

## History, Memory, and Profession: A View of American Psychiatry Through APA Presidential Addresses, 1883–2003

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The address of the retiring president of the American Psychiatric Association has been a traditional part of the annual meeting of the association since 1883. The presidential address, which has explicitly been exempted from general discussion or criticism, has become an opportunity for the elected leader of the association to reflect on the state of the profession. Over the last 120 years, the presidents of the association

have themselves engaged with the history of psychiatry in ways that reflect the changes in psychiatry of the time. In the process, memory has served a professionalizing purpose, as some aspects of psychiatry's history have been remembered while others have not. In the presidential addresses, history is not just a story about the past but also a story about psychiatry's self-definition and its future.

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In 1883, John B. Callender, the retiring president of the Association of Medical Superintendents of the American Institutions for the Insane (what would be renamed the American Psychiatric Association in 1921), delivered the first annual presidential address to the association (1). Callender was humble about his qualifications to speak to the organization and lauded the activities of the men who had preceded him. He extolled the upward progression of society, aided by the association's efforts to improve human welfare by propagating insane asylums. Callender's address, in common with many other association presidential addresses since that time, used history to explain what was important about the profession and to defend it against criticism by illustrating its tradition. Almost a century later, APA president Perry Talkington (2) used the history of the presidential addresses themselves to reinforce professional values. He explained that the presidential addresses "carry more impact and fresh meaning with rereading, that they foreshadow significant events and developments, and represent guidelines for the future" (p. 11).

Since the time of Callender's address, many presidents of the association have reviewed its history, as well as that of psychiatry in general. Presidents of the association have also, like Talkington, reviewed past addresses and commented on their relevance to the present. The history of the association, reflected in these sources, has not stayed the same but has shifted considerably in scope and emphasis. The history provided by the presidents of the association has revealed as much about psychiatrists' conceptions of their present and future as about their past. This article reviews the addresses of the presidents of the association over the last 120 years, with particular attention to how presidents of the association used history to reflect on psychiatry and how those reflections changed over time.

As historians have pointed out, views of the past are socially and culturally contingent and often serve important rhetorical purposes (3, 4). And, as Micale and Porter (5) illustrated, the history of psychiatry has changed dramatically over time, both inside and outside the profession.

This article does not attempt to tell the history of the profession (a history that has been admirably recorded by other scholars cited throughout) but rather examines how leaders in the field have explained psychiatry to themselves and the public. The review of changes in the use of history in presidential addresses reveals the shifting (and not always predictable) ways in which American psychiatric leaders have articulated their profession and its role over time. Further, it illustrates the role of memory in professional self-definition and how memory serves a professionalizing purpose.

### Method

As historian JoAnne Brown (6) has argued, the language that professionals use to describe their activities has a profound effect on how they see themselves and what they do to compete against other professionals. And, as sociologist Andrew Abbott (7) has illustrated, the professionalizing process for psychiatry has involved competition over time with clergy, neurologists, social workers, nurses, and lay therapists. This article looks at APA presidents' use of history in their explanation of themselves and how they relate to other fields. My assumption throughout is that these addresses both reflect opinion within the association (since the president is elected by his or her peers) and also influence opinion at the time when they are heard and as they are read later. Certainly, the addresses of the presidents do not reflect a homogenous view of psychiatry, but they do provide a consistent and important source to see change over time in psychiatrists' professional self-definition.

The major source for this article was the series of presidential addresses, published in the *American Journal of Psychiatry* (and its predecessor, the *American Journal of Insanity*). In addition, the

addresses of the president-elect (which were published on a regular basis by the 1960s) were used as sources. These sources are useful to examine the trajectory of changes in the telling of the history of psychiatry over time because they provide a cohesive whole (most of the presidents acknowledge reading or hearing many other presidential addresses). Throughout, my reading of these sources has been informed and supported by the wide range of existing scholarship in the history of psychiatry (cited in the following relevant areas).

### *The Early Years (1844–1882)*

What is currently known as the American Psychiatric Association was founded by 13 asylum directors in 1844 as the Association of Medical Superintendents of American Institutions for the Insane (8, 9). Attendees at early meetings of the association worked on committee assignments, visited local asylums, and listened to presentations of papers (10–12). The election of the president and his role during this early time period bore almost no resemblance to the complex elections and organizational complexity of modern associations. The presidents during this time period generally served in office for several years and then stepped down at the beginning of the meeting (at which time a committee would be formed to nominate a new president) (13, 14). In the early decades of the association, the president's role was not necessarily that of public figure or even speaker. Instead, the president's primary employment seemed to be to help manage the annual meeting's business. The president during this time period may have felt inhibited from taking a major speaking role. Indeed, Thomas Kirkbride, who served as president from 1862 to 1870 (15), remarked that he felt much freer to participate in discussion after he resigned from the presidency (16). There were occasional exceptions, however, as some presidents gave talks during their time in office (17–19). In 1882, the members of the association decided to formalize the office of president, institute a 1-year term of office, and require an address by the outgoing president (before he introduced the new president to the association). The president's address was specifically exempted from criticism or discussion (20). Thereafter, with a few exceptions (21, 22), the retiring president of the association gave an address at the end of his (and eventually her) term.

During this period, much of the meeting time was spent celebrating and commemorating the current and past activities of the association. A significant amount of meeting time was typically spent with recollections of the history of the emergence of asylums in different states and with memorials of members who had died the previous year (23–25). In this ongoing project of remembering past achievements, Dorothea Dix, the well-known crusader for the treatment of insanity (26, 27), played an important role (in her ideas as well as her occasional presence during meetings) in symbolizing the reform movement of which Association of Medical Superintendents of American Institutions for the Insane members felt a part (28–31). Indeed, Dix's role in the association was such that she spoke during at least one meeting, despite the association members' apparent objection to other professional women at their meetings (32, 33).

### *1883–1916*

As historians (34, 35) have described, the period from the late 19th to the early 20th century was one of significant change in American psychiatry. In the late 19th century, psychiatrists were primarily occupied by patient care and administration within institutions. By the early 20th century, some psychiatrists were beginning to look outside the institution and toward normal (or at least less sick) individuals in society, responding in part to criticism that they were too invested in buildings and not enough in patients (36). The presidential addresses in this period reflected the uneasy

transition away from an institutional focus as can be seen in how the presidents of the association remembered the past.

In the late 19th century, a number of retiring presidents made the history of the association (or some important aspect relating to the care of the insane) a central part of their addresses. In 1883, John Callender (1) made the theme of his address "a review of the work of the Association for the forty years of its history now nearly completed, with proper allusion to its founders, dead and living, and the earnest and faithful men who have contributed to make its influence so largely felt in the sphere of science and philanthropy, to which it is specially devoted" (p. 2). Callender was acutely aware that three of the founders of the association were still alive and listening to his speech. While Callender's speech was entirely complimentary of the work of the founders, John Chapin's address (37) in 1889 revered the past as an inspiration rather than as a model for the future. Chapin explained that excessive devotion to the past could mar progress and complimented early psychiatrists on their devotion to the field (rather than for their asylum activities).

Like Chapin, many of the presidents in this time period grappled with how to reconcile the past with the present and the future. Many of them felt very strongly that the work of the association's past should not be criticized, even as they looked forward to new activities outside the asylums (38, 39). Others reminded their audience that significant progress had been made by the association by overcoming older, mythological ideas about the mind and its illnesses (40, 41). For some, the history of the association represented their personal history (42–44), while for others, history represented a safe haven from the mad rush of modern civilization (45). For the presidents of the association in this time period, the history of what had gone before was strongly connected to their professional identity.

During the annual meeting in 1892, the association voted to change its name to the American Medico-Psychological Association (in line with the British psychiatric organization, the Medico-Psychological Association of Great Britain) (46, 47) and to admit assistant physicians to the association (instead of only superintendents). In 1894, S. Weir Mitchell, the eminent Philadelphia neurologist, addressed the American Medico-Psychological Association and was highly critical of psychiatrists' focus on asylum duties (48). In the years after both of these events, a number of association presidents refocused the history of psychiatry to emphasize that psychiatrists had always been general physicians and interested in science. In addition, some reported that the history of asylum duties had been inadequately understood by Mitchell and other critics and that it had been complex and important work (38, 49, 50).

By the early 20th century, association presidents frequently defended psychiatry as a scientific discipline, often reviewing a history of progress in the profession. Some presidents stressed that psychiatry had made tremendous progress by moving from a custodial profession to one of scientific inquiry (51, 52). Others described the past century of psychiatrists' efforts as characterized by continuous gain in expertise and scientific insight in the treatment of insanity (53, 54). The advocates for eugenics (a movement to encourage improvement of the "race" by means including mandatory sterilization of the "mentally unfit") (55–58) emphasized that eugenic measures were the natural culmination of years of taking care of the insane. Indeed, some of the psychiatric advocates for eugenics in this time period worried that psychiatry had been too successful in taking care of the mentally unfit because their children had gone on to procreate and produce yet more mentally unfit (59).

In the decade before World War I, several presidents again reviewed the history of their association. Although earlier histories had emphasized the work of the association, the histories in this time period focused on the names and personalities of the great men who had played key roles. Carlos MacDonald, who was pres-

ident during the 70th anniversary of the association in 1914, made a long list of names of important men who had gone before and lauded their accomplishments. Interestingly enough, Dorothea Dix's name disappeared from the role of important figures in psychiatry over the previous 70 years (60). Samuel Smith emphasized that the great work of the association was "a story of lifetime devotion and a labor of love by a long list of distinguished members, living and dead" (61, p. 2). Through these accounts of past leaders of the profession, the audience was encouraged to identify with their forefathers and like them, "manfully" meet challenges that beset them (62–64). For these leaders, the past became a series of fathers to emulate. Further, by invoking their historical fathers, association presidents linked their own actions with the great men they celebrated.

### 1917–1940

The entrance of the United States into the European war in 1917 marked a significant shift in psychiatrists' professional efforts. During the war, psychiatrists worked with psychologists to evaluate recruits for the armed forces (65). According to the work of psychologists and psychiatrists of the time (66), a large number of these recruits were measured (based on intelligence tests) to be mentally unfit for duty (67) and others suffered from neuropsychiatric difficulties because of the war. Psychiatrists after the war took up the task of trying to improve the mental fitness of the nation and engaged in a widespread and ambitious program of mental hygiene (68–70). During this period, the organization changed its name for the last time to the American Psychiatric Association (APA) in 1921. In the same year, its companion journal changed its name from the *American Journal of Insanity* to its present name, the *American Journal of Psychiatry*.

The histories of psychiatry presented in the presidential addresses in the years between the world wars were grander, broader, and more encompassing, which reflected a new, broader focus in psychiatry. Charles Wagner (71) humbled himself before "my predecessors whose names are a brilliant galaxy in the scientific firmament of psychiatry" (p. 2). He also told the history of psychiatry as the history of the treatment of insanity, from the Old Testament to the present. In 1919, E.E. Southard (72) reviewed the 75 years of history of the association, remarking that "the scientific and social products of these years have been the supremest ever" (p. 95). He further described cross-sections of mental hygiene by listing in detail the scientific achievements of others in a variety of areas during those time periods. Southard actually spent little time discussing the accomplishments of psychiatrists but implied that psychiatric achievements were part of great achievements in many arenas. Adolf Meyer (46) provided a grand sweep of history, shaped primarily by his own 35 years of experiences in the field, to detail the many accomplishments of men who had gone before and the culmination of all their efforts in the modern idea of mental hygiene. While tributes to the founders had been effusive in the past, in the post-World War I era, association presidents became much more grandiose about the history of the field (73, 74).

Not only did some presidents use sweeping histories of psychiatry to explain a new present in the profession, some used history to buttress more specific claims about psychiatric expertise. Albert Barrett in 1922 claimed that social psychiatry had always been part of the broader purpose of psychiatry (75), while others argued that the specifics of social psychiatry were new but followed in the older tradition of the association's humanitarian concerns (76, 77). Thomas Salmon (78) also used history in 1924 to explain the contemporary problem of the split between psychiatry and medicine. He pointed out that the founders of the association were general physicians and that psychiatry was making progress by "renewing its older contacts with general medicine" (p. 11). Charles Williams (79) explained the separation of psychiatry from medicine as part of the story of specialization. In Williams's account, it was perhaps

inevitable that psychiatry had been separated, but it was a mark of the future that psychiatry and medicine were being united. History could provide support for psychiatrists' shifting conceptions of their role in society and with the rest of medicine.

While the chronological age of the president did not necessarily predict his emphasis on history (74-year-old J.T. Searcy [51, 80] spent relatively little of his time on history, while 43-year-old E.E. Southard [72, 81] devoted his address to a historical perspective), some presidents did use their years of experience as authority to tell their story of the past. In 1925, 55-year-old William White (81, 82) admitted that he had undervalued the founders in his youth but came to appreciate their accomplishments by the time of his maturity. White's description of the simple life of the association's early members, in which their principle cares were around institutional problems (including agriculture), contained a strong current of nostalgia for the simpler life of the 19th century, a common theme for older men in the 1920s (83). White, like many others in this time period (84, 85), were somewhat uneasy about what modern society had in store.

Although the vast sweep of human experience seemed to be open to the psychiatrists of this time, some suggested that caution should be employed before getting too far away from the specialty's base: the psychiatric hospital. Several presidents emphasized the historical role of the hospital in its function in patient care and as a major area in which early psychiatrists had made significant improvements (86). William Russell (87) argued in 1932 that efforts of the old Association of Medical Superintendents of American Institutions for the Insane in designing and improving hospital treatment had been enormously influential: "It constituted what was virtually an advisory committee for the whole country, not only in the United States and Canada, but also to some extent in Europe" (p. 2). Although most presidents by this time acknowledged the increasing movement away from the hospital, history seemed to provide some with a powerful argument for holding onto hospital expertise (88).

In this time of social, cultural, and professional change, history provided a rationale for proper professional behavior and future psychiatric endeavors. Clarence Cheney (89) argued in 1936 that the profession needed to be reminded of the words and actions of the men of the past in order to better conduct themselves in the future. In 1933, James May (90) justified the adoption of standards for psychiatry by providing a history of a number of times in which psychiatry had been encroached on by other specialties (including neurology and psychology). In 1934, George Kirby (91) stated that the two most important advances in psychiatry in the century had been the discovery of the infectious nature of general paresis (tertiary syphilis) and the discovery of the power of the brain to produce somatic disturbance (that could be treated by psychotherapy). Kirby enthusiastically endorsed psychotherapy and claimed that it was the oldest therapy known to man (he traced its history through ancient times). The history of psychiatry in this time period was becoming ever larger and used to justify a wide variety of approaches toward the mentally ill (92).

### 1941–1950

The 1940s was a time of significant change in American psychiatry as many used the impetus of the war to develop broader and more ambitious programs for the specialty in the future (93, 94). In the years after World War II, a conflict developed within the association as a number of members formed the Group for the Advancement of Psychiatry (a more avowedly activist association) and pushed for a reorganization of the association's structure (95). During this time period, APA presidents used history to justify current practices, but overall, the presidents were much less enthusiastic about the history of the association.

During the war, APA presidents reflected on the nation, their usefulness in war, and the psychiatric aspects of war itself. In 1942,

J.K. Hall (96) explained that a psychiatrist, Benjamin Rush, had been responsible for the resumption of cordial relationships between two founding fathers of American democracy: John Adams and Thomas Jefferson. Hall used this historical example to identify psychiatry's key role in upholding democracy. Arthur Ruggles (97) in 1943 reviewed the many times psychiatrists had been active and helpful in past times of war. George H. Stevenson (98), in contrast, argued in 1941 that the recent history of an increase in world conflict was evidence that the world was facing a serious public health problem, one that psychiatry had an obligation to address. In all of these addresses, history provided a rationale for clear, forward action into American mental health problems.

In the years during and after World War II, many of the APA presidential addresses reflected ambivalence about the past and its relationship to the future (99). For some, as Samuel Hamilton (100) reflected in 1947, the past provided perspective on the value of past practices and caution about becoming too enthusiastic about new innovations lest they become passing fads. For others, the history of the association seemed to be largely irrelevant to their current interests. In 1948 and 1949, Winfred Overholser (101) and William Menninger (102) each reviewed current administrative changes in the association and the conflict caused by the recommendations of the Committee on Reorganization. Overholser's account made frequent references to how things had been done in the past and the continuities of the new changes with the founders' goals. Menninger's address, in contrast, made only sporadic mention of the past (though he did mention several times of conflict in the history of the association). He expressed his idea that psychiatry's progress had been slower than that of medicine but was improving. And, despite the fact that his address fell on the 100th anniversary of the founding of the association, Edward Strecker (103) only perfunctorily praised the past presidents before discussing psychiatry in the present. He did make a brief mention of the history of the relationship between psychiatry and medicine, calling psychiatry the "Cinderella of medicine" that had finally been admitted to the "family circle" only in recent years (p. 4). For some of the presidents during these years, history could not help them define themselves or their future.

### 1950–1969

During the 1950s and 1960s, somatic therapies and what is now referred to as biological psychiatry began to significantly dominate the professional literature in psychiatry (35). The historical trajectory of psychiatry as presented by APA presidents in this time period, however, did not include much about somatic therapy. Instead, some APA presidents emphasized a history of enduring professional activity, dating back even to Hippocrates. Others used the past of the association to illustrate how much psychiatry had changed in the previous two decades; in this view, the dismal past was contrasted to the progress in the recent past and the present. Throughout the presidential addresses in this time period, it was clear that psychiatric leaders were having an increasingly difficult time articulating a clear role for psychiatry and frequently used history to attempt to anchor their sense of themselves.

The presidential addresses of the 1950s focused primarily on the central role of psychotherapy to psychiatry and to medicine (and society) more broadly (104, 105). Further, the histories of psychotherapy during this time period in presidential addresses emphasized the long history of psychotherapy and the courageous activity by Freud to get his work accepted in a doubting profession. While the immediate postwar presidential addresses had little history, many of those delivered in the 1950s had history as a central theme, particularly around the role of psychiatry in medicine and the role of psychotherapy within psychiatry. History was very important to many presidents during this time period. As D. Ewen Cameron (106) argued in 1953, a historical per-

spective was critical to preventing authoritarianism by protecting American individualism through psychotherapy.

The presidential addresses in this time period revealed increasingly broad views of the history of psychiatry, as a number of presidents incorporated the history of psychiatry into the history of medicine and philosophy. In this broad perspective, psychiatry was both the natural outgrowth of history and the salvation for the problems produced by history. Leo Bartemeier (107) argued in 1952 that the central principle of medicine had always been the doctor-patient relationship and that the technological advances in medicine in the previous 75 years were endangering that relationship. Psychiatry provided the answer by providing psychotherapy because "The whole tradition of medicine is based on healing and caring for the sick as persons, through constant personal contact between the doctor and the patient" (p. 1). In 1954, Kenneth Appel (108) reviewed the history of the upheaval in the physical sciences, including the overthrow of Newtonian ideas in favor of those of Einstein, and argued that a historical perspective helped psychiatrists address and combat the "plight of Western man" (p. 3) with his world shaken by ever-changing technologies. For these presidents, the history of psychiatry was no longer about the specific men of the association, but rather the broad knowledge of human behavior to which psychiatry claimed ownership (109, 110).

Another central theme in presidential addresses during this time period was the eternal nature of psychotherapy. While earlier association presidents had praised the founders of the organization, many presidents in the 1950s laid much more emphasis on the impact of Sigmund Freud. In 1957, Francis Braceland (111) described the evolution of the science of psychotherapy and put Freud at the top of a great progression of thinkers from the middle ages through Pinel and Charcot. In 1959, Francis Gerty (112) took the chronology back even farther: "From its very beginning, even before history made the record, the practitioners of medicine have had to depend heavily on their understanding of human relationships and of the processes of thought and emotion existing within individual patients" (p. 2). Psychotherapy, particularly as developed by Freud, had become the high point of recent history, and enthusiasts stressed that this was not just a recent phenomenon but had in fact always existed in some form.

While psychotherapy was a common theme in the 1950s, the history of the association began to reappear in presidential addresses of the 1960s. The APA presidents in this time period, however, were much more critical of the history of their association (at the same time that American youth were protesting history as embodied by their elders and institutions) (113). For example, in 1964, Jack Ewalt (114) praised important APA actions and speeches of the past but implied that American psychiatry of the past was not sufficiently aware of the world external to the profession. In 1968, Henry Brosin (115) more explicitly criticized the association of the past for being insufficiently responsive to current events. Several other presidents deplored the tradition of hopeless non-treatment of patients in large state hospitals and contrasted this with the spirit of change that had occurred in the previous two decades (116–118). Indeed, Howard Rome (119) explained that American psychiatrists after World War II had been so progressive that psychiatrists were doing social protest before the rest of society: "Ours was an earlier and quieter version of the present day teach-in, preach-in, social-action movement" (p. 9). Thus APA presidents of this time period characterized American psychiatry as rooted deeply in American medical tradition but also rapidly progressive in the previous two decades.

Another way in which APA presidents used history to rhetorically avoid connection with an apathetic past was to connect themselves to broad scientific achievements in society or to central principles in medicine. William Malamud (120) provided some history of research in 1960 and connected scientific discovery in psychiatry to scientific achievement in general by describ-

ing the “fundamental contributions” of Semmelweis, Freud, Pasteur, and Fleming (p. 8). By placing Freud in the pantheon of great scientific pioneers of the past, Malamud illustrated the broad connections between psychiatry and science. While some focused on science, others looked to historical figures in medicine to trace a grand lineage. Daniel Blain (121) identified Benjamin Rush as the “father of psychiatry” and celebrated a recent ceremony that recognized Rush’s contribution to American psychiatry by placing a memorial on his grave. Blain lauded Rush’s achievements and wondered why psychiatrists had never marked Rush in this way in the past. Howard Rome (122) suggested that Hippocrates was the ideal model for psychiatrists as physicians. Harvey Tompkins (123) suggested in 1967 that psychiatric practice embodied the classic doctor-patient relationship that characterized the tradition of all medical practice. While some APA presidents criticized the past, others connected their specialty to the long history of science and medicine (124).

### 1970–2003

In the last three decades, APA presidents have used history in a somewhat different way than in previous years, particularly as most presidents have emphasized the rapidity with which the nation, the world, and psychiatric practice were changing. APA presidents have used history in a number of ways to make sense of changes in psychiatric theory and therapies, psychiatrists’ ambivalence about their role vis-à-vis American government and politics, and enormous criticism of the association from without and within. In their attempt to make sense of American psychiatric identity, APA presidents in the last three decades sifted and chose among a number of (sometimes conflicting) histories and traditions.

Only a few presidents over the last several decades made history a central theme for their address. John McIntyre (125) went into considerable detail about the history of the association during his presidential address, as would be expected as he presided at the sesquicentennial of the association in 1994. McIntyre began the history with 1844 and went on to describe the changes in the association over the subsequent 150 years (Dorothea Dix also reappeared in this narrative). Elissa Benedek (126) also made significant use of history in her 1990 president-elect address by using the work of a historian of childhood to develop the 1890s idea of the importance of children into a theme for her subsequent presidency. But while these addresses made significant use of the past to inspire the future, these addresses were the exception rather than the rule.

One more common way in which APA presidents used the past to make sense of the present was by reviewing the enormous changes that had happened in the profession. But rather than going back to the 19th century, most presidents looked back to the 1960s, or occasionally to the post-World War II years, to find the beginnings of the major changes of the late 20th century (127–131). In 1988, Paul Fink (132) explained the commonly understood chronology of recent changes in psychiatry: “The 1950s were a decade in which psychoanalysis dominated the field. In the 1960s behaviorism and community mental health held sway. In the 1970s neurobiology was king. In the 1980s we began the healing and synthesizing process, or have we?” (p. 1062). Other psychiatrists agreed that there had been rapid changes, particularly the criticism directed toward psychodynamic psychotherapy by the 1970s (133). Many agreed that the changes in psychiatry had been impressive (134). As Herbert Sacks (135) explained in 1997, “Future historians of medicine will be astonished by two decades of revolutionary scientific advances in psychiatry, illuminated by new findings in the neurosciences, psychopharmacology, and dynamic treatment modalities” (p. 1350). But some psychiatrists warned that it had not all been progress and that some things had been lost. Elissa Benedek (136) explained in

1991 that three decades of progress had also brought an increase in third-party incursion into psychiatrists’ decision-making powers, while Lawrence Hartmann (137) saw the damaging split in psychiatry between different treatment ideas as a product of the preceding decades. For many presidents, the history of their careers (which often spanned 20 or 30 years) within the profession provided a way to anchor their perception of the changes in the profession.

While many presidents looked to the recent past, others sought to extend their professional lineage much farther into the past, which allowed them to claim linkage to important figures from long ago. One way of doing this was by reinterpreting Freud not just as the founder of psychoanalysis but also as an early pioneer in the sciences. Some recent presidents reminded their audience that Freud had been working on a project in the 1920s (that was not completed or published) on neurophysiology that would logically connect with modern advances in the neurosciences. Freud could then be understood not as a symbol of an outmoded treatment but rather as a precursor to the modern psychiatrist with both a psychodynamic and organic perspective (138, 139). In addition to reinterpreting Freud, most of the presidents also extended the history of the association back past the year of its founding to Benjamin Rush, who had become firmly ensconced as the father of American psychiatry (140–143). By seeing the history of the specialty in this way, presidents could insist that the values of psychiatry had been in existence for the past 200 years (144–146).

While some APA presidents sought legitimacy in the history of the association, others looked to other aspects of history, particularly historical examples of struggle. Some located the issues of professionalization and the struggle to achieve mental health care for all as originating in the enormous changes of the industrial revolution (147, 148). Others made dire predictions about what would happen if society abandoned the strides that psychiatry had made on behalf of the mentally ill (149). Perry Talkington (150) reminded the association that the history of putting a low priority on the mentally ill had disastrous consequences: “Throughout history, when this has occurred some patients have died, some have been killed, some have been tortured, and some have been burned as witches” (p. 746). The historical examples of struggles reinforced the rightness of psychiatrists’ cause and their right to struggle for the future (as well as suggest that the struggles would end in psychiatrists’ victory over the opposition).

In this time of rapid change, another way in which presidents seemed to seek reassurance for themselves and for their audiences was by interpreting their activities as part of a much longer history, that of humanity itself (151). A number of APA presidents harkened their readers back to the tradition of Hippocrates (152, 153), while Donald Langsley (154, 155) encouraged his audience to strive for the values of Aristotle, Hippocrates, Maimonides, and Osler. Harold Eist (156) encouraged his audience to have “faith in our 2,500 years of dedication, service, loyalty, and reliability” (p. 1343). Joseph English (157) reported in 1993 that he had appeared before the Pope and reaffirmed psychiatric values that had “roots in the Judeo-Christian tradition and the religious traditions of the physicians of the ancient world—Egyptian, Muslim, Indian, and Chinese—who also organized moral communities of binding force” (p. 1297). With this historical support, psychiatrists could see themselves as part of all of human history.

Some presidents made nonspecific references to the past to assert timeless values or timeless conflicts. While the extent to which psychiatrists were physicians was an ongoing theme in presidential addresses, most of the presidents by the most recent time period asserted the timeless connection of psychiatrists to the long history of medicine (158, 159). A number of presidents emphasized the traditional doctor-patient relationship and deplored the incursion of money (or even research science) into that

timeless relationship (160, 161). While many asserted that the doctor-patient relationship was a timeless feature of medicine, others articulated timeless struggles that psychiatrists (and physicians) needed to face. One major issue that APA presidents began increasingly addressing in the 1980s and 1990s was the problem of stigma toward the mentally ill, although presidents frequently asserted that the struggle against discrimination and stigma was an eternal one (162–166). Jack Weinberg (167) argued in 1978 that psychiatrists had always faced opposition and that there had always been enemies to the profession waiting to “smite down” psychiatry. Thus, struggle had always existed, and so psychiatrists could be reassured that their struggle and conflict was to be expected as part of their long history.

Overall, in the last few decades, history has been a much less central way for APA presidents to express their professional identity. Instead, the important narrative for the association seems to have been the narrative of change, and the narrative of change and the narrative of history together sometimes resulted in uncomfortable self-reflection. For example, John Talbott (168) pointed out in 1985 that psychiatrists were largely responsible for their negative image in society and medicine because of their history of vague treatments and air of self-importance. For some courageous presidents in the 1980s, the historical reflections on the profession affected not just themselves but also their treatment of others. In 1980, Alan Stone (169) explicitly addressed psychiatry and society's history of racism, sexism, and pathologizing the normal (as in the past view of homosexuality as a disease) as a challenge to the profession. In 1985, Carol Nadelson (170) became the first woman president of the APA and remarked in her speech as president-elect that she hoped that the issue of gender and leadership had been settled by her election. In 1986, however, Nadelson (171) acknowledged that the history and patterns of sexism went deeper than she had expected and that gender inequities remained. Some other presidents acknowledged problems from the past in society and the profession, but they did not explore this as an issue.

## Conclusions

As current members of a modern medical specialty, it is easy to get caught up in the rush of modern science and the quest for new technologies and new treatments. We are sometimes told to remember our history so we do not get too absorbed in the future and forget our past. Yet, as this article has illustrated, what has been remembered depends very much on time, place, and historical context. Narratives about the past often serve important functions by helping to construct group identity and group purpose. And narratives about the past shift as group identity and purpose shifts.

The presidents of the association through the years have used history to emphasize values in psychiatry, values that have shifted over time. Further, the presidents frequently used history to reinforce the idea that psychiatrists were physicians (often by invoking Hippocrates or the timeless doctor-patient relationship). This has significance for psychiatrists' ongoing professional self-definition as they contrast their abilities to those of encroachers on the field (especially psychologists and social workers). In addition, psychiatric narratives about the past have consistently reported psychiatrists' beliefs in the humanitarian nature of their efforts. But the presidents of the association have

generally not remembered some of the less positive aspects of professional self-definition in the past, such as psychiatric enthusiasm for gynecological surgery for psychiatric reasons (172), eugenics (53, 59, 62), past older somatic treatments (including lobotomy) (104, 105), or racial segregation in asylum care in the South (173).

History has been valued by the association over time: Henry Hurd's enormous four-volume history of psychiatry (174) was financially supported by the association in the early years of the 20th century (65), and a variety of historical works have been produced by the association and its members (as well as by the *American Journal of Psychiatry*) over the last century (175, 176). The APA has long had a committee on history, and its national headquarters contains an historical archive. While many in the association have been interested in history, this article has demonstrated that history is not one static story but instead is an interpretive tool used in different ways in different times. We have much to learn from our history, but we also have much to learn about how we construct our histories and how those constructions change over time.

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