The people of the United States are a peculiar sort. For baby boomers like me, the twenty-five years between the end of the Second World War and the beginning of the Richard Nixon regime were too much a time of maturing to be a time of reflection. We remembered our parents’ stories of postwar housing shortages, of the GI Bill swelling the halls of universities, of economic improvements, of the war in Korea, and of the fears of Communists sharing national secrets and infiltrating social and political institutions. We came of age during the long civil rights movement, and during the open and secret wars in Southeast Asia, Latin America, and Africa. Some of us protested, some of us killed and were killed, and many of us experienced lower rates of poverty, moderate college tuition costs along with generous public educational funding, and a reduced gap between the wealthiest among us and ordinary workers. It all seemed inevitable then, but upon reflection Americans were a peculiar people at a curious time.

In *Therapeutic Revolutions*, Martin Halliwell argues that people in the United States experienced these social, political, and economic events among changes in American culture. This culture—curious, eclectic, diverse, creative, and filled with many myths and not-a-few banalities—included the effects of far-reaching changes coming from medicine in general and psychiatry and the social sciences in particular. When it comes to changes and culture, Halliwell knows his subject area. Throughout the book, he reveals his deep and thorough understanding of these diverse events as they evolved in the developing "therapeutic revolutions." He does so through a careful analysis of the writings of the period’s therapeutic authorities, integrated with abundant examples from American popular culture. Throughout the book, Halliwell convincingly shows that the variables—events, popular culture, and postwar therapies—emerged as interdependent constructions.

came home to return to ordinary citizenship by integrating himself into a society ready to understand his war injuries, both physical and mental. Hollywood provided numerous films to structure the emerging therapeutic constructions for the general public. By the last years of the 1940s, however, Americans were adjusting to the growing fears of the Soviet Union, to a new war in Korea, and to the Red Scare. Thus, added to changes in therapeutic healing came fear, along with claims for “mind control.”

The fragmentation of the postwar years gave way, as Halliwell sees it, to the apparently more consensus-building Eisenhower years. Industry expanded; American jobs were plentiful (at least for urban whites); and many people were settling into a routine of business as usual, in the suburbs, with young children, and with a manageable mortgage. With this “organized” society also came the critical findings of William H. Whyte, C. Wright Mills, Abraham Maslow, and others. Science might be providing organizational theory, know-how, and workplace efficiencies, but its creations had also become routinized as the “organization man.” Health measurements and psychiatric nomenclature began to account for the neurosis of modern workplaces and workplace cultures. Consensus might be socially valued, but conformity seemed unmasculine and hardly self-reliant.

But even for ordinary citizens all was not well. There were class differences, women were becoming less willing to be compliant homemakers, and there was the growing worry of adolescent delinquency and sexuality. For Halliwell, the presidency of Kennedy in 1961 did not begin a disintegration of the 1950s organizing consensus, only a reorganizing of that consensus. This reorganization developed from criticisms coming from inside and outside the developing therapeutic communities.

In mental health and psychiatry, residential institutions, which had grown in number and size during the previous fifteen years, nevertheless began to come under criticism. The criticisms came from libertarian critics of psychiatric control and authority, and from critics of the wretched conditions in the nation’s public residential facilities. Also, the dominance of Freudian psychiatry began to give way to alternative therapeutic assumptions and techniques. Halliwell is especially interested in noting the effects of humanistic and existentialist psychological thinking in the 1960s. At the end of the decade, confidence in medical authority had hardly ended, but it had been seriously shaken. Civil rights unrest, the reactions to aggression in Viet Nam, and the student movements had all added to this “reorganization.” As Halliwell notes at the end of his book, the history of healthcare in the United States between 1945 and 1970 was fraught with a cultural optimism that remained at tension with a growing pessimism, making the therapeutic revolution a complicated revolution, one that Halliwell analyzes with great depth and understanding.

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