholden to this social institution.

Introduction

Walking around a contemporary college campus, one may notice various billboards, flyers, brochures, and advertisements promoting student mental health. These publications, supplied and supported by students and administration alike, are manifestations of the large social and institutional focus on mental health on university campuses. Student-organized events and university-funded resources work in tandem to establish mental health care as a crucial part of the higher education experience. This focus is similar to the way mental health is viewed outside of institutions of higher learning as well. Popular media, among other social institutions, are beginning to embrace and promote mental health care as central to individual growth and happiness. Society at large has begun reinterpreting the repression of emotion as an antique notion of masculinity, challenging the view of emotional expression as feminine irrationality, and attempting to reduce the stigma surrounding counseling and other psychological resources, paving the way for an increase in patients and those seeking help. All done in the name of reducing depression and anxiety, preventing suicide, and aiding with other types of difficult social behaviors and impulses, the use of psychological services, on campus and at large, has never been more widespread.

However, the use of psychological services used to be far less popular; in the age of lunatic jails, roughly from the middle ages to the early 19th century, psychology functioned as a means to remove violent and dangerous members of society from the public. Today, psychology is used to regulate everyday emotions like stress and anxiety, is practiced by new groups of people including classmates, to professors, to parents, and is a critical piece in the

education of young adults. Something that barely existed a few hundred years ago now controls how we learn and how we exist. How did we get here? What does this mean? This study is an attempt to answer these two questions. The regulation of behavior is different in every culture, thus it is important to note that this study functions largely in an Anglo-American and European context. The history studied and the contemporary phenomena confronted in this project are squarely within this context, and further study would be needed to make claims outside of this jurisdiction.

The study is broken up into three chapters and a conclusion. Chapter One will present the history of psychology through a periodization that allows for critical insights into where, why, and how psychology has been practiced. The primary goal of this chapter is to bring psychology from the age of lunatic jails to the early 20th century. Chapter Two has two main purposes, first, to establish the practice of psychology at the university as the newest period in this history, and second, to explore how this understanding of psychology's history has created the university as a possible site of psychological practice. This period does not feature university psychology exclusively, however. During this period, we also see the establishment of psychology in other institutions such as the workplace[1] and the military.[2] Though these sites of psychological practice also emerged during this period, they are not included in this study. This is because these societal institutions are normative and homogenous by design, while the university, as an institution of higher education, traditionally *claims* the opposite, even if in the

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[1] "Society for Industrial and Organizational Psychology." 2017.
Further critical works of IO Psychology can be found in JAC Brown's book, *The Social Psychology of Industry: Human Relations in the Factory*, as well as Joel Leftkowitz's book, *Ethics and Values in Industrial-Organizational Psychology*
[2] Michael D. Matthews, "What is Military Psychology?" *Psychology Today*, December 3, 2017.

end, it functions as a normative institution, as well. Chapter Two, then, will explore how psychology has established itself on college campuses despite the seemingly contradictory aims of psychology and the university. Chapter Three will examine a critical history of psychology, and then apply these critical views in order to analyze the meaning of psychiatric practice on university campuses. In the Conclusion, I will explore why it is important to consider this critical history, and how it paints a new picture of the historical trajectory of psychological practice. I will also explain why this trajectory exists, and the larger understanding of socially accepted behavior that it allows.

This historical analysis of the growth in the knowledge, scope, and legitimacy of the institutions of psychology aims to understand how psychology has operated in different spaces, what it has attempted to do, and how it has been interpreted. As for what the practice of psychology on college campuses means today, a wealth of critical and contemporary sources will examine what behaviors campus psychology combats, what historical trajectory has created the possibility for this manifestation of psychological/psychiatric practice, and what this history can elucidate about the goals and critiques of psychology as an institution. In doing so, I will explore concrete and theoretical trends in the history of psychology, and explain how and why they manifest themselves today. An exploration of archival documents at five Pennsylvania universities, as well as studies of nation-wide trends, reveal the University as an institution that regulates behavior more than ever. Psychological practice on college campuses, while existing to aid students in their higher education, cements certain ways of being and poses this normalization as a project of self-growth. In this way, modern higher education includes the vast limiting, and demonization, of deviance.

Chapter One

In the middle ages, those considered insane were usually violent, and were thrown in jail. A few hundred years later, doctors would experiment with the insane, attempting to cure their ailments. And soon after that, the doctors would spread into communities, diagnosing, regulating, and treating an ever-increasing number of ailments, diseases, and tendencies. The goal of this chapter is to provide a history of the institutions of psychiatric regulation throughout the history of psychology and psychiatry, their methods of practice, and their ideological place in society from the middle ages until the mid 20th century. To do so, it is helpful to divide this history into three periods: The Age of Jails or "Old Asylums"[3] (middle ages to early 19th century), The Age of Asylums (early 19th century to early 20th century), and The Age of Private Psychiatry (early to mid 20th century). Eventually, this trajectory will result in a fourth period, the Age of the University (mid 20th century and on). These first three periods roughly correspond with the three main ways in which deviant behavior (categorized as insanity or mental illness) was dealt with: as something incurable and damaging, something understandable, and eventually, something curable. Both scientific and social, psychology's methods, understandings, and sites of practice would change to accommodate new findings and new goals. By creating a history of these institutions, it is possible to better understand how psychology and psychiatry have been understood and practiced since its inception.

This history will operate by means of understanding four main periods in the history of psychology; the Age of Jails, the age of the Asylum, the Age of Private Psychologists, and the

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[3] Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books, 198, 252.

Age of the University. These periods are named as such because each title represents a new site in which psychology is practiced. The names, however, are not exhaustive; i.e., they are not the *only* places or ways in which psychology was practiced during their respective time periods. For example, in the Age of the University, other sites of practice, such as military or industrial psychology exist. However, the University was chosen specifically because of the ways it *produces* new types of citizens, rather than simply policing or normalizing existing ones. Additionally, sites of practice would often continue on into new periods. For example, asylums continued to exist after the onset of private practice. However, they are split as such because each new stage represents either a new type of power over the individual, who is exercising the power, or how the individual is understood, even if older practices continued.

The transitions between different periods can be further understood by the philosophy of Michel Foucault. The first two categories, the age of jails and asylums, exemplify what Foucault identifies as sovereign power.[4] This type of power results in the isolation of the regulated individual from society. Whether dealing with crime or mental illness, sovereign power functions by removing the "problem" from public view, and instilling a sense of regulatory shame in the rest of society. This power, then, uses punishment of the individual for the good of society. These two periods are then further broken down by their goals in understanding the individuals they remove. During the Age of Jails, there was no attempt at understanding the mentally ill, whereas in the Age of the Asylum, the goal was to try to understand why people are mentally ill, with the hopes of providing therapy.

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[4] Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books, 1995, 9.

By contrast, the Age of Private Psychologists and the Age of the University are examples of what Foucault calls disciplinary power. This type of power functions through hierarchical observation and normalizing judgment.[5] This type of power is systematic; it collects knowledge in one place, and uses this information to create identities for each individual person. In these latter 2 periods, psychology functions as a medical science which seeks to classify human behavior, requires a good deal of observation, and an eventual collection of knowledge in one place; the doctor. These two periods are then further broken down by who does the observing. In the Age of Private Psychologists, doctor's perform observation, whereas in the Age of the University, the observation is done largely by the community, including and perhaps most importantly, the "patient" itself.

In short, the periods can be described as such; the Age of Jails is characterized by the use of sovereign power without the attempt to understand mental illness. The Age of the Asylum is characterized by the use of sovereign power with the attempt to understand mental illness. The Age of Private Psychologist is characterized by the use of disciplinary power by doctors. And the Age of the University is characterized by the use of disciplinary power by the community and by the self. Each stage represents a new way in which society orders and understands individuals in terms of psychological status. By following the historical transitions and changes during these periods, we can better understand how the aims and practice of psychiatry has become increasingly restrictive, and how its normalizing power has grown beyond its institution into everyday interaction. Eventually, we will see that the practice of

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[5] Foucault, *Discipline and Punish*, 170.

psychology has grown from a simple regulator of violence in society to an institution that asserts right and wrong over every day mental processes, behaviors, and emotions.

Additionally, it is important to clarify terms used in this chapter. "Psychology" and "Psychiatry" have meant different things over the course of their existence. Today, the primary difference between the terms is the degrees required to practice in the field. Psychiatrists must earn and MD, while Psychologists must earn a PhD or a PsyD. In practice, Psychologists mainly analyze behavioral patterns, can refer patient to a psychiatrist for medical intervention.[6] Historically, though, these terms have meant different things. First coined in Germany in the mid-16th century, psychology was concerned with "the study of the soul,"[7] in the Christian sense.[8] Psychology would evolve to study the mind in the mid-18th century, and take on its more modern behavioral focus in the early 1890s.

The term "Psychiatry" was first coined in 1808. From its Medieval Latin and French origins, "Psychiatry" means "a healing of the soul."[9] As such, from its inception, Psychiatry functioned as the branch of human understanding concerned with regulation. As such, we can approach this history by understanding "Psychology" as a field concerned with understanding, and "Psychiatry" as a field concerned with regulating. However, in the modern era, the two work together in regulation. This etymology is helpful, but also troublesome, as the regulation of behavior existed prior to the existence of the term "psychiatry." For example, in The Age of Jails, behavioral regulation occurred, but not in any sense that would be considered psychiatric

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[6] "Psychology vs. Psychiatry | What's the Difference?," AllPsychologySchools.com, , accessed May 06, 2017,

[7] "Psychology," Online Etymology Dictionary, , accessed May 06, 2017,

[8] "Psychiatry vs Psychology," Diffen, accessed May 06, 2017,

[9] "Psychiatry," Online Etymology Dictionary, , accessed May 06, 2017,

in the institutional sense. However, in the modern age, psychological and psychiatric practice

both function as behavioral regulators, just in different ways. As such, terminology in this paper

ill attempt to be faithful to the overarching meaning of the two terms, as well as historically

accurate.

The Age of Jails

The practice of jailing those considered to be insane began during the middle ages. As

early as 1403, "old asylums" began offering custody, but not therapy, for the mentally ill.[10] The

state, however, did not provide custody for these individuals; rather, most institutions were

privately owned. "Patients" were handed over to private custody either by family members

who could not care for them at home, or, in cases of those who were considered criminally

insane and were being imprisoned, the state.[11] However, families typically did not choose this

as their first option. It was an added cost, and was considered an embarrassment to have a

family member with such an affliction, so many families would chain up, or lock, their mentally

ill family members in the home. This practice extended well into the 18th century.[12]

Old asylums offered no real attempt at curing or providing therapy for those in custody.

This type of care, either in a privately-run jail, or in the home, was not meant to be therapeutic,

as it was generally understood that medicine was not able to cure, or even treat, the insane.[13]

Rather, during this period, mental illness was understood as involving either a person who was

"deprived of reason," possessed by a demon, a practitioner of witchcraft, or as someone who

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[10] Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997, 4.
[11] Ibid., 8.
[12] Ibid., 3.
[13] Foucault, *Madness and Civilization,* 270.

was a danger to society.[14] According to Michel Foucault, madness was not known as anything

other than "the social effects: the torn clothing, the arrogance in rags, the tolerated insolence

whose disturbing powers were silenced by an amused indulgence."[15] At this point in time, the

social effects of mental illness were simply signs of evil, or completely misunderstood. Madness

was not understood in any medical way, and thus "was less than ever linked to medicine; nor

could it be linked to the domain of correction."[16] Given that the "disease" was so poorly

defined and could not be understood as correctable, outside of praying, or perhaps ancient

practices of bleeding or dietary changes, there was little to do about mental illness; and the

institutions meant to deal with them were run accordingly. Untrained individuals staffed these

asylums, and did not seek to treat inmates; rather, asylums existed to simply remove the

mentally ill from society,[17] and, in doing so, eradicate the evil associated with mental illness.[18]

This type of behavioral regulation was quite different from what we see today, especially in

what its goals and capabilities were.[19] At this time, lunatic jails were essentially a means of

providing security for society. Foucault comes to this conclusion while discussing the conditions

of some prisoners in a hospital in Strasbourg: "This, to be sure, is a whole security system

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[14] Evelyn B. Kelly, "Mental Illness during the Middle Ages," Encyclopedia.com.

[15] Foucault, *Madness and Civilization,* 200.

[16] Ibid.*,* 75.

[17] Allison M. Foerschner, "The History of Mental Illness: From "Skull Drills" to "Happy Pills"." *Inquiries Journal* 2, no. 9, 2010.

[18] In Catholicism, one removes evil through confessing. The idea of a confession is that any sin or act of evil must be brought into light, made public, so it could reach a conclusion that would suppress it. However, mental illness or insanity in the time of lunatic jails is not of this variety; "There are aspects of evil that have such a power of contagion, such a force of scandal that any publicity multiplies them infinitely. Only oblivion can suppress them."
Foucault, *Madness and Civilization*, 67.

[19] Shorter, *A History of Psychiatry*, 1-2.

against the violence of the insane and the explosion of their fury. Such outbursts are regarded

chiefly as a social danger."[20] Jails, then, provided security by minimizing these social dangers.

Beginning in the 18th century, some governments began to operate their own asylums.

For example, in 18th century France, the government ran asylums at Bicetre and Salpetriere.

These institutions were officially considered hospices until the beginning of the 19th century.

Thus, they were not offering any care, but rather custody, with some attempts at making life

comfortable for those imprisoned. However, these institutions often held the insane in terrible

conditions.[21] In these madhouses, inmates were usually chained or collared to the walls,

allowing them enough movement to feed themselves, but not to lie down, so they were forced

to sleep while standing up. Furthermore, there were no visitors to the cells, other than for food

delivery, and, often, there was little in the cell other than some straw to cover the cold floors.[22]

In England, violent patients were even put on display for the public to see, similar to a freak

show, at Saint Mary of Bethlehem, a monastery that was turned into a jail, and later an

asylum.[23] Despite such horrible conditions, jails like these continued to be the only option for

caring for the mentally ill, as understandings of human behavior were not a point where

"insanity" was understood as a scientific problem. Until this point, it was largely considered a

social ill.

The idea of a regulatory science that could be therapeutic, or even begin to treat the

insane was an Enlightenment idea, and spread quickly through Europe starting around 1800.[24]

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[20] Foucault, *Madness and Civilization*, 273.
[21] Shorter, *A History of* Psychiatry, 6.
[22] Foerschner, "The History of Mental Illness"
[23] Ibid.
[24] Shorter, *A History of Psychiatr*y, 10.

Crucial to this turning point was the appointment of French Psychiatrist Phillipe Pinel to run the

Bicetre Hospital in 1793. Pinel wanted to use the experience of incarceration as a healing power

for those who suffered from insanity. Though Pinel's insights would eventually be put into

practice in later asylums, he was overshadowed at the time by German psychiatrist Johann

Christian Reil. Reil, who would later coin the term "psychiatry" in 1808, was the contemporary

authority on mental asylums. He advocated for the study of mentally ill patients within a large

centralized asylum institution, rather than dispersing the few experts on insanity that existed at

the time.[25] In pursuit of this effort, Reil suggested two types of asylums, one for incurable,

much like old asylums or jails, and another for those who might be cured. These would become

more modern asylums. These modern establishments included treatment plans, that did not

exist in mental jails, such as physical therapy, theater, military-like discipline, and even

prostitutes.[26]

The Age of Asylums

Ushered in by an Enlightenment spirit, and an increase in scientific understanding of the

human brain, the Age of the Asylum was different from the Age of Jails not only in what was

possible and what was practiced, but how people understood the human mind. Asylums saw a

range in types of treatment. They were the sites of the first academic and medical attempts at

treating mental illness. People came to be understood as not purely rational beings, and

attempts were made in the asylum to understand and explain the human psyche. Psychiatry

began to function in part to offer therapeutic relief, but the Age of the Asylum also saw an

increase in scientific exploration to find a cure or treatment to what constituted mental illness.

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[25] Ibid., 14.
[26] Ibid., 15.

Perhaps the most telling difference between asylums and jails, and perhaps the foundation of the other differences, was the purpose of the institution. The 18th century saw a new way of handling social deviance; though categorized as mental illness, psychology could now study and offer cures. Social deviance was not only fixable or curable, but the pursuit of categorizing irregularity and limiting deviance became an academic pursuit, through the collection and production of knowledge of mental functioning. As a result, asylums, and those in Germany in particular, became a hub of psychological and psychiatric education and academic talent during 19th century.[27] Scientists and students began to perform psychological and neuroscientific research to better understand how the human brain works, and created treatment regiments accordingly.[28] The overall philosophy is well described by William Tuke, a philanthropist who owned an asylum and was committed to finding more humane methods of helping the mentally ill.[29] Tuke owned and operated the York Retreat, and, in 1796, he described it as "not at all the idea of a prison that it suggests....No bars, no grilles on the windows."[30] Fighting against established understandings of what it meant to house the mentally ill, Tuke's retreat sought to "liberate" the insane. He saw his work as an act of philanthropy.[31] Though still segregating the insane from the rest of society, Tuke saw this segregation as keeping insane from experiencing the toughness of life which "engenders and perpetuates madness."[32]

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[27] Ibid., 35.
[28] Ibid., 69-75.
[29] "William Tuke (1732 - 1822)." The Science Museum.
[30] Foucault, *Madness and Civilization,* 242.
[31] Ibid.*,* 243.
[32] Ibid.

This change in the practice of psychology and psychiatry results from a revised understanding of mental illness; mental illness was something that society could combat through scientific exploration. This new approach was the result of understanding mental disturbance as coming from within, not from some magical or religious source.[33] This is a crucial step in the history of psychology, because up until this point, scholars and the public alike though of mental illness as the result of something supernatural, or something not comprehensible. But now that asylums sought to understand mental illness on a biological level, a categorization of mentally ill now privileges one type of being over others. In the beginning of the 19th century, psychological developments tried to explain the human psyche. The result was to bring behavioral regulation closer to the rest of medicine.[34] This project was closely tied to Enlightenment philosophers' understanding that human beings and their psyches were not perfectly rational.[35] In this sense, mental illness was wrong not because of its supernatural or unknown source, but because the behavior it was causing was socially undesirable.

This new social construction of mental illness came to be understood in a variety of ways by the public. The new scientific discoveries and understandings surrounding mental illness played heavily into these understandings. In the early 19th-century, professionals considered mental illness a hereditary condition.[36] This breakthrough is incredibly significant not only in terms of how mental illness could possibly be treated, or what areas of research

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[33] Alexander, Franz, and Sheldon T. Selesnick. *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric times to the Present*. New York: Harper & Row, 1966, 12.

[34] Ibid*.,* 135.

[35] Ibid*.,* 133.

[36] Shorter, *A History of Psychiatry,* 93.

could help create a better technical understanding, but in that mental illness was now fully

understood as a biological problem rather than a societal one. Gone was the possibility of

understanding deviant behavior as a product of social ills, environmental stresses, or simply

different personalities; labeling mental illness as hereditary not only cemented its place as a

"natural" problem, but created a hereditary framework that understood mental illness to be a

degenerative process, meaning that families, and by extension, society, was becoming

increasingly ill. Though mental illness is no longer considered degenerative (this understanding

fell out of favor following during the early 20th century, and became almost completely morally

indefensible following WWII), some conditions are still largely considered to be of a hereditary

nature. Thus, it is important to recognize that the foundations of this understanding have

changed drastically over time. First and foremost, 19th century neuroscientific research in

asylums is a first attempt at a biological psychiatry, which was largely considered a failure by

today's standards.[37] In this period, despite advances in research methods and some progress in

scientific understanding of mental illness, biological psychiatry in asylums failed to provide a

comprehensive biological foundation for understanding mental illness. So, if by today's

standards, the science is considered faulty, where did this conclusion come from? There are

many explanations put forth by scholars. One such explanation points to Neurosyphilis as

primary evidence of a degenerative model.[38] Neurosyphilis manifests more severely as one

ages, and given that it is the result of a sexually transmitted disease, one which can be passed

on during childbirth, it would manifest in families, and would spread and become worse as that

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[37] Ibid., 69
[38] Ibid., 49-58.

family grows older and reproduces.[39] Another factor some scholars point to is the rise in alcohol

consumption in the late 19th century.[40] Side effects of alcohol consumption and of alcohol

withdrawal can mimic, or even produce psychosis. Critics of these explanations, however, will

point out that these two conditions only represented about 11% of all asylum admissions at the

time.[41] However, given the general failings of biological understanding at the time, and of the

deceptive nature of these diseases' symptoms, it is highly possible that this statistic

underrepresents the number of cases with these conditions. Thus, attributing the hereditary or

degenerative symptoms of these conditions to other conditions would contribute to the idea

that *all*, or at least most mental illnesses could be understood as hereditary. It is also interesting

to recognize that cases of schizophrenia increased drastically during this time period, and is also

identified as a main cause in an increase in asylum admissions.[42] Similarly, schizophrenia is a

condition that is still understood today as being hereditary,[43] meaning that an

overrepresentation, or even increase in cases, of this condition would support the

understanding of all mental illness as hereditary. Still, despite the disputed foundations of this

framework, the general understanding of mental illness as hereditary would remain popular

long enough to inform later, more successful, attempts at a biological psychiatry. Furthermore,

the direction for studies to understand mental illness now took the form of biological

psychiatry, rather than an exploration of social factors. This direction would go largely

unchallenged until the 20th century.

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[39] Teresa Bergen, "Neurosyphilis," Healthline. March 30, 2017.
[40] Shorter, *A History of Psychiatry,* 59.
[41] Ibid., 60.
[42] Ibid., 61-62.
[43] "Schizophrenia - Causes." Department of Health. Accessed 1/5/17.

Treatment and research of mental illness is not the only thing that changed in the Age of the Asylum. The common understandings of these conditions had a profound impact on the behavior the field of psychiatry tried to normalize, and the patients it sought to treat. Competing historical interpretations over the defining factors of mental illness offered competing understandings of what phenomenon needed to be confronted. Edward Shorter describes how two ways of reflecting on this history interpret this growth: while "the neuroscientific side of the story sees growing pathology; the psycho social version sees a social universe increasingly intolerant of deviance."[44] In the Age of the Asylum, thinking that would become the neuroscientific side dominated popular thinking, while those that would constitute the critical psycho social version had not yet been developed. And thus, focus shifted to understanding undesired behaviors, and worked to "correct" whatever mental function produced them. One of the defining factors of this period was the massive increase in the populations of asylums since before the beginning of the 19th century.[45] Biological psychiatry and neuroscience began expanding their definitions of what types of behavior constituted mental illness. As psychology understood more and more types of being as deviant, the deviant population soared.

So why the expansion of the definition of what constituted mental illness? Why the increase in asylum populations? Three main arguments have been made about why the number of people admitted to asylums jumped so rapidly by the beginning of the 19th century. The first school of thought argues that psychological illness is real, but that its frequency depends on

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[44] Shorter, *A History of Psychiatry,* 33.
[45] Ibid., 48.

changing social circumstance over time.[46] While this certainly may be true, this interpretation

does not account for the proliferation of types of mental illness. Rather, it understands changes

in mental illness simply as a matter of patients afflicted, not in terms of an increase in disorders.

A second interpretation from some researchers is that that psychological illnesses are

constant over time, and changes in how they are treated or their seeming prevalence are a

matter of social response to them. This interpretation understands mental illnesses as natural,

i.e., there has always been schizophrenia, there has always been attention deficit disorder,

there has always been depression, etc.… but that the emergence of concern or treatment of

such illnesses is a purely social matter.[47] This interpretation is appealing because it leaves intact

both the biological and social nature of psychiatric regulation. It seems like a good compromise.

However, it is ahistorical. A mental illness is not a mental illness until it is defined as such. Until

some authority has declared a type of behavior or mental capacity as an illness, it is a behavior

or mental capacity that carries along with it certain social interpretations, but no scientific

institution does not consider it objectively wrong. And seeing as most mental illnesses have

been "discovered" or defined in the last hundred years, it is impossible for them to have existed

in the same capacity forever.

Finally, some have argued that this expansion has to do with society's decreasing

tolerance for deviance from capitalist patriarchal existence.[48] Wrapped up in this argument is

the idea that the industrial revolution produced a need for a type of human being that able to

act consistently and efficiently in a manufacturing or factory setting, and that rationality is a

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[46] Ibid
[47] Ibid
[48] Ibid

favorable quality. Thus, anything that was understood as a cause for a lack of these qualities could be categorized as deviant. And a newfound capacity to understand these behaviors biologically made this phenomenon seem objective. Similarly, this interpretation is also supported by a change in the stigma surrounding mental illness. "Patients found the notion of suffering from a physical disorder of the nerves [or mental illness] far more reassuring than learning that their problem was insanity."[49] The term insanity carried connotations that any mental function was not curable, whereas this new way of categorizing deviance made it easier for patients to accept. A new, "civilized," type of work pulled workers away from traditionally psychically and mentally engaging trades.[50] Thus, understanding difficulty in adjusting to this new way of life was easier to swallow if it was simply a case of nerves, a new type of mental illness which was understood as treatable.[51] This way of understanding personal difficulties allowed men to retain masculinity, rather than understanding themselves as completely incompatible with the new ways of supporting one's family. This interpretation seems the most likely, as unlike the other two, it accounts for the proliferation of mental illnesses, and the proliferation of patients, in a historically accurate and consistent manner.

It is important to note that all of these conceptualizations at least entertain the notion that psychiatry is informed by some sort of contemporary social need. Every interpretation supports the conclusion that psychiatry, and the history of mental illness, is affected by social circumstances, or is a social construct, in itself. This is a prevailing idea in contemporary academia, though it is crucial to understand that this was not the idea during the actual time

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[49] Ibid., 113.
[50] Jack Donovan, "Reimagining Masculinity." Accessed 1/5/17.
[51] Shorter, *A History of Psychiatry,* 113.

periods. Psychology was not exploring the social conditions that necessitated the expansion of categorization of deviance at the time; rather, it was simply a new way of being that created the need for a new type of person, and a natural science like psychology made this all seem objective. This objectivity is both supported by and the result of the first attempt at a biological psychiatry of the age of the asylum.

Ultimately, however, the doctors and students practicing psychiatry would outgrow the asylum. The limitations of biological and neuroscientific understanding grew frustrating for academics. Following the lead of German psychiatrist Emil Kraepelin, the field of psychiatry would tend towards observation rather than biological study.[52] Similarly, the work of an Austrian neurologist named Sigmund Freud would allow for a new site of psychiatric practice, the private office. Ultimately, the limitations of biological understanding, and the growing frustration with these failures, as well as the emergence of new possibilities in the study of psychiatry would spell the end of the first biological psychiatry, and would draw a close to the Age of the Asylum.

The Age of Private Psychiatry

Beginning at the turn of the 20th century, the institutions responsible for the practice of psychiatry would fundamentally change once again. Contemporary with the incredible popularity of psychoanalysis, the seat of psychiatry moved from the asylum, to the psychiatrist's office, now paired with a more advanced medical understanding of the brain, and a new understanding of psychiatry as a scientifically objective field of medicine. Soon, the wealthy flocked to these offices to gain a cursory understanding of "who they were." More and

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[52] Ibid, 106.

more, medical advancements furthered not only understandings of "disorders" with more and more treatments, but the understanding of mental defect or deviance as objectively "wrong." This new brand of medicine considered these classifications, and thus certain ways of being, as objectively right or wrong, this time by the word of science, not of God.

Born in Austria in 1856, Sigmund Freud would go on to develop incredibly popular theories regarding mental illness in the late 19th and early 20th centuries.[53] From 1888 to 1939, Freud's understanding of the structure and function of the human brain would drastically alter the way in which psychiatry was practiced.[54] Freud's psychoanalytic theory explained that the mind was structured in three divisions, and that anxiety, along with other mental illnesses, was caused by the struggle between these three parts. The treatments proposed by Freud involved the patients talking through their troubles, and were often referred to as "talking cures."[55] This understanding not only allowed for mental illness to be understood as treatable, but helped to remove the stigma of mental illness as a mystery and a source of evil. However, perhaps more importantly, Freud's ideas of psychoanalysis allowed psychiatrists to move from asylums to private practice, and they were happy to do so.[56] It meant that these doctors could work outside of the dark and infested asylums and work closer to home, in their own communities.[57] Now situated in cities and towns, psychiatrists could see and benefit everyday people, not just

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[53] Stephen P. Thornton, "Sigmund Freud." Internet Encyclopedia of Philosophy. Accessed 1/5, 2017.
[54] Foerschner, "The History of Mental Illness"
[55] Ibid.
[56] Shorter, *A History of Psychiatry,* 145.
[57] Ibid., 161.

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those who were committed. As such, "psychoanalysis was important in anchoring...psychiatrists in the office."[58]

Now that psychiatric attention was suddenly widely available, who sought to receive psychoanalysis? The main clientele for private psychiatrists was people who were wealthy and educated.[59] Freud's ideas were very popular with educated classes as sort of a search for self-understanding or self-knowledge.[60] Psychiatry then, became "...an industry, of sorts, whose business is the productions and distribution of emotional order and well-being..." for the wealthy.[61] As such, early 20th century psychiatrists found themselves in a dilemma. They could either leave patients in asylums with little chance of improvement while continuing with psychoanalysis, which helped the wealthy, or they could try to actually help those in need.[62] So, as the number of patients in mental hospitals, the new term for asylums, boomed, doctors slowly incorporated medical treatments into the hospitals, while constantly searching for new findings. In the 1940s, recognizing the need for new understandings, psychoanalysis would move into academic circles.[63] The new academic discipline become more organized and training became more uniform. This process of formalization led to the founding of the American Psychiatric Association in 1952.[64] More and more during this period, psychiatry, in its new

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[58] Ibid., 160.
[59] Ibid., 153.
[60] Ibid.
[61] Joel Kovel, "The American Mental Health Industry," edited by Ingleby, David. New York: Pantheon, 1980, 72.
[62] Shorter, *A History of Psychiatry,* 190.
[63] Ibid., 171.
[64] Ibid., 173

medical and academic forms, resulted in more "findings" for new illnesses and new treatments.[65]

During this time period, Psychiatry and Psychoanalysis became virtually indistinguishable in the public eye, and soon, psychiatrists lost their monopoly on private practice because one did not need to have medical training to do psychoanalysis.[66] However, doctors remained relevant as the first biological cures for mental illnesses were beginning to be discovered. Some were affective; however, this was mostly a new venture, often unregulated, and sometimes dangerous. This experimentation was a continuation of the ways doctors had already experimented with using laxatives, emetics, or opioids to try to cure psychoses.[67] In 1917, completely out of ideas and with "nothing to lose," Julius Wagner-Jauregg, an Austrian physiologist, injected a Neurosyphilitic patient with Malaria, which would cure him from his mental illness.[68] Later, it scientists would discover that they could also treat neurosyphilis with penicillin. After first being proposed in the 1920s, the first lobotomy would be done 10 years later in 1936, with many side effects. The early 20th century also saw doctors and psychiatrists experimenting with ways of inducing sleep.[69] One doctor, Dr. D. Ewen Cameron, combined sleep with electroshocks to "depattern" patients in hopes of breaking up constellations of the brain that caused madness. However, Dr. Cameron didn't get consent from his patients and did not adhere to the accepted scientific method. His results were thus both scientifically and

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[65] Ingleby, David. "Understanding Mental Illness," In *Critical Psychiatry: The Politics of Mental Health*, New York: Pantheon, 1980, 23.
[66] Shorter, *A History of Psychiatry,* 156.
[67] Ibid*.,* 197.
[68] Ibid*.,* 194.
[69] Ibid*.,* 202

morally questionable.[70] As fate would have it, shocks did, in fact, work sometimes. However, it was not clear why. The "constellations" that Dr. Cameron sought to break up, were in fact a variety of mental illnesses including at first, schizophrenia, and later, depression. He found he could eradicate them by inducing convulsions. It would later be found that certain drugs could cause convulsions without coma, and in 1938, physicians discovered that electric shocks can safely produce convulsions in human beings.[71] All of this goes to show how the confusing, inconsistent, and misunderstood experimental treatments were sometimes effective, but created significant confusion about how the brain worked and how defects caused psychosis.[72] However, despite the confusions over time, one thing was for certain; the aim of psychology was normalizing behavior. While psychoanalysis functioned on understandings of the brain that Freud had established, these attempts at a medical knowledge of the brain worked to create new understandings. The two efforts were not diametrically opposed; rather, they sought to establish objective understandings in different ways. Though they functioned differently and created different frameworks, both psychoanalysis and medical psychology contributed to the view of psychology as an objective science.

This new scientific air surrounding psychiatry greatly affected how the public would understand psychiatry. Though psychiatry would not have the official status as a medical specialty until the second half of the 20th century, it had now set upon the path of establishing

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[70] Ibid., 207
[71] Ibid., 214, 219-221.
[72] Ibid., 222.
It is important to note that this type of experimentation, though used in conjunction with psychoanalysis, would prove to be the seed for the modern pharmacology industry. Though incredibly significant in the history of psychiatry, the early attempts at biological psychiatry and their later manifestations, are not the focus of this project.

itself as an autonomous form of medicine.[73] This new type of psychiatric practice was largely

based on observation rather than testing, in accordance with Freud's theories of

psychoanalysis, along with the practices other prominent psychiatrists.[74] For example, the work

of Wilhelm Griesinger, of the University of Berlin, was a significant factor in the medicalization

of psychiatry.[75] His desire to bring psychiatry onto the same level as other medical specialties

was aided by the work of German-Austrian Neuropathologist, Theodor Meynert, who created a

systematic classification of mental illnesses. Similarly, after reading Griesinger's work, Emil

Kraepelin became curios about understanding concrete and objective facts of psychiatry.[76] This

trend towards, and pursuit of, objectivity has profound ramifications in terms of how the public

came to understand psychiatry. Not only were psychiatry and mental illness brought out of the

asylum and into communities, but scientists now considered mental illness as understandable.

Furthermore, they could work towards possibly curing the mental illnesses hiding within more

and more people who lead regular lives. In short, the move from a misunderstood human brain

in the asylums to a scientific understanding in private offices created a new psychiatry that was

present in everyday life, and could hardly be challenged by the public.

The collective decision to of the psychoanalytic community to move forward with a

psychiatry that served the rich and produced more illnesses has had long term effects on how

we see psychiatry today. For example, more findings gave the illusion that psychiatry had begun

to better understand the mind. This was the general understanding of psychiatry during this

period. However, historians have offered a different view. Namely, that this phenomenon had a

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[73] Foucault, *Madness and Civilization*, 275.
[74] Ibid., 278.
[75] Alexander and Selesnick, *The History of Psychiatry*, 151.
[76] Ibid. ,154-158.

dual function in cementing psychiatry as a legitimate medical field, while simultaneously creating more and more behaviors and ways of being that the public understood as deviant, or as illnesses. For example, historian David Ingleby flatly rejects that what psychiatry needed at this time was more findings.[77] Ingleby argues that these new findings do little more than further support the theories of orthodox psychiatry, while not actually bringing us any closer to understanding the mind. Essentially, this period of psychiatry, Ingleby argues, is little more than a positive feedback loop. Thus, he suggests that more important than the scientific findings of this time period are their philosophical bases.

Peter Conrad characterizes the preconditions for medicalization of psychiatry in the following way: "A behavior or set of behaviors must be defined as deviant and as a problem in need of remedy by some segment of society."[78] During this time period, psychiatry took mental illnesses treated in asylums, which the general public had already established as a problem, and expand its definitions. As a result, the psychiatrists who have deemed new behaviors as deviant require more power in order to discover and implement new cures. In order to do so, psychiatrists invoke their supposed objectivity as scientists and scholars in order to justify the expansion of their jurisdiction. Objectivity is assumed to be required for justice, honesty, and knowledge,[79] and thus, it was crucial that the expansion of psychiatric jurisdiction work in tandem with a move towards biological or scientific justification.

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[77] Ibid

[78] Peter Conrad, "On the Medicalization of Deviance and Social Control" In *Critical Psychiatry: The Politics of Mental Health*, New York: Pantheon, 1980, 111.

[79] Theodore Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life.* Princeton, NJ: Princeton University Publishers, 1995, 3.

This scientific justification and biological focus helped to give rise to the field of pharmacology. This new way of combatting mental illness with pills, emerged out of biological understandings of the mind in the second half of the 20th century. Building on the successes of some biological treatments, the period after World War II saw an increase in experimentation into how far medicine could go in curing or treating mental illness. The development of penicillin on-stream, and the mass migration of psychoanalysts to North America during the war were crucial in bringing about the pharmaceutical revolution, particularly in America.[80] The development of antibiotics allowed for increased experimentation into what they could do. One such drug, Chlopromazine was developed in France, and it promised to have many uses. These drugs were promising, and though it was unclear what they might do, "it had begun to become clear that they offered the promise of therapeutic benefit and financial return."[81] As such, the market for pharmaceutical intervention into mental illness was pursued.

In 1955, the concept of a "neuroleptic" was also discovered in France.[82] In the United States, such drugs were better known as "tranquilizers," soon to be called "antipsychotics" in the 80s. While looking for more neuroleptics, Italian scientists would create the first antidepressants later that decade.[83] The therapeutic and economic success of these drugs led others to try to understand the biological cause of various mental illnesses, hoping that a medical treatment could be created for them.[84] This resulted in searches for the cures to schizophrenia, a better understanding of how dopamine functioned in the human body, and the

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[80] David Healy, "The Intersection of Psychopharmacology and Psychiatry," In *History of Psychiatry and Medical Psychology*, Springer US, 2008, 419.
[81] Ibid., 420.
[82] Ibid., 421.
[83] Ibid., 422.
[84] Ibid., 425.

development of numerous drugs, some with serious side effects.[85] One such side effect, a

condition called Tardive Dyskinesia, caused uncontrollable movements of face muscles, and

would become a complication for pharmaceutical companies.[86] Since the effect was so visible, it

became "a lightning rod for anti-psychiatric sentiment and protests."[87] This sentiment included

the anti-psychiatry movement that would start during the 1960s. The basic belief of this

movement was that " mental illness was a creation, that madness did not exist, and that

psychiatric treatment was a new form of political oppression."[88] This argument is well

represented by Joel Kovel: "We shall hold to the view that the disorder and the remedy are

both parts of the same social process."[89] The establishment's response to such accusations

"focused on demonstrating that the idea that mental illness did not exist was clearly wrong."[90]

This argument redirected the debate from the social and philosophical foundations of

psychology, to the legitimacy of its findings. Given the medical support behind the conclusions

of psychiatry, their position was fairly easy to defend. The general acceptance of the methods

and conclusions of psychiatry would justify the continued rise of pharmacological responses to

mental illness, and the challenges to the philosophical foundations of the practice would largely

become limited to academics, and out of the public imagination.

In this brief history of behavioral regulation from the middle ages to the 20th century,

we have seen three crucial changes within the practice of psychiatry. First, the source of mental

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[85] Ibid., 425-427.
[86] Ibid., 427.
[87] Ibid
[88] Ibid., 428.
[89] Kovel, "The American Mental Health Industry." 72.
[90] Ibid

illness, in terms of public understanding has shifted. In the Age of Jails, mental illness was caused either by magic, God, or by something unable to be understood. However, by present day, mental illness is generally accepted as having medical or biological causes. Second, the practice of behavioral regulation looks very different. Rather than consisting of simple incarceration, psychiatry now uses multiple types of treatments and cures. Some consist of "talking" cures, others are more biologically based. Third, and perhaps most important for this project, the site of the psychiatric practice has moved. It began in jails, then moved to asylums, then, into communities by means of private offices, and eventually into people's homes by means of medication.

What do all of these transitions mean? First and foremost, this period has seen a massive consolidation of authority in terms of who decides what behavior is normal, and what behavior is deviant. During the Age of Jails, somebody was deemed mentally ill when it was generally accepted that they were a danger to the public. However, by the 20th century, it was psychiatrists who had the final word. As a source of medical knowledge and expertise, psychologists and psychiatrists now have significant authority in determining what behavior is healthy, what behavior needs correcting, and in what ways it should be corrected. Furthermore, the amount of behavior deemed unhealthy and deviant by psychiatrists has grown an incredible amount. It used to be that mental illness was simply violent or illogical behavior, but now, we have textbooks filled with all the disorders people can have. The APA in 1952 published the first Diagnostic Statistical Manual in 1952. That edition outlined 106 different disorders of the mind. While this figure may seem astounding, in 2000, the fourth

edition of the DSM was published and contained 297 disorders.[91] According to this edition of

the DSM, almost half of all Americans will suffer from some type of mental illness.[92]

In addition to the proliferation of disorders, treatments, and cures, one fundamental

shift in the field of psychiatry has come partially as a result of the transition of sites of practice.

When psychiatry was practiced in jails, the public had very little interaction with, or

understanding of, psychiatry. However, the change to private offices in communities has come

with a newfound familiarity with the practice. Psychiatry has become more mainstream, and as

a result, treatment is more accessible. This accessibility comes in two main ways. First, the

discipline of psychiatry has become more accessible intellectually, and more accepted as an

ideology. It has become better understood largely because of an increase in, and popularization

of, a medical understanding of the mind, and given its ties with medicine, more accepted to be

true and important for peoples' health. Second, the services offered by psychiatrists have

become more accessible. These two trends of increased accessibility have allowed psychiatry to

move seamlessly into its newest age: The Age of the University.

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[91] Robin S. Rosenberg, "According to the New DSM-5, Odds Are You Will Have a Mental Disorder." Slate Magazine. April 12, 2013.
[92] Ibid

Chapter Two

By the second half of the 20th century, psychiatry had taken significant steps in expanding into a new realm of practice; the University. This move constitutes a new period in the history of Psychiatric practice and, like the other stages, has fundamental differences that distinguish it from the prior periods. From the jail to the asylum, psychosis became understood as treatable. From the asylum to the private psychiatrist, scientists and the public alike came to understand mental illness biologically. This age has seen a continuation in the trends of proliferation of illnesses, increasingly positive understanding of treatment, and acceptance of a scientific understanding of the field that has been seen in the other periods. From the private psychiatrist to the Age of the University, the primary difference is that psychology and psychiatry has become more aggressive, expansive, and intrusive in how its practice. That is, psychiatry now pervades the community, monitoring behavior where it had not previously been monitored, by those who have not before monitored it. This expansion in the practitioners of the practice accompanies a vast increase in the types of behaviors that it is concerned with. Behavioral Regulation isn't just in the community to be used by anybody who would like, but rather, it now reaches out *into* the community to try to regulate behavior. Still the arbiter of what is normal and what is deviant, psychiatric practice advertises treatments, suggestions, and warning signs to both prospective patients and to those who could refer patients.

The expansion from the psychiatrist's office to the college campus was a relatively smooth one, as in practitioners did not make radical moves to make the development of university counseling possible. In short, it featured either the opening of university-funded psychiatrist offices, or the referral to and advertisement of local offices on the part of the

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university. This chapter will utilize archival information on the establishment and operations of

university counseling centers at five Pennsylvania universities to illustrate more general trends

identified in secondary sources. After a discussion of these trends and an analysis of the

university case studies, this chapter will feature a discussion of the University as a site of

psychiatric practice.

Before beginning this analysis, however, a brief discussion of the methods for

researching psychiatric practice at the individual schools is necessary to provide context and

reasoning behind the investigation. The schools chosen for this project were Bucknell

University, Susquehanna University, Pennsylvania Technical College, Pennsylvania State

University, and Luzerne County Community College. I chose these specific schools for their

proximity to Bucknell University, as well as their diversity of purpose (this list features liberal

arts universities as well as a large state school and technical and community colleges). This

group also includes both public and private schools, as well as a diversity in size, from

2,196 at Susquehanna University,[93] to 46,000 at Penn State's University Park location.[94]

These institutions serve different types of students in varying sizes for varying purposes.

Thus, a study of these five schools helps create an understanding of what is similar and

what differs among various types of schools. The archival research at these schools helps to

identify common trends in the establishment of psychiatric practice at a variety of

institutions in order to distinguish features of psychiatric practice in the Age of the

University at large. These common trends exemplify different ways in which the practice of

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[93] "Susquehanna University - Profile, Rankings and Data," US News and World Reports. Accessed 1/31, 2017.
[94] Pennsylvania State University, "Penn State Campuses - Undergraduate Admissions." Accessed 1/31/2017.

psychology has grown to encompass new behaviors and, in turn, new patients. This growth shows an expansion not only in the jurisdiction of the practice of psychology, but also the people who psychology and behavioral regulation sees as legitimate extensions of its institution.

Expanding into Campus

Tracing how mental illness came to be understood and combatted on college campuses is crucial to understanding the university as a site of psychiatric practice. College counseling centers have existed in varying social forms and have had a variety of purposes since their inception during the first half of the 20th century. Initially, these counseling centers existed to provide guidance for students in a purely vocational capacity. Guidance on college campuses started in the 1930s and 40s, mostly "focused on assisting young people with life changes such as leaving home, succeeding in school, and obtaining employment."[95] At this point in time, universities did not see mental health seen as inherently psychiatric in nature; rather, guidance counselors focused on correcting behavior with the purpose of job preparation. Eventually, however, college counseling centers would shift their focus from vocational training to personal comfort. Following World War II, many soldiers were able to attend college through the GI Bill and other related programs.[96] As a result, this new population of students was well-trained to succeed in a disciplined work force; however, "the personal and social concerns of the soldiers

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[95] Alison M. LaFollete, "The Evolution of University Counseling: From Educational Guidance to Multicultural Competence, Severe Mental Illnesses and Crisis Planning." *Graduate Journal of Counseling Psychology* 1, no. 2 (2009), 113.

[96] Along with the GI Bill following WWII, the National Defense Education Act emerges during cold war, provided funding for counseling centers to identify gifted students who could help with space program
LaFollete, "The Evolution of University Counseling," 113.

inevitably needed addressing."[97] College guidance and counseling centers shifted their focus to address these needs beginning in the 1940s and 50s, and fully separating during the 1960s and 70s. Through these shifts counseling centers "began to develop an identity that was separate and distinct from other student affairs units."[98] By moving away from vocational guidance, counseling centers created a new realm of self-improvement and self-education in institutions of higher learning. This transition and the creation of this space can be seen in the specific case studies chosen for this project, and how the counseling programs provided by the specific colleges and universities evolved over time.

Before 1960

Before 1960, university counseling was still finding its footing. Many counseling centers began to include some type of personal counseling, though not in the way we understand it today. Guidance centers offered personal counseling and other resources to help students succeed academically and vocationally, but clearly did not consider social and personal growth to be a type of education in itself.

The Pennsylvania Technical College has had many forms and names since its inception in 1914. Originally an adult education and training facility run out of the Williamsport Area High School, there is evidence of vocational guidance programs as early as 1933. At this time, the goal of this institution was to prepare students for their lives and careers in a purely vocational sense. George Parkes, the first director of the program, wrote in The Bucknell Journal of Education about the goals of the college, "We all recognize the fact that vocational education which aims to prepare for useful employment must be essentially concerned with the changes

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[97] Ibid.
[98] Ibid., 114.

which are constantly taking place in the tools and methods of modern industry."[99] The program

would officially take on the name of the Williamsport Technical Institute in 1941. Parkes would

remain director for many more years, writing in his personal correspondence in the 1950s that

the educators at WTI "were builders of people, in a down-to-earth, [job] oriented fashion."[100]

WTI and its administrators did not include psychiatric care, or even personal guidance, among

their responsibilities as an institution, at least until the 1950s.

Similar to many colleges and universities around the country, Bucknell University first

recognized the need for, and established, a counseling program in the first half of the 20th

century. In the University Catalogue from 1946-47, we see that this consisted of provisions

made for academic and personal counseling by the offices of the president and various deans.

There were also different upper-class students were trained and designated as "counselors."[101]

Again, similar to other university's programs at this point in time, the program was largely

vocational in nature. Despite the existence of personal counseling, the resources were aimed at

fixing personal concerns in an ill-defined sense that seems to be more vocationally driven than

anything else. However, a decade later, the language of the University Catalogue had changed,

along with the institutions and goals aimed at helping students succeed;

> The Guidance Center offers clinical counseling to students having special personal
> problems as well as the opportunity to have a fairly complete evaluation of their
> interests, aptitudes, and general achievements, including individual testing and
> counseling. Here students may receive assistance in the selection of a major area of

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[99] George H. Parkes, Vocational Education and the Unemployment Crisis," The Bucknell Journal of Education, The George H. Parkes Collection, vol. VII, no. 3. March 1933, Madigan Library Special Collections, 20.

[100] George H. Parkes, "The Director," The George H. Parkes Collection, Madigan Library Special Collections, 2.

[101] Bucknell University, *Bucknell University Catalogue 1946-47*, 31.

study or of a vocation, or the diagnosis and correction of inefficient study and reading skills.[102]

By the mid 50s, like at Penn Tech, we can see that Bucknell University had begun to build up and define programs in order to better support them. The university then, determined these need as social in nature, but were corrected for academic purposes. The University was still primarily concerned about vocational and academic success, but now the "diagnosis and correction" of different personal skills related to school are taken into account.

Susquehanna University started their Counseling Center in 1949 under the name of The Psychological Clinic. Before 1949 there was no mention of a clinic.[103] At the time, the clinic existed to help "students whose educational, vocational or personal problems require specialized attention" who advisers referred for help.[104] The Psychological Clinic did, in fact, offer services beyond simple academic and vocational counseling. Under the direction of a psychologist, the clinic offered personal counseling, though their services were not more specific than using testing to fix "difficult problems."[105] Consistent with information from other colleges and universities, this time period saw an exploration of personal services, though the center remained quite limited in the services they offered, and what was offered was quite ill-defined.

In 1952, Susquehanna changed the clinic's name to The Guidance Center. It kept that name until 1966 when the name was changed again to Psychological Services. Along with this evolution of the counseling services at Susquehanna, the second half of the 1960s saw a

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[102] Bucknell University, *Bucknell University Catalogue 195-57*, 35.
[103] Susquehanna Archivist Mary Sanders, e-mail message to the author, October, 25, 2016.
[104] Susquehanna University, *1949 Susquehanna University Catalogue*, 36.
[105] Ibid.

marginal improvement in clarity in the types of services that were offered. From the 1965-1970 *Susquehanna University Bulletin*, we learn that "Susquehanna's policy is to provide personal attention for students who need it."[106] The bulletin refers to a number of programs and services aimed at helping students "learn effective ways of identifying and then achieving desired and desirable goals."[107] The Guidance Center offered additional counseling on top of the counseling already offered by the faculty and administration. The Center offered diagnostic testing as well as professional counseling for "educational and vocational problems as well as problems of personal adjustment."[108]

Prior to 1960, then, the services offered by counseling centers were not strictly vocational and academic in nature, but were practiced for vocational and academic ends. That is any personal counseling existed to allow students to focus on academics rather than focusing on personal issues for their own sake. However, the introduction of this personal counseling opened the door for a more strictly personal counseling during the 60s and 70s.

1960s and 70s

The 1960s and 70s represented a time of significant change within university counseling. In these two decades, the differences between vocational and personal counseling grew stronger. Universities began to consider the personal benefits of counseling as ends in themselves, rather than as a means to improve academic performance. This time period is characterized by a fundamental shift in how counseling was understood, as well as a steep increase in the number of services offered.

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[106] Susquehanna University, *Susquehanna University Bulletin (1965-1970),* 29
[107] Ibid.
[108] Ibid.

Penn Tech would once again change its name in 1965. Now known as the Williamsport Area Community College, the college would change its philosophy, along with its attitudes towards its role in preparing students for graduation. By this point, WACC set out to "provide a very strong program of guidance and counseling" for its students, to help develop a wide range of personal and vocational skills.[109] This is a crucial shift for the college, who previously saw its role as solely preparatory in a vocational sense. However, in the mid 60s, we see the beginning of a non-vocational counseling goal: "The community college should also provide for each, the opportunity to enrich his life by learning more about himself and his fellow man….and such other avocational interests as he may have or develop."[110] This new attitude about counseling, and added responsibility taken on by the college in providing personal support for students, would inform WACC's future posturing towards mental health, and would eventually lead to the opening of the Counseling Center in March of 1972.[111] The college's newspaper, *Spotlight*, explains the purpose of the center, noting that "personal, academic or personal-social problems are reasons for a visit."[112] Still providing the academic and vocational guidance that it has throughout its history, WACC was now expanding its resources to offer counseling for personal and social issues, including "an identity crisis, emotional difficulties, loneliness, dating upsets, or the problem of being away from home for the first time with no friends."[113] This is a crucial step in the development of WACC as an institution that is aware of, and takes steps to care for,

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[109] Williamsport Area Community College, "WACC Philosophy," Madigan Library Special Collections, 1.
[110] Ibid.
[111] "Counseling Center Offers Help." *Spotlight,* March 3, 1972. Spotlight, the WACC student newspaper, Madigan Library Special Collections.
[112] Ibid., 3.
[113] Ibid

students with mental illnesses. Campus guidance programs now extend into personal and social issues aimed at helping students adjust to college life and life after graduation. It is also interesting to note that this article quotes the director of the program, who "feels many of the students are afraid of counseling because of the old tradition that a person should be able to work out his own problems."[114] So, not only is the college trying to provide new resources for students' personal development, but they are also aware of some reasons as to why they may not be reaching everybody in need. The Counseling Center would continue to add services over the years, including group therapy sessions in 1978.[115]

By the mid-60s, Bucknell's Counseling Service has evolved to include psychological and regulatory techniques, as well. Its stated purpose at the time was "to assist students with personal, educational, and vocational questions." It accomplishes this goal by providing psychological evaluations and providing counseling by psychologists.[116] The Service offered multiple types of ability, interest, and personality tests, all with the goal of enhancing "the student's self-appraisal and self-understanding within the context of his own realistic academic, social, and personal circumstances."[117] By this point, psychologists and their practice are included in the university setting and provide evaluations and personality tests aimed at creating a better self-understanding. The purpose of counseling is no longer purely vocational. This attitude and the inclusion of psychologists would continue to grow until present day.

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[114] Ibid.
[115] "Group Sessions Being Planned" *Spotlight* (1978). Spotlight, the WACC student newspaper, Madigan Library Special Collections.
[116] Bucknell University, *Bucknell University Catalogue 1966-67*, 37.
[117] Ibid.

Though no formal psychological counseling at Bucknell existed until the 60s, when looking back, the attitudes and institutional steps towards present day counseling become clearer. For example, there were concerns with "mental hygiene" and "personal development" as early as the 1930s. In fact, there was even a proposal for a Mental Hygiene Program at Bucknell at the time.[118] Though the program was never created, we can see that some, even so early on in the 20th century, some were questioning the role of the University as an institution.

> Among other things, the college might be expected to contribute to the informational growth of a student; that is, to provide him with facts; to contribute to his personal development so that he has the capacity to employ the factual aids; and to provide him with a degree of protection so that in the above processes and in the transition from home to independence crippling will be avoided.[119]

While still incredibly early on in the history of psychological practice and mental health awareness on campus, we can see that, at certain institutions, the university is already considered as not just an educational institution, but also one that aids in personal growth. Perhaps, given that the university did not approve this proposal, one can conclude that this understanding of the role of the University was not widely accepted. However, it is an important indicator of a change in attitude that would develop over the course of the 20th century.

The failure of the Mental Hygiene Program proposal, though, did not mean that the university would provide no counseling. It still offered vocational counseling throughout the 1930s. This counseling helped place students in careers, and gave personality and psychological

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[118] "Mental Hygiene Program for Bucknell University," Psychology Collection, Bucknell University Archives.
[119] Ibid.

exams during "freshman week" to this end.[120] As the university catalogues would suggest,

Bucknell first used psychological counseling for personal purposes, albeit in a loosely defined

way, beginning in the 1950s. In 1958, W.H. Kieft, Director of Testing for the Guidance Center,[121]

wrote about the aims and functions of the Guidance Center at Bucknell; "Personal adjustment

counseling is a very important service offered by the guidance center. It has long been known

that human happiness depends as much on personal matters as it does on material

conveniences and social arrangements."[122] While the first half of Kieft's correspondence

focuses on the vocational training, in this quote from the second half of the document, we can

see that Kieft is also considering testing as a means to increase personal happiness, rather than

just as a means to academic success.

From the university catalogues, we see the growth and expansion of the counseling

programs at Bucknell. By the late 60s, and throughout the 70s, the counseling center employed

psychologists and offered counseling to students to assist with "personal, educational and

vocational questions," offering both group and individual services on a confidential basis.[123]

By the 1960s, the services offered by Susquehanna would seem to follow suit with other

colleges and universities who, in this time period, began to offer some personal counseling to

those who were interested. However, Susquehanna's limited its services to "students who are

capable of directing their own college studies and activities."[124] The bulletin does not explain

what this may mean exactly; however, the general message seems to be that the university

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[120] "Student Counseling at Bucknell," Bucknell University, *Bucknell L'Agenda 1958* 1958.
[121] Ibid., 22.
[122] W.H. Kieft, "The Functions of the Bucknell University Guidance Center," 1958. Counseling and Testing Collection, Bucknell University Archives.
[123] Bucknell University, *Bucknell University Catalogue 1966-67*, 33, 37.
[124] Susquehanna University, *Susquehanna University Bulletin (1965-1970)*, 29.

doesn't want to overburden those who aren't succeeding academically. Thus, personal

counseling seems to be a sort of luxury, or a privilege for those who have satisfied academic

demands. In this, we see the remnants of older attitudes towards mental health counseling.

Susquehanna's attitudes at this time represent a hierarchy of needs at university: academics

first, then personal support. This is a new caveat added on the old attitude of "academics first"

which we saw in the era when counseling amounted to vocational and academic assistance.

In 1971, Susquehanna changed the name again to "The Counseling Center." The 70s

would see a continued increase in the services the university offered. To accompany this

growth was a new rule: Susquehanna required that the director of Psychological Services, who

oversaw the center, was a state-licensed psychologist.[125] The services offered and the goals of

the Center became much more tailored to fit the psychological nature of the center. Students

could still make appointments and could still take diagnostic tests to identify educational and

vocational problems; however, the center now administered "a variety of aptitude, interest and

personal adjustment tests."[126] The late 70s saw, for the first time, a distinction between two

types of services offered: academic/vocational and personal. Until now, and this is true for

many institutions, the two had been somewhat conflated, and the latter had been fairly ill-

defined. However, this era saw a more refined definition of what could be expected in terms of

psychological counseling from Susquehanna's guidance center.

Luzerne County Community College is the first modern community college considered in

this project. Unfortunately, their archives were quite limited, and the only relevant sources

were the college catalogues. However, the information provided by the catalogues paints a very

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[125] Susquehanna University, *Susquehanna University Bulletin 1977*, 27.
[126] Ibid.

similar history to the other schoosl included. The language used to describe counseling efforts, as well as the services offered mirrors what one would expect given the trends at other universities studied.

Luzerne County Community College was founded in 1966 under the provisions of the Pennsylvania Community College Act of 1963. Accordingly, it was established as a two-year institution.[127] Originally, the college did not offer much in the way of counseling. There was, however, a counseling department, whose stated goal was "to assist the student in making the often-difficult transition from high school to the more rigorous demands of college life."[128] The college employed a handful of full-time counselors, who may not have had degrees as psychologists, but were ""qualified to discuss matters of personal as well as academic concern."[129] In the way of psychological counseling, it is unclear what LCCC had to offer its students; however, they did offer personal counseling of some type. This is slightly behind other institutions at the time, who employed psychologists and offered more detailed services. However, in the late 60s, while LCCC provided very accessible vocational counseling, it was only slowly beginning to incorporate personal counseling, as well.

In the decade to come, not much would change in the way of counseling resources at LCCC. The description in the 1978-79 college catalogue was almost verbatim that of the 1968-69 catalogue. However, there was one major change when it came to the state of the counseling services. In the description of its purpose, the following was added: "The purpose of this service is to enable the student to gain a realistic appraisal of himself and thereby

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[127] Luzerne County Community College, *LCCC 1968-69 College Catalogue*, Inside Cover.
[128] Ibid., 34.
[129] Ibid.

undertake appropriate steps toward achieving his goals."[130] Though this is not elaborated on, one could assume that "realistic appraisal of himself" could mean that counselors would help students realize the limits of their potential given their academic and personal characteristics, as well as society's standards. The college removed this ambiguous description in the following decade.

The 1960s and 70s crept through the door left open by the early personal counseling of the 1950s and earlier. Now with mental health an end by itself, the next era is the history of university counseling would build on these services, following the larger trend of psychiatric practice at large.

1980s to Today

Since the 1980s, counseling centers on college campuses have continued along this trajectory of separating personal and vocational counseling. While still offering vocational resources, counseling centers have become largely psychological in nature. This period is characterized by an increase in the number of problems confronted by psychological services, as well as a large growth in the social acceptance of counseling. Along with this growth of acceptance, the type of people monitoring mental health has grown to include faculty, staff, administrators, and even friends and classmates. Universities devote more resources to counseling services following the growth in the scope and popularity of services.

In 1989, WACC would change its name, and purpose, once more, becoming the Pennsylvania College of Technology, a branch of Penn State University. According to the college's current website, "short term individual counseling is offered to help students gain a

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[130] Ibid., 33.

deeper understanding of the sources of their difficulties."[131] There are also links and contact information for counselors and crisis intervention services. Furthermore, there is a link for site visitors to take an online screening to gauge their overall mental health. This type of outreach, and the ease of accessibility for counseling services is well represented by a large billboard outside of their main library, advertising for suicide awareness and prevention techniques. This push for mental health awareness at Penn Tech comes in the wake of a string of suicides by current and former students between 2014 and today.[132] Furthermore, in October of 2016, hundreds of people from Penn Tech and the surrounding community participated in a suicide-prevention walk hosted by the college and the American Foundation for Suicide Prevention's Central Pennsylvania chapter.[133] The visibility of these issues is then matched by the visibility of the services aimed at correcting them.

Today, the services at Penn Tech focus on awareness raising and outreach. While shifting their counseling center's focus from vocational assistance to psychological aid, the college has also started hosting outreach events, and promoting awareness for mental health issues. Penn Tech is an interesting example as well because the college itself is largely vocational. It has functioned as a technical institute as well as a community college in its 103-year history. However, we still see the introduction of psychiatric services and mental health awareness as necessary for the vocational and personal success of students. Even though it may have seemed unlikely at this school in particular, Pennsylvania College of Technology's history has followed the trend of growing psychiatric practice on campus.

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[131] Pennsylvania College of Technology, "Counseling Services."

[132] "Pennsylvania College of Technology," Suicide Prevention Resource Center.

[133] Pennsylvania College of Technology. "College Hosting 'Out of the Darkness' Suicide-Prevention Walk." PCToday.

At Bucknell, the counseling service had grown so popular in this time period that by the 1980s demand had increased to a point that the service could no longer meet it. In a memo to University President Dennis O'Brien and Dean of Student Affairs John Dunlop, James E. Gardner, the Chairperson of the Advisory Committee to the Medical and Counseling Services suggests that the Counseling Service was understaffed and had insufficient space to deal with student needs. Writing in 1981, Gardner notes that "the individual counseling load in 1976-77 was 2.4 times that in 1963-63."[134] This type of growth in the demand for services suggests that the Counseling Center now needed to grow in accordance with the number of students using its services. As a result of increased popularity, the Counseling Service would continue to grow, and would eventually start reaching out and advertising its services to potential patients.

The Counseling Service, which came to be known as Psychological Services, would begin to devote lots of attention to campus outreach during this period. In the 1980s, it began advertising warning signs to faculty and staff, as well as encouraging them to advertise the available services to students.[135] A more recent example comes in 2007, when the Associate Director of Psychological Services, Eric Affsprung, emailed the Bucknell Faculty and staff to make them aware of "free, on-line mental health screening link embedded in the [Psychological Services] web site."[136] Bucknell aimed outreach at students directly, as well. In the 1990s,

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[134] Memo from James E. Gardner, Chairperson to the Advisory Committee to the Medical and Counseling Services, to Dennis O'Brien, President, and John Dunlop, Dean of Student Affairs. January 16, 1981, 3. Counseling Collection, Bucknell University Special Collection.

[135] Bucknell University Psychological Services, "An Introduction for Bucknell Faculty and Staff to the Office of Psychological Services," Psychological Services Collection, Bucknell University Special Collections.

[136] Eric Affsprung, Assoc. Director of Psychological Services, e-mail message to Bucknell Faculty and Staff. September 10, 2007. Psychological Services Collection, Bucknell University Special Collections.

Psychological Services began circulating brochures for various workshops meant to sustain

personal growth. For example, one of the programs Psych Services offered in 1999 was titled

"Homesickness and Cultural Adjustments Workshop" and was offered by one of the

psychologists at the university.[137] Similarly, the Bucknell Division of Student Affairs published a

series of "Installments," which are flyers posted around campus, mainly in bathrooms. This

program started in 2005 and was originally run by the Women's Resource center. It educated

women about topics such as personal health, alcohol & sex, and sexual assault. More recently,

the program, which is now run by the Division of Student Affairs, promotes ways to get involved

on campus, stress reduction techniques, mindfulness activities, and contact info for university

resources.

Today, Bucknell's counseling service goes by the name of Counseling and Student

Development. The office employs psychologists with both Ph.D.'s and Psy.D.'s, in addition to

bringing in psychiatrists for regular consultations.[138] The CSDC

> offers a wide range of services to help make the college years more satisfying,
> rewarding, and productive. Our programs are designed to help students grow in self-
> understanding, to help them use their intellectual and emotional resources as
> effectively as possible and to provide a supportive "safety net" at those times when they
> encounter difficult or painful life circumstances.[139]

Much like other counseling centers at universities around the country, counseling resources are

now fully devoted to personal development. The CSDC also engages in outreach not only

through Installments, campus events, and workshops, but also by providing information for

friends, parents, and faculty/staff to help a student in need and to make a referral. In Bucknell's

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[137] Shallary Duncan, "Homesickness and Cultural Adjustments Workshop." Psychological
Services Collection, Bucknell University Special Collections.
[138] Counseling & Student Development Center - Bucknell University, "Our Staff."
[139] Bucknell University, "Counseling & Student Development Center."

case, the university has become a full-fledged site of psychiatric practice. Not only in the services it offers and the staff it employs, but also the resources it devotes to campus outreach. The university aims this outreach at any undesirable behavior that may be thus far undiagnosed or uncorrected. This shift towards advertising and campus outreach is consistent with other universities, and represents a crucial development in the creation of the university as a site of psychiatric practice.

In the 1980s, the existing separation of academic/vocational and personal counseling would become even more defined at Susquehanna. By 1987, there were now two separate guidance offices at the university, the Academic Skills Center and The Counseling Center. Academic Skills Center offers "academic counseling and assistance,"[140] while The Counseling Center would continue to offer "a full range of psychological services under the supervision of the Director of Counseling, a licensed psychologist." [141] These services included personal and group counseling for students experiencing any personal difficulties. The Counseling Center also advertised itself "as a campus resource for information about mental health and substance abuse" and would begin to provide workshops on these matters and other related issues.[142] This is the beginning of Susquehanna's exploration into the realm of outreach. The Counseling Center began to exist as a center of consultation for mental health, as well as beginning outreach with these workshops aimed at attracting students who may identify with these issues. Much like at Bucknell University, this type of outreach begins in the late 80s, develops over the 90s and early 2000s, and continues today.

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[140] Susquehanna University, *Susquehanna University Bulletin (1987-1988)*, 12.
[141] Ibid., 13.
[142] Ibid.

Today, Susquehanna's Counseling Services look very similar to others we've looked at. Their services offered include, but are not limited to, individual and group counseling with licensed therapists, emergency services, psychological evaluations, alcohol and drug assessment, and a variety of educational programs that include workshops and seminars on mental health.[143] Other, more specialized, programs include "alcohol and drug prevention; peer education training; Koru mindfulness classes; support groups for anxiety, first-year experience and students of color; and outreach events such as Dog Days and the Be a Kid Again holiday event."[144] The current website also features a tab that has information devoted entirely to those who may be concerned about a student at the university. On this tab, Susquehanna provides classmates, friends, professors, parents, etc. with a list of warning signs, as well as information on how to refer a student. Again, there are many aspects 0f Susquehanna's Counseling Services that match trends with other counseling centers. Characterized by an increase in the number, depth, and types of psychological services offered, as well as policies of outreach and the encouragement of referrals, Susquehanna's Counseling Services constitute the university as a site of psychological and psychiatric practice that not only exists for student consultation but also reaches out into the campus community to find students may be in need.

Between the late 70s and the late 80s, LCCC made changes to its counseling services to include more than vocational training. The counseling department now puts personal counseling as one of its stated goals.[145] It elaborates, "The professional counseling staff provides the student with information concerning the nature of available curricula, about

[143] Susquehanna University, "Counseling Services."
[144] Ibid.
[145] Luzerne County Community College, *LCCC 1988-89 College Catalogue*, 37.

his/her personal and educational qualities and about employment opportunities in his/her major field of study."[146] This counseling, though personal in nature, is done for the sake of academic and vocational success. At a time when other universities employ psychologists and promote personal growth workshops, LCCC still only offers counseling for academic success.

By 1998, LCCC had created a Counseling and Advising Center that helps with Evaluation/Placement of Students, Academic Advising, Personal Counseling, Career Counseling, and Transfer Counseling.[147] Personal counseling resources still do not get more specific than "to assist students in dealing with specific personal problems."[148] This description would remain the same until present day; however, throughout this time period the Counseling and Advising Center would start referring students to local psychologists if the counselors felt it was appropriate.

Luzerne County Community College is a different type of institution than the others included in this study. First and foremost, it is the only two-year institution. Secondly, it is the only non-residential institution. In many ways, LCCC features different types of students, with different expectations for what their institution of higher learning might provide. LCCC is a more vocational school, and, as a result, the counseling services offered were much more vocational in nature. However, true to trends we have seen at other schools, the amount of resources devoted to personal counseling did increase during the second half of the 20th century. And, as faculty and staff were trained and instructed in doing at other universities, the

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[146] Ibid.
[147] Luzerne County Community College, *LCCC 1988-89 College Catalogue*, 65-66.
[148] Ibid.

counseling department acted as a referring agent in cases that they believed required

psychological evaluation.

Unlike the other schools researched for this project, Penn State did not yield much

historical perspective. However, it did paint an in-depth picture of what the psychiatric practice

entails at Penn State today. The contemporary sources found provide information not only

about what resources are available at Penn State, but also the process by which a student

receives treatment, as well as the current needs of Counseling and Psychological Services at

Penn State.

Penn State's Counseling and Psychological Services (CAPS) website provides an overview

of the office's services and mission, as well as an in-depth description of the process a student

seeking psychological services would go through at Penn State.

> Our staff work with thousands of Penn State students per year in group
> therapy, individual counseling, crisis intervention, and psychiatric services as well as
> providing prevention, outreach, and consultation services for the University community.
> Services at CAPS are designed to enhance students' ability to fully benefit from the
> University environment and academic experience.[149]

The services currently offered at Penn State are very similar to the services offered by the other

institutions studied. Utilizing the same language of self-betterment and personal support, Penn

State's CAPS center seems to have the same goal as Bucknell, Susquehanna, and Penn Tech.

The CAPS center website also provides information about what it is like to visit in the

hopes of receiving treatment. The process begins with a screening appointment over the phone

in order to "assess the nature and urgency" of the student's problem.[150] An in-person

appointment follows this phone screening. At this appointment, the counselor may recommend

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[149] Pennsylvania State University, "Counseling."
[150] Ibid.

continuing services either on or off campus; however, some students find that this one

appointment is enough to meet their needs. If the student does decide to continue on with

therapy, CAPS offers it on a short-term basis "to help students gain a deeper understanding of

the sources of difficulties."[151] This short-term counseling helps to create action plans for

students, and any students that require long term counseling will be referred to an off-campus

provider.

Despite all these services offered, like other schools, CAPS is short on resources. An

article in *The Morning Call*, a newspaper covering news from eastern Pennsylvania, describes

some of the needs of the Penn State CAPS center. Similar to other universities across the

country, the Penn State's CAPS center needs more resources to adequately service student

demand.[152] As a part of an effort to help ease this need, the class of 2016 senior gift was

$200,000, matched by the alumni association, as well as an extra $50,000 from the VP of

Development and Alumni Relations to help establish counseling programs that would be

housed in residence halls. However, despite the $450,000 donated to CAPS, Vice President for

Student Affairs, Damon Sims, told the university trustees Committee on Academic Affairs and

Student Life that "they still need more."[153] The article also noted that CAPS services up 19%,

appointments are up 9%, and non-suicidal self-injury is up 16% at Penn State. And that the

Penn State-run, Center for Collegiate Mental Health, an organization that monitors nationwide

mental health statistics, was gathering data from 350 college counseling centers to better

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[151] Ibid.

[152] "It is not a Penn State problem, he said. It's a problem at universities all over the country." Lori Falce, "Penn State asks for help expanding mental health services," *The Morning Call*, May *7, 2016.*

[153] Ibid.

understand the problem.[154] However, in the meantime, CAPS is attempting to combat these issues by making staff and faculty aware of the issues, as well as educating university employees and students to recognize warning signs of mental health problems. Despite this effort, the problem remains that the CAPS center claims it simply does not have enough resources, and in fact sites that for the University Park campus, there are over 46,000 students, and just one and a half psychiatrists to serve all of their needs.[155]

The state of Penn State's CAPS center is very similar to that of other counseling centers studied for this project. The center has begun reaching out to students, faculty, and staff in order to recognize which students may need treatment, but soaring rates of services requested and patients' needs leave them unable to provide adequate service to all those in need. Thus, they request more funding to provide more psychologists and psychiatrists to give treatment, as well as argue for more outreach on campus, further cementing the university as a site of psychological practice.

The University as an Institution of Behavioral Regulation

The case studies included have been helpful to show the transition of psychological practice to college campuses, but they are also helpful to understand the university as contemporary a site of psychological practice in its own right. These five institutions represent, to varying degrees and in different ways, how the university incorporated elements of psychiatric practice into its own system of counseling. Throughout the second half of the 20th

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[154] Ibid.
Pennsylvania State University, "Student Affairs - Center for Collegiate Mental Health."
[155] Falce, "Penn State asks for help expanding mental health services."

century, this system has become increasingly psychiatric in nature, and has come to represent a

new period in the larger history of sites of psychological practice.

In terms of services offered, college and university counseling centers do not offer

identical services. This disparity has existed throughout time. Both contemporarily and

historically, universities tailor their university counseling centers to fit their individual

institution. They offer a diversity of services depending on the type of institution while

attempting to reach the same end goal; the recognition and treatment of as many mentally ill

students as possible. This goal can be well summed up by the Susquehanna University

Counseling Center: "The mission of the Counseling Center is to provide for the mental health of

the student body of Susquehanna University."[156] All of the institutions studied stated, in some

language, that their goal was to provide their students with counseling and support for mental

health issues in order to help them best succeed personally and academically. Similarly, the

institutions provided in-house service, or referred students to resources for "brief" individual

counseling, crisis intervention, psychiatric services, alcohol/drug assessment, as well as

academic assistance. Again, there is some variation among the institutions, though they provide

some type of short-term counseling and referral to off-campus resources for longer term

counseling. Similarly, all of the counseling centers offered some sort of outreach, community

education, or at least advertised their resources in one way or another. Outreach, in fact, is one

of the hallmarks of the university as a site of psychological practice. For example, at the

Pennsylvania College of Technology there was a massive suicide prevention billboard situated

right outside the library, one of the most heavily trafficked areas on campus. At Bucknell

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[156] Susquehanna University, *Susquehanna University Catalogue 2010*, 155.

University, Psychological Services started distributing pamphlets to students as early as 1986.[157]

These pamphlets emphasize that "the primary goal of counseling is to help students understand

themselves better." And that "You do not need to be referred by anyone. Psychological Services

is not a disciplinary nor rule-enforcing agency. Psychological Services does not provide medical

or job placement services." The counseling center at Susquehanna University "offers a variety

of programs throughout the academic year to help students cope with issues such as alcohol

and drug abuse, stress management, positive psychology, and diversity."[158]

These outreach programs are provided largely by counseling centers, and the

professionals that run them. On college campuses, psychological practice is carried out by

licensed counselors and psychiatrists working in tandem. The professionals dedicated to

providing these services are either employed by the university on a full-time basis, brought in

for consultation, or had some sort of referral relationship with the colleges. These resources

included both psychological counseling by psychologists, medical consultation and

pharmacological prescription by psychiatrists, and academic counseling and referral by any of

these counselors, in addition to faculty and administrators. Counseling centers do not operate

independently from one another. Similar to how private psychologists are regulated by and

have professional interaction through the APA, the Association for University and College

Counseling Center Directors exists to support these institutions. The mission of the AUCCCD is

as follows:

> We are a professional community that fosters director development and success. To
> advance the mission of higher education, we innovate, educate and advocate for

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[157] Bucknell University, "Psychological Services."
[158] Susquehanna University, "Counseling Services."

collegiate mental health. We are committed to inclusive excellence and the promotion of social justice.[159]

Since the centers usually employ licensed psychologists and psychiatrists, they are still regulated under the APA, while the AUCCCD allows for communication and the sharing of knowledge between college counseling centers.

Reaction to these services on college campuses is quite positive. Perhaps this is because of an attempt by counseling centers not only to make these services more available and to reduce the stigma surrounding them, but also because the language and tactics used by counseling to spread the word operates on a very personal level. For example, many of these institutions educate the friends, families, and professors that interact with students who they may refer to receive counseling. Thus, an intervention from one of these trusted community members operates on a much more personal level. Similarly, language in advertisements of services function in more individual ways that students can relate to. For example, Susquehanna University's Counseling Center website offers their support for when "you're stressed about a test, struggling to get out of bed or dealing with anxiety attacks."[160]

As language like Susquehanna's would suggest, the practice psychiatry and psychology exists for increasingly personal reasons. The symptoms and problems addressed are framed as every day and mundane, that psychological practice is accepted because it makes life easier. A few counseling sessions, or perhaps a prescription, are attractive to students because they allow the student to focus on school. And counseling services recognize this, and advertise as such. When everybody knows that "academic success is strongly associated with a wide variety

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[159] Association for University and College Counseling Center Directors, "Welcome to AUCCCD."
[160] Susquehanna University "Counseling Services."

of mental health concerns,"[161] it is then acceptable for psychological practice to fall under the

jurisdiction of the university.

Another way to understand the reasons that psychology is practiced is to understand

the type of behavior that it normalizes, and what it views as deviant. The behaviors of concern

are fairly agreed upon throughout the institutions. In 1983, the Bucknell University Office of

Psychological Services circulated a pamphlet meant to familiarize faculty and staff with warning

signs for potential mental health issues:

> Some signs that a student may be in emotional distress:
> - marked changes in personality
> - frequent crying
> - dramatic weight loss or gain
> - alcohol and/or other drug abuse
> - odd behavior, peculiar speech
> - deterioration in personal hygiene
> - direct or indirect reference to suicide
> - failure to attend class or do assigned work
> - frequent requests for special attention, highly dependent behavior
> - unruly, abusive behavior, chronic anger
> - listless, lethargic, 'depressed' appearance[162]

Since then the list of concerning behaviors has grown. This new list includes procrastination,

disruptive classroom behavior, threats to others, behavior which regularly interferes with

effective class management, inability to make decisions, signs of intoxication during class, and

many more.[163] The practice of reaching out to faculty and staff to monitor student behavior has

not gone away, either. This information was found on the Bucknell Counseling and Student

Development Center website, on a page specifically designed to help faculty and staff to

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[161] Berger, "Report Shows Student Mental Health Concerns Outweigh Resources."

[162] "An Introduction for Bucknell Faculty and Staff to the Office of Psychological Services"
[163] Bucknell University Counseling and Student Development Center. "How to Identify a Student in Distress."

identify these behaviors. Other specific outreach to faculty and staff includes emails making

them aware of mental health screenings,[164] or to remind them of available services after

specific tragedies.[165]

The behaviors listed above are understood to be warning signs of more serious problem

behavior. While campuses monitor these behaviors, they are meant to curb behaviors

considered to be more serious. The Penn State Center for Collegiate Mental Health published a

study outlining the occurrence of these more serious behaviors. The study, took place during

2013-14, covering over 140 institutions, and 100,000 students who had received counseling had

the following results:

- o 1 out of 2 have been in counseling previously
- o 1 out of 3 have taken a psychiatric medication
- o 1 out of 4 have self-injured
- o 1 out of 3 have seriously considered suicide
- o 1 in 10 have been hospitalized for psychiatric reasons
- o Nearly 1 in 10 have made a suicide attempt
- o 1 out of 5 have experienced sexual assault
- o 1 out of 3 have experienced harassment or abuse
- o 1 out of 3 have experienced a traumatic event[166]

The article in which these statistics were published makes the argument that the resources

made available for the treatment of both sets of behaviors are not sufficient to combat the vast

number of students in need. The same article would report that the average student who goes

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[164] Eric Affsprung, Assoc. Director of Psychological Services, e-mail message to Bucknell Faculty and Staff. September 10, 2007. Psychological Services Collection, Bucknell University Special Collections.

[165] Eric Affsprung, Assoc. Director of Psychological Services, e-mail message to Bucknell Faculty and Staff. February 19th, 2008. Psychological Services Collection, Bucknell University Special Collections.

[166] Zach Berger, "Report Shows Student Mental Health Concerns Outweigh Resources." *Onward State,* February 09, 2015.

to counseling will attend 4.75 appointments. They attribute this small number of appointments to lack of resources.[167]

In sum, the modern college counseling center has a few distinct traits. First, it employs licensed psychologists and psychiatrists full-time, or has an arrangement with these professionals where they come in for student consultations, or has a system whereby students can be referred to off campus professionals. Secondly, they perform campus outreach events and ask faculty, staff, friends, and classmates to police a number of behaviors that are symptomatic of behaviors linked to self-harm or some sort of traumatic event. Thirdly, due to an influx or overflow of patients, they often request more funds or resources, or limit services to students.

These characteristics are important because they represent a fundamental change in the relationship between psychological practice and the public, psychological practice and its patients, as well as the domain of psychological practice. First, given the personal and individual nature of the symptoms advertised as reasons for counseling, seeking out psychological assistance has become increasingly popular; so much so, that the demand for treatment has begun to outweigh available resources. Secondly, psychological practice is now advertised. Advertised not in the sense of advertising one specific psychologist or a specialist as may have happened in the Age of Private Psychiatry; rather, the benefits of psychological assistance or counseling *itself* are advertised. This advertisement takes the form of flyers and brochures advertising personal growth workshops, or mindfulness techniques, as well as educating and

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[167] Ibid.

encouraging community members to be on the lookout for several red flags. Thirdly, by situating mental health issues as detrimental to academic performance, psychology itself has come under the jurisdiction of educational institutions. Doing so normalizes the pressures, stresses, and difficulties of university life, and places the onus of change on the individual, rather than the institution. The institutions, then, offer counseling to help students cope with and adjust to these difficulties. Similarly, the increase in regulated behaviors also blur the lines between who is considered "sane" and who is not. As such, the line between these two categories blur and these terms all but disappear during this time period. This new age of psychiatric and psychological practice does not necessarily see a change in the methods of treatment or an abandonment of medical objectivity, but rather, the ways in which society has understood these characteristics and treatment options have fundamentally changed in the Age of the University.

Chapter Three

When considering the function of the university as a site of psychological practice, it is important to get a sense of how the university understands itself in relation to its students. This perceived relationship sheds light on the motivation behind certain practices it uses to prepare students for life after graduation. So, how does the university view the student? Studying the mission statements of some the schools used in this study is one way to understand this relationship. Bucknell University prepares its students to "interact" with the world by fostering "intellectual maturity, personal conviction, and strength of character."[168] Similarly, Susquehanna University articulates their vision of their students as "confident, liberally-educated people."[169] This relationship is echoed by Penn State, which views its students as individuals to be cared for and molded.[170] The commonalities in these statements are numerous, though they boil down to the essential point that they aim to prepare their students with the knowledge and social capacity to succeed in the world. So, how do they go about producing these individuals? Bucknell educates individuals by "continued intellectual exploration, creativity, and imagination" for "critical thinking and strong leadership."[171] This includes both the knowledge and mental and social capacities for these types of activities. Susquehanna produces students that lead "lives of achievement, leadership, and service." And "want [their] graduates to possess" the knowledge and values to do so.[172] Penn State seeks to improve "the well-being and health of individuals and communities through integrated

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[168] Bucknell University, "Mission Statement."
[169] Susquehanna University, "About Susquehanna."
[170] Pennsylvania State University, "Mission and Character."
[171] Bucknell University, "Mission Statement."
[172] Susquehanna University, "About Susquehanna."

programs of teaching, research, and service."[173] While these are the stated goals of the

university, institutions of higher education often do less to create critical citizens, rather ones

who are ready to succeed in the world.

The goals put forth by these universities are achieved largely through classroom

education, but also through the other services offered on campus. While classes may be able to

create "liberally-educated" and "intellectually mature" graduates, more services are needed to

evoke "strong leadership," "confidence" and "strength of character." As such, universities

invoke the help of other services to help their students grow. One such service is counseling

and psychological centers. In this way, the university and psychological understanding and

psychiatric regulation work together towards the same goals. What is the role of psychological

services in this project of student preparation? The Bucknell Counseling and Student

Development Center "offers a wide range of services to help make the college years more

satisfying, rewarding, and productive."[174] Penn Tech's counseling services "resolve personal

concerns that interfere with their academic progress, social development, and overall life

satisfaction at Penn College."[175] Similarly, Penn States CAPS "are designed to enhance students'

ability to fully benefit from the University environment and academic experience."[176]

Essentially, counseling centers utilize psychological techniques to reinforce the social and

academic goals of the university, by combatting mental illness to make student life easier. This

reinforcement is evident by the using words like "satisfying," "productive," "progress,"

"development," and "benefit." As such, psychological services exist largely to keep students on

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[173] Pennsylvania State University, "Mission and Character."
[174] Bucknell University, "Counseling & Student Development Center."
[175] Pennsylvania College of Technology, "Counseling Services."
[176] Pennsylvania State University, "Student Affairs – Counseling & Psychological Services."

the track to achieve university goals. In this way, the goals of the university and the goals of

psychology are not at odds, and psychological behavioral regulation plays a supporting role in

the university's project.

The establishment of these psychological services went largely unchallenged, and its

practice spread to many societal institutions. What if the legitimacy of psychology were not

taken for granted? What if the foundations and basic functions and purposes of these services

were called into question? Contemporary with the rise of psychology's acceptance, there exists

a strand of thinking that questions the role and results of psychological intervention. This strand

of critical thinking can shed new light on the way the university functions as a site of

psychological practice. This critical tradition would reject psychology's assumptions of mental

illness as "a social or biological *failure,*"[177] and would reframe the history of psychological

practice as one of identity creation and social control. This chapter reinterprets the history of

psychology through a critical lens. By examining and applying the critical analysis of numerous

thinkers from the second half of the 20th century, we can see the growth of psychological

practices on university campuses sheds its purely positivist role. We can reveal this growth,

then, as a means of increasing social control both on campus and in the type of individual

created through its educational process.

Psychology as a Means of Social Control

Psychology, as we understand it today, functions under a number of assumptions. For

example, it assumes that its claims are objective because they are scientific. Psychiatry, the

medically-oriented branch of psychology, as well as earlier psychoanalysis, worked off of

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[177] R.D. Laing, *The Divided Self*, New York: Pantheon Books, 1969, 27.

epistemic foundations that, while different, were both considered objective. The Freudian foundation of psychoanalysis dominated for some time, but would later be replaced by this medical understanding. Since this medical objectivity must apply to every human brain equally, psychology understands, and has understood, these objective claims to be universal, and in turn, eternal. However, beginning in the 1960s, there began an intellectual tradition of critical psychiatry, that included historians, philosophers, and even doctors, all of whom began to question the role, and assumptions, of psychology in society. Specifically, they began to question psychology's assumptions about the human being, and who they sought to control. This section will study two strains of the anti-psychiatry movement by examining two thinkers; Michel Foucault and R.D. Laing as well as later scholars of psychiatry who have been influenced by their work. Studying their work, along with the work of more recent thinkers, will not only reframe how we think about psychology, but also its place in the university.

One of the most fundamental critiques of the institution of psychology is its role as a method of social control. When studied within our periodization, we can see not only the current state of psychology as a creator of social norms, but also the ways it exhibits this normative power.

Whether one calls it furthering the understanding of the human mind, or producing the legitimacy to control certain behaviors, one of the primary goals of psychology, "is to make intelligible the incomprehensible behaviors of the mentally ill."[178] This description, offered by Allan Horwitz, a professor of sociology at Rutgers, examines the purpose and function of psychology. New understandings of human behavior create new orders of how to respond to

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[178] Allan V. Horwitz, *The Social Control of Mental Illness*, Clinton Corners, NY: Percheron Press, 2002, 121.

them. Psychological diagnosis, then, results in the process of educating the afflicted patient on why their behavior is deviant, and giving them the means to fix it. While diagnosis gives society a way to interpret the individual, psychotherapy gives patients an interpretive framework by which they can understand themselves.[179]

Crucial to understanding psychology as a means of social control, is to understand that its legitimacy as a science and as a normalizing institution comes from its seemingly objective justification. The pairing of medicine and psychology makes social and behavioral differences more than simply different; rather, this pairing categorizes certain behaviors or ways of being as objectively correct and incorrect. This positivist view of psychology creates a framework that can legitimately categorize human behavior as right or wrong under psychological authority. Positivist psychology, however, is susceptible to some fundamental critique. For example, in the first chapter of his book *Critical Psychiatry: The Politics of Mental Health*, David Ingleby, professor of Intercultural Psychology at Utrecht University, points to some issues with the logic of positivist psychology and psychiatry. For Ingleby, situating psychiatry among other natural sciences gives the illusion that it is a field without bias; that it is objective. Ingleby, however, argues that this perceived objectivity does not exist.[180] This objectivity is contingent on multiple factors. First, objectivity assumes that observations are objective.[181] Second, it also assumes that causality of behavior is provable.[182] Third, despite the fact that there is no way to describe any emotion or any behavior, objectivity relies on a common language and an explicit set of

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[179] Horwitz, *The Social Control of Mental Illness*, 122.
[180] Ingleby, "Understanding 'Mental Illness'," 28-29.
[181] Ibid., 28.
[182] Ibid.

criteria which psychology cannot achieve through observation.[183] These assumptions, Ingleby

claims, render psychology illegitimate because of the methods it uses. Its assumptions are too

large, and cannot be proven or supported.

The problems with positivist psychiatry that Ingleby enumerates all originate from

within its own methodology, though there are also multiple external critiques that critics lodge

against positivist psychiatry. One such critique can be exemplified by adopting a quote from

Friedrich Nietzsche's *Thus Spoke Zarathustra*: "Much that this people have deemed good was

for another a source of scorn and shame: thus I have found it. Many things I found called evil

here, and there adorned with purple honors."[184] In this passage about all value originating from

a human source, Nietzsche proclaims that what some deem good in one culture or context can

be called evil in another. Such is the case with the institution of psychology. Human behavior

cannot be separated from its context; its culture, its situation, etc. As such, judgments of sanity

or normality are dependent on cultural or societal or social context, cannot be objective

throughout multiple cultural contexts.[185] Given the incredible variety of cultural norms

throughout the world, "virtually any behavior that is labeled as mental illness in one context

might be viewed as normal in some other context while what seems normal in one setting may

be labeled crazy in another."[186]

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[183] Ingleby, "Understanding 'Mental Illness'," 30.
[184] Friedrich Wilhelm Nietzsche, *Thus Spoke Zarathustra*, Translated by Graham Parkes, Oxford University Press, 2005, 51.
[185] Ingleby, "Understanding 'Mental Illness'," 32.
[186] Horwitz, *The Social Control of Mental Illness*, 22.

Nietzsche writes, "No people could live without first evaluating; but if it would maintain itself, it may not evaluate as its neighbor evaluates."[187] No matter what the difference in their evaluations, Nietzsche contends that every culture creates some sort of value system. This is also true when applied to human behavior. The same way that different value systems stem from different values, "a common view of mental illness need not stem from the existence of certain universal symptoms of psychosis."[188] Just because each society has some sort of concept of mental illness does not mean that mental illness consists of the same behavior in every society. Rather a perceived deviance or unreasonable behavior is the foundation of mental illness. Perceived deviance in general is the common thread, not specific traits.

Following Nietzsche's strand of moral relativism, these thinkers have gone on to question the presumptions under which psychology operates. That each society or culture has some sense of normal and deviant behavior is not a particularly spectacular claim. "In every society, certain people are considered 'mad,' 'crazy,' or 'insane.'"[189] This reality, while certainly relevant in a history of psychology, is not the subject of this investigation. However, it gains importance when one considers that now we have a framework for determining mental health and illness that claims to reach across social, cultural, and even temporal boundaries. By claiming medical objectivity, the field of psychology is making the claim that it is the sole legitimate system of understanding and normalizing human behavior.

The legitimacy of this system of understanding is not just understood as functioning in the present, however. Because the system supposedly provides an objective understanding of

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[187] Nietzsche, *Thus Spoke Zarathustra*, 51.
[188] Horwitz, *The Social Control of Mental Illness*, 18.
[189] Ibid., 13.

the way the human brain works, this understanding becomes retroactive across all of human existence. That is, human brains have always worked the way they do now. An objective, medical way of understanding the brain obscures the fact that this was not always how the human brain and human behavior were understood. As such, we understand historical attempts at psychology through their lack or accumulation of medical knowledge, or even understand historical figures and their behavior through the disorders and mental illnesses we use to describe behavior today. In this way, the medical nature of human behavior and all it entails becomes eternal. This means that human mental function that we would categorize as OCD, depression, etc. today, is the same as OCD, depression, etc. over the past hundreds or thousands of years. Again, this historical framework does not focus on specific medical knowledge; rather, the primary takeaway should be that this medical knowledge becomes objective and, in turn, eternally applicable.

Contemporary applies this natural right and wrong psychology, that is understand as eternal, to history. This phenomenon has not only resulted in a single-lensed view of the history of psychology, but also the diagnosing of historical figures with mental illnesses. This phenomenon, popular in many magazines and websites,[190] is a symptom of the common understanding that these classifications are not only medical and objective, but valid and applicable across time and culture. Medical objectivity reframes how we understand mental illness, and obscures how it has been understood throughout history. Simply put, we now

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[190] Mary Joseph, "25 Historical Figures with Mental Illnesses." Odyssey.
Kathy Benjamin, "11 Historical Geniuses and Their Possible Mental Disorders." Mental Floss.
Evan Andrews, "7 Historical Figures Posthumously Diagnosed with Illnesses." History.com.
"Famous People Who Struggled with Mental Illness." Biography.com.

understand individuals and the way they function as a creation of this body of knowledge,

which claims to be objective, and erases any other way we have ever thought of human beings.

This medical objectivity creates psychology's normative power, and does so by backing

it up with immense amount of knowledge. As such, the medicalization of psychology has given

it incredible social power. This social power has been the subject of many philosophers' studies.

One such philosopher was French thinker Michel Foucault. He was also a historian of

ideas, social theorist, philologist, and literary critic, who wrote during the 1960s and 70s. His

theories largely address the relationship between power and knowledge, and how different

authorities use this relationship as a form of social control through various societal institutions.

As psychology moved from jails and asylums to offices and universities, it began the practice of

knowledge production. Foucault's ideas about how this production of knowledge affects and

creates individuals drastically altered how many people thought about psychology. Along with

other social sciences such as statistics and pedagogy, psychology emerged as a way to

understand people, rather than just an arbiter of who should be put in an asylum or not. This

normative power was generally accepted not only because it presumably improved individuals'

lives and society as a whole, but because the theories and medical advancements it proposed

gained legitimacy from their scientific foundations. As such, the public and the scientific

community alike accepted psychology as a body of knowledge that could categorize people by

their actions and motivations.

Foucault examines this framework of understanding through his idea of Panopticism.

The Panopticon gives a description of the perfect prison. One central guard tower stands in the

middle of a circular organization of cells. Anybody in the tower can simultaneously keep track of

all the prisoners' behavior, and the prisoners know that they are constantly under surveillance. The constant surveillance of the prisoner effects how the prisoner is understood by those in the tower, and the awareness of this constant surveillance effects how the prisoner understands him or herself.[191] In this way, the institution of psychology functions the same way as the Panopticon. A crucial difference in the situations of the prisoner and the psychologized individual is that the prisoner is in this situation because of some legal or physical force; the patient, however, must first accept psychology as an institution of legitimate power.[192] As we have seen, the recognition of psychology as a legitimate institution of knowledge and normalization has grown with time. Following this general acceptance, the masses understand individuals, and individuals understand the way their mind works, in relation to disorders, deficiencies, tendencies, illnesses, etc. as prescribed by the tenants of psychology. Psychology understand behavior as symptomatic of a possible diagnosis, rather than simply a way of being. The normative quality that psychology imposes on understanding human behavior applies both to how the individual considers itself, but also how it considers those around it. This phenomenon has manifested itself since psychology's inception; and throughout its history and growth into a medical science, this way of thinking has both been solidified in its legitimacy, and has expanded in its scope. That is, rather than simply considering violent or seemingly irrational behavior that would land one in a lunatic jail because it was dangerous to the public, deviant behaviors now includes small everyday interactions that may be symptomatic of depression, OCD, schizophrenia, or any number of formal mental illnesses. This way of understanding the

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[191] Foucault, *Discipline and Punish*, 201.
[192] This is true in cases of voluntary treatment. Involuntary incarceration of the mad has not ceased entirely, but this type of psychological care is not the focus of this project.

human mind creates a new type of knowledge for each person. For Foucault, this knowledge,

and the labels it applies, distributes and ranks ways of beings, and ultimately effects how

society treats individuals. Through this production of knowledge, psychology gains its power. In

this sense, the individuals affected by the process, the specific disorders that are diagnosed and

applied by psychology, and the individual experiences of those who have been labeled mentally

ill are not the historical subject. Specific medicinal or psychological knowledge is not important

in this framework; it is only important in that it is understood as objective and true. Rather,

according to Foucault, the power created and wielded by the institution of psychology in its

many manifestations is the historical subject.

This differentiated production of knowledge of each human being is another crucial

development in the history of psychology, for Foucault. In its pre-scientific manifestation,

psychology existed simply as a means to rid society and families of the burden of the insane.

Taking away violent or misunderstood people made towns safer, eased burdens on families,

and rid towns of what people understood as an evil or dangerous presence. Following its shift

towards scientific understanding and knowledge production, psychology became "...an

industry, of sorts, whose business is the production and distribution of emotional order and

well-being."[193] That is, rather than just removing or attempting to treat those that people

generally considered to be insane by society, psychology began to create *new* patients, by

creating new illnesses. In this way, "the disorder and the remedy are both parts of the same

social process."[194] This social process is the identification of a certain type of behavior as

deviant or problematic by psychological methods. The individual, and their therapy or

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[193] Kovel, "The American Mental Health Industry," 72.
[194] Ibid.

treatment, then, falls under the jurisdiction of psychology. However, while this process makes

new patients, it also creates new individuals. By clearly marking who was deviant, this

differentiation also created the class of normal. And as these boundaries grew and shifted, new,

and more complex definitions of people came along with them. Some understand this process

as a furthered understanding of the human mind, others understand it as the creation of new

diseases. Regardless of what you call it, this process expands the jurisdiction of the institution

of psychology. More important to this process than the specific scientific discoveries, however,

are their philosophical bases.[195]

According to Allan Horwitz, the concept of mental illness is used for three major

purposes: "to order the symptoms subsumed in the category of mental illness, to develop laws

that explain and predict the occurrence of symptoms, and to control these symptoms."[196]

These goals take the form of establishing mental illnesses based on medical knowledge and

providing treatment to remedy behavior. A psychiatric approach to this process understands

each new diagnosis and treatment as a success. The social control approach, on the other hand,

sees each new diagnosis as a further limiting of what psychology considers acceptable behavior,

and an increase in the jurisdiction of the field of psychology. No matter what approach one

takes, there is no doubting that the process of a psychological diagnosis and its treatment is

"directed at the control of *conduct*."[197] The process, then, is satisfied when behavior has

changed and has conformed to normalized standards.

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[195] Ingleby, "Understanding 'Mental Illness'," 24.
[196] Horwitz, *The Social Control of Mental Illness*, 3.
[197] Ibid., 123.

What is so interesting about this type of social control is that it is seemingly voluntary.[198] In order to be subjected to this type of social control, one must seek out, or, at least, accept psychological help.[199] In general, psychology is accepted as legitimate because of its medical background. However, as Ingleby and others point out, there are fundamental imminent and external critiques that call into question the data collection methods of psychology, as well as how it is applied. Despite these questions, psychology is generally accepted a legitimate source of knowledge into human behavior and the function of the human mind, that exists, regulates, and normalizes in everyday life.

Simultaneous to the process of legitimizing psychology, its medical and objective nature frames the history of human behavior as conforming to this framework throughout history. This objectivity keeps us from thinking that there was ever a time when mental illness was ever recognized as a social construction. Instead, medical objectivity solidifies the legitimacy of social control, and creates mental illness as a medical and unquestionable part of one's being and identity.

One reason that medical objectivity functions so effectively is that it silences those who it negatively affects, by robbing them of their right to question it. This robbery is effective because no one other than those effected by being labeled has the experience of being labeled, and treated as such. One difficulty in understanding mental illness, then, is understanding it as an experience. Many scholars have attempted to understand and make accessible the experience of being mentally ill, both in terms of the way a mentally ill brain functions, as well

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[198] Voluntary for the average patient. This claim does not take into account prisoners or those who have been forced to undergo psychological treatment, as they are not the focus of this paper.

[199] Horwitz, *The Social Control of Mental Illness*, 127.

as how others treat one who is labeled mentally ill. One such scholar is R.D. Laing. Laing is a

Scottish psychiatrist who wrote extensively on mental illness in the 1960s and 70s; in particular,

he focused on the experience of psychosis. Historically, "psychosis" was a general descriptor of

mentally ill behavior or brain functioning. However, by the time Laing is writing, "psychosis"

takes on a more nuanced meaning. Laing takes "psychosis" to mean specific instances of mental

illness that include a distortion of reality. Mainly focusing on schizophrenia, Laing's work will

show that this more nuanced understanding of the term comes along with a blurring of the

lines between "sane" and "insane." These categories, Laing claims, regardless of their scientific

legitimacy, are purely a matter of social acknowledgment. Laing says that "when two sane

persons meet, mutual and reciprocal recognition of each other's identity" results in the

understanding of the other as a sane person.[200] For Laing, the recognition of one's identity as

sane or insane is the determining factor of sanity, not actual mental function. As such, Laing's

definition of sanity as a social identity is socially constructed. "*One is sane by common

consent*."[201] By this logic, if insanity is recognized as a social construct, sanity must be

recognized as socially constructed as well. One is only sane if others generally accept that they

are sane, and that sanity can be called into question by some authority when backed up either

by medical justification, or by the judged rationality of the person or institution wielding that

authority. Simply put, Laing paints the categories of sane and insane as much less stable than

some perceive.

Despite the application of these terms by a body of knowledge to an individual, there

remains the fact that the individual may reject these labels. Given that, for the most part, the

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[200] Laing, *The Divided Self*, 36-37.
[201] Ibid., 37.

judgements of psychology only apply when the patient gives consent, Laing claims that the

instability of these categories also stems from the way they convince individuals that their

respective labels are legitimate. So, how does the process of being labeled insane actually lead

the person to believe it? To explain this phenomenon, Laing identifies the idea of "ontological

security": "a basically *ontologically* secure person will encounter all the hazards of life, social,

ethical, spiritual, biological, from a centrally firm sense of his own and other people's reality

and identity."[202] The challenges of every day do not daunt an ontologically secure individual; it

does not question its own sanity. For the ontologically secure individual, the world is a stable

place, and thus "he can be secure 'in himself.'"[203] It is impossible, then, to be insane, or to

consider one's self insane, so long as that person is secure in themselves, and knows that the

reality they interact with is real. Once secure, the world is not a threat; however, "if such a

basis for living has not been reached, the ordinary circumstances of everyday life constitute a

continual and deadly threat."[204] For the ontologically insecure individual, their own judgment,

rationality, and overall sanity is questioned by him or herself. This insecurity is caused when the

mutual social acceptance of one's sanity is not reached, and an authority that is legitimate in

the mind of the individual questions their sanity. Thus, the sanity of a person is partially

affected by the label applied to them, but also by partially affected by the person's willingness

to accept that label.

Why might this label be applied? This question may better be asked as, why would

somebody be considered insane or mentally ill? Removing cultural norms, Allan Horwitz

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[202] Ibid., 40.
[203] Ibid., 43.
[204] Ibid., 44.

provides a basic explanation: "Whenever a plausible reason can be found for a behavior, it is no longer seen as a sign of mental illness."[205] More than just a basic lack of understanding, this criterion suggests that *nobody* could find a justification for a person's actions. This rational transgression carries such weight because it carries along with it a perceived sense of willing. People understand physical disease is of the body as an affliction. Mental illness, however, is of the mind, and people understand it as having some sort of will attached to it, as if somebody could will a mental illness, or the behavior it causes, away.[206] This is not to say that physical diseases are not socially constructed, because, in the same way as mental illnesses, they still privilege certain ways of being. Rather, the stigma attached with mental illness is because of this notion of will. "The mind is viewed within a cultural framework of motives, actions, meanings, and responsibilities,"[207] and when somebody strays from the norms those things create, it is seen as an act of will, rather than a simply different way of being. This is why people do not get mad at somebody who is wheel chair bound who is unable to climb stairs, but do get mad at children who have been diagnosed with ADHD who are disruptive in the classroom.

Laing considers the labeling of somebody as pscyhotic in a similar way. Modern psychosis, Laing claims, "speaks of psychosis as a social or biological *failure* in adjustment, or *mal*-adaptation of a particularly radical kind, of *loss*, of contact with reality, of *lack* of insight."[208] As such, mental illnesses are like physical disabilities in that they establish a "certain standard way of being human to which the psychotic cannot measure up."[209] Laing, in fact,

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[205] Horwitz, *The Social Control of Mental Illness*, 23
[206] Ibid., 25.
[207] Ibid., 25-26.
[208] Laing, *The Divided Self*, 27.
[209] Ibid.

does not object to all the implications that come along with this hierarchical structure.

However, he does state that it is very important that when people point to the "natural"

foundation of mental illness, we recognize that it is because one type of biology or way of

socializing is considered a failure or a mal-adjustment. Laing also addresses the implications of a

lack of consent from the individual in question. Given the association between mental illness

and will, Horwitz claims that the mentally ill are sometimes understood in a way more similar to

criminals than to those plagued by disease: "Criminals are viewed as agents of their actions,

whereas the sick are considered victims of their illnesses."[210] Laing's ideas about the way

resistance to psychological evaluation causes a patient to be considered even more mentally ill,

is similar to the way that a criminal resisting police is seen as even more guilty. However, Laing

claims that this is a fault in psychiatry, and that a misbehaving patient is not more mentally ill;

rather, they are simply "objecting to being measured and tested" and want to be heard.[211] In

fact, Laing objects to the ways in which social institutions view behavior. Laing claims that we

cannot objectively measure an individual's behavior and understand that individual, unless we

"relate his actions to *his* way of experiencing the situation he is in with us."[212] Laing, then, does

not endorse the view that psychiatry can make objective judgments by simple observation.

Because, seeing "'signs' of 'disease'" presupposes a cultural and social framework that

immediately disqualifies a possibility for objectivity.[213] This observation by Laing highlights the

social nature of psychiatry and begins to explore how identity is constructed in the process of

labeling mental illness.

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[210] Horwitz, *The Social Control of Mental Illness*, 27.
[211] Laing, *The Divided Self*, 3.
[212] Ibid., 33.
[213] Ibid., 32.

The idea of psychology as an instrument in identity creation is a notion explored by Laing, Foucault, and many other scholars. The basic function of mental illness is one of controlling behavioral deviance. It either forms self-identity and social identity through the power to control this deviance, or by the insecurity and self-doubt it creates about possible deviance. This function brings up two sociological notions that are important to consider: the social construction of mental illness, and the relationship between illness and deviance. Peter Conrad, a professor of sociology at Brandeis University, studies these concepts. Conrad claims that the social construction of mental illness assumes that there is some norm against which a lack of functioning or inhibition of functioning can be measured.[214] This creates the legitimacy for social institutions, namely, psychology, lay claim to the sole fix for these lacks or inhibitions. Conrad also studies the relationship between illness and deviance. Building on Laing's comparison between understandings of criminals and the mentally ill, Conrad claims that "Deviance that is seen as *willful* tends to be defined as crime; when it is seen as *unwillful* it tends to be defined as illness."[215] While Laing frames this to understand inconsistencies in how people labeled mentally ill are treated, Conrad uses it to understand how this understanding has allowed for the rise of psychology's popularity. Conrad claims that the social response to illness is that "the sick person is treated with the goal of altering the conditions that prevent his or her conventionality."[216] The sick person, presumably would choose treatment in order to improve their health or their identity as normal. As such, patients will consent to psychological intervention if they believe it will improve their lives. This understanding allows not only for

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[214] Conrad, "On the Medicalization of Deviance and Social Control," 103.
[215] Ibid., 107.
[216] Ibid.

early private psychologists to succeed economically, but, as we shall see, allows universities to then bring mental health treatment under their umbrella as a task of self-betterment.

This process of identity creation and psychological expansion through accepted social norms and increased control of deviance fit both Foucault's framework of the carceral continuum and Laing's challenge to liberal subjectivity. Both thinkers, supported by more modern scholars show that the rise of psychology was not one of sinister deviance elimination, but rather occurred "naturally," by patients accepting the science and embarking on a path of self-betterment. Psychological intervention is attractive to potential and current patients because it makes it easier to deal with everyday stressors and to fit in the world around them. However, it is dangerous in that, on the whole, it limits the feasible ways in which individuals, or a society, may be able to deal with, change, or end, certain types of social problems. Multiple contemporary scholars have studied how notions of objectivity and lack of rationality allows for the social control of deviant groups. Examples include, the oppression of Palestinians for their seeming lack of rationality,[217] or the creation of black criminality by embracing objective statistics about their social situations,[218] or the basic treatment of women since the enlightenment. These case studies exemplify the ways in which "objective" ideas about rationality can be wielded to undermine the legitimacy of different ways of life and subjugate and control deviant, basically non-white or male, populations. All in all, this represents the

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[217] Hagar Kotef, *Movement and the Ordering of Freedom: On Liberal Governances of Mobility.* Durham and London: Duke University Press, 2015.
[218] Khalil Gibran Mohammed, *Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America* Harvard University Press, 2011.

extension of a carceral continuum that gains legitimacy through popular approval, and creates

more patients as it functions.

As such, we should understand psychology as a challenge to liberal subjectivity in the

following ways: 1) It *applies* mental illness to people. Mental illness does not exist except as a

social category that effects self-identity and perceived-identity. 2) The institutional

understanding that psychology has created has been applied to the world. As such, in way

people often understand themselves and others in terms of their mental functioning. 3) The

way psychology privileges behavior robs people of their perceived capacity for reason. These

societal functions have multiple effects. Not only does psychology contribute to a carceral

continuum, but it legitimizes it through the identities it creates, it solidifies Western cultural

norms while demonizing or devaluing deviant cultures, and it obscures the history of mental

illness. Furthermore, it is a power that can be easily co-opted by other social institutions to limit

any type of deviance. It's used to support capitalism, sexism, and white supremacy, and can be

used to discriminate against any group by robbing it of its capacity to reason. While occasionally

critiquing some of the legitimacy of psychology's medical claims, this critical history is more

concerned with the regulatory power that psychology has amassed. Today, we see this power

implemented in a new setting: the university.

A New View of the University

Armed with these critical insights of the role, methods, processes, and purposes of

psychological intervention, it is necessary to rethink psychology's position on college campuses.

This rethinking is crucial because not only does it change the way we understand the

functioning of counseling centers on campus, but also reframes how the university understands

and produces students. This reformulation of the role of psychology allows the university a greater degree of control over the students' lives. Not only does the university create new ways in which to understand social and academic deviance, but it also holds the legitimate power to regulate behavior. In this sense, the university becomes a normative power. Universities and counseling centers adjust definitions of "problem behavior" and "warning signs" in order to fit university goals. This process still requires the consent of the student; however, legitimacy is borrowed from perceived objectivity of psychology, and larger societal acceptance of its institution. As such, counseling is largely accepted, and even advertised on college campuses. Despite psychology's incredible acceptance, a critical view of psychology allows for a reframing of its role on college campuses.

Chapter two explored the history of university psychology. This history is similarly subject to many of the critiques leveled by the critical history explored in this chapter. There are four primary characteristics of these critiques that similarly exist on college campuses; an increase in diagnosable/treatable problems, an increase in services offered, an increase in the monitoring of mental health, and an increase in the general acceptance of psychology. Each of these categories has not only contributed to the rise of psychology in all forms, but are also characteristic of the increase in popularity of psychological services on campuses, and contribute to the changing ways in which universities understand their students and produce their graduates.

Similarly, the increase in diagnosable and treatable problems are reciprocal processes. As we have seen in the history of psychology, as understandings of the human brain have grown, the number of illnesses has increased, along with the tactics psychology creates to treat

them. In a more general sense, we can see this process in the extreme growth of the DSM. But

the same way of thinking about the human brain also explains why the nature of college

counseling has changed since the early-to-mid 20th century. When first introduced to college

campuses, counseling was almost purely vocational and academic in nature. Students were

usually "assigned a faculty adviser, normally in the field of the students' major interest."[219] And

even when psychological or counseling clinics opened, they usually attended to "educational,

vocational or personal problems."[220] Even though many services claimed to go past simple

vocational guidance, any personal assistance offered usually did not get more specific than

using testing to fix "difficult problems."[221] However, by the 1960s and 70s, personal counseling

became much more in depth. Personal and social problems became more of a reason to visit

for psychological help,[222] and the term "personal problems" came to represent more personal

and social issues rather than just those that interfered with studies.[223] In short, the problems

that counseling center sought to, and had the capability to, confront, grew from purely

functional, academic, or vocational issues, to issues like homesickness, anxiety, stress over

course load, as well as depression, drug addiction, etc.

Another defining characteristic of psychology during this time period was an increase in

treatments and services. Psychology in all sites of practice began offering different types of

counseling, group therapy, personality tests, prescription drugs, and other means of combatting

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[219] Bucknell University, *Bucknell University Catalogue 1946-47*, 31.
[220] Susquehanna University, *1949 Susquehanna University Catalogue*, 36.
[221] Ibid.
[222] "Counseling Center Offers Help," 3.
[223] Duncan, "Homesickness and Cultural Adjustments Workshop."
Susquehanna University, *1977 Susquehanna University Catalog*, 27.
Pennsylvania State University, "Counseling."

mental illness. On college campuses, the different types of therapy increased as well. Throughout the latter half of the 20th century, universities began offering more types of treatment, such as group therapy sessions,[224] diagnostic testing and professional counseling,[225] psychiatric consultation, [226] drug and alcohol prevention,[227] and various forms of outreach programs.[228] These resources and services not only provide numerous ways to combat mental illness, but also legitimize the labeling and creation of mental illness categories by offering legitimate ways to "treat" them. These services also create new understandings of mental illness and how the application of its label affects both social understandings of individuals, and how individuals understand themselves.

Not only have the amount of services and diagnoses grown on university campuses, but so too has the apparatus that monitors the mental health of all students. It is no longer solely the responsibility of the student or their adviser to recommend counseling or additional help. Today, signs of mental illness are being directly distributed to faculty and staff,[229] and are being made available to faculty, staff, friends, classmates, etc. in the hopes of identifying students who may need help.[230] Similarly, this information is being distributed to students through resources like Bucknell's Installments and through advertising counseling and other services through brochures and flyers.[231] This process not only increases the number of institutional and

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[224] "Group Sessions Being Planned"
[225] Susquehanna University, *Susquehanna University Bulletin (1965-1970)*, 29.
[226] Bucknell University Counseling & Student Development Center, "Overview of Services."
[227] Susquehanna University, "Counseling Services."
[228] Bucknell University Counseling & Student Development Center, "Overview of Services."
[229] Eric Affsprung, e-mail message to Bucknell Faculty and Staff. September 10, 2007.
 "An Introduction for Bucknell Faculty and Staff to the Office of Psychological Services"
[230] Susquehanna University, "Counseling Services
[231] Duncan, "Homesickness and Cultural Adjustments Workshop"

social figures who can recognize and suggest psychological and psychiatric intervention, but

also makes it the responsibility of each person to do so. In this way, psychological practice is

actually deinstitutionalized, and normalized to be a part of everyday student life and identity.

Tied in with the growth of psychology's abilities and the diffusion of responsibility to

recognize potential issues is the increase in the general acceptance of the field. One of the

causes for this general acceptance is a stated goal of reducing the stigma of mental illness.

Noted by college counselors, and psychologists elsewhere, counseling centers actively fight

against the stigma against receiving psychological.[232] In accordance with this goal, counseling

centers engage in campus outreach which encourage community members to accept

psychology rather than hiding a need for it. This process has been, in part, successful because of

the focus that so many counseling centers put on personal language of every day incidences. In

short, as psychology confronted smaller problems that more people had, it became less

isolating to receive psychological help, and thus easier for people to accept it. The result of this

phenomenon on so many campuses resulted in the increased funding and resources devoted to

counseling services to service growing patient load.[233] This increase in the number of patients is

the result of an increase in the reasons to visit psychological services. Again, this increase is by

design, to fight the stigma surrounding mental illness. Counseling centers didn't want students

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[232] Noted in Penn Tech's newspaper, "Spotlight" in March of 1972, the director of Penn Tech's counseling center "feels many of the students are afraid of counseling because of the old tradition that a person should be able to work out his own problems"

[233] Memo from James E. Gardner, Chairperson of the Advisory Committee to the Medical and Counseling Services, to Dennis O'Brien, President, and John Dunlop, Dean of Student Affairs. January 16, 1981. Pg. 3. - suggests that the Counseling Service is understaffed and has insufficient space to deal with student needs
Penn State asks for help expanding mental health services (May 7, 2016)
Falce, "Penn State asks for help expanding mental health services."

to only come for help for serious mental illnesses, but wanted students to know that "whether you're stressed about a test, struggling to get out of bed or dealing with anxiety attacks, we're here for you."[234]

A critical view of the history of behavioral regulation creates a new lens by which we can understand the role of the university as a site of psychological practice. The goals of the university are well-stated: to create informed, confident, prepared citizens for the world following graduation. The inclusion of psychological and counseling services on college campuses are another means to serve this end, as they have a similar goal; the reproduction of a desired way of being. The medical claims of psychology are used, then, to help students succeed in the eyes of the university, and to help prepare them to function in the world after graduation. None of these claims are being disputed; rather, this critical history reframes how these phenomena should be interpreted.

When viewed as a means of social control, we can see how psychology plays a supporting role in the goals of other social institutions. The example of the university shows how psychology is used hand in hand to reproduce citizens ready to cope with the world. Ideas of biological mental illness also support the practice of incarcerating, rather than rehabilitating, criminals. Furthermore, biological mental illness helps to keep intact sexist and racist notions of the privileged rationality of white males, as well as the continued oppression of those who do not fit these privileged categories. It is no coincidence that normative institutions like the military and large companies use psychological counseling as well; psychology is a means of

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[234] Susquehanna University, "Counseling Services."

supporting existing normative social structures. This is a far cry from the way behavioral

regulation functioned when it first existed during the middles ages.

In the age of lunatic jails, psychology functioned as a means to get violent and

dangerous members of society away from the public. Today, psychology claims knowledge

about everyday emotions like stress and anxiety, is practiced by classmates, to professors, to

parents, and is a critical piece in the education of young adults. How did it come to be that

something that barely existed a few hundred years ago now informs how we learn and how we

exist? One can answer this question through a traditional historical analysis, but utilizing a

critical history allows us to see the larger effects of the growth of psychology. In essence,

psychology, throughout its existence, has regulated what behavior is acceptable, what is not,

and has provided for the regulation and treatment of behavior, and people, who transcend

these norms. However, by doing so, the institution of psychology has limited the ways of being

human that are acceptable, often times ignoring cultural and even temporal lines. By situating

itself as a medical discipline, psychology has claimed its conclusions to be objectively true. This

objectivity, when applied to behavior, privileges certain ways of being over others, and

establishes psychology as the legitimate arbiter of who and what is right and wrong. In doing

so, psychology has cemented the legitimacy of the norms of a relatively small culture in a

relatively short amount of time. By means of creating identities through the power of social

control, psychology makes the ostensibly objective claim that certain parts of Western Culture

in during the 20th and 21st centuries constitute the only medically acceptable ways of being. The

psychological apparatus, then, exists to regulate any type of deviant behavior. This apparatus,

the carceral continuum, as described by Michel Foucault, has now extended onto the college

campus. A college education is supposed to prepare well-rounded intellectuals who will contribute to the world after graduation. However, this education now comes with psychological regulation. Institution communities now police behavior that does not conform to what psychology considers normal at universities. In this sense, the university isn't creating informed, prepared citizens for a dynamic world; rather, it educates individuals to meet the requirements of the world as dominated by the norms of psychology. This education perpetuates norms, rather than being critical of them. In essence, the pairing of psychology and higher education creates a docile educated class, stabilizes social norms, limits the ways that people can legitimately question societal institutions and practices, and, rather, forces students to conform to it. This new extension of the carceral continuum creates individuals who are not only subjected to societal norms, but internalize this subjection, and apply it to themselves and those around them.

The spread of this application has resulted in a more complicated understanding of mental illness; the binary between sane and insane has become far more nuanced than it once was. Exemplified by the fact that we no longer label people as insane, understandings of what is "not normal" has become much more differentiated. In order to create the knowledge that would define these nuances, psychology has to extend its reach. The extension of the psychological and carceral apparatus onto college campuses creates individuals who conform to a certain standard of behavior. This standard stabilizes social norms, in turn, limiting the ways they can be questioned. This is no surprise, given that the four goals of psychology are "to describe, explain, predict, and control behavior."[235] However, when viewed under a critical lens

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[235] William Berry, "Control Is the Psychological Goal." Psychology Today.

in the trajectory of a larger history, we can see how the objectives of psychology effectively

limit any type of social development, and work to cement and make immortal and objectively

correct the social norms of the contemporary western world.

Conclusion

Since its inception, psychology has gone from an unseen regulator of criminal, illogical, or violent behavior, to an institution that has invaded and taken control of the everyday. As psychology has expanded to police everyday emotions and more and more "illnesses," the lines between sane and insane become more nuanced. This expansion comes on the heels of incredible scientific discovery and an overwhelming degree of popular support.

By seeking to create an objective understanding of the human mind, and using this understanding to improve individuals' lives, the institution of psychology has reshaped how we understand people, in medical terms; as well as a sense of identity. Psychology now creates identities of people and social groups by categorizing and limiting deviance. By identifying those whose mental functions are deemed medically unacceptable, and then providing the therapy or cure for that mental function, psychology cements its legitimacy as an identity-creating institution at the same time it creates these deviant identities. Furthermore, backing up increasingly significant and transformative treatments with medical background gives patients the sense that their lives are being improved without any side effects. It is difficult to object to helping an individual better deal with the stresses of everyday life, or to help their mental functioning match up better with the constraints of everyday life.

While this logic has helped the growth of psychology go unquestioned, it has also allowed for its effects to go unchecked. The growth in legitimacy and in size of practice of practice has multiple serious social and political effects. For example, it limits our ability to question our social institutions. By putting the onus of change on the individual, it shifts the debate on contemporary issues such as LGBTQ+ suicide rates, second amendment rights, the

rise of ADHD and soaring rates of depression onto mental health. Rather than discussing the legitimacy of these issues, the debate is shifted onto why certain individuals cannot "appropriately" handle unequal rights, easy access to firearms, or industrial capitalism. In this way, psychology slows down, or completely halts, social development. Another side effect of psychology is that it reworks how we think of educating. Institutions of higher learning now focus on preparing students to fit into the world not only in an informational sense, but also in the way their minds work. The larger historical view of the history of psychology shows that institutions teach ways of studying, thinking, and communicating as objectively correct, which simply educates to maintain social institutions, rather than question them. This growth also represents the continued expansion of Foucault's carceral continuum. It is not just doctors who create and regulate identities, but also university faculty, staff, administrators, peers, family, and friends as well.

In essence, psychology works to establish a single way of being. This is not a new phenomenon; people have always made different value systems, and each system sees itself as the correct way of being. The danger of psychology does not lie in that it engages in this process, but that it uses medical objectivity in order to claim that it holds the keys to objectively correct and incorrect ways of being. The introduction of medicine cements psychology's place as a legitimate institution of social control, limits social critique, and slows social development. In lunatic jails, this social control was limited to violent or criminal behavior and its rate of growth was quite small. Today, however, psychology regulates the everyday. Its jurisdiction has expanded into ways of thinking and almost every behavior is up for psychological intervention. Not only has the jurisdiction of psychology increased, but so too has its practitioners and its

clientele. The line between sane and insane has become almost invisible, and more and more university students are squarely in psychology's sites. both as patients, and agents of its growth. If this process goes unquestioned, psychology's growth will continue, the rate of social arrest will quicken, and human beings will be completely beholden to this social institution.

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