During Aurora Psychiatric Hospital’s early years, the evolution of psychiatric thought and practice was occurring at an international level. Dorothea Dix and Horace Mann were some of the first reformers purporting the idea that mental illness could be treated by separating the individual from family and developing strong relationships with the doctor. These efforts were designed to increase internal control.

Another approach at that time involved what was termed, “moral treatment.” Advocates of this school of thought maintained that cultivation of self-control, good habits, a quiet environment, strong relationship with a doctor and activities to increase self-esteem and reeducation were integral to effective psychiatric treatment. The term “moral” was used because it inferred emotional or psychological and suggested optimism.

Beyond the elements of moral treatment, there were attempts to use “medications” to assist in the healing process. By today’s standards, the use of some so-called medications was highly unusual and surprising. For example, at that time, some medications used included opium, morphine, scopolamine and hashish. When help was needed to promote sleep, chloral hydrate, ether, alcohol, chloroform and bromide were commonly used. Dr. Kraepelin noted that none of the medication preparations could cure the illnesses, that they should only have been used for short-term treatment, as a number of them could lead to addiction.

“I have always searched for the dense depths of the soul, that have not yet discovered themselves, where everything is unconscious – there one can make the greatest discoveries … It is basically human life that fascinates me. For it lies in art’s power to yield warmth to those we cannot reach, yet who need somebody.”

– Helen Schjerfbeck
1862-1946 Artist
Jean Martin Charcot (1825-1893) was a French neurologist and literary man who described “hysterical stigmata and hysterogenous zones,” the attacks and labile affects seen in some patients as characterized by an emotional indifferent state called “La Belle Indifference.”

Charcot indicated that a trauma of mainly a sexual nature quite often touched off ideas and feelings that became unconscious. Symptoms similar to hysteria (such as the idea of paralysis) were found to be reproducible experimentally through hypnosis. Due to Charcot’s prestige at the Salpetriere hospital and attendance of Parisian elite, hypnosis became widely popular despite opposition from medical professionals.

Drs. Hippolyte Marie Bernheim and Pierre Janet disagree with Charcot

Hippolyte Marie Bernheim (1840-1910) was a professor of clinical medicine in Nancy, France, who vigorously disagreed with Charcot’s views. Bernheim dispelled Charcot’s reported idea during a presentation to the French Academy of Science, that the phenomena of hypnotism was a manifestation of abnormality and that the hypnotic state only occurred in those with hysteria.

Bernheim maintained that the phenomena Charcot observed only took place when the conditions of suggestion were set up by the hypnotist. These findings stripped the subject of hypnosis of much of its mystery. It dispelled ideas of special hypnotic powers and magnetic influence, and demonstrated that patients were also susceptible to suggestion in waking states.

Bernheim further advanced his theory by stating hysteria was of mental origin, and appeared to be the first to apply the term ‘psychoneurosis’ to hysteria and similar states.

Pierre Janet (1859-1947) was a student of Charcot who disagreed with his teacher’s belief that a patient’s fixed inner ideas and inner conflict with reality was neurotic. His perspective evolved into a theory that neurosis represents a lack of psychic tension on the patient of the patient. The ‘psychic tension” was considered an integrating force that holds the stream of conscious activity intact.

Janet purported that the disintegration of this stream of consciousness was the expression of what he termed psychoneurosis. Based on this concept, the idea of dissociation was formulated. As a result of dissociation, elements of consciousness were considered to take on an independent existence that expressed themselves clinically in the form of alternating personalities, fugues, anesthesia’s and other hysterical expressions.

Sir Francis Galton: The “psychological testing” movement

Sir Francis Galton (1822-1911), an English biologist primarily involved in launching the “psychological testing” movement, believed that tests of sensory discrimination could serve as a means of gauging a person’s intellect. In 1883, Galton stated, “the only information that reaches us concerning outward events appears to pass through our avenues of senses: and the more perceptive the senses are of difference the larger is the field upon which our judgment and intelligence can act.” He used these findings to strengthen his conviction about “discriminative capacity” suggesting that the greatest discriminative capacity “would be the highest among the intellectually ablest.”

At this time, Galton was also pioneering the application of the rating scale and questionnaire methods, as well as the use of free association techniques. He also recognized the need to measure characteristics of related and unrelated persons.
What are the origins of Mental Illness?

Somatic and Psychic schools of thought

Somatic Schools described mental illness as having a physical cause such as brain lesions or disturbed nerves. Psychic schools, on the other hand, proposed mental illness as being due to emotional stress.

Yet, these two schools shared a common model of the mind. At that time, the work of Kraepelin, Bleuler and Janet (associationist’s concepts) became important in the development of the theories of psychopathology. Mental illness was seen as a breakdown in associative functioning of the mind. Inherited vulnerability to associative breakdown (dissociation) was stressed. The modern schools of psychiatry and psychology were also developing their own models of the mind that included functional-descriptive, behaviorist, Gestalt (existentialist, humanistic) schools.

Wauwatosa, Wisconsin

Aurora Psychiatric Hospital’s Beginning

By Jon VanBeckum, Aurora Psychiatric Hospital archivist and teacher, Kradwell School

In the 1800s, Menomonee and Potawatomi Indian tribes lived in what is today Wauwatosa, Wis. They entered into treaties with the federal government and sold their land for settlement. Charles Hart, Wauwatosa’s founder, arrived in 1835 and established a sawmill in 1838. He called the area “Hart’s Mill.” In 1840, a six-mile square area was established as the town of Wauwatosa.

In 1852, Oliver Harwood, his wife, Clarissa, and their five children arrived in Wauwatosa. Oliver Harwood purchased land from Charles Hart and built a home on Dewey Avenue.

In 1884, Dr. James McBride purchased land from Oliver Hart and established a hospital for the treatment of nervous disorders in both men and women.

Wauwatosa became a village in 1892 and a city in 1897.
Dr. McBride admits patients to Milwaukee Sanitarium

Aurora Psychiatric Hospital the early years

Following his acquisition of the 15 acres in Wauwatosa, Dr. James McBride remodeled an old farmhouse and admitted his first four patients in 1884. He then began his plan to build a larger three-story structure to accommodate 16 patients.

- Aurora Psychiatric Hospital was previously known as Milwaukee Sanitarium.

- Milwaukee Sanitarium was established by Dr. James McBride in 1884 in the village of Wauwatosa.

Dr. Dewey established the “cottage plan” of separate residences for patients.

- He was the editor of *The American Journal of Psychiatry*.

- He inaugurated the first program for in-service training of attendants in the Midwest.

Milwaukee Sanitarium, circa early 1900s
Henry Matisse and Pablo Picasso were artists of classical greatness. Their visionary forays into new art were thought to have changed our understanding of the world.

Shortly after moving to Paris from Barcelona, Spain, Pablo Picasso (1881-1973) began to produce works that were suffused in blue. This particular pigment was effective in conveying a somber tone. The psychological trigger for these depressing pictures were the suicide of Picasso’s friend Casagemas. The “Blue Period” work was often sentimental. During this time, Picasso was in his teens, away from home for the first time and living in very poor conditions.

Henry Matisse (1869-1954) gravitated to the beautiful and produced some of the most powerful beauty ever painted. He was a man of anxious temperament, just as Picasso, who saw him as his only rival. Some of his pieces include: “Notre-Dame, une fin d’apres-midi” (“A glimpse of Notre Dame in the Late Afternoon”) 1902, and “Le Bonheur de vive” (“The joy of Life”) 1905-06.

“The Art of Healing”
Psychology in Art (1884 to 1914)

“Photograph of River with Poplars,” 1912
Roger Fry (1866-1934)

Roger Fry, an English past-impressionist painter and writer, was born in London and grew up in a wealthy Quaker family. He was educated at Clifton College and studied at King’s College, Cambridge. He eventually went on to Paris and then to Italy to study art. Eventually, he specialized in landscape painting.

“La Boheme Act 1: Rodolfo’s garret,” 1893
Adolfo Hohenstein (1854-1928)

The drama and spectacle of the 19th century Italian opera was perfectly conveyed by the flamboyant posters of Aldofo Hohenstein, a German art nouveau master. His 10 posters transformed the Italian poster into an art form and perfectly complemented the drama of the theatrical Italian Opera.