Adolf Meyer (1866-1950), a Swiss-born American psychiatrist, was a key figure in the development of psychobiology. He was known as the "dean of American psychiatry" and his work has had a wide influence on psychiatric theory and practice. Meyer was a proponent of the holistic approach to mental health, which involved understanding the patient as a whole person from various perspectives—medical, biographical, educational, and artistic. This approach included the use of individual case histories, which brought together information about a patient's physical condition, past history, family life, work situation, and other facts that could be relevant to treatment. Meyer also pioneered in promoting visits to the patient's family to understand the environment in which the patient lived, and to which he or she would return when treatment was completed.

Meyer believed that the constituent elements of human existence are actively interrelated, from the lowest
biochemical level to the highest cognitive level. Arguing that psychological factors may be as important as neuropathology in causing mental illness, Meyer advocated integrating the studies of human psychology and biology into a single system that he called psychobiology. The goal of psychobiological therapy was the successful integration of different aspects of the patient’s personality. Steps involved in this psychotherapy included analyzing the psychological, sociological, and biological factors relevant to the patient’s illness; working with the patient on a conscious level, staying close to the original complaint; and utilizing a combination of treatment methods satisfactory to both psychiatrist and patient.

Through therapy that addressed both short-term and long-term problems, Meyer’s goal was to help the patient adjust as well as possible to life and change. Part of the therapy process consisted of aiding the patient in modifying unhealthy adjustments to his or her situation through guidance, suggestion, and reeducation, which Meyer called “habit training.” His emphasis on habits extended to include schizophrenia, which he viewed as caused by harmful habits acquired over a long period of time, in combination with biological factors, including heredity. Neurosis, Meyer believed, differed from psychosis in that only a part of the personality was involved. He viewed neurotic patients as suffering from unrealistic expectations and the inability to accept themselves as they were.

Meyer, together with Clifford Beers, was also a founder of the mental hygiene movement (and the one who suggested its name). The goal of this movement was to educate the public about mental illness and achieve more humane treatment of institutionalized patients. Meyer contributed significantly to the medical literature on psychiatry. His papers were collected and published in Collected Papers (1950-1952).

Middle years

While there is no exact consensus as to the age range of this period of life, it generally refers to the ages between approximately 40 and 60, with the lower limit sometimes placed as low as age 35 and the upper one as high as 65 years of age.

In Erik Erikson’s influential scheme of human development, middle age is the period in which an individual is presented with the developmental task of choosing between ego stagnation (self-interest) and generativity, the capacity to care for others and make a positive contribution to society by being productive in work, parenting, or other activities. Carl Jung characterized the middle years as a time for self-realization and the exploration of spiritual and social values once the practical tasks of finding an occupation and establishing a family have been accomplished.

For many people, middle age is a stable period in which they are settled in a long-term love relationship, have committed themselves to a career, and have established a family and a permanent home. The middle years can also be a time of exploration and radical change, sometimes fueled by the much-publicized “midlife crisis.” For some individuals, failure to achieve goals set earlier in life or reassessment of those goals may produce discontent or even despair, resulting in major lifestyle changes, both professional and personal. It is important to note that personal and professional growth at midlife may also be indicative of an individual’s socioeconomic status: the poor generally have less flexibility and fewer opportunities to make sweeping changes in their lives at this stage.

The ability to realize one’s full potential in middle age is also closely related to developmental experiences earlier in life. Unresolved issues of childhood and adolescence are often felt keenly during this period, and the greatest number of psychotherapy clients are thought to be of middle aged. In addition, coping with aging parents and their eventual deaths compels middle-aged individuals to acknowledge their own mortality, resulting in a restructuring of priorities. Professionally, people may change careers, return to school, or enter into business for themselves, voluntarily decreasing their earning potential or accepting a lower measure of financial security in order to pursue their dreams while they still have a chance. Some women who have stayed home to raise children often reenter the job market midlife, a challenge that can involve major personal reassessments and lifestyle changes.

Women in midlife are confronted with the approaching end of their childbearing years and begin experiencing symptoms of menopause. Men commonly become concerned about their levels of sexual prowess and activity in middle age. Affluent, well-educated men are especially prone to engaging in extramarital affairs at this time, often with younger women. Both sexes also face the disengagement of their children, first through the detachment of adolescence, and then when the children finally leave the family home.

Further Reading