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Narrative Section of a Successful Application

The attached document contains the grant narrative and selected portions of a previously funded grant application. It is not intended to serve as a model, but to give you a sense of how a successful application may be crafted. Every successful application is different, and each applicant is urged to prepare a proposal that reflects its unique project and aspirations. Prospective applicants should consult the Research Programs application guidelines at http://www.neh.gov/grants/research/fellowships for instructions. Applicants are also strongly encouraged to consult with the NEH Division of Research Programs staff well before a grant deadline.

Note: The attachment only contains the grant narrative and selected portions, not the entire funded application. In addition, certain portions may have been redacted to protect the privacy interests of an individual and/or to protect confidential commercial and financial information and/or to protect copyrighted materials.

Project Title: *A Case of the Nerves*

Institution: Smith College

Project Director: Helen Horowitz Lefkowitz

Grant Program: Fellowships Program

A CASE OF THE NERVES

I am writing *A Case of the Nerves*, a book on late-nineteenth century "American nervousness." Many believed in that era that Americans were too tense, suffering from neurasthenia or hysteria, and experiencing "nervous prostration." Before Freud and his followers informed the American public that all was in the mind, especially in subconscious mental life with its profound link to the emotions and sexuality, American physicians emphasized the important role of the body and physical organs in what is today labeled mental illness. In particular, Americans read, heard, and thought about the controlling force of the nerves. As a cultural historian, I hope to explore the nervous body as those in the late nineteenth century envisioned it. The subject offers a critical intersection where the biological person meets the ideas and practices of the age.

I begin *A Case of the Nerves* with a number of key questions. What did late-19th-century Americans mean when they spoke of nerves and of nervousness? How did they understand the connection between mind and body? How did they build upon or reject earlier knowledge? How did the primary physical science of the day, evolutionary biology, guide them? And what of the new fields of sociology and psychology? How did the first generation of nerve specialists—the physicians who called themselves "neurologists"—answer these and related questions? How did *Popular Science Monthly* and other influential periodicals convey these ideas to the broader public?

What makes these questions come alive are the sources that I have to answer them. While a considerable literature exists on the emergence of American psychiatry and psychology during this era and their impact on American intellectual and literary life, none exploit the varied sources as I do. In manuscript collections, such as those of the Baltimore philanthropist Mary Elizabeth Garrett, are letters that detail her decades-long experience of nervous illness, visits to physicians and their diagnoses, and courses of treatment. I am exploring approximately thirty similar collections. Some of the patients, such as William James and Charlotte Perkins Gilman, are familiar figures; others are less known. But even those whose lives have been studied and restudied by scholars bear new attention, for no scholarship treats their anxiety and psychological problems in the context of their own era's understandings of the relation of body and mind.

My interest in this subject originated first in my examination of the life of M. Carey Thomas (and her close associates, such as Garrett) and more recently in my exploration of sexuality in the nineteenth century. Both projects resulted in books on those subjects. Beginning in 2004-05, my last sabbatical, I returned to the Countway Medical Library of Harvard Medical School to research the nerves in nineteenth-century rare books and medical journals. These works—and the guidance given by important new discoveries and recent literary and historical scholarship—enable me to reinterpret the medical discourse on nervousness of the nineteenth century.

Although my major concern is with the post-Civil War era, I begin with the approaches of the early nineteenth-century. Americans of that period experienced a range of symptoms for mental illness. Many resorted to religious explanations for their distress, even as they sought relief from physicians and other health practitioners. New writings in reform physiology advocated fresh air and exercise and the water cure. Neither sufferers nor those who treated them saw diseases typically as specific entities with specific causes. Rather diseases reflected debility or inflammation, general conditions of the body.

By the late-1860s, regular physicians gained new authority as they told Americans how their bodies worked, why they were ill, and how they might be restored to health. Those dealing with nervous ailments called themselves "neurologists," and explored new concepts of the mind and its relation to the body. William A. Hammond, S. Weir Mitchell, George Miller Beard, and others were materialists whose secularism rejected any authority, including that of religion, over science. The Civil War gave these physicians new experience in treating the nervous ailments of wounded soldiers. After the war they broadened their practice to civilians, male and female. For both the medical profession and wider audiences, they wrote and spoke about nerve-related ailments.

These male professionals came of age in an era radically different from the antebellum years. The late-nineteenth-century generation rejected earlier non-scientific explanations and enthusiasms. It sought fact, hard fact. To this generation, science, particularly new evolutionary notions, satisfied many of the great questions of the age. That humans evolved from lower animals by natural selection marked only the beginning. Scientific inquiry declared that biological truths were the basis of everything that humans saw, felt and did. All that we call *mind*, from unconscious reflexes to higher thought, was part of the evolution of the species: it was the mechanism by which those highest on the evolutionary scale adjusted their inner to their outer selves. These were the ideas that guided and motivated the earliest American neurologists as they established their specialty in New York, Philadelphia, and Chicago in the late 1860s.

Moreover, each disease now had a specific cause. The diagnostician's goal, indeed purpose, was to find it. But this generated a new problem. Although neurologists believed that mental disorders were physical disorders, with clearly traceable causes, they had no laboratory tools to detect the *specific* causes, to register the lesions of the brain or spinal cord. A horde of paying patients sought their help in seeking relief from pain, but physicians lacked appropriate vehicles or mechanisms to test or measure their newfound theories. Instead, they relied upon the implicit contract between doctor and patient—patients described symptoms, and doctors provided means to relieve or cure them. In the breach, neurologists offered therapeutics that drew on old and new strategies to stimulate or calm the body. Leaders in the field quickly became wealthy and renowned.

The leading sets of symptoms that patients brought to these neurologists were the feeling of debility or exhaustion (often linked to impotence); "vastation" or overwhelming dread; uncontrollable emotional outbursts; and bodily manifestations, such as paralysis of the legs or an inability to tolerate food. The late Roy Porter, in considering hysteria, the leading label put on such symptoms when the patient was female, suggests that it "was a condition chiefly rendered visible by the medical presence." At a time when the physician became central to "regulating intimate lives," the patient and the doctor found each other, and, as in an embrace, they responded to each other. The physician defined, the patient communicated, the physician redefined, the patient recommunicated.

It is this embrace that attracts me. What did those suffering from such ailments feel? How did they describe it? What was the relation of their communication and the language that neurologists used? What did patients know about the theories behind the language and the remedial treatments prescribed? For truly understanding how culture matters to an individual and to the society—how we are culturally constructed—this is a critical entry point. Learning how it felt to be a patient with a "case of the nerves" offers a key connection between culture and biology.

Consider the philosopher William James. He wrote often to his wife about what he came to understand as his case of neurasthenia. One of his most revealing statements was unintentional, however, when, in 1883, he asked her to receive the neurologist George Beard hospitably because of his insight into the illness that afflicted James: "he knows," James wrote, "the secrets of my prison house," By contrast, in 1880 the philanthropist Mary Garrett experienced the prescription of Britain's most eminent neurologist as a death sentence. She wrote with mounting anger to M. Carey Thomas that Dr. Hughlings

Jackson told her to "amuse myself in every possible healthy way (indeed it seem to me that healthy or unhealthy may seem equally good to him), *avoid intellectual society, form some friendships with ordinary and commonplace people*, drink weak tea & a little after dinner coffee if I liked, use no alcohol, and above all again & again, *do no work!*" Such letters open a window into the internal world of the nervous.

But letters are not records of raw experience. Such sources are filtered by culture and relationships to correspondents. Subjects are conscious of both broad and specific understandings and standards. Memoirs and other reflections composed later in life are also shaped by cultural influences. Writers often read back into their earlier experiences their later understandings shaped by new knowledge. Thus awareness of changing conceptions of brain, body, and mind is necessary to the appropriate interpretation of primary sources. At this point in my work I have found the need to reevaluate the scholarly narratives of familiar figures such as Charlotte Perkins Gilman and William Dean Howells.

After a prologue on the antebellum period, the book focuses on the years after the Civil War, when important physicians established themselves as neurologists. It concludes with the aftermath of Freud's visit to the United States in 1909. I see the book as a series of interconnected essays, focused on individual case studies, each one chosen to enable exploration of a facet of the larger issue of American nervousness moving through time. I anticipate that the book will thus move not only biographically but also thematically and chronologically. Currently I plan to present five major case studies, chosen from the approximately 30 individuals researched. Under consideration at present are the experiences of Mary Garrett, William James, and Charlotte Perkins Gilman. Although all my subjects will likely be middle or upper class, I will be looking as I select the final two for regional, racial, and ethnic diversity. Although especially attentive to these five, I will bring in points of comparison and contrast from the experiences of the broader group as seen in their letters. I am also researching the papers of physicians, such as S. Weir Mitchell.

During the time of the NEH, I hope to complete two chapters that surround two case studies already selected and largely researched, Mary Garrett and William James. This will allow me to confront the gendered nature of diagnosis and attempted therapies. I will also give me practice with combining the individual case study with elements of a narrative thread. I hope to develop each chapter into an article that I will submit to a peer-reviewed journal, such as the *Journal of American History*.

There are excellent materials in the Boston area which I have begun to research. I have visited a number of important archives, including the College of Physicians that holds the S. Weir Mitchell Papers, the University of Southern California, the Huntington, and the Bancroft Library in Berkeley. During the time of this fellowship I will continue to explore archives and rare book rooms accessible in the Boston area, such as the Houghton, the Schlesinger, and the Countway. I plan, in addition, to work at Yale, the Library of Congress, the New York Public Library, where there are many collections important to this project. I will return to Philadelphia to continue work on S. Weir Mitchell materials. I also hope to use professional travel farther afield, such as my twice-yearly trips to Indiana University (where I am a member of the board of trustees of the Kinsey), to research important collections.

A Case of the Nerves will be written to appeal to both scholars and educated lay readers. Placing American nervousness in deep personal stories of illness, combined with intellectual, cultural, and institutional context, will not only illuminate the time when Americans diagnosed nervous prostration, but it will also and more importantly force readers to reexamine the origins and cultural influences of this mysterious and illusive subject.

BIBLIOGRAPHY
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The following is by no means a complete bibliography, but it notes key primary and secondary works:

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