

5-2017

The Experience of Generalized Anxiety Disorder through the Lens of Abraham Lincoln: The Effects of Mental Health Stigma

Daryl Claude Medina
Dominican University of California

Follow this and additional works at: <https://scholar.dominican.edu/senior-theses>

 Part of the [Mental Disorders Commons](#), [Political History Commons](#), [Social History Commons](#), [Social Psychology Commons](#), [Social Psychology and Interaction Commons](#), and the [United States History Commons](#)

Recommended Citation

Medina, Daryl Claude, "The Experience of Generalized Anxiety Disorder through the Lens of Abraham Lincoln: The Effects of Mental Health Stigma" (2017). *Senior Theses and Capstone Projects*. 64.
<https://scholar.dominican.edu/senior-theses/64>

This Senior Thesis is brought to you for free and open access by the Theses and Capstone Projects at Dominican Scholar. It has been accepted for inclusion in Senior Theses and Capstone Projects by an authorized administrator of Dominican Scholar. For more information, please contact michael.pujals@dominican.edu.

**The Experience of Generalized Anxiety Disorder through the Lens of
Abraham Lincoln: The Effects of Mental Health Stigma**

A senior project submitted to the faculty of Dominican University of California
in partial fulfillment of the requirements of the Bachelor of Arts
in Humanities and Cultural Studies

By
Daryl Claude Medina
San Rafael, CA
May 2017

Joshua Horowitz, Ph.D.
Assistant Professor, History

Chase Clow, Ph.D.
Chair, Humanities Division

Copyright © 2017 – by Daryl Claude Medina

All rights reserved

Abstract

Living with generalized anxiety disorder, also known as GAD, in the United States of America is difficult not only for the individual, but also for the people around him or her. Lifestyle changes have to be made, family dynamics need to be adjusted, and last but not least, all relationships must become flexible. In fact, these major life changes are never fixed and must continually adapt to the needs of the individual with generalized anxiety disorder since it is a lifelong medical condition. As with any other mental illness, dealing with generalized anxiety disorder takes great sacrifice in terms of time, money, and effort. Abraham Lincoln, one of the most famous figures in American history, is one individual that suffered with generalized anxiety disorder. His particular journey with the disorder is unique since he had a different upbringing and was living in one of the most violent eras in American history. But, what he shares in common with many other people with generalized anxiety disorder is the experience of mental health stigma. This thesis is a historical analysis of Abraham Lincoln's experience with generalized anxiety disorder in the United States of America from his childhood to his assassination.

Table of Contents

Introduction.....	1
What is Generalized Anxiety Disorder?	4
Abraham Lincoln’s Experience with Generalized Anxiety Disorder	7
History of Mental Health Stigma in America: 1776-1949	17
History of Mental Health Stigma in America: 1950-2016	24
Destigmatizing Mental Health through the American Media.....	28
Conclusion	31
Works Cited.....	33

Introduction

Every individual gets anxious at some point in their life. Some become nervous about an upcoming dinner date while others become anxious about presenting to a large audience. Having anxious thoughts and feelings about a significant life event is not unheard of and is quite common. However, there are some individuals who find it very difficult to control their anxious thoughts and feelings. Not only does their anxiousness become more frequent and intense, but uncontrollable to the point in which it affects their daily life. When one's feelings of anxiety consume his or hers consciousness on a daily basis, he or she has developed an anxiety disorder.

Generalized anxiety disorder, also known as GAD, is one of seven different types of anxiety disorders. This particular mental illness is characterized by intense, excessive, and uncontrollable worry about daily activities and events. Generalized anxiety disorder, by definition, is generalized which means it is not specific and/or traceable to a particular traumatic event, like acute stress disorder. Furthermore, people with GAD have no particular response to external stimuli, such as playing a video game, hearing loud noises, or smelling different fragrances (Delisio). This is the case because each person's experience with generalized anxiety disorder is unique and every individual reacts differently to certain stimuli (Delisio). How can this mental illness be diagnosed? One of the best ways of diagnosing GAD is by having patients describe their emotional, physical, and behavioral symptoms with a licensed medical professional. Like other mental illnesses in its category, generalized anxiety disorder is complex and result from a combination of different factors.

Everything changes when an individual is diagnosed with a generalized anxiety disorder. The person with the mental illness must not only change their daily routines, but also their overall lifestyle in order to accommodate their medical condition. Before leaving the house, for

example, the individual with the mental disorder must ensure that he or she has taken their medications. Not only does that person have to take into consideration the proper dosage, but also the different types of medications. In addition, he or she must also take into account their appointments with various medical professionals. Like all other mental illnesses, GAD is a lifelong medical condition that can only be treated not cured. Therefore, generalized anxiety disorder affects not only the individuals with the mental illness, but also their loved ones for as long as they live.

Abraham Lincoln is a famous American icon that suffered with generalized anxiety disorder (Health Research Funding). His experience living with GAD is special because he had a unique upbringing and was raised in a violent era in American history that had little understanding of mental illnesses. Unlike people today with generalized anxiety disorder, Abraham Lincoln needed to find a way to control with his anxiety without prescription pills and formal therapy since these resources were unavailable at the time. However, what Lincoln shares in common with many Americans today with generalized anxiety disorder is the experience of mental health stigma. He faced rejection, discrimination, and public criticism due to his mental illness. The mental health stigma not only added unnecessary stress, but also worsened Lincoln's symptoms, creating more obstacles in his life. His relationship with his family, friends, and acquaintances were all negatively affected by the mental health stigma. However, despite his struggles with mental illness, Lincoln managed to move forward with his life and eventually become one of the most famous icons in American history.

This thesis is a historical analysis of Abraham Lincoln's experience with generalized anxiety disorder in the United States of America from his childhood to his assassination. The objective of this thesis is to reveal that a famous American figure, like Abraham Lincoln, can

suffer from generalized anxiety disorder and live a fairly decent life. The paper will first look into what is GAD, explore Abraham Lincoln's experience with generalized anxiety disorder, analyze the history of mental health stigma in the U.S., and then end with a solution to changing the mental health stigma.

What is Generalized Anxiety Disorder?

As of 2013, there are seven different categories of anxiety disorders and generalized anxiety disorder, also known as GAD, is among one of them (American Psychiatric Association 222). Generalized anxiety disorder is characterized by intense, excessive, and uncontrollable worry about daily occurrences such as taking a shower, eating breakfast, and going to work. A group of psychiatrists claim that anyone can develop generalized anxiety disorder, but there are some people who are more anxiety-prone than others (Pozzi, Janiri, and Guglielmo 141-42). Life stress, for instance, is one of the most common reasons as to why people develop generalized anxiety disorder. Every individual reacts differently to life stress. There are some people who handle stress in a positive way while others handle it in a more negative way. Positive techniques and strategies to cope with stress include meditation, exercise and practically anything that helps relieve pressure in a safe and healthy manner. Negative ways to cope with stress include bingeing on junk food, smoking cigarettes, and anything that is harmful to one's well-being. Depending on how one copes with stress can determine his or her likelihood of developing an anxiety disorder.

Generalized anxiety disorder is still a fairly new topic to the medical community. In fact, GAD was only first recognized in the third edition of American Psychiatric Association's Diagnostic and Statistical Manual published in 1980 (Horwitz 156-157). Prior to 1980, GAD was commonly mistaken for other mental illnesses such clinical depression or other anxiety disorders because there was very little understanding of the nature of the disorder. Since medical professionals lack a basic understanding of generalized anxiety disorder, few individuals received effective treatment. However, since the official recognition of the disorder in 1980, the American psychiatric community has made great progress over the last thirty six years. Today,

psychiatrists have a better understanding about the nature of generalized anxiety disorder and new information is still being found.

Anxiety disorders “are the most common mental illness in the United States” and affect 40 million adults above the age of 18, or approximately “18% of the population” (National Institute of Mental Health). Generalized anxiety disorder, in particular, “affects 6.8 million adults, or 3.1% of the U.S. population” (Anxiety and Depression Association of America). Judith Simmer-Brown, a Ph.D. professor at Naropa University, finds that generalized anxiety disorder is one of the fastest growing mental illnesses in the United States of America. Despite the progress in recent decades, which include new diagnostic criteria, improved pharmaceutical drugs, and a wide variety of therapies, the number of reported cases of is still rising. But why is this so? According to group of psychiatrists, one of the main factors to the increasing number of reported cases with GAD is the mental health stigma (Sickel, Nabors, and Seacat 202-204).

Mental health stigma is not only an American public health issue, but a global one:

Mental illness remains a pervasive social issue that affects the well-being of millions of individuals globally. Despite the overall prevalence of mental illness, increasing numbers of individuals needing mental health treatment do not receive it. Mental Health Stigma (MHS) has been proposed as a significant barrier to seeking/obtaining mental health treatment. Mounting evidence suggests that MHS is experienced in virtually all life domains and that it may significantly influence multiple health outcomes, including treatment seeking behavior. (Sickel, Nabors, and Seacat 202)

Since people with anxiety disorders are “six times more likely to be hospitalized for [mental illnesses] than those... without [anxiety],” finding ways to reduce nervous thoughts and feelings is very important (Anxiety and Depression Association of America). One way of

achieving that goal is through active positive reinforcement from both loved ones and peers. Similar to other psychiatric disorders, people with generalized anxiety disorder require a strong emotional support system in order to help cope with the mental illness (Bandelow et al. 300-303). With that being said, by regularly reinforcing individuals with GAD in a positive manner, they can become more optimistic which ultimately helps reduce pessimistic thoughts. Through positive reinforcement, people with GAD will have an easier time embracing and coming to terms with their mental illness.

Abraham Lincoln, one of the most famous figures in American history, is one individual who suffered greatly from his generalized anxiety disorder. At a young age, Lincoln was exposed to a lot of death, violence, and bullying which highly contributed to the development of his generalized anxiety disorder (Health Research Funding). Similar to many other GAD patients, he needed to find a way to cope with his mental illness while at the same time move forward with his life. Lincoln's mental illness took a huge toll on his relationships with his peers, friends, and loved ones and created many problems in life. However, he did not allow his generalized anxiety disorder to hold him back and managed to accomplish a lot in his life. In the following section, the paper will analyze Abraham Lincoln's experience with generalized anxiety disorder from his childhood to his death.

Abraham Lincoln's Experience with Generalized Anxiety Disorder

Abraham Lincoln is one of the most inspirational figures in American history. He served as the sixteenth president of the United States of America and is most known for being the savior of the Union and the emancipator of slaves. His leadership, courage, and selflessness saved not only the American people, but also the country during its darkest times. Some call Lincoln the liberator, the great emancipator, and many other nicknames due to his great contributions to American society. However, he was not always known as the liberator, but rather the melancholic or anxious one. There are many individuals who are unaware of his innermost struggles with depression, anxiety, and most of all, mental instability. Many of the decisions Lincoln made in his life were not without doubt and, at the very least, there was some level of anxiousness associated with it. But, even so, Lincoln endured his psychiatric disabilities as well as the mental health stigma and has become one of the greatest icons in American history.

Abraham Lincoln was born on February 12, 1809 in a log cabin in Hardin County, Kentucky and was the middle child in the family (Burlingame 2-4). Lincoln was exposed to a lot of death during his childhood and it had some serious effects on his behavior. His brother, Thomas Lincoln Jr., was born in either 1812 or 1813 and died in infancy (National Park Service). Although Abraham Lincoln may not recall his brother's death, he does, however, remember visiting his younger brother's grave with his mother and watching her grief in silence (Ketcham 23). Watching his mother grieving over his brother's grave was one of his earliest experiences with sorrow and was one memory he would remember until death (Ketcham 23). Shortly after Thomas's passing, Lincoln's mother, Nancy Hanks, was struck with milk sickness, also known as tremetol, and did not live too long after that. On October 5th, 1818, Nancy Hanks Lincoln died at the young age of thirty-four and was Abraham's first full experience with death (Ketcham 28-

29). Unlike Lincoln's first experience, his mother's death was heartbreaking because he watched her suffer, attended her viewing, and assisted in burying her body. Nine years later, Abraham's sister, Sarah Lincoln Gatsby, died at the age of twenty while giving birth to her stillborn son (Burlingame 8-10). Within the eighteen years of Lincoln's life, he already experienced three major deaths in his nuclear family. The passing of his three family members, particularly the death of his mother and sister, negatively affected his mood as well as his mental stability. These deaths are one of many events that contributed to the development of his disorders.

The mental stigma around the early 19th century was quite harsh because people with mental illnesses were perceived to be demonically or spiritually possessed and was associated with some sort of sorcery (Floyd). Most of the American public feared the mentally ill because they were seen as a potential threat to public safety (Holtzman). Around this time, Lincoln was not entirely aware of his developing mental illnesses which include depression and generalized anxiety disorder (Schroeder-Lein 5-7). However, he was conscious of the emotions he was feeling such as sorrow and anxiousness (Schroeder-Lein 5-7). Lincoln knew that he felt certain emotions more often than others, but was not exactly sure if it was a problem.

In 1831, at the age of twenty-two years old, Abraham Lincoln left his father's house for good and made a living in manual labor doing tasks such as constructing machines and delivering cargo (Ketcham 38-40). Around this time, Lincoln was willing to accept any opportunity for work and was open to trying new things. He eventually moved to New Salem, Illinois and over a couple of years he worked various different jobs from a store clerk to a general store manager (Thomas 26, 43). In the small community of New Salem, Lincoln was able to practice his social skills by interacting with different personalities. He soon became popular among the locals of New Salem and was not only accepted as a part of the community,

but respected as an individual (Burlingame 64-65). In 1832, the Black Hawk War broke out between the U.S. and the Native Americans. Around this time, Lincoln was out of a job, or about to be because his employer was ready to close his shop. Lincoln began to worry about his living situation as well as his finances and needed to find a quick solution (Thomas 31-33). He did not know what to do and was very anxious about the near future. After extensively worrying and thinking about his potential options, he soon realized that he had no choice but to enlist (Thomas 31-32). At this point, enlisting in the state militia was Lincoln's best option in order to pay for his expenses.

In April of 1832, Lincoln became a volunteer soldier in the Illinois Militia and his unit elected him to be the captain (National Park Service). Initially, he was anxious about the position due to his lack of knowledge of military practice and terminology, but he eventually took on the responsibility despite his doubts (Burlingame 33-34). Despite his four tours, he was not involved in any armed conflict, but he was exposed to a lot of horrifying and gruesome scenes (Thomas 33). At Kellogg's Grove, for instance, he took on the responsibility to bury five men who were recently killed in a short, minor battle (Thomas 33). Again, Lincoln was exposed to death, but this it is not from natural causes, but armed conflict. Without a doubt, his experience being a soldier had both a profound emotional and mental impact on him. In fact, Lincoln claims that he remembers seeing "every man [having] round, red spot on top of his head, about as big as a dollar where the redskins had taken his scalp" (Thomas 33). He further adds that "It was frightful, but it was grotesque" (Thomas 33). Witnessing bloody, scalped corpses would leave an imprint any individual's mind, especially a soldier's. According to Lincoln, his involvement in the Black Hawk War is one of many experiences that he will never forget due to the disturbing

scenes that he witnessed (Browne 37-38). The Black Hawk War left a profound imprint on Lincoln's mind and ultimately changed the way he saw armed conflict.

In August of 1835, Ann Rutledge, a family friend of the Lincolns, became very sick and was for the most part in bed rest. A neighbor named John Jones observed Lincoln's behavior and claimed that, "it was very evident that he was much distressed" from this event (Shenk 18-19). On August 25, 1835, Ann Rutledge passed away and her death had a profound negative impact on Lincoln's mood (Shenk 19). In fact, according to Henry McHenry, he asserts that "he seemed retired and loved solitude and would take his gun and would wander off in the woods" (Shenk 19). Lincoln's strange behavior after Ruthledge's death made his friends anxious about both his safety and his long term mental health (Shenk 19). A villager from New Salem witnessed Lincoln being locked up "by his friends...to prevent derangement and suicide." Elizabeth Abell, a resident of New Salem, Illinois, exclaimed that both the community and Lincoln's friends thought "he was crazy" (Shenk 19). At this point, more individuals were becoming aware of Lincoln's mental instability. Some were scared of him while others were worried about him or even both. However, due to his positive reputation in the New Salem community, people did not really treat him as harshly as other individuals with mental illnesses at the time.

Twelve years after the Black Hawk War, Lincoln accomplished a lot in his life. Not only has he served in Illinois House of Representatives for two years, but has also become a practicing lawyer (Arnold 51-55). Though Lincoln accomplished a lot within those twelve years, he also experienced a lot of stress, tension, and anxiety due to the competition involved in the legal sector (Arnold 58-63). In fact, in spite of his achievements, he asserts that he still did not feel like "an accomplished lawyer" (Lincoln). He further claims that "I find quite as much material for a lecture in those points wherein I have failed, as in those wherein I have been

moderately successful” (Lincoln). These feelings of inadequacy become recurrent throughout his life especially during his presidency and highly contributed to his generalized anxiety disorder. Not only did he worry excessively about his decisions, but also became consumed by his anxious thoughts and feelings. For the next three years, Lincoln made a pretty good living as a lawyer, but wanted to be more involved in politics.

In December 1847, Lincoln served one term in the U.S. House of Representatives and “was the only Whig member from Illinois” (Arnold 76). Being the lone Whig member from Illinois made Lincoln uncomfortable, skeptical, and most of all, nervous (Arnold 75-79). As seen in his letter to Herndon, he stresses that “I find speaking here and elsewhere almost the same thing. I was about as badly scared, and no more than when I speak in court” (Carpenter 108). Lincoln, in other words, was nervous to speak up because he was a lone Whig in the House of Representatives and a new Congress member who wanted to give a good first impression. Herndon replied to Lincoln’s letter and encouraged him to voice his opinion despite knowing he will be criticized by other congress people for his beliefs (Carpenter 108-111). Due to Herndon’s encouraging reply, Lincoln slowly moved past his anxious thoughts and feelings and participated in Congress’s debates (Arnold 78-79). Herndon helped stop Lincoln’s self-destructive thoughts and reminded him that his opinion was just as important as the others.

During Lincoln’s term in Congress from 1847 to 1849, the Mexican-American war was a highly controversial subject. Initially, Lincoln chose to refrain from talking about the Mexican-American war, but he eventually spoke up. At the time, his passionate feelings about the subject far exceeded his nervousness. That is, he did not allow his anxiety to stop him from voicing his opposition. In a speech on January 12, 1848, Lincoln argues that the Mexican-American war “had been unnecessarily and unconstitutionally commenced by the President” (Tucker et al.

476). He used his term in Congress to oppose the Mexican-American War and the Polk administration by voting against any bill that supported the war (Tucker et al. 476). After his short term, Lincoln came back to Springfield. The Democrats of Illinois and most of the general public resented Lincoln due to his anti-administration attitude and opposition to the Mexican-American war, calling him a “disgrace” (Arnold 119-121). Lincoln became very worried about his safety and fearful of the public due to the overwhelming outcry against him (Arnold 119-121). He was not only skeptical of the people around him, but scared due to his uncertainty of the public’s reactions (Lamon and Davis 410-411). As a result, Lincoln decided to temporarily retire into private life (Lamon and Davis 410). Lincoln knew that tensions were at an all-time high and needed to prioritize him and his family’s safety.

At this point, Lincoln is fully aware of his mental instability, particularly his depression and anxiety disorder (Schroeder-Lein 9-13). He has had many anxious episodes as well as depressing ones too. Lincoln has encountered many different personalities and stressful events and each experience has affected him in some way. Some experiences have made him more anxious while others have made him gloomier. The mental stigma around this time is still alive and the same in which mentally ill individuals are associated with supernatural or paranormal phenomena (Foerschner). However, many individuals around this time felt safe because many people with psychiatric disorders were being placed in mental asylums (Holtzman). Lincoln has managed to keep his anxious and depressive episodes contained and private from most of the general public (Schroeder-Lein 9-13). Only a couple people – which include his loved ones and trusted friends – were aware of his “strange” or mentally unstable behavior. Because Lincoln kept his mentally unstable episodes hidden from the majority of the general public, he was able to evade being admitted into a mental asylum.

In 1854, Congress repealed the Missouri Compromise by signing the Kansas-Nebraska Act which allowed the states to determine whether or not to allow slavery within their territories (Wunder and Ross 1-4). This law created a lot of tension and violent opposition between the North and the South and gave the Northern Whigs the motivation to reorganize themselves into the Republican Party ("The Kansas-Nebraska Act"). Like the Northern Whigs, Lincoln was a highly opposed to slavery and decided to join the newly formed Republican Party in 1856 (Burlingame 417-418). Lincoln was harshly criticized for his anti-slavery position and was indirectly attacked by pro-slavery media outlets. In fact, the Richmond Enquirer declares that "slavery is the natural and normal condition of the laboring man, whether white or black...free society has failed, and that which is not free must be substituted" (Burlingame 419). Lincoln realized that tensions between the North and the South was intensifying and that made him very worried because he did not want armed conflict (Burlingame 419-420). He was uncomfortable and uneasy, but his passion about abolishing slavery was enough to control his anxious feelings (Burlingame 418-420). Lincoln continued the anti-slavery agenda and became a major focus in his presidency.

On May 18, 1860, Lincoln was nominated by the Republican Party to be their representative in the 1860 Presidential election (National Park Service). Lincoln ran against Stephen Douglas of the Northern Democrats, John C. Breckinridge of the Southern Democrats, and John Bell of the Constitutional Unionists (National Park Service). The campaign was very scandalous, chaotic, and full of slanderous remarks. Lincoln's opponents constantly tried to ruin his reputation by harshly criticizing his potential, claiming that he has "limited experience as a statesman...and a slang-whanging stump speaker...which reflected a limited intellect" (Miller Center of Public Affairs). The Charleston Mercury, a cosmopolitan newspaper in South Carolina,

mocked Lincoln's physical appearance and "[depicted] him as a horrid looking wretch...unfit for office" (Miller Center of Public Affairs). Lincoln was also a popular figure for cartoons and showed him dancing with African American women and assimilating with them (Miller Center of Public Affairs). The campaign trail was difficult for Lincoln because he was verbally harassed on many occasions which ultimately worsened his anxiety (Ketcham 148-153). His feelings of inadequacy began to consume him because all three of his opponents were questioning and mocking his potential as a presidential candidate (Ketcham 148-153). His insecurities worsened and Lincoln was in a very vulnerable state the majority of the campaign until he won the election on November 6, 1860 (Ketcham 148-153). After winning the election, Lincoln felt a huge relief because the long, chaotic campaign was finally over.

On March 4, 1861, Lincoln was finally inaugurated as the sixteenth President of the United States (National Park Service). Shortly after his inauguration, the Civil War had begun on April 12, 1861 "with the attack on Fort Sumter, South Carolina, by the Confederacy" (National Park Service). Lincoln had no time to celebrate and immediately had to lead his country. One of Lincoln's most anxiety-provoking thoughts was to find the right officers that could lead the Union to victory (Arnold 272-274). Each decision must be thought out very carefully because defeat was not an option for Lincoln. He had to find a way to control his anxious thoughts and feelings while experiencing an incredible amount of stress and pressure. During the Civil War, Lincoln needed to find a healthy balance between thinking positively and negatively and at the same time, refrain from allowing his anxiety to cloud his judgment. The pressure that Lincoln experienced intensified even further when he decided to change the purpose of the war from being "a conflict to preserve the union into a battle to abolish slavery" (Miller Center of Public Affairs). In September of 1862, Lincoln issues an initial Emancipation Proclamation and on

January 1, 1863 he issued the final version (National Park Service). The Emancipation Proclamation allowed black people to have weapons and to serve in the Union; this decree is known to be one of Lincoln's greatest achievements.

On November 8, 1864, Lincoln was re-elected for his second term defeating General George B. McClellan (National Park Service). A couple months later on April 9, 1865, General Robert E. Lee surrendered and the Confederacy was defeated. Throughout the war, Lincoln experienced the worst episodes of anxiety and depression due to the unbelievable amount of pressure and the chaotic nature of war (Arnold 418-424). Unlike his experience being captain during the Black Hawk War, every single decision had the power to change the future of the country for better or for worse. But in the end, Lincoln managed to save the Union, abolish slavery, and last but not least, control his generalized anxiety disorder from consuming him. Shortly after the end of the Civil War, Lincoln was shot in Ford's Theatre on April 14, 1865 (National Park Service). Abraham Lincoln did not survive the assassination attempt and officially died on April 15, 1865 at 7:22 AM (National Park Service).

Abraham Lincoln battled his depression as well as his generalized anxiety disorder throughout his life. He went through many ups and downs and at times, he was close to committing suicide and admitting defeat to his disorders (Siegel). Handling one mental illness is one great obstacle, but balancing two psychiatric disorders at the same time is another. Lincoln had to endure his psychiatric disorders without formal therapy, prescription drugs, and other medical treatment options. Also, he had to ignore and resist the stigma of mental illness. Balancing all three situations is incredibly challenging for any individual, but he managed to pull through and survive. His courage, passion, and most of all, determination enabled him to control

his anxious and gloomy thoughts and feelings. Abraham Lincoln is not only a highly famous American icon, but also a mental health hero.

Abraham Lincoln suffered greatly from the mental health stigma in the United States of America. Not only did the social stigma worsened many of his symptoms, but also stalled his social growth at a young age. Many individuals thought Lincoln was crazy and were very afraid of him due to his intense mentally unstable episodes. Some felt pity for him and wanted to help him while others disliked him and wanted him imprisoned. What was the mental health stigma in the early history of the United States? Did the mental health stigma change over time? In the early history of the United States, people with mental illnesses were viewed to be cursed individuals and were associated with demonic spirits. This particular view was popular for a very long time and was still seen in the twentieth century. The next section analyzes the history of the mental health stigma in the United States from 1776 to 1949.

History of Mental Health Stigma in America: 1776-1949

The American people have long had a complicated, difficult, and painful history with psychiatric disorders which include generalized anxiety disorder. Not only has the American public struggled with the idea of psychiatric disorders, but also the fact that it is a natural part of human life. Mental illness, in other words, is not a curse of some kind, but rather a natural condition that is the result of chemical imbalances in the brain. Many Americans have failed to understand this fact and as a result, many mentally ill individuals – which include Abraham Lincoln – throughout this period of history have received improper medical treatment and care.

During the 1700s, European societies believed that psychiatric disorders were “the result of supernatural or paranormal phenomena such as “spiritual or demonic possession, sorcery, the evil eye, or an angry deity” (Foerschner). This perception of mental illnesses was very common among European societies and was brought over to the United States by the British people (Whitaker 6-8). Because mental illness was associated with paranormal phenomena and sorcery, many European societies developed strict and ruthless methods to control them (Whitaker 6-8). Americans were heavily influenced by British people and adopted many of their beliefs and traditions, including the negative perception and treatment of mentally ill individuals. In addition, most Americans saw mentally ill people as hereditary defectives that were unworthy of the same rights as “normal” or mentally stable citizens (Stanley). But, despite this negative view, many Americans agreed that the mental health issue needed to be addressed; this mindset ultimately set the stage for psychiatric intervention in the coming years (Stanley). However, even though most Americans acknowledge the growing mental health problem, they still ignored the mentally disabled because of fear. The negative connotation associated with the mentally ill was

enough to keep people away from them. As a result, many mentally disabled individuals around this time were neglected.

In the early 19th century, medical care for mentally ill people was almost completely non-existent in the United States; it was common to see them in hospices houses and under the supervision of families (Floyd). These institutions were strict, harsh, and to some extent, merciless because once mentally ill people were inside, they were not allowed to leave even against their will. In addition, some of these institutions were not heavily regulated and thus, many mentally ill patients were treated in unjust and cruel ways. For instance, when the patients could not be controlled by nurses or other medical professionals, they were physically abused and then chained to their beds (Foundations Recovery Network). Not only were mentally ill patients physically abused, but neglected because they were often left in very unsanitary spaces.

In regards to the medical treatments available during the early 19th century, bloodletting and purgatives, also known as laxatives, were used for some mentally ill patients (Floyd). Although there were some mental health treatments available, many Americans acknowledged that it was not enough to address the issue. But, at the same time, most of the American public did not want to take action because they feared the mentally ill and were very skeptical of them. Many people still believed that people with mental illness were spiritually or demonically possessed and that they are cursed (Foerschner). Due to this stigma, most citizens did not associate themselves with mentally ill people because they were seen as a threat to public safety and their own well-being (Holtzman). This skepticism “provided the impetus for the creation of asylums to confine psychiatric patients” (Holtzman). This is important because there is finally a formal institution dedicated to assisting mentally-ill patients. Although Abraham Lincoln did not

have medications available to him, he did, at the very least, have an option to be admitted into a mental asylum.

In the early 1840s, Dorothea Dix began to research the mental health treatments and institutions available in the United States and found some shocking results. Not only were mentally ill patients verbally and physically abused, but were treated like criminals or even worse (“Dix, Dorothea Lynde”). For instance, in Massachusetts, she found that both mentally ill men and women of all ages were incarcerated with felons and were kept in complete darkness without heat or bathrooms (“Dix, Dorothea Lynde”). In a sense, mentally disabled individuals were seen either as equals to criminals or even less around this time. After unraveling the dark reality of mental health treatment, Dix was compelled to improve both treatment and care for people with psychiatric disorders. Over the next forty years, she lobbied to establish thirty two state-supported mental asylums and persistently fought against the government for better living conditions for the mentally ill (Floyd). She adds that through Dix’s persistence, she managed to help establish the first state asylums for the mentally disabled in 1845 in both New Jersey and Pennsylvania. Dix not only made it her life mission to reform mental health care in the United States, but to raise public awareness about psychiatric disorders. In her lifetime, Dix created new legal protections and increased government funding for mental health asylums in the United States.

During the 1880s, most of the American public forgot about mentally disabled individuals because many of them were placed in psychiatric hospitals and thus, they were rarely seen in public (Foundations Recovery Network). Many of the mentally ill were no longer roaming or living on the streets and seemed as if they disappeared altogether. The American public, in general, felt a little safer because mentally ill individuals were placed in state

controlled psychiatric hospitals (Foundations Recovery Network). This perception, however, slightly changed by the late 1880s due to the works of American journalist, Nellie Bly. Bly took an undercover assignment for the newspaper, New York World, and agreed to feign insanity in order to gain admission into Blackwell Island's Women's Lunatic Asylum (Parham 13). The purpose of Bly's assignment was to investigate reports of patient brutality and professional misconduct at the Women's Lunatic Asylum and write an exposé (Parham 13). During her stay at the asylum, she witnessed some disturbing events:

...Several times during the night they came into my room, and even had I been able to sleep, the unlocking of the heavy door, their loud talking, and heavy tread, would have awakened me. I could not sleep, so I lay in bed picturing to myself the horrors in case a fire should break out in the asylum. Every door is locked separately and the windows are heavily barred, so that escape is impossible. In the one building alone there are, I think Dr. Ingram told me, some three hundred women. They are locked, one to ten to a room. It is impossible to get out unless these doors are unlocked. A fire is not improbable, but one of the most likely occurrences. Should the building burn, the jailers or nurses would never think of releasing their crazy patients. (Bly)

Many Americans who read Bly's asylum exposé were not only shocked, but disgusted because they finally see the true reality behind an asylum's closed doors (Parham 14-16). Along with physical abuse, many patients were also chemically manipulated in which certain medical professionals injected morphine and chloral into them in order to elicit certain emotional responses (Bly). In other words, admitted mentally ill patients were not only treated as human test subjects, but rather as play toys that could be used for entertainment. After the publication of Bly's exposé, some readers who feared the mentally ill began to feel sympathetic towards them

(Parham 106-107). Although Bly's exposé did not change some of her reader's negative perceptions of mentally disabled people, she still, nonetheless, managed to destigmatize mental illness to some extent.

In the early 20th century, the negative perception and attitudes of the American public towards the mentally disabled was still fairly the same. In fact, patient brutality and professional misconduct was still largely present in many mental health institutions across the country, (Leeman). But, at the same time, there were also individuals who were trying to destigmatize mental health such as the man named Clifford Whittingham Beers. In 1908, Beers published his book, *A Mind That Found Itself*, which is a personal account of his painful experience as a patient in American mental institutions (Dain 87-89). He discusses his struggles with mental illness, physical and emotional abuse from medical professionals, and the flaws of institutional psychiatry in the U.S. (Dain 87-89). Beer's book was highly successful and caught the attention of the international community; it was not only printed multiple times, but also translated in several different languages (Dain 87-89). The success of Beer's autobiographical book revealed to world that mentally ill individuals are capable of great achievements just like people with psychiatric disorders. His book challenged the mental health stigma at the time and showed the general public that people with mental disorders are humans too who are capable of doing good. In this case, Beer's book was intended to both raise public awareness and educate others about institutional discrimination and mental illness.

Aside from Beer's book, he also founded the National Committee for Mental Hygiene in 1909; this non-profit organization was created to "improve the lives of the mentally ill in the United States through research and lobbying efforts" (Unite For Sight). The National Committee for Mental Hygiene was a special organization around the early 20th century because it provided

well-rounded support for the mentally disabled. That is, not only did Beer's organization provide support for mental health research, but also offered health and representation services.

Representation services in the early 20th century was important because there was minimal legal activity regarding mental health rights, few policies that protected the mentally ill, and a scarce amount of advocacy groups available (National Association for Rights Protection and Advocacy). One of the reasons why there were a few groups supporting the mentally ill was due to the mental health stigma. Although Beer's book started a national conversation about mental illness, the National Committee for Mental Hygiene sparked a mental health reform movement in the U.S. The National Committee for Mental Hygiene was a formidable ally in the early 20th century because it provided the motivation to continue reforming institutional psychiatric institutions nation-wide.

On July 3, 1946, President Truman signed the National Mental Health Act, which required the establishment of a National Institute of Mental Health (Unite For Sight). The National Institute of Mental Health, also known as NIMH, is a federally funded scientific organization dedicated to medical research of psychiatric disorders (Unite For Sight). This event was not only groundbreaking, but a major legal victory for the mental health community in the U.S. The establishment of the National Institute of Mental Health was proof of United States government's full recognition of psychiatric disorders. In other words, with the establishment of NIMH, the United States government has shown that psychiatric disorders are not supernatural-related phenomena, but rather medical conditions that need to be treated. According to the Mental Health America organization, the founding of the NIMH was largely due to the persistent advocacy of the National Committee for Mental Hygiene and other similar organizations. Without advocacy groups, the United States government would not even recognize or possibly

consider mental illness as growing medical issue. Through the persistent lobbying and advocacy for mentally ill individuals from various organizations, the United States government eventually recognized the urgency as well as the reality of psychiatric disorders.

One of the most important components of the National Mental Health Act is the idea of improving treatment for the mentally disabled. For many years, most of the American public believed that psychiatric disorders can be cured in some way, shape, or form. But in reality, mental illnesses can only be treated and most of all, prevented. The National Institute of Mental Health was not meant to find “cures” for mental illness, but rather causes, new treatments, and ways of preventing psychiatric disorders. The signing of the National Mental Health Act showed the U.S. government’s full recognition of psychiatric disorders as being an issue than can only be controlled and not solved.

The mental health stigma itself did not change so much since the founding of the United States of America. People with mental illnesses were still largely associated with supernatural phenomena by most of the general public. But, the government as well as the medical community has slowly started to take the issue of mental illness more seriously. Both institutions have become more accepting of the fact that mental illnesses are medical conditions and not supernatural phenomena. The twentieth century is very important period in the history of the mental health stigma in the United States. Non-profit organizations were founded, facilities were built, and policies were made on the issue of mental health. The decisions made in the twentieth century have greatly affected the direction of the mental health community in the twenty-first century. The following section sheds light on the history of mental health as a stigma from 1950 to 2016.

History of Mental Health Stigma in America: 1950-2016

In the early 1950s, medical professionals began to move mentally ill patients out of psychiatric institutions and into local communities (Foundations Recovery Network). Within a couple of years, the number of psychiatric patients in mental institutions dropped. In 1995, there were 559,000 patients in formal psychiatric institutions and that number dropped to 154,000 by 1980 (Foundations Recovery Network). This trend marked the beginning of the Deinstitutionalization Movement. The goal of deinstitutionalization was to reform America's hospital-based mental health care system into a more community-oriented one (Unite For Sight). By moving the mentally ill from big, isolated mental asylums to local community institutions, patients would have a higher overall quality of life (Unite For Sight).

In 1963, the United States Congress passed the Community Mental Health Act, which closed down state-controlled psychiatric hospitals and provided federal funding for community-based mental health facilities (Foundations Recovery Network). Communities, however, struggled to adjust to the new law and took some time for them to settle in (Foundations Recovery Network). Although Congress had good intentions for the Community Mental Health Act, they failed to take into account the transition process for different communities. For example, each community is different in which some will have more mental health centers than others. If a community could not accommodate all of the mentally ill people in their area, they would be forced to close their doors to other patients. Because many communities had trouble adapting to the transition from institutionalized care to community-based care, many mentally ill people were left to care for themselves and most ended up homeless. This is a major reason as to why one third of the homeless population in the U.S. are individuals with mental disabilities (Foerschner).

Around this time, the mental health stigma was improving to some extent. More mentally ill individuals were taken seriously and were better treated. In addition, more federal funding was provided to mental health facilities which was highly important to the quality of care given to the mentally disabled patients. At the same time, new treatment options were being discovered and the traditional ways of treating psychiatric patients were improving. A researcher claims that the perception that mental illness is a disease of the mind or brain was changing into a full body illness (Leeman). That is to say, mental illness was no longer treated as just a mind-debilitating disease, but rather a condition that affects the entire patient.

In 1973, Congress passed one of the most important laws in the mental health community and that is the Rehabilitation Act. This particular law prohibits the discrimination of people with any type of disability whether it is physical or mental in education, employment, and other settings (United States Access Board). For the first time in United States history, discriminating against people with disabilities was now considered a federal crime. Not only can people with disabilities sue those who discriminate against them, but can also imprison them as well if they are proven guilty. This transformed the mental health stigma because the general public could no longer discriminate against those with disabilities. Furthermore, Americans had to think twice before verbally harassing, rejecting, and discriminating against those with physical or mental illnesses. Although this did not destigmatize mental health completely, the Rehabilitation Act did, however, manage to extend civil rights to the individuals with disabilities.

In 1979, Harriet Shetler and Beverly Young founded the National Alliance for the Mentally Ill, which is a non-profit organization dedicated to providing representation, education, social support, and research services for the mentally disabled (Unite For Sight). Similar to Beer's organization, the National Alliance for the Mentally Ill inspired other programs and

associations to follow in their footsteps. The establishment of Shetler's and Young's organization revealed to the general public that many associations were needed to addressing the mental health problem in the U.S. Not only did this destigmatize mental health even further, but began a trend that many others would follow.

In 1990, another one of the most important laws in the mental health community passed which is the Americans with Disabilities Act; this is another civil rights law that is a supplement to the Rehabilitation Act of 1973 (ADA National Network). The Americans with Disabilities Act prohibits "discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public (ADA National Network). The ADA not only built on the loose ends of the Rehabilitation Act, but guaranteed that people with disabilities have the same rights as well as opportunities as the general population. In addition, it ensured equal opportunity for people with disabilities in all public and private sectors of society: employment, public transportation, government services, and many more (ADA National Network). The ADA law made it even more difficult for the American public to discriminate against people with physical and mental illnesses. Not only do they have to treat people with disabilities fairly, but also support them to some extent. Educational institutions and employers, for example, have no choice but to provide accommodations for people with disabilities. Similar to the Rehabilitation Act, the ADA law helped destigmatize the mental stigma even further and strengthened the civil rights protections of the disabled community.

As of 2016, the mental health stigma is still alive and well, but the American public is a lot less vocal about it with the exception of the media. Most of the American public must rely on subliminal messages to harass and discriminate against people with disabilities. Some use the

Internet as a platform to speak against people with disabilities while other use social media. No matter which platform one uses to verbally harass an individual with a disability, all Americans are bound by the ADA and Rehabilitation laws set forth by Congress.

The mental health community in the United States has made some great strides since the late eighteenth century. Not only is it illegal to verbally harass mentally disabled individuals, but also to discriminate against them in all areas of society from education to the workforce. But, there is still a lot of work to be done. Many people with mental illnesses are still treated unfairly and the stigma against them is still alive. How can the mental health stigma change in the United States of America? What must be done? The next section introduces a potential solution to the issue of mental health stigma in the United States of America.

Destigmatizing Mental Health through the American Media

Since the founding of the United States of America, there has been a strong social stigma against people with mental illnesses which includes those with generalized anxiety disorder. During the late 18th century, for instance, many Americans believed that people with mental illnesses had evil or demonic spirits contained within them (Farreras). This was largely due to the lack of medical knowledge about mental illnesses (Farreras). However, a lot has changed within the past two and a half centuries. The diagnosis criteria, treatment, and most of all, the definition of mental illnesses has improved. Overall, there is a better understanding of the nature of mental illnesses. But in spite of the medical community's achievements, many Americans are still strongly against people with mental disorders including those with generalized anxiety; one of the reasons why this is due to the misrepresentation of mental illness in the media. Not only do media outlets portray mental illness in a negative way, but fail to show the positive side. As a result, despite the abundance of information about mental illness in today's society, the social stigma in the United States is still alive.

The mass media is one of the powerful forces in the United States and has a very strong influence on public opinion. Not only do the media have the power to sway the American public's perception on certain topics, but also their reactions. In regards to the portrayal of mental illness, the mass media has a reputation of being biased and focuses more on the negatives rather than the positives. As a result, the mental health stigma in the United States has remained strong, alive, and unchanged. However, because the media has the power and influence public opinion, they can help destigmatize mental illness by focusing more on the positive side and educating the general public. Without a doubt, changing the mental health stigma will be difficult, but it is not impossible with the cooperation and assistance of the media. With that

being said, the cooperation of the American media is not only important, but necessary to transforming the mental health stigma in the United States of America.

The American media is not only the source for daily news, but also information about practically anything that is happening in society. Nothing is hidden from the media and they are present in every sector of society from government to education. They control the flow of information in the United States and decide what is being reported to the masses. The government may have some control over the media, but not entirely due to their second amendment right to free speech.

The mental health stigma exists in the United States for many different reasons, but for the most part it is due to the biased information reported to the general public. Biased in the sense that only one side is being reported most of the time and that is the negatives of mental illness. Indeed, both the positives and negatives are being reported by different media outlets, but it is not balanced. Graham Gavey, a psychologist who extensively studied the effects of negative news on mental health, found that the media thrives on attention-seeking news because it improves ratings (“Negative News”). In other words, media outlets adore provocative and controversial news because it attracts the public’s attention which ultimately benefits the corporations financially. Sadly, many positive stories about mental illness are ignored because they are not “controversial” enough to increase a media outlet’s ratings. Therefore, the majority of the media focuses on negative stories because they are attention-seeking news. This particular trend has existed since the founding of the United States and is one of the main reasons why there is a mental health stigma.

Destigmatizing the mental health stigma is by no means an easy task, but it can be done with the cooperation of the American mass media. In today’s technologically-savvy society, the

media has the most control over the information that is distributed to not only the American population, but that of the international community. They control the flow and content of information that is given to the entire world. Newton Lee claims that “Information is power” and that “Disinformation is abuse of power” (“Negative News”). Today, there is an overwhelming amount of disinformation that is distributed by the American media about mental illnesses. Specifically, six powerful companies which include GE, News-Corp, Disney, Viacom, Time Warner, and CBS are all culprits to the distribution of false information in the United States about mental disabilities. The American public must work with each of these companies to help destigmatize mental health. Instead of violently protesting against these companies, the American public should collaborate and cooperate with them to create solutions. Fighting these companies will continue the trend of disinformation about mental illnesses and with that being said, peaceful negotiations are the solution to transforming the mental health stigma.

Peacefully negotiating with the six powerful American media corporations can be done but requires time, effort, and patience. In order to attract their attention, a discussion must be started among citizens of the American public which can be done by starting social media campaigns, starting petitions, and contacting company representatives. If there is enough people who are making an effort to attract the attention of the giant American media corporations, then eventually they will notice. However, there must be persistence and unity among the American public about addressing the issue of mental health stigma. The six American media corporations may not be easily persuaded, but it has to be done in order to positively change the mental health stigma.

Conclusion

Living with generalized anxiety disorder is difficult, exhausting, and most of all, frustrating. Not only does an individual with generalized anxiety disorder have to embrace their disability, but accept the fact they it is incurable. Coming to terms with a mental illness can be infuriating, but it must be done for the sake of one's well-being. Abraham Lincoln suffered greatly from his generalized anxiety disorder from childhood all the way to his assassination. Historians today are still debating on whether Lincoln completely accepted his mental disorders or not. However, it is clear that Lincoln learned how to cope with his mental illnesses and live a fairly decent life. He started a family, became a lawyer, was elected as the 16th president of the United States, and most of all, he saved the country from destroying itself. He accomplished a lot in his life and did not allow his mental illness to restrain or even define him as an individual. Instead, Lincoln persevered through every obstacle he encountered and used his mental disorders as a way to inspire millions of Americans. Today, Americans do not remember him for being a mentally disabled person, but rather a leader, a savior, and last but not least, a hero.

With each passing year, more Americans are being diagnosed with generalized anxiety disorder (Sickel, Nabors, and Seacat 202-204). But, at the same time, the mental health stigma is continually being perpetuated because not enough people are addressing the issue. The mental health stigma is one definite factor to the growing number of people with generalized anxiety disorder and that must be stopped. The mass media has a lot of control over the circulation of information in this world. In fact, they have more control than the micro media. With their assistance, the mental health stigma can be reduced or possibly even eliminated. However, there must be a willingness to address the issue. It is not too late to change the mental health stigma, but it must be done for sake of the general public's mental well-being. Humanity must keep in

mind of the fact that nothing is impossible in this world to an unwilling mind. With that being said, the mental health stigma can be changed.

Why is this important? Why does it even matter? Every individual must realize the fact that anyone can develop generalized anxiety disorder (Pozzi, Janiri, and Guglielmo 141-42). Even though some individuals are more prone to developing the disorder than others, it does not change the fact that all people are affected. Those with generalized anxiety disorder should not be judged, pushed around, or criticized because they are still human beings. Instead, people should treat each other with love and respect. Indeed, people with GAD have many episodes of mental instability, but that does not mean that they are less capable than anyone else. Abraham Lincoln is a survivor of generalized anxiety disorder and became one of the greatest American heroes to ever live. He proved to everyone who doubted his abilities that despite his mental disabilities, he is still a human being with tremendous potential.

Works Cited

- ADA National Network. "What Is the Americans with Disabilities Act (ADA)?" *ADA National Network*. ADA National Network, n.d. Web. 20 Feb. 2017.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. Arlington: American Psychiatric Association, 2013. 1-947. Print.
- Anxiety and Depression Association of America. "Facts & Statistics." *Anxiety and Depression Association of America*. Anxiety and Depression Association of America, n.d. Web. 30 Apr. 2017.
- Arnold, Isaac Newton. *The Life of Abraham Lincoln*. Scituate, MA: Digital Scanning Inc, 2008. Print.
- Bandelow, Borwin, et al. "The Diagnosis and Treatment of Generalized Anxiety Disorder." *Deutsches Aerzteblatt International* 110.17 (2013): 300-310. Print.
- Bly, Nellie. *Ten Days in a Mad-House*. New York City: Ian L. Munro, 1887. Web. 12 Feb. 2017.
- Browne, Francis F. *The Every-day Life of Abraham Lincoln a Narrative and Descriptive Biography with Pen-Pictures and Personal Recollections by Those Who Knew Him*. Chicago: Browne & Howell, 1914. Print.
- Burlingame, Michael. *Abraham Lincoln: A Life*. Baltimore: Johns Hopkins University Press, 2008. Print.
- Carpenter, Francis Bicknell. *The Works of Abraham Lincoln: Speeches and Presidential Addresses 1859-1865*. Ed. Joe Henry Mitchel. United States: CreateSpace, 2010. Web. 19 Feb. 2017.
- Dain, Norman. *Clifford W. Beers: Advocate for the Insane*. Pittsburgh, Pa: University of Pittsburgh Press, 1980. Print.

Delisio, Katherine. "Generalized Anxiety Disorder: What Is It? What Pharmaceutical Methods Are Used to Treat It, and to Which Is the Most Efficacy Attributed?" *Vanderbilt*

University Health Psychology Home Page. Vanderbilt University Department of Psychological Sciences, 14 Oct. 2006. Web. 11 Feb. 2017.

"Dix, Dorothea Lynde." *Social Welfare History Project*. Virginia Commonwealth University, n.d. Web. 01 May 2017.

Farreras, Ingrid G. "History of Mental Illness." *Noba*. Diener Education Fund, n.d. Web. 01 May 2017.

Floyd, Barbara. "Mental Health." *University of Toledo*. University of Toledo, 9 June 2016. Web. 12 Feb. 2017.

Foerschner, Allison M. "The History of Mental Illness: From Skull Drills to Happy Pills." *Inquiries Journal/Student Pulse* 2.09 (2010). Web. 11 Feb. 2017.

Foundations Recovery Network. "History of Mental Health Treatment." *Dual Diagnosis*. Foundations Recovery Network, n.d. Web. 12 Feb. 2017.

Health Research Funding. "Famous People with Generalized Anxiety Disorder." *HRFnd*. Health Research Funding, 04 Jan. 2014. Web. 30 Mar. 2017.

Holtzman, Ellen. "A Home Away from Home." *American Psychological Association*. American Psychological Association, Mar. 2012. Web. 30 Apr. 2017.

Horwitz, Allan V. *Anxiety: A Short History*. Baltimore: Johns Hopkins University Press, 2013. Print.

Ketcham, Henry. *The Life of Abraham Lincoln*. Auckland, New Zealand: The Floating Press, 2010. Print.

- Lamon, Ward Hill, and Rodney O. Davis. *The Life of Abraham Lincoln: From His Birth to His Inauguration as President*. Lincoln: University of Nebraska Press, 1999. Print.
- Leeman, Eve. "Mental Illness: Learning from the Foibles of Earlier Generations." *The Lancet* 351.9100 (1998): 457. ProQuest. Web. 15 Feb. 2017.
- Lincoln, Abraham. "Collected Works of Abraham Lincoln Volume 2." *University of Michigan Digital Collections*. University of Michigan, 2001. Web. 19 Feb. 2017.
- Mental Health America. "Our History." *Mental Health America*. Mental Health America, n.d. Web. 18 Feb. 2017.
- Miller Center of Public Affairs. "Abraham Lincoln: Campaigns and Elections." *Miller Center*. University of Virginia, n.d. Web. 19 Feb. 2017.
- National Association for Rights Protection and Advocacy. "Mental Health Advocacy, from Then to Now." *National Association for Rights Protection and Advocacy*. National Association for Rights Protection and Advocacy, n.d. Web. 18 Feb. 2017.
- National Institute of Mental Health. "National Institute of Mental Health (NIMH)." *National Institutes of Health*. U.S. Department of Health and Human Services, n.d. Web. 18 Feb. 2017.
- National Park Service. "Lincoln Chronology." *National Park Service*. U.S. Department of the Interior, n.d. Web. 19 Feb. 2017.
- "Negative News and Fear Based Media." *Metamora Films*. Metamora Films, 05 Mar. 2017. Web. 07 Mar. 2017.
- Parham, Stacey Gaines. *Nellie Bly, "The Best Reporter in America: One Woman's Rhetorical Legacy*. Diss. University of Alabama, 2010. Tuscaloosa, Alabama: University of Alabama, 2010. Print.

- Pozzi, Gino, Luigi Janiri, and Riccardo Guglielmo. *New Perspectives on Generalized Anxiety Disorder*. New York: Nova Science Publishers, Inc, 2014. Print.
- Schroeder-Lein, Glenna. *Lincoln and Medicine*. Carbondale: Southern Illinois University Press, 2012. Print.
- Shenk, Joshua Wolf. *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness*. New York: Mariner, 2006. Print.
- Sickel, Amy E., Nina A. Nabors, and Jason D. Seacat. "Mental Health Stigma Update: A Review of Consequences." *Advances in Mental Health* 12.3 (2014): 202-215. Print.
- Siegel, Robert. "Exploring Abraham Lincoln's 'Melancholy'." *NPR*. National Public Radio, 26 Oct. 2005. Web. 20 Feb. 2017.
- Simmer-Brown, Judith. "Mindfulness Soothes Students' Anxiety and Depression?" *Naropa 2016 Fall Magazine*. Naropa University, 31 Jan. 2016. Web. 11 Feb. 2017.
- Stanley, Tasha. "A Beautiful Mind: The History of the Treatment of Mental Illness." *History Cooperative*. History Cooperative, 14 Mar. 2015. Web. 12 Feb. 2017.
- "The Kansas-Nebraska Act." *Ushistory.org*. Independence Hall Association, 2017. Web. 19 Feb. 2017.
- Thomas, Benjamin Platt. *Abraham Lincoln: A Biography*. Carbondale: Southern Illinois University Press, 2008. Print.
- Tucker, Spencer, et al. *The Encyclopedia of the Mexican-American War: A Political, Social, and Military History*. Santa Barbara, CA: ABC-CLIO, 2013. Print.
- Unite For Sight. "Module 2: A Brief History of Mental Illness and the U.S. Mental Health Care System." *Unite For Sight*. Unite For Sight, n.d. Web. 18 Feb. 2017.

United States Access Board. "Rehabilitation Act of 1973." *United States Access Board*. United States Access Board, n.d. Web. 20 Feb. 2017.

Whitaker, Robert. *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*. Cambridge: Perseus Pub. 2002. Print.

Wunder, John R., and Joann M. Ross. *The Nebraska-Kansas Act of 1854*. Lincoln: University of Nebraska Press, 2008. Print.