



# Government Influence on Social Behavior and Mental Health in 19th-Century America after WWII

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## ABSTRACT

*Throughout the nineteenth century, the United States has witnessed profound changes in societal values, which was due in part to the influence of governmental initiatives aimed at shaping moral education and addressing mental health. These efforts not only impacted individual behaviors, they also sculpted the collective consciousness of American society as a whole. In the 1800 and 1900s, governmental agendas mostly focused on moral education, which formed social perceptions of right and wrong. At the same time, mental illnesses were often stigmatized and poorly understood and were either addressed by neglect or institutionalization by the government. Both moral education and mental health policies highlighted the role of government in shaping the social norms and individual well-being. By evaluating the interplay between the promotion of moral education by the government and its response to mental health challenges in 19th century America, moral education emerges from the mental health condition, people were more willing to conform in the years following people are more behaved and face the post war sequel after WWII better within the society.*

## THE EMPHASIS OF GOVERNMENT ON MORAL EDUCATION

The emphasis of the government on moral education contributed to a sense of social norms and collective values. From colonial times until the late 19<sup>th</sup> century, academic, social and technical goals conflicted with moral goals in education (Williams 18). It is evident that the prioritization of moral education by the government has significantly shaped societal norms and the collective values throughout the 19th century. Thus, the government has placed emphasis on instilling moral values in students alongside academic and technical skills in order to cultivate citizens who are more inclined to follow the rules and regulations of society and shape their way according to its expectations of virtue and integrity. This approach highlights the belief by American educational leaders that education should not serve only to impart knowledge and enhance cognitive skills, but also it should shape individuals morally by reflecting broader cultural and religious values pertinent to the society. However, this emphasis on moral education was not without any impediments and challenges. The conflict between academic, social and moral goals within the U.S. education system suggests a complex scenario of priorities and objectives. Additionally, the influence of shifts in culture and changes in societal structures over time have also impacted the enduring initiative of moral education. As the efforts of the government to enhance moral education within schools was contingent upon its ability to balance its various educational priorities and adopting to gradual societal changes.

## CHALLENGES OF IMPLEMENTING MORAL EDUCATION

The government catered to moral education at the academic level in order to instill the sense of morality among students. Initiatives such as the Common School Movement emphasized the importance of moral education alongside academics, which helped cultivate the virtues of honesty, discipline, diligence and respect for authority (Persky 250). It is evident that the initiatives like the Common School Movement played a very important role in integrating moral instruction into formal education. The main aim was to inculcate virtues such as honesty, discipline, diligence and respect for authority whereby the government aimed to instill a sense of morality among students which helped in shaping their character and guiding their behavior. It can be said that this approach is reflective of a broader societal belief that education had the power to cultivate virtuous citizens who are capable of contributing positively to society. However, there are still limitations behind such noble initiatives, for instance the extent to which moral education could be effectively important within the academic curriculum and institutional settings. Moreover there were debates over the degree to which students internalized these moral virtues and effectively used them in real life situations, which were subject to family influences, peer behaviors, and societal norms. Thus, it can be said that although the efforts of the government in promoting moral education was commendable, the consequence of these initiatives and its



overall contribution to society was dependent on a number of factors outside the educational sphere.

## **MENTAL HEALTH CHALLENGES OF 19TH CENTURY AMERICA**

Governmental responses to mental health challenges were dynamic and reflected various understandings and societal values. Early asylums and poorhouses aimed to address the issues of mental problems were characterized by neglect and mistreatment and were futile attempts to address mental illness (Grob 10). When analyzing the responses of the government to mental health challenges, it could serve as a great example that these responses were not isolated from the broader values of the society and its influences including those which stemmed from the governmental efforts in moral education bootstrap the establishment of early asylums and poor houses. Aimed at improving the conditions of mental illness, instead reflected the prevailing societal attitudes that are often stigmatized as well as marginalized to those individuals with mental health conditions. In the 19th century, mental health encompassed a number of issues which encompassed the conditions of depression, anxiety, psychosis and also neurodevelopmental disorders. Common mental health presentations included instances of agitation where individuals would withdraw themselves from their activities as well as the politically intense and uncertain situations that have led to the rise of hallucinations and mood disturbances which posed significant problems during this time (Dain 12). These challenges led to the issues of stigma, social isolation, as well as to discrimination, which impacted the social behavior of people who were already facing marginalization and institutionalization where the mental health care staff treated the patients with utter negligence and mistreatment (Sigurðardóttir 10). Since stigmas were prevalent about mental health conditions at the time, this led to misconceptions because of inadequate knowledge (Nolan 4). This reflects the broader cultural context in which mental illness was often viewed as a moral failing or rather misunderstood as a legitimate health concern. Many soldiers who returned from the trenches of World War I, for example, exhibited symptoms of shell shock, which is now known as Post Traumatic Stress Disorder. These soldiers experienced symptoms of intense flashbacks that caused severe anxiety and uncontrollable emotions that often led to the impairment of sense organs and social withdrawal (Bonikowski 28). In World War II, similar symptoms of psychological distress were observed among soldiers, which was also referred to as combat fatigue or battle fatigue. This led to intense exhaustion and emotional numbness and strained many soldiers out of their ability to combat the stressors of war (Jones 538). Moreover, the neglect and mistreatment within mental institutions underscored the systematic failures in providing empathetic and compassionate support, which highlighted the disconnect between societal expectations and governmental actions. While the government invested in shaping model values through education, the practical implementation of those values within real life situations was still a questionable situation, since addressing mental health challenges fell short. Thus, the success of model

education initiatives does not completely translate into compassionate treatment for marginalized populations who struggled with mental health issues, thereby revealing a gap between espoused values and the practices followed in those institutions.

## **CHANGES TO MENTAL HEALTH STRUCTURES**

Over time, the perceptions and attitude of the government towards mental health issues evolved and began to reflect changed perceptions and emergence of a more scientific approach. The establishment of psychiatric hospitals and the emergence of moral treatment gave rise to a more humane approach towards mental health, rehabilitation, and care (Scull 92). The establishment of psychiatric hospitals and the adoption of moral treatment marked a significant departure from earlier approaches, which neglected the issues of patients with mental issues and a shift towards a more human and compassionate response to mental illness. This transition also aligned with the efforts of instilling moral values like in the common school movement. The emergence of psychiatric hospitals showed that society as well as the government truly started to recognize the importance of mental health, considering it a legitimate public health concern which aligned with the objective of the government to cultivate a citizenry that is morally conscious of understanding societal expectations. By providing structured treatment and care within the setting of institutions, the government aimed to rehabilitate individuals with mental illness so that they could integrate back to their normal life within the society- a process that was largely based on the notions of morality and social cohesion. Moreover, the adoption of moral treatment emphasized a clear and compassionate understanding of mental health that could be set apart from the earlier moralistic views.

## **SYSTEMATIC CHALLENGES IN MENTAL HEALTH STRUCTURES**

The conditions within psychiatric hospitals often fell short of providing adequate care and support for patients. Reports of overcrowding, poor sanitation, and even instances of abuse within these institutions showed the systematic failures and loopholes of treatment (Appignanesi). In examining conditions within the psychiatric hospitals, despite efforts from the government to provide compassionate care, there were still systematic failures that resulted in inadequate treatment of the patients. For example, there were reports of overcrowded hospitals, poor sanitation, and instances of abuse within these institutions, which showed that there were considerable discrepancies between the moral obligations of the government to uphold the well-being of society despite the reality of these institutional shortcomings. This gap underscored differentiation between the values of moral education, which emphasized compassion and care for all members of society and the practical implementation of those values within the psychiatric healthcare systems. The failure to adequately address the needs of the patients within psychiatric settings reflects how society viewed mental illness during the 19th century. It shows how people who were suffering from mental illness were often

stigmatized and marginalized in society, making significant efforts to promote moral education and instilling the virtues of empathy and kindness. These values were not properly addressed in real world settings whereby there were significant loopholes in the effective policies or practices within the institutions. Moreover, the revelations of abuse and neglect show how psychiatric hospitals act as a fort of reminder for the society to uphold the dignity and respect of all individuals irrespective of their mental health status.

### EFFORTS TO ADDRESS SYSTEMIC BARRIERS

Efforts to reform mental health care gained momentum in the late 19<sup>th</sup> century when advocacy groups advocated alongside professional organizations. The establishment of the National Committee for Mental Hygiene in 1909 was considered a significant milestone in promoting mental awareness for policy reforms (Žalnora and Miežutavičiūtė). Moral education coupled with formal schooling, societal shifts, and cultural influences challenged the efficacy of these programs in contributing towards a lasting virtue (McClellan). Just as moral education initiatives were aimed at shaping social values and behaviors, advocacy groups and professional organizations also addressed mental health challenges through various policy reforms and awareness campaigns. One of them was the establishment of the National Committee for Mental Hygiene in 1909, which marked a shift in the advancement of mental health treatment and provided compassionate and intervention-based treatment to all mental health patients. This aligned with the initiatives of moral education taken by the government as both the endeavors influenced social values and behaviors for the betterment of the individuals and communities. However, similar to the challenges faced in promoting moral education, the effectiveness of mental health reforms were also subject to various societal inhibitions as well as systemic barriers. Although there was considerable advancement in the treatment policies, stigma surrounding mental illness continued to persist, which thereby hindered the acceptance and implementation of reform policies. Thus, while both moral education and mental health agencies tried to address social issues and improve the conditions of individuals who were suffering from mental illness, they faced similar kinds of challenges, which were completely rooted in social resistance to change attitudes towards mental health.

### CONCLUSION

The examination of governmental influences on moral education and the consequent responses to mental health challenges in 19th-century America elucidate the intricate

connections between policy, societal values, and individual experiences. An analysis of the relationship between the government's advocacy of moral education and its response to mental health issues in 19th-century America reveals that moral education is a byproduct of mental health issues, improves behavior, and helped people better navigate the aftermath of World War II in society.

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Citation: Yuanyuan Zhao, "Government Influence on Social Behavior and Mental Health in 19th-Century America after WWII", *American Research Journal of History and Culture*, Vol 10, no. 1, 2024, pp. 11-13.

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