E.E. SOUTHARD AND THE POSSIBILITY OF PRAGMATIST PSYCHIATRY[1]

DANIEL J. BRUNSON
Morgan State University
daniel.brunson@morgan.edu

Psychiatry is so strongly identified with psychoanalysis that its alternative and pre-Freudian possibilities are often neglected. For example, William James's tremendous influence in psychology seems to have had no parallel in psychiatry. This is in part due to shifting disciplinary and institutional norms as psychology became an independent research field while psychiatry stayed closely tied to asylums and prisons. As concerns about mental health and hygiene supplanted fears of insanity in the broader society, new opportunities for an explicitly pragmatist psychiatry arose. A key figure here is Elmer Ernest Southard (1876–1920), who studied with James and Josiah Royce before going on to a distinguished career as a neuropathologist. In a variety of professional publications and presentations, Southard invokes James, Royce, and Charles Peirce as the intellectual font for his practice and research as the head of Boston Psychopathic Hospital. Unfortunately, Southard died prematurely, and his efforts to combine classical American pragmatism with psychiatry fell into obscurity.

ON THE ABSENCE OF PRAGMATISM IN PSYCHIATRY

In September 1909, at the invitation of G. Stanley Hall, Sigmund Freud and Carl Jung came to the United States to lecture on psychoanalysis. Their lectures were part of the Clark Conference, which brought luminaries from across the sciences to celebrate the twentieth anniversary of Clark University. Famously, William James also briefly attended, in part to meet Freud, who James then described as a *halluciné* (delusional) to Mary Calkins and "...a man obsessed with fixed ideas" to Théodore Flournoy.[2] This negative assessment appears in many investigations of pragmatism and psychoanalysis, but another element of James's resistance to Freud interests us here: Freud's condemnation of "...the American religious therapy (which has such extensive results)..."[3] As Rozenweig and others argue, here James refers to the Emmanuel Movement, which combined elements of faith healing, homeopathy, medical treatment, and psychotherapy; indeed, exactly the sort of treatment James was undergoing with James Ralph Taylor for his heart issues and neuroses. Freud dismissed this approach to treatment as appealing to the weakness of the public, "...at once construct[ing] a counter-image that in turn became an important psychoanalytic stereotype—psychoanalysis was austere and difficult, requiring extraordinary expertise but promising radical cure."[4] Thus, the conflict between James and Freud was not only about an *account* of the mind, *psychology*, but about the *treatment* of the mind, *psychiatry*.

Johann Christian Reil coined the term *psychiatry* in 1808, arguing for its status as one of three fundamental divisions in medicine, along with surgery and pharmacy. Indeed, "He warned philosophers (by which term he was mainly referring to the psychologists of his day) not to try to subsume mental illnesses into a form of philosophical psychology."[5] Of course, both Freud and James trained as MDs, and a broader investigation would have to include the professionalization and scientization of both medicine and psychology. For now, however, we can note that psychiatry only appears in James's *Principles of Psychology* a handful of times, in references to books by Emile Kraepelin and Theodore Meynart, Freud's teacher.[6] Similarly, in volume 13 of the *Works: Essays in Psychology*, 'psychiatry' does not even merit an index entry, despite

"healthy-mindedness" being a lifelong personal and professional concern.[7]

On the other hand, James's influence on psychiatry within his own lifetime also seems limited. For example, Otto Marx has reviewed the archives of the *American Journal of Insanity* and the *Journal of Nervous and Mental Diseases*, and found very few, largely minor, references to James. Regarding the former, this is in part because "...the *Journal of Insanity* was the organ of an Association which, up to the nineties, limited membership to superintendents of asylums. Outpatient psychiatry, the treatment of neuroses, and forensic psychiatry were in this country predominantly in the hands of neurologists."[8] The neurologists had little use for James, either, even when publishing psychological, and, by 1910, even psychoanalytical, papers.

> We are left with the conspicuous absence of William James's name from the journals of neurology and psychiatry…James's pragmatic and pluralistic approach may have represented a threat rather than an aid to the psychiatrists and neurologists looking for a psychology which would reduce the complexity of the clinical data. James provided no ready answers; instead, he raised questions about all assumptions made in psychology and expressed great doubt that any one approach would suffice.[9]

In short, James's pragmatic pluralism was not seen as useful by practitioners, at least on the carceral and medical sides of mental health. James's absence from the *American Journal of Insanity* is ironic, as "According to the Harvard College Library Charging Records, James was an avid reader of the *American Journal of Insanity* in the 1880s and might have seen the first notice of Freud on a a psychological topic..."[10] We will return to irony at the end, as one of the times James does appear in the *American Journal of Insanity* is in 1919, as part of Elmer Southard's Presidential Address.

Of course, even with over 100 years of development in approaches, methods, and results, James's reputation among psychologists is assured. Among psychiatrists, James still appears

rarely, often only mentioned in debates about "pragmatism" in some sense. For example, Bradley Lewis argued in the mid aughts that George Engel, creator of the biopsychosocial model, fulfills the spirit of philosophical pragmatism: "At the most basic level, Engel resembles the pragmatist in that his core impulse is to heal divisive intellectual splits and conceptual dualisms."[11] David Brendel goes further, arguing

> ...philosophical pragmatism [is] the most compelling theoretical approach to clinical psychiatry in the twenty-first century—the approach that is most likely to empower the clinician and the patient to collaboratively develop a treatment plan that heeds the multidimensional complexity of the patient's life, recognizes the confusion and uncertainty that grows out of this complexity, and aims for a favorable therapeutic outcome.[12]

More commonly 'pragmatism' is often used in psychiatry to invoke not the rich philosophical tradition, but rather a general rejection of theoretical frameworks, which either offers a path forward, as with Moen's critique of evidence-based medicine and psychiatry, or is the reason for psychiatry's failure to advance for 50 years, as argued by Ghaemi.[13] Finally, and most recently, Looi, Bonner, and Maquire argue that while there is merit in a broad pragmatism in psychiatric care, a narrow pragmatism manifests as a technological solutionism, where treatment is driven by the existence of apps, drugs, or techniques, rather than the needs of patients: "...narrowly pragmatic solutionism sometimes creates a problem when none actually exists, merely because there is an app for its solution."[14]

A comprehensive account of pragmatism and psychiatry is impossible here, from either an historical or theoretical perspective. Nonetheless, I hope to offer some additional impetus for inquiry by looking at a psychiatrist explicitly indebted to pragmatism: Elmer Ernest Southard (1876-1920). My approach here is itself Peircean and pragmatic, in that I want to look at what some practitioners have found useful, rather than only philosophers speculating about practices. Furthermore, while there is notable work on pragmatism and psychoanalysis, especially by Vincent Colapietro and Eugene Taylor, both pragmatism and psychiatry are internally complex sets

of competing traditions, and so here we can only offer another entryway into these matters.

ELMER ERNEST SOUTHARD

Our practitioner is Elmer Ernest Southard, born in 1876 and died from pneumonia in 1920 with an already tremendous career at age 43. While largely forgotten, Southard was one of the most influential psychopathologists of his day, with appointments at Danvers State Hospital, Harvard University in both the Psychology Department and the Medical School, Boston Psychopathic Hospital, the Massachusetts State Board of Pathology, etc. For example, in 1913 as head of Boston Psychopathic Hospital, Southard worked to reorganize the Harvard Medical School faculty in Diseases of the Nervous System into a single department bringing together Neuropathology, Neurology, and Psychiatry, with clinical rotations at BPH as part of the curriculum.[15] Southard graduated from Harvard with a philosophy degree, studying with William James and Josiah Royce, as well as Hugo Munsterberg, before attending Harvard Medical School: "My real mental set was given me, I now think, by William James in his course (1896-1897) on abnormal psychology, and especially in a certain walk back from McLean Hospital (for mental disorder) after a class visit."[16] He was especially close to Royce and participated in the festschrift for Royce at the 1915 American Philosophical Association meeting, published in May 1916 in *The Philosophical Review*. There, before applying the methods he learned in Royce's seminary to the topic of delusions, Southard notes: "I well remember when my training with James and Royce was regarded as something as a disability: it was questioned whether a man with philosophical antecedents could do the work of an interne in pathology! Nowadays we have pretty well worked through that period to one of greater tolerance."[17]

Among his dozens of publications, we will note two books: *Shell Shock and Other Neuropsychiatric Problems Presented in Five Hundred and Eighty-Nine Cases Histories from the War Literature, 1914-1918* (1919), and *The Kingdom of Evils: Psychiatric Social Work Presented in 100 Case Histories, Together with a Classification of Social Divisions of Evil* (1922). The former is significant for Southard's intervention into the debates over whether

"shell-shock" was a mental or neurological disorder. In a trope, coined by Southard in 1910 and still used to articulate debates during this period, the issue was whether psychopathology concerned "brain spots" or "mind twists."[18] Significantly, in an article on these hypotheses, Southard appeals to his participation in Royce's Seminary in his analysis. More broadly, regarding another distinction between functional and organic diseases, Southard asserts: "Such distinctions may be practical; I have even heard them termed pragmatic, although I doubt whether the true pragmatist could see much use in the distinction as drawn."[19] While the nuances of Southard's analysis are unnecessary for our current purpose, it is evidence that Southard was not the only practitioner bringing some concept of pragmatism into their practice.

Furthermore, his experience evaluating and treating veterans informed the other, posthumous, book on psychiatric social work: "A minor blessing of the war will be the incorporation of mental hygiene in general medical practice and in auxiliary fields of applied sociology, *e.g.*, medico-social work."[20] Southard's role in the development of social work, inspired by his close friendship with Josiah Royce and Richard and Ella Lyman Cabot, is an important part of the story of pragmatism's influence on mental health. His co-author, Mary C. Jarrett, led the graduate program in psychiatric social work at Smith College, founded in 1919 with Southard's input and support.[21] As with his roles at Boston Psychopathic Hospital, Harvard Medical School, etc., this broader story requires an historical and institutional analysis.[22] Here, however, we will focus on the conceptual, as articulated by Southard in his 1919 article "Applications of the Pragmatic Method to Psychiatry."

MAKING PSYCHIATRY (MORE) PRAGMATIC

"Applications of the Pragmatic Method to Psychiatry" began as an abstract, read before the Thirty-fourth Annual Meeting of the Association of American Physicians. Southard begins with several definitions and formulations of pragmatism, mostly drawn from James's lectures collected as *Pragmatism: A New Name for Some Old Ways of Thinking* and Baldwin's *Dictionary of Philosophy and Psychology*. He also invokes Peirce's "laboratory habit of mind" to immediately connect pragmatism to medicine.[23]

> That the pragmatic method, altogether aside from any philosophic implications, must have very important relations to medicine would nowadays be denied by no man. In fact, the whole attitude of the medical man to medicine would not suffer if it should receive the designation "pragmatic" …Pragmatism in medicine must have especially close relations with treatment and prognosis.[24]

From this assertion, Southard continues to apply pragmatic principles to seven problems in psychiatry:

1. Psychiatry and Clinical Neurology
2. The So-Called "Unity of Insanity"
3. Diagnosis by Orderly Exclusion
4. Neurosyphilis and General Paresis
5. Diagnostic Precession of "Focal" Versus "Symptomatic" Cases
6. Diagnostic Precession of Schizophrenic Versus Cyclothymic Cases
7. Placement of Involution-Melancholia

We will not detail all of Southard's applications here, especially as most of these involve his own, somewhat idiosyncratic, classification of mental diseases and appreciating his points would require a deeper excursus into post-World War debates on classification. However, it is important to see the breadth of pragmatic applications Southard attempts in this short talk and article.

Southard's first pragmatic intervention is illustrative: is psychiatry even a distinctive discipline, or is it only a misnamed neurology? Southard contends that psychiatry and neurology are indeed distinct pragmatic entities, at least for now. And what is the pragmatic difference that makes a difference? "The moment we trace and compare the respective consequences of these two ideas, we perceive that clinical neurology leads to quite a different effect upon the patient from that to be expected when psychiatry approaches him."[25] And any claim that clinical neurologists and

psychiatrists are really both neuropsychiatrists is "...simply a pious wish…"[26]

It is worth dwelling here a moment, as Southard will make a similar point in his pragmatic response to the question of the unity of insanity. Recall the "brain spot" and "mind twist" debate mentioned above. As a neuropathologist, trained to diagnosis via autopsy, Southard has often been cast as a brain spot person. That is, by his own account, Southard rejected psychophysical parallelism and interactionism, and yet brain spots and mind twists "...are in some sense and in the long run identical hypotheses."[27] Indeed, Southard declared a few years earlier that "...no single doctrine has, to my thinking, been so pernicious as the doctrine which proposes to separate mind and body before we know much about either."[28] However, Southard was not one to reduce mind twists to brain spots, despite his reputation. For example, he recounts his extensive experience with the variety of lesions and spots in schizophrenic brains. This variety, and thus lack of a clear pattern, leads him to suggest an analogy with kidneys in diabetes. Diabetes, characterized in part by excessive sugar in the urine, seems like a kidney disease. However, the kidney lesions of a diabetic are quite secondary to the source of the disease in the pancreas. From this analogy he suggests a general category of "intrinsically-normal-but-extrinsically-abnormal," and furthermore suggests the possibility that "...the brain in dementia praecox [schizophrenia] be intrinsically normal yet extrinsically abnormal, in the sense of producing delusions, catatonic excitement or stupor, or other characteristic symptoms whose genuine origin might conceivably lie entirely outside the nervous system."[29] As Abraham summarizes:

> Southard's somaticism was thus in many senses qualified: first, multi-disciplinary perspectives were need for proper psychiatric diagnosis and treatment, focus on structural bases of mental illness did not render invalid any functional approaches to etiology, and the relations between brain pathology (in many forms) and psychopathology was complex — straightforward lesions are not enough.[30]

We see here an echo of James's own complex understanding of mind-body interactions.[31] For example, in the *Principles* James asserts "The fact that the brain is the one immediate bodily condition of the mental operations is indeed so universally admitted nowadays that I need spend no more time in illustrating it, but will simply postulate it and pass on. The whole remainder of the book will be more or less a proof that the postulate was correct."[32] This is not to *reduce* the mental to the physical, at least in a mechanical sense, as James also maintains that minds pursue ends. A decade later, in *Varieties of Religious Experience*, James rejects a "medical materialism" that would reduce all religious experience to brain states as too simplistic and skeptical, even while maintaining the "...convenient hypothesis that the dependence of mental states upon bodily conditions must be thoroughgoing and complete."[33] However, as *all* mental states have a bodily origin, we should judge the pathological and the spiritual as pragmatists judge any idea: "By their fruits ye shall know them, not by their roots."[34]

Thus, we can also see a Jamesian pragmatism in Southard's somaticism, one that "...unstiffens all our theories, limbers them up and sets each one at work."[35] But even Southard's pragmatic somaticism does not consider neuropathology and psychiatry to be one and the same, for a reason not yet emphasized: the *social* difference it makes on the patient as to which kind of practitioner assigns a diagnosis. The practical difference between brain spots and mind twists is in the training of doctors because that impacts how they approach and treat patients and their families.

The importance of the social in pragmatic psychiatry is clear in Southard's analysis of the "unity of insanity" debate. Does psychiatry, whether neuropathological or psychopatholical, study one thing, or many? The debate also concerns the connection between legal and medical definitions of "insanity," but as Southard sets that aside, so shall we.[36] Instead, he appeals to experience in a psychopathic hospital to contend that psychiatry concerns maybe 80 distinct entities of maybe a dozen classes, distinguished in part by their effect on the patient:

> The pragmatic question is, what difference does it make to the patient whether he is said to be affiliated with one or the

> other of these entities? I am not sure that I can prove that there is a different "conduct to be recommended" or different "experience to be expected" (to use James' phrases) for all of these eighty-odd entities. But I am entirely sure that it makes a great difference to the patient…as well as to the social unit in which he lives, whether we regard the patient as a victim of neurosyphilis or whether we regard him as a victim of alcoholic psychosis.[37]

Some obvious differences to the patient, and his social unit, are prognosis and treatment. This is especially so in an age before penicillin or antipsychotics. Indeed, in several places Southard argues that it is pragmatic to reserve the diagnosis of general paresis, an almost invariably fatal form of late-stage syphilis, until the patient proves resistant to treatment for 'mere' neurosyphilis. Furthermore, the pragmatic importance of distinguishing this form of delirium from that shows the importance of etiology: alcoholic psychosis is caused by imbibing a chemical, while neurosyphilis is a bacterial sexually transmitted infection which may also be congenitally transmitted. Thus, a victim of neurosyphilis with a family likely has a family with syphilis: "It would be an important addition to the technique of preventative medicine if the spouses and the children of all paretics were subjected to blood tests for their own individual interest and in the interest of the health of the community."[38] Southard pragmatic interest in the social units of his patients was not only epidemiological, however. This is clear from his investment in social work, especially psychiatric social work, as an essential component of medical treatment: "The medical and social aspects of out-patient treatment for nervous and mental disorders are so closely interwoven that they can hardly be discussed separately."[39]

In short, while a trained anatomist, Southard's pragmatism led him to promote a biopsychosocial model of mental health 60 years before George Engel's seminal paper criticizing the biomedical model of illness.[40] The remainder of Southard's article concerns a few more pragmatic nuances in his theory of what we would now call differential diagnosis.[41] Let us note one more, as it will bring us back to the social. Southard places focal brain disease diagnosis after drug disease diagnoses, such as alcoholism, but before bodily

diseases. He acknowledges this order might seem illogical, as bodily diseases should be addressed first as the broader category. Nonetheless, he appeals to practice over logic: "If a man has mental disease and if one has excluded the great groups of syphilis, feeble-mindedness, epilepsy, and alcoholism (with all their practical social implications), then one naturally desires to clear up other large brain aspects of the mental case."[42] Again, these practical social implications are both the likely sharing of illnesses among family members, and the impact of a particular members' illness on their social unit. Southard adds a different pragmatic caveat here: the 'logical' order of diagnosis could depend on the *institution* as well. His order is the pragmatic logic of psychopathic hospitals, but a general hospital could, even should, prioritize bodily diseases over brain diseases. There are at least two plausible reasons why the pragmatic rule might give different outcomes: 1) the experience and training of the doctors, nurses, and social workers involved in each kind of facility, and 2) the prioritization of symptoms by the patient choosing, or being assigned to, one kind of facility over another. As he writes the year before, "The academic question, whether one is an epileptic alcoholic or an alcoholic epileptic because a vividly practical question, when the pragmatic, that is to say, the therapeutic, question is raised."[43] Specifically, the therapeutic question is what kind of institution the physician would send the patient to. So much for the medical equivalent to whether the man goes around the squirrel or not. The important thing for Southard is not prescribing one specific order for all circumstances, but that there is a considered order at all, because "[it] makes a difference *to the patient* in 'conduct to be recommended' and 'experience to be expected' whether we approach him diagnostically in an orderly fashion" (emphasis added).[44]

Institutions change, and so with the pragmatic entities-for-now neurology and psychiatry, so to perhaps the distinction between clinics:

> As the horizons of medicine widen, it is conceivable that the hospital of the future may be a social institution, administered by men of sociological-medical training. The community no doubt will more and more demand that the

> hospital treat the whole man, that the treatment of disease aim at complete social adjustment, and that the hospital go outside its walls to prevent disease.[45]

A TRAJECTORY CUT SHORT

Southard's unique training in medicine and philosophy, as well as multiple roles as educator, institutionalist, researcher, and practitioner, provided an opportunity for an explicitly pragmatist approach to mental health to propagate. In addition, Southard was deeply loyal to his teachers, James and Royce. Richard Cabot, in a letter to Southard's biographer Frederick Gay, emphasized this loyalty as illustrated by remarks Southard made a week before his death: "Now this was said in the present tense—'I *am* a pupil of William James,' despite the fact that Dr. Southard graduated (from college) in 1897, and had not studied with James for at least twenty-three years."[46] Indeed, Southard spent the decade of James and Royce's death turning the so-called "disability" of his philosophical training into a call for standards of care and practice in psychiatry. Unfortunately, the beginning of the next decade saw Southard's premature death, and his calls for a pragmatist psychiatry were lost in the enthusiasm for psychoanalysis.

In June of 1919 Southard gave a Presidential Address to the American Medico-Psychological Association, originally the Association of Medical Superintendents of American Institutions for the Insane, and now known as the American Psychiatric Association. This organization published the *American Journal of Insanity*, whose studied neglect of William James opened this article.

As this meeting was the 75th anniversary of the society, Southard offers an extensive history of psychiatry as a discipline and within the broader culture, with his characteristic acumen. Significantly, for us, Southard also opens his address by acknowledging how his presidency says something about the shifting nature of the association:

> I still contemplate with astonishment my election to the office of president in your association. I was deeply touched by the honor. Not a hospital superintendent...I could in no sense represent the initial thoughts or inborn habitudes of the

> Original Thirteen or of their successors for many a year...I am pleased to think, therefore, of my choice as a bit of an index of the remarkable and still rising democracy of our institutions, which has not been so much forced as fostered by the great advances in medical technique and the increasing complexity of total problems in the institutions which our association still largely stands for.[47]

Southard places Emerson, Peirce, James, and Royce among psychiatrists such as Jean-Martin Charcot and Issac Ray not only as illustrations of the *zeitgeist*, but as contributors to the development of mental health, or hygiene:

> Then I think of the laying-down of the idea of pragmatism by Charles Peirce, the great and little known central figure of American thought. And then I think of the man William James who put pragmatism across the American scene, but added thereto what I may call *the psychiatric touch* and really typifies all that is best in American thought. Emerson, Peirce, James—these are three American names to conjure by, and they are deeply responsible for the spiritual, the logical, and the practical factors in the whole of mental hygiene.[48]

In this, the last year of his life, Southard sketched an ambitious publication plan, including half a dozen books. Of these, one more missed opportunity deserves special notice from philosophers. In a letter written to Gay while he was dying of pneumonia, Southard asserts:

> What interests me most is a proposition to edit the works and Mss. of Charles Peirce…Royce worked on them somewhat before he died and thought there might be three volumes of works. I feel that my own intellectual life is going to be made over by the work. I think I shall know whether pragmatism is so by the time I am through.[49]

This letter was dated February 5th, and Southard died of complications from pneumonia on February 8th. With Southard's death, the *Collected Papers* were not published until 1931-1935.[50] Furthermore, earlier that week on February 3rd, Southard presented "Pragmatic Psychiatry" before the New York Neurological Society, and the following night before the Mental Hygiene Association. While we do not know the content of those talks, and thus whether it advanced the arguments and positions made in "Applications of the Pragmatic Method to Psychiatry," it is further evidence of Southard's commitment to making psychiatry more pragmatic. What difference might he have made, to philosophy and psychiatry, had he lived?

NOTES

[1] Thank you to two anonymous reviewers for their detailed and thoughtful comments.

[2] Saul Rozenweig, *Freud, Jung, and Hall the King-maker* (Rana House Press, 1992), 174.

[3] Rozenweig, *Freud, Jung, and Hall the King-maker*, 174.

[4] Nathan Hale, *Freud and the Americans* (Oxford University Press, 1995), 226.

[5] Andreas Marneros, "Psychiatry's 200th Birthday," *The British Journal of Psychiatry* 193, no. 1 (2018): 1-2, https://doi.org/10.1192/bjp.bp.108.051367. Include date accessed.

[6] William James, *Works,* Volume 10, 1719.

[7] Among others, see John Kaag, *Sick Souls, Healthy Minds* (Princeton University Press, 2020) and Tadd Ruetenik, "Fruits of Health; Roots of Despair," and Richard Shusterman, "William James, Somatic Introspection, and Care of the Self."

[8] Otto Marx, "American Psychiatry without William James." *Bulletin of the History of Medicine* 42 no. 1 (1968), 58

[9] Marx, "American Psychiatry," 61

[10] Eugene Taylor, "William James and Sigmund Freud: 'The Future of Psychology Belongs to Your Work,'" *Psychological Science* 10, no. 6 (1999): 465-466. See also Colapietro, "Pragmatism and Psychoanalysis." While Southard undoubtedly learned Freud through James, and was well-versed in early

psychoanalysis as a practicing psychiatrist, his only sustained engagement with Freud is philosophical and political. Specifically, in "Sigmund Freud, Pessimist," Southard classifies Freud as a Minor Pessimist alongside von Hartmann and Nietzsche, in contrast to Major Pessimists such as Schopenhauer.

[11] Bradley Lewis. "The Biopsychosocial Model and Philosophic Pragmatism: Is George Engel a Pragmatist?" Philosophy, Psychiatry, & Psychology 14, no. 4 (2007), 300. https://doi.org/10.1353/ppp.0.0142 300. Include date accessed

[12] David H. Brendel. "Beyond Engel: Clinical Pragmatism as the Foundation of Psychiatric Practice." *Philosophy, Psychiatry, & Psychology* 14, no. 4 (2008), 311. https://doi.org/10.1353/ppp.0.0145. Include date accessed. See also Brendel 2004.

[13] For example, https://www.psychiatrictimes.com/view/rise-and-fall-pragmatism-psychiatry

[14] Jeffrey Looi et al. Looi, Jeffrey C.L., Daniel Bonner, and Paul Maguire. "Maslow's Hammer: Considering the Perils of Solutionism in Mental Healthcare and Psychiatric Practice." A*ustralian Psychiatry* 29, no. 6, 689. https://doi.org/10.1177/10398562211005438689. Include date accessed

[15] Tara H. Abraham. "Psychiatry in American Medical Education: The Case of Harvard's Medical School, 1900–1945." *Canadian Bulletin of Medical History* 35, no. 1 (2018), 12-13.

[16] In Frederick P. Gay. *The Open Mind: Elmer Ernest Southard, 1876–1920*. Normandie House, 1938, 43. The textbook for that course was *Pathology of the Mind*, probably the 1879 edition, by British psychiatrist Henry Maudsley, namesake of Maudsley Hospital; see Gay, *The Open Mind*, 47.

[17] E.E. Southard, Southard, E.E. "On the Application of Grammatical Categories to the Analysis of Delusions." *The Philosophical Review* XXV, no. 3 (1916), 425. The pejorative use of "disability," even if directed to Southard by his medical colleagues, is additionally problematic due to his active participation in the eugenics movement. For example, he served on the Board of Scientific Directors of the Eugenics Records Office starting in 1913 as announced by the American Association for the

Advancement of Science (see also Allen 1986, 238). The following year he gave the Presidential Address at the American Breeders' Association, entitled "Eugenics vs. Cacogenics."

[18] E.E. Southard, "The Mind Twist and Brain Spot Hypotheses in Psychopathology and Neuropathology." The Psychological Bulletin XI, no. 4 (1914), 117. See also Tara Abraham, Abraham, Tara H. "Between the Mind Twist and the Brain Spot: The Materialist Dimensions of Psychopathology in the Work of Elmer Ernest Southard." *Nuncius* 32 (2017), 261–285.

[19] Southard 1914, "Mind Twist and Brain Spot," 118-119.

[20] E.E. Southard, *Shell-Shock and Other Neuropsychiatric Problems Presented in Five Hundred and Eighty-Nine Case Histories from the War Literature, 1914–1918*. W.M. Leonard, 1919, iv.

[21] See Lois M. French, *Psychiatric Social Work.*, E.L. Hildreth & Company, 1940, 40; Joseph M. Gabriel "Mass-Producing the Individual: Mary C. Jarrett, Elmer E. Southard, and the Industrial Origins of Psychiatric Social Work." *Bulletin of the History of Medicine* 75, no. 3 (2005), 441; and Mathew D. Bessette, "'Nervous Diseases'" and the Politics of Healing: William James, Josiah Royce, and the Early Dynamic Psychiatry Movement in America," *Past Tense: Graduate Review of History* 1,41, fn. 111.

[22] See Nathan, "The Psychopathic Hospital," for one survey of institutional histories. He concludes " The psychopathic hospitals are important for several reasons. They developed the template for

contemporary psychiatric practice. They constitute an important part of psychiatry's turn away

from the asylums, thus setting the stage for deinstitutionalization. They shifted and enlarged the

scope of psychiatric care. They served an important integrative function, combining inpatient and

outpatient treatment models, and joining biological and psychosocial perspectives" (Nathan 2023, 431).

[23] See *CP* 5.411, from 1905's "What Pragmatism Is," for one example: "The writer of this article has been led by much experience to believe that every physicist, and every chemist, and, in short, every master in any department of experimental science, has had his mind moulded by his life in the laboratory to a degree that is little suspected."

[24] Southard, "Pragmatic Method," 139.

[25] Southard, "Pragmatic Method," 140.

[26] Southard, "Pragmatic Method," 140.

[27] Southard, "Mind Twist and Brain Spot," 118.

[28] E.E. Southard, E.E, "Psychopathology and Neuropathology: The Problems of Teaching and Research Contrasted," *The American Journal of Psychiatry* 23 (1912), 232. It is worth noting that Southard broader project in this talk is to defend the pathological method of research, invoking the authority of William James on the importance of exaggerations and perversions from *The Varieties of Religious Experience*.

[29] Southard, "Mind Twist and Brain Spot," 122.

[30] Abraham, "Between the Mind Twist and Brain Spot," 282.

[31] See W.E. Cooper, "William James's Theory of Mind," for one systematic account of philosophical interpretations of James on this issue. See Stephanie Hawkins, "William James, Gustav Fechner, and Early Psychophysics" for an account focusing on James's relationship with psychologists.

[32] *W* 8, 18

[33] *W* 15, 20. See also Taylor, "A Perfect Correlation Between Mind and Brain."

[34] *W* 15, 25.

[35] W 1: 32. For one effort to connect James's psychology and pragmatism, see Brunson, "Pragmatism and Neurodiversity."

[36] Southard names Charles Mercier as an example of the approach; see his 1890 *Sanity and Insanity*.

[37] Southard, "Pragmatic Method," 141.

[38] E.E. Southard, and Mary C. Jarrett, *The Kingdom of Evils: Psychiatric Social Work Presented in One Hundred Case Histories Together with a Classification of Social Divisions of Evil*, The Macmillan Company, 1922, 459.

[39] Southard and Jarrett, *Kingdom of Evils*, 524.

[40] In a 2017 retrospective on Engel's paper, Wade and Harrigan note that Engel was not the first to highlight the limitations of the biomedical model, citing Adolf Meyer's 1917 "Progress in Teaching Psychiatry." Derick T. and Peter W. Halligan, "The Biopsychosocial Model of Illness: A Model Whose Time Has Come," *Clinical Rehabilitation* 31 no 8 (2017), 995–1004.

https://doi.org/10.1177/0269215517709890. Include date accessed. Coincidentally, but not surprisingly, Meyer was deeply influenced by John Dewey's pragmatism — see Vincent Colapietro, "John Dewey and Adolf Meyer on a Psychobiological Approach: Conflict, Tragedy, and Survivance," *European Journal of Pragmatism and American Philosophy* XC–2 (2023). https://doi.org/10.4000/ejpap.3523 Include date accessed

[41] See E.E. Southard, "*Diagnosis per Exclusionem in Ordine*: General and Psychiatric Remarks." *Transactions of the Association of American Physicians* XXXIII (1918), 267–301.

[42] Southard, "Pragmatic Method," 143.

[43] Southard, "*Diagnosis per Exclusionem in Ordine,*" 298.

[44] Southard, "Pragmatic Method," 142.

[45] Southard and Jarrett, *Kingdom of Evils*, 524.

[46] Gay, *The Open Mind*, 57-58.

[47] Southard, "Cross-Sections of Mental Hygiene," 91.

[48] Southard, "Cross-Section of Mental Hygiene," 110. Emphasis in original.

[49] Gay, *The Open Mind*, 286.

[50] See Houser, "The Fortunes and Misfortunes of the Peirce Papers."

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