

# *Neurasthenia and its impact on early theories of childhood and adolescence*

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**Abstract:** This paper delves into the profound impact of neurasthenia on early theories of childhood and adolescence during the late 19th and early 20th centuries. Originating from American neurologist George Beard's conceptualization of nervous system disorders caused by the stresses of modern industrialized life, neurasthenia quickly gained widespread acceptance as a diagnosis, particularly in Western societies. This essay analyzes how neurasthenia influenced perceptions of child behaviors, parenting practices, and developmental models, with a focus on figures like G. Stanley Hall. Incorporating cross-cultural insights, it examines how neurasthenia was constructed and applied differently in non-Western contexts, such as China. While neurasthenia pathologized certain child behaviors and informed educational and psychological theories in the West, it had less sway in non-Western contexts due to alternative medical paradigms. Through a comparative analysis, this paper highlights the culturally contingent nature of neurasthenia and underscores the importance of embracing pluralism in understanding childhood and adolescence. Ultimately, it advocates for a shift towards sustainability of localized realities and ways of knowing rather than imposing external standards based on paternalistic myths.

## **1. Introduction**

Neurasthenia emerged in the late 19th century as a diagnosis coined by American neurologist George Miller Beard to conceptualize a set of nervous system disorders brought on by the stresses of modern industrialized life (Andersen, 2019)[1]. Beard theorized that urbanization and new technologies overloaded individuals' sensory and nervous systems, depleting a finite reserve of "neuric force" or nervous energy. Symptoms included fatigue, sensory hypersensitivity, low mood, and anxiety. Beard asserted these symptoms were indicative of a new condition specific to industrialized societies that he termed "neurasthenia" (Zorzaneli, 2009)[2]. The concept of neurasthenia quickly gained widespread acceptance and prominence through Beard's writings. By the 1880s, it had spread internationally and become a leading diagnosis for nervous disorders across Western nations. However, as scholars like Baum (2018)[3], Gijswijt-Hofstra & Porter (2001)[4], and Schuurman (2000)[5] argue, neurasthenia held different meanings and impacts depending on cultural-historical context. While it provided explanatory power for nervous ailments in Western medical circles, neurasthenia held less sway in non-Western contexts with established traditional medical paradigms, like China.

This essay examines the multifaceted influence of neurasthenia on early 20th century theories

surrounding childhood and adolescent development. It analyzes how neurasthenia pathologized certain child behaviors, shaped new parenting practices centered around limits and rest, and informed developmental models advanced by figures like G. Stanley Hall that emphasized environmental factors. Incorporating cross-cultural insights, this paper also evaluates how neurasthenia functioned as a culturally constructed diagnostic category with varied applications internationally. The goal is to provide a nuanced understanding of neurasthenia's complex and multifaceted role in the medicalization of childhood and emergence of early psychological thought.

## 2. History

The concept of neurasthenia originated in 1869 with neurologist George Beard's seminal article "Neurasthenia, or Nervous Exhaustion." Beard defined neurasthenia as a condition of chronic fatigue and nervous system weakness or exhaustion, often accompanied by symptoms like anxiety, depression, headaches, neuralgia, hysteria, and panic attacks (Gijswijt-Hofstra & Porter, 2001)[4]. In Beard's view, neurasthenia resulted from modern civilized life overtaking peoples' finite "nerve force" in contrast to the hardier nervous systems of primitive humans or pre-industrial ancestors better adapted to simpler lifestyles (Zorzanelli, 2009)[2]. As Gijswijt-Hofstra and Porter (2001)[4] note, Beard's timing aligned with rapid industrialization and urbanization in the United States that indeed profoundly transformed social environments and norms. Specifically, changes like the shift to office work, increased educational demands, faster modes of transport and communication, and greater accessibility of stimulants like tobacco, coffee, alcohol coincided with and likely enabled reception of Beard's neurasthenia theories.

Following Beard, neurasthenia rapidly rose as a cultural phenomenon and medical diagnosis in the late 19th and early 20th centuries, particularly among the middle and upper urban classes of the United States and Western Europe (Gijswijt-Hofstra and Porter, 2001)[4]. It was perceived as a "disease of civilization" afflicting overworked businessmen, intellectuals, prominent socialites, and others living in constant sensory bombardment. By the early 1900s, up to one million Americans across diverse socioeconomic backgrounds received a neurasthenia diagnosis as it encompassed an expansive, variable set of possible symptoms. The condition was also widely discussed in popular media and permeated societal consciousness (Kury, 2017)[6]. However, interpretations and implications of neurasthenia fundamentally differed across cultural contexts. As scholar David G. Schuster (2020)[7] explores, German psychiatrists in the early 1900s linked neurasthenia to urban Jewish populations specifically, portraying it as a racial degenerative disease infecting the "nerves of the nation." In Britain, notions of racial health were not as central, but imperial observers still connected national economic productivity to the vital nerve energy of British citizens, raising alarm about the neurasthenic threats from foreign competition, physical deterioration, and racial mixing (Andersen, 2019)[1]. Among colonial elites in China and India, views on neurasthenia blended Western medical theories with local concerns about maintaining traditional culture amid pressures to modernize, causing anxiety about social identity crises. Thus, while various strains of nationalism and racialization occurred, views on neurasthenia fundamentality stemmed from pervasive European imperialist and modernization paradigms (Andersen, 2019)[1].

## 3. Adolescence and Neurasthenia

Adolescence as a distinct developmental stage characterized by "storm and stress" emerged as a concept in early 20th-century scientific discourse, shaped by renewed fixation on youth vulnerability to mental afflictions like neurasthenia (Lesko, 2012)[8]. With origins in G. Stanley Hall's highly influential two-volume 1904 study *Adolescence*, this novel delineation of teenagerhood diverged from prior views of a seamless progression towards mature reasoned

adulthood. Instead, Hall argued that inherent biological forces caused inevitable and profound psychological turmoil during adolescence as youth struggled internally to balance rapidly changing impulses, emotions, instincts, and social awareness (Arnett, 2006)[9]. In this framing that still substantially shapes modern perceptions, adolescent girls particularly were typecast as allowing ungovernable feelings to rule reason and succumbing to irrationality. Hall explicitly connected such adolescent chaos and lack of mental self-control to hereditary predisposition towards neurasthenia (Arnett, 2006)[9]. Consequently, incidence of “nervous breakdowns” in youth was perceived as the tragic outcome of this fraught period’s hazardous passage. Well into the 1940s-1950s, American psychiatrists like Lauretta Bender continued attributing maladjustment and hospitalizations among teenagers to neurasthenia, further perpetuating adolescent stereotypes, with girls doubly pathologized (Folsom et al., 2016)[10]. Hall's framing portrayed adolescent girls as mentally and emotionally overwhelmed by their changing biology, unable to control themselves rationally like boys could during puberty (Hall, 1905)[11]. Their apparent predilection towards irrational emotional outbursts was explicitly linked back to an inherited tendency towards neurasthenia, the unstable nervous system constitution presumed to lie behind nervous breakdowns. Within this narrative, adolescent girls stood little chance of emerging from this turbulent developmental period without tragedy, as their very nature made them susceptible to the chaotic forces of hormones and puberty unraveling into serious mental health crises (Hall, 1905)[11]. Additionally, American psychiatrists persisting in this view through the 40s and 50s continued to specifically diagnose adolescent girls experiencing problems like maladjustment or needing hospitalization with neurasthenia (Kritsotaki et al., 2018)[12]. In doing so, the field further propagated lasting stereotypes of teenage girls being inherently prone to mental illness and instability due to their sex. Compared to boys, adolescent girls faced doubly unfair stigmatization and barriers due to these gendered biological assumptions about nervous weakness underlying declarations they were nearly destined towards madness. However, applying a cross-cultural analysis as Alexander and Taylor (2012)[13] advocate urges reconsidering the presumed universal applicability of biological truths about adolescence commonly accepted in the West. The researchers argue that divergent cultural perspectives and developmental norms reported elsewhere indicate the culture-bound specificity underlying dominant Western psychological claims about an inevitable period of storm and stress. Rather than reflexively naturalizing tumult as intrinsically embedded in the adolescent psyche trying to find itself, Alexander and Taylor caution that variability across cultural contexts challenges notions of standardized or universal adolescent experiences. Such radical contrasts underscore the socially constructed mythmaking that Hall’s biological determinism enacted upon profoundly diverse youth realities across place, class, gender, and background. In reality, turmoil (or equally its absence) around adolescence links more directly to localized cultural pressures and supports. As but one salient example, Freud himself differed greatly from Hall in locating adolescent anxiety as rooted not in mysterious hormones but rather sexual repression and denial of informational empowerment in ignorance-enforcing Edwardian society (Solms, 2021)[14]. Thus, while dominant American theories long centered essentialized views of adolescence requiring uniquely forceful efforts to control, contain, and mold children into properly behaved citizens, the concept of inevitable teenage mental crisis due to problems like neurasthenia proves far more fraught (Lancy, 2015[15]; Arnett, 1999[16]; Elder, 1998[17]). Indeed, the perceived need for interventions from strictly controlled schooling to institutionalization for signs of youth abnormality often exacerbated the very issues blamed spuriously on biological distress, testifying to the power of constructed cultural myth.

#### 4. The Impact of Neurasthenia on Educational and Psychological Theories

As a ubiquitous diagnosis, neurasthenia broadly influenced emerging education and psychology fields in the late 19th and early 20th centuries. In the West, child-rearing guides, school reforms, and psychological interventions all increasingly oriented around the goal of preventing nervous exhaustion in fragile children while also addressing adolescent susceptibility to mental health crises. For example, dominant educational approaches centered strict discipline and moral regulation under rigid timetables conducted mostly indoors due to beliefs that fresh air and too much excitement risked fatiguing or confusing young neurasthenic minds (Derickson, 2013)[ 18 ]. Prominent psychologists like G. Stanley Hall also connected adolescent storm and stress theories explicitly to hereditary neurasthenic nervous weakness, further pathologizing teenagers, especially girls (Hall, 1905)[11]. As a result, persistence of single-gender boarding schools, hospitalizations for mood swings, and prohibitions on youth activities all aimed at controlling adolescent volatility presumed to originate internally.

However, Beard's original framing of neurasthenia as a nervous system response to external factors like industrialization, urbanization, and modern social changes cannot be ignored. This environmental basis for mental afflictions prompted some leaders to advocate education reform towards more play-based, collaborative, and student-directed learning they believed could strengthen child development (Yeonsik, 2021)[19]. In reality though, progressive experiments remained limited given mainstream convictions that children required strict shaping to avoid societal degeneration. Most critically, cross-cultural analysis reveals striking relativism in neurasthenic theories underlying Western psychological and educational models that presumed universal applicability. Schuurman (2000)[5] warns of embedded ethnocentrism that can obscure diversity in localized systems of knowledge production. As scholar Baum (2018)[3] explores, acceptance of neurasthenia in China was limited given long-standing medical traditions that located mental illness in alternative energetic frameworks rather than innate biological vulnerability. Such beliefs allowed Chinese students to withstand more intensive academic pressure without similar risk of nervous collapse feared by Western psychologists.

Therefore, while neurasthenic notions broadly reinforced infantilization of supposedly fragile Western children alongside pathologization of adolescence, the diagnosis proved far more culturally contingent, as evidenced by very different Chinese childhood development norms. Ultimately, the divergent international interpretations and experiences of youth vulnerability caution against overextrapolating context-bound scientific theories as reflecting universal fact. By falsely supporting beliefs in children's inherent debilities requiring intervention, neurasthenic frameworks profoundly and problematically shaped emerging, long-persistent Western psychological ideas about childhood and adolescence.

#### 5. Comparative Analysis: Western and Non-Western Perspectives

While neurasthenia theories broadly permeated American and European medical discourse and cultural consciousness in the early 20th century, Chinese perspectives on the diagnosis diverged significantly. Western psychiatrists like George Beard characterized neurasthenia as an affliction of modernity reflecting biological deterioration of nervous systems overwhelmed by constant bombardment from urbanized pressures like new technologies and social change (Andersen, 2019)[1]. Suspected causes ranging from excessive mental, sensory or sexual activity to racial mixing indicated fears of individuals and society progressing too rapidly or unnaturally compared to more "primitive" predecessors better adapted to simpler environments (Jung, 2013). Within this narrative tied deeply to currents of social Darwinism, industrialization, and nationalist ambitions in America and Europe, children and adolescents represented vulnerable populations requiring

intervention to prevent hereditary weaknesses and societal decline (Hendrick, 2003)[20]. Protection centered strict control and regimentation of youth believed mentally and physically fragile. Resulting prevalence of hospitalizations, strictly scheduled activities, moral policing, and removal from suspected corrupting influences like movies or dating all targeted strengthening youth to withstand neurasthenia (Killen, 2000)[21].

In contrast to Western approaches, traditional Chinese medicine located mental and physical health within ancient, culturally-ingrained philosophical paradigms centered on holistic harmonious functioning and intricate balance between complementary opposites across all bodies and systems rather than compartmentalized anatomical structures (Marshall, 2020)[22]. Emotional illness was attributed more to energetic imbalances between the cosmic forces of yin and yang that flow through and surround individuals than to strictly molecular biological causes isolated inside the brain and nerves (Marshall, 2020)[22].

Additionally, societal stigma around formal mental health diagnoses likely persisted more strongly due to enduring Chinese cultural values where discipline over one's thoughts and stoic self-regulation were considered noble virtues and paramount for behavior. As scholar Baum (2018)[3] explores, robust Chinese belief systems tied to equilibrium between cosmological entities, social duty, and self-mastery all differentiated historical Chinese models of psychiatric illness from the detached clinical gazes of modern Western medicine inspecting the physical body.

So while Western psychologists like G. Stanley Hall connected adolescent storm and stress to innate biological faults likely to produce neurasthenic adults (Hall 1905)[11], the notion of inevitable mental turmoil as an adolescent rite of passage held little equivalency in China. Similarly, confidence in children's capacities to handle more intensive schooling without breaks reflected beliefs nervous exhaustion stemmed more from personal weakness than external overload (Belshee-Storlie, 1994)[23]. Of course, prejudice persisted around emotional troubles violating cultural norms prioritizing social harmony. Nevertheless, opportunities remained to negotiate space between medical systems signifying again the culturally bound nature of psychological theories. Thus, the divergent significance and experiences of neurasthenia cautions against assumptions of universal biological norms as emphasized by Gijswijt-Hofstra & Porter (2001)[4]. Outcomes from localized conditions, values and epistemologies cannot be wrenched easily from their originating contexts without losing substantial meaning. Ultimately, imposing external scientific models risks obscuring cultural relativism in favor of knowledge hierarchies rooted in paternalistic power imbalances stemming from imperialism. Thus, understanding differentiated childhoods requires embracing plurality.

## 6. Reflection and Conclusion

As explored throughout this analysis, the diagnosis of neurasthenia profoundly shaped emerging Western scientific models of childhood and adolescence in the late 19th and early 20th centuries. First coined in 1869 by American neurologist George Beard, neurasthenia explained convulsive societal transformations through theories of industrial modernity fatally exhausting and damaging natural human nervous system reserves. Over the next half century, the vague, adaptable constellation of neurasthenic symptoms was readily mapped onto childhood and adolescence specifically to support strict age stage confinement. Fears of producing mentally ruined offspring and citizens if youth overstimulated their delicate nerves or failed to develop requisite internalized self-discipline all stemmed directly from Beard's theories.

Most critically, the ensuing interventions centered controlling and containing children and teenagers reflected profound doubt in their inherent developmental competencies. Educational and recreational restrictions along with amplified clinical oversight aimed to shore up supposedly

congenital weaknesses, often tying social maladjustment explicitly to adolescent girl's biological flaws.

However, cross-cultural analysis reveals striking relativism underlying the presumed universal biological bases of Western psychological models. Anthropologists like F.J. Schuurman argue that localized cultural factors, traditions, and epistemologies fundamentally mediate how childhood vulnerabilities and milestones take shape across place and time. As scholar Emily Baum explores, Chinese medicine interpreted mental illness through radically different paradigms about metaphysical harmony and balance rather than innate cellular deterioration from modernity. This resulted in far less caution about taxing young nervous systems. Such divergences underscore how heavily Western medical theories reinscribed contemporary sociocultural prejudices regarding social change and adolescent storm and stress as scientifically innate. The resulting outsized influence then calcified lasting stigmatizations and barriers validate through claims of biological fact rather than human construction. Indeed, dominant developmental psychology still struggles to incorporate critical recognition of its overwhelming Eurocentric situatedness generalized spuriously as universal despite youth variability across context. Ultimately, the commanding yet culture-bound neurasthenic narratives that massively shaped 20th-century childhood and adolescence call for far greater pluralism moving forward regarding what constitutes health and normativity across human diversity. Rather than demanding assimilation to constructed external standards under claims of superior empirical neutrality, the onus should shift towards sustainability of localized lived realities and ways of knowing. This decentering promises greater empowerment and removed need for interventions arising out of paternalistic myths.

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