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Inquiry Journal

Spring 2010

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Recommended Citation

Stevens, Courtney, "Mind-Body Medicine A Hundred Years Ago: An Eclectic, New England Approach to Psychotherapy" (2010). *Inquiry Journal*. 17.

https://scholars.unh.edu/inquiry_2010/17

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research article

Mind-Body Medicine A Hundred Years Ago: An Eclectic, New England Approach to Psychotherapy

—Courtney Stevens (Edited by Brigid C. Casellini)

How does stress affect our immune systems? Why are depressed women more susceptible to heart disease? What is so *toxic* about negative emotions such as hostility? As an undergraduate psychology student interested in mind-body connections, I was intrigued when one of my teachers, Professor Ben Harris, encouraged me to work with him on a research project related to mind body medicine. With his support, I was awarded an Undergraduate Research Opportunity Program (UROP) grant from the University of New Hampshire to learn more about John G. Gehring M.D., who practiced in Bethel, Maine from the 1890s to the 1930s. Although most histories of American psychotherapy begin with Sigmund Freud's 1909 lectures at Clark University, the story of Dr. Gehring and his psychosomatic approach suggests a more complex family tree. To learn more about Gehring and his methods I conducted historical research in the UNH Dimond Library, at Harvard's Countway Library, and at The Bethel Maine Historical Society.

A hundred years ago, Dr. Gehring combined partial hypnosis and habit training. The goal of this therapy was to treat patients' somatic complaints using psychological methods. Common today, psychotherapy was highly unusual practice for physicians in the 1890s. In the early 20th century, a strictly physiological approach to medicine predominated. An exception to this rule, Dr. Gehring's therapy was partially spiritual, though he was not regarded as a quack or charlatan by his colleagues. Anticipating more modern therapies such as wilderness therapy, positive psychology, and behavioral modeling, there is reason to suggest that Dr. Gehring's approach was decades ahead of his time.



The author reading archival records at The Countway Library, Boston

Life and Career Path

Dr. John George Gehring was born in 1857 and received his medical degree from Western Reserve University in 1885. In 1887, while practicing as surgeon, Dr. Gehring suffered a nervous breakdown and abandoned his medical practice.

While on vacation for his health, Gehring met his future wife, Marian True Farnsworth. Marian suffered from nervous exhaustion and sought relief in travel. The couple soon married and moved into the Farnsworth family home in Bethel, Maine, a quiet mountain town nestled in the pristine Androscoggin River valley. There Dr. Gehring rusticated, raising chickens and vegetables.



Dr Gehring circa 1900; courtesy of the Bethel Maine Historical Society

When Mrs. Gehring's health declined further, she sought treatment from a Portland physician, Dr. Frederick H. Gerrish, with her husband in attendance. Gerrish's treatment was "suggestion," a treatment related to hypnosis which had been imported from Europe and was gaining a foothold among American, and particularly New England, physicians. The result was a dramatic improvement in Mrs. Gehring's condition. More important, her husband became fascinated with this innovative therapy.

In 1897 Dr. Gehring returned to medicine and began touting himself as a specialist in "psychoneurotic functional disorders." As explained by T. Mitchell Prudden, a former Dr. Gehring patient and prominent New York M.D., most patients seen by Gehring suffered from a condition called neurasthenia, a term Prudden referred to as a "diagnostic slop bucket" (1909).

Knowing that neurasthenia is no longer a category of mental illness, I asked myself, what was this mysterious condition? Who suffered from it? Sometimes referred to as "vaso-motor" or "psychosomatic" disturbances, the list of neurasthenic symptoms which Gehring encountered was quite long and included extreme nervousness, disrupted digestion, fainting spells, severe headaches, insomnia, sexual dysfunctions, morbid fears, and spinal irritation (Sicherman, 1977).

Patients and Their Ailments

Most of Dr. Gehring's patients were of relatively high socioeconomic status, including many Harvard professors. Apparently, so many Harvard scholars received treatment from Dr. Gehring that his inn was called "the annex of the Harvard Law School" (MacMahon, 1971, p.17). This selective and wealthy population may have resulted from Gehring's isolated location. Patients traveled hundreds of miles by train to reach him in Bethel, and then stayed for weeks or months at a time; a personal luxury few could afford in time or money.

At the time, with the exception of the occasional charity case, only the wealthiest patients would be found in the care of private practice physicians like Dr. Gehring. In contrast, the treatment provided for the indigent mentally ill occurred in large state or private asylums and could best be described as "custodial" (Yanni, 2007). The difference in quality was due to a combination of factors including dwindling funds, overcrowding, high rates of chronic illness such as syphilitic and senile dementia, as well as widely held stereotypes concerning class, heritage, and race.

One of Dr. Gehring's patients, a hypochondriac who is still remembered in Bethel, was Mr. William Bingham II. A philanthropist, Bingham's social status, wealth, and symptoms make him a perfect example of the type of patient Dr. Gehring treated regularly. As told in one account, Bingham was so afraid of somehow causing the death of another, that if while driving down the road, he happened to find a rock in his path, he would be compelled to pull over and remove the rock or else be tormented with debilitating guilt. The nervous Mr. Bingham envisioned that the rock would become lodged beneath a passerby's tire, causing it to then be sharply thrust out from under the tread, bludgeoning some poor, unsuspecting child upside his head (Kubie, 1963).



Author's visit to the Gehring residence, summer 2009

Dr. Gehring's Therapies: Habit Training and the Work Cure

Dr. Gehring often wrote about humans as “spiritual beings,” and stressed his desire to “mobilize” these innately divine powers to the patient’s benefit (Gehring, 1924). A testament to this, Charles Driscoll called Gehring “The Miracle Man of Bethel” in an article he published in *New McClure’s* magazine (1929). Discovering this at first seemed paradoxical to me because of what I knew about medicine’s traditional distaste for anything spiritualistic. So I inquired further and found



Patients snowshoeing on Gehring’s property c. 1900, courtesy of the Bethel Maine Historical Society

that during this era, New Englanders tended to support an Emersonian belief that God’s truth could be better experienced through nature rather than through religious doctrine. As Richard Cabot M.D., credited inventor of the “work cure” method, explained in an article in *Psychotherapy* (1909), the human being should not be seen as a vehicle dependent on a battery for power, needing rest and recharging when depleted. Rather, he suggested, humans are like street cars. One may lose power when he becomes detached from the overhead power lines. The job of the therapist, therefore, should be to put the patient to work, tapping the power that comes from on-high and from collective activity.

How was Gehring able to “harness the power” of a patient’s character as Cabot describes? I learned that he began by imposing a daily regimen. Most patients lived in Gehring’s home while they were receiving treatment. Breakfast was served at 7 a.m. sharp and late comers were locked out. The days were spent outdoors, with the exception of a daily hour’s chat for each patient in Gehring’s office. Dinner was served in the evening, with formal dress and polite conversation required. There was also a list of taboo subjects, including all talk of illness and medications. This seems a logical rule if you are in the business of convincing people to no longer believe that they are sick. After dinner, patients were encouraged to play cards, read, or perform lantern shows acting out healthy behaviors.

Central to Gehring’s therapy, as outlined in his (1924) book, *The Hope of the Variant*, was the concept that “training, not teaching is required from birth” (p. 60). This is because, unlike learned behaviors, actions imbued through training are established within an indirect, subconscious network; thus, creating habits that will be elicited without conscious thought. To this, Dr. Gehring proclaimed, “to train rightly is to perceive rightly” (1924, p.58).

Many of Dr. Gehring’s patients came to him behaving anxiously and feeling defeated; they often reported a general sense of lassitude and worthlessness. Essentially, Dr. Gehring believed that what the body does, or rather what it does not do, strongly influences what the mind perceives in respect to its abilities. This is why a major part of Dr. Gehring’s therapy consisted of outdoor activities like splitting wood and tending the gardens or exercise in the form of daily hiking, snow shoeing, ice skating, sledding and swimming. During one of my visits to The Bethel Maine Historical Society, I looked through a family photo album Gehring’s wife had created. There I found pictures of Gehring’s work cure in action. Remarkable to me were those of women in full length dresses, corsets, and wide brimmed hats sawing substantial logs out in the field.



Female patients sawing logs on the Gehring property c. 1900, courtesy of the Bethel Maine Historical Society

Dr. Gehring's Therapies: Suggestion and Medicine

In Gehring’s own life, I suspect the agricultural lifestyle he adopted upon moving to Bethel allowed him an outlet to be physically active and productive. Thereafter, Gehring was better able to see himself as a strong and able individual and to abandon his anxious thoughts. Later, as Gehring’s practice grew, he found physical activity to be a highly effective therapeutic tool, capable of altering the patients’ perceptions of their own resiliencies. For many of his female patients, the outdoorsy, traditionally masculine line of work provided a healthful means of releasing tension. Analyzed holistically, these aspects of Gehring’s therapeutic regimen served the purpose of indirectly suggesting to his patients their own true

physical abilities; thus, challenging the source of their psychosomatic distresses rather than treating the secondary symptoms.

Gehring supplemented the salubrious work cure regimen with a version of the partial hypnosis therapy he had observed in Dr. Gerrish's office. This therapy followed a three step process: First, Gehring focused on winning over the patient's trust and confidence; next, he used suggestion therapy via partial hypnosis, perhaps with the aid of a mild sedative, allowing the patient to become relaxed enough to provide Gehring access to his subconscious. Finally, after sufficient progress had been made in controlling psychosomatic symptoms, Gehring taught his patients a form of self-hypnosis called "auto-suggestion."

Dr. Gehring believed that negative auto suggestions, e.g. thoughts such as "I am a failure" or "I cannot keep pace" contributed greatly to psychosomatic illnesses. So, Gehring encouraged his patients to use auto-suggestion for healthy thoughts; he believed this would elicit more self-confidence and positive outlook in their daily lives. For example, Gehring wrote in his (1924) book of a father who taught his two young daughters to repeat the phrase, "On we dash," every time they should trip or fall while playing.

Although these methods were the most highly regarded of Gehring's repertoire, patient accounts show that he also prescribed a surfeit of medications. These included sleep aids, purgatives, laxatives or homeopathic remedies for gastrointestinal problems. When needed, Dr. Gehring would prescribe a fairly heavy sedative in order to put a patient into a more suggestible state for his therapy session.

The "Miracle Man of Bethel"

At this point in my research, I asked myself, how was Dr. Gehring's reputation sustained despite his unconventional methods during a time when mental illness was largely misunderstood and stigmatized? Two elements possibly protecting him were the elite status of most of his clientele, and the fact that he was a certified medical doctor treating patients in his home rather than in an asylum. A third element was probably his strong reputation among many of his patients as a healer, more than as a physician.

To me there is no doubt that the pastoral location of Gehring's practice was central to his psychotherapeutic approach and also to his reputation. Many of his patients hailed from congested cities, competitive workplace environments, or had overly demanding family responsibilities. Over a hundred miles north of Boston, Gehring was able to offer a refuge from these patients' worlds. In Bethel, nature seemed one's friend and savior. A quote I discovered in a letter from politician and former Gehring patient, F. K. Lane, states this point nicely:

"Bethel is a *Nirvana-in-the-Wilderness*, the Sacred, Serene Spot ... noiseless, no dogs bark, nor cats meow, nor autos honk. It is peaceful – there is neither business nor poverty. Nothing offends. People are independent but polite. Yes, this is one lovely spot over which a man named Gehring presides, unofficially, modestly, gently" (Lane, Lane, & Wall, 1922, p.357).

I found that it was exactly this physical separation from urban life that was the key component missing from competitors of Dr. Gehring's, such as Dr. Boris Sidis and Dr. Edward Cowles, who both ran clinics in Portsmouth, New Hampshire, during roughly the same time period.

The social environment found at Gehring's Bethel clinic was equally as curative for patients as was the geographical setting. There, patients were free to mingle with each other at their leisure; the fraternal atmosphere is exemplified by the establishment of the "Bethel League," which was a dues-paying organization run by former patients that held annual meetings and supported Gehring's work. Grateful patients also built the Bethel Inn, still standing today, which largely served to house the patient overflow from Gehring's house and cottages.



The Bethel Inn, then (courtesy the Bethel Historical Society) and now.

The final factor contributing to Gehring's success was his selectivity. He would not accept any patients whom he believed were drug addicts or alcoholics, were faking their symptoms, or were using their illness to gain some advantage (Prudden, 1909). Dr. Gehring was known for fastidiously screening his patients for both their *type of illness* as well as their *mind-sets* concerning their illnesses. Apparently, prospective patients could come to Bethel and not be certain that they would be accepted. Although this policy may seem harsh, Gehring felt it necessary in order to foster the most curative social atmosphere possible.

Modern Perspectives

Much of the current literature on physical activity strongly suggests that exercise has very powerful mood enhancing effects, even anti-depressant qualities (Carmichael, 2007). Dr. Gehring used exercise to treat depression and anxiety symptoms over 100 years ago, and today I am conducting research on essentially the same phenomenon. For my honors thesis (a second UROP grant-funded project), I take this concept a step further and ask, do people remember the mood enhancing effects of exercise when they reflect back on the activity hours later? I hypothesize that if, in the context of everyday experiences, people can be taught to be more mindful of this mood improvement post-exercise, recognizing the immediacy of this effect may encourage them to exercise more consistently. Similarly to Dr. Gehring, changing public attitudes about health behaviors (such as physical activity) and developing innovative techniques to promote wellness constitute my main goals as a future clinical scientist.

Health psychology is a growing field and promises to grow larger as America's rates of so-called "diseases of lifestyle," such as obesity, type-two diabetes, and cardiovascular disease, continue to rise. Current research suggests that psychological factors such as mood and emotion may mediate the mind body relationship. Specifically depression, anxiety, and hostility are thought to contribute to and exacerbate somatic ailments, whereas optimism and high self-worth are thought to protect against them. To cultivate these qualities, modern doctors suggest practices remarkably similar Dr. Gehring's mind body medicine approach of a hundred years ago. Today, physical activity, fresh air, spirituality, health habit establishment, socializing, and healthy eating are at the forefront of health promotion and research in both psychology and medicine.

The year 2009 marked the 100th anniversary of Freud's famed Clark University lectures. Though Freud's impact on American psychotherapy was profound, he was not the first physician to ponder the connections of mind and body. That Gehring's place in history has been largely omitted is unfortunate because his story provides a more complete account of medical thought and practice during the first half of the 20th century.

This research investigation was supported by a Undergraduate Research Opportunities Program (UROP) grant from the Hamel Center for Undergraduate Research. In addition to expressing my gratitude for this funding, I would very much like to thank my academic advisor, Prof. Ben Harris, for his collaboration and guidance. With his help, I was able to present a talk on the topic of Dr. Gehring and his eclectic medical practice at a professional conference of behavioral sciences in June, 2009. Kind thanks also go out to Dr. Stanley Howe and Randall Bennett from the Bethel Maine Historical Society for allowing me access to the Gehring family photo album and for their most helpful insight on Dr. Gehring and his Bethel legacy.

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Author Bio

*No stranger to undergraduate research, **Courtney Stevens**, a senior psychology major and kinesiology minor in the Honors-in-Major Program, has received multiple grants from the University of New Hampshire's Hamel Center for Undergraduate Research. Her study of Dr. Gehring, a Maine psychotherapist who practiced at the turn of the twentieth century, took place over a year's time and culminated in an oral presentation at Cheiron: The International Society for the History of Behavioral and Social Sciences professional conference in summer 2009. While there she was grateful for the opportunity to meet many of the historians whose articles she read in class.*

After graduating from UNH with a B.A. in May 2010, the Lebanon, NH, native plans to get a doctorate in clinical health psychology. "Without doubt, my involvement in undergraduate research contributed to my success in the grad school application process," Courtney says. Working on this project taught her a great deal about the entire research process, from grant writing to archival research to presenting and publishing her work. "At every place I've interviewed, the admissions committees have been very impressed with my level of undergraduate research," says Courtney. Beyond graduate school, she is uncertain of her career plans, but she does know that she wants to study health behaviors and develop interventions to promote maintenance of and long term adherence to health behaviors such as exercise.

Mentor Bio

*A professor of psychology and affiliate professor of history, Dr. **Ben Harris** has taught at UNH since 2001. As Courtney's professor and academic adviser, he knew of her interest in psychosomatics and introduced her to Dr. Gehring as a potential research subject during her sophomore year. Dr. Harris enjoyed working with Courtney on this project and says he gained "new insights into the topic" as a result. Working with Courtney on her Inquiry article was an equally positive experience. "It was my pleasure to offer some advice in the initial stage and on the final draft," says Dr. Harris.*