1-31-07

To the PUBLIC HEALTH COMMITTEE for Mental Health, CT. LOB.

I am Bernard Wojan, of 85 Carter Ave. Ext., Meriden, CT. 06451.

In his book MAD IN AMERICA, the author Robert Whitaker, described a program of moral treatment for mental illness, of 165 years ago, that was better than what we have today in most state-administered, and private mental health facilities such as the Institute of Living, in Hartford.

In Chapter 2, entitled "The Healing Hand of Kindness," the program of a Quaker physician, Thomas Kirkbride, M.D., at the Pennsylvania Hospital for the Insane, founded in 1841 (p. 31) was described as "remarkably good."

In more recent years, the Soteria Project, in California, minimized medication, and used non-professional personnel in helping patients share their troubles, and was remarkably successful.

Programs similar to Soteria were developed in Switzerland, Germany, Sweden,and Finland. This program is described in the Introduction to a book by Lars Martensson, M.D., entitled DEPRIVED OF OUR HUMANITY. Unfortunately, because of the alleged opposition of the pharmaceutical industry, i collusion with psychiatrists opposed to this successful innovation, the project failed to get refunded.

Another major breakthrough was a form of Orthomolecular Psychiatry developed by Carl Pfeiffer, Ph.D., M.D., the founder of the Princeton Bio Center, and author of a book entitled NUTRITION AND MENTAL ILLNESS, which was based on orthomolecular principles--a term coined by Dr. Linas Pauling. This approach is further described by Dr. Abrams, Editor of THE JOUNAL OF ORTHOMOLECULAR MEDICINE, PUBLISHED IN CAnada.

Unfortunately, many patients at Connecticut Valley State Hospital are kept hospitalized long after their recovery at great expense to taxpayers. A system of peer review should be developed to ecourage release after recovery, and transitional leave to community facilities such as group homes financed by the Department of Mental Health and Addiction Services. This Department is to be commended for many of the programs of normalization, such as community field trips, which have been instituted in recent years.

For further information on the brain damaging effects pf the widespread use of neuroleptic drugs, the book entitled TOXIC PSYCHIATRY by psychiatrist Peter Breggin, M.D., is highly recommended.

Bernard Wojan

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REtired Guidance Counselor,
and Patient Advocate.

Attachment: Excerpts from MAD IN AMERICA, by Robert Whitaker.

raise for MAD IN AMERICA

telligent and bold."—*Seattle Times*

passionate, compellingly researched polemic, as fascinating as it is ltimately horrifying."—*Mother Jones*

An absorbing, sometimes harrowing history of the medical treatment of the mentally ill in the U.S., from its roots in England—think Bedlam—to the present, and a scorching indictment of the status quo.... Sure packs a wallop." –*Kirkus Reviews* (starred review)

In *Mad in America*, award-winning medical journalist Robert Whitaker reveals an astounding truth: Schizophrenics in the United States currently fare worse than patients in the world's poorest countries, and quite possibly worse than asylum patients did in the early nineteenth century. Tracing over three centuries of "cures" for madness—from the Enlightenment-era practice of "spinning" the insane to the brain-damaging lobotomies and electroshock therapy of the 1930s—Whitaker shows how medical therapies have been used to silence patients and dull their minds. Perhaps the most damning revelation, however, is Whitaker's report of how drug companies have recently skewed their studies in an effort to prove the effectiveness of their products. A riveting social and medical history, *Mad in America* raises important questions about our obligations to the mad, what it means to be "insane," and what we value most about the human mind.

One of *Discover* Magazine's Best Science Books of 2002

SCIENCE / MEDICINE
$17.50 US / $24.50 CAN

Basic Books
A Member of the Perseus Books Group
www.basicbooks.com

Cover design by Alex Camlin
Cover photograph © Jerry Cooke / CORBIS

ISBN 0-7382-0799-3
51750
9 780738 207995

whitaker MAD IN AMERICA

BASIC BOOKS

MAD IN AMERICA

"A humdinger of a book."—*New Scientist*

BAD SCIENCE, BAD MEDICINE, AND THE ENDURING MISTREATMENT OF THE MENTALLY ILL

robert whitaker

no avail for, with the returning consciousness of the patient, came the knell of departed hopes, as he exclaimed, "You can't drown love!"[46]

The Vermont physicians, thus disappointed, turned to opium as a cure, a treatment that subsequently killed the lovesick Richard Whitney.

2

THE HEALING HAND OF KINDNESS

If there is any secret in the management of the insane, it is this: respect them and they will respect themselves; treat them as reasonable beings, and they will take every possible pain to show you that they are such; give them your confidence, and they will rightly appreciate it, and rarely abuse it.

—Samuel Woodward[1]

In 1812, Benjamin Rush collected his thoughts on madness in a book, *Medical Inquiries and Observations Upon the Diseases of the Mind*. It was the first psychiatric text to be published in the United States, and Rush had every reason to believe that his counsel would guide American physicians for decades to come. He had summarized the medical teachings of elite European doctors with his own variations on the theme, and he had provided readers with a reasoned explanation as to why the various medical treatments could cure the mad. Yet in a very short time, his gyrator would be banished from Pennsylvania Hospital, perceived as an instrument of abuse, and even his prized tranquilizer chair would come to be seen as an embarrassing relic from an unenlightened past.

Truly Dark Period

the name of their association from AMSAII to the American Medico-Psychological Association and vowed to pursue scientific approaches to treating the mad. "The best definition of insanity is that it is a symptom of bodily disease," McLean superintendent Edward Cowles told his peers three years later. "Thus it is that psychiatry is shown, more than ever before, to be dependent upon general medicine."[29]

A reform that had begun a century earlier as a backlash against the harsh medical therapeutics of the day had clearly come to an end. A scientific approach to treating the mentally ill was now ready to return to the center of American medicine, and that would lead, in fairly quick fashion, to a truly dark period in American history.

PART TWO

THE DARKEST ERA

(1900–1950)

than a year before admittance were discharged as either recovered or improved. In its second decade, after the asylum was enlarged in response to Dix's appeal, this success rate dropped to 67 percent, and it continued to spiral downward in subsequent years.[26] This decline was repeated at state asylum after state asylum, which became ever more filled with chronic patients. Many of the deranged also had organic illnesses—old-age senility, cerebral arteriosclerosis, brain tumors, and dementia associated with end-stage syphilis—and thus had no hope of ever recovering. The optimism of the 1840s, when it was believed that insanity was eminently curable, turned into the pessimism of the 1870s, when it seemed that moral treatment had failed, and miserably so.*

Neurologists delivered the final blow. The Civil War, with its tremendous number of casualties, had helped produce this new medical specialty. Physicians who had become experienced in treating gunshot wounds opened private clinics after the war, touting their experience in nervous disorders. But without the war sending the wounded their way, they hungered for patients, and the crowded asylums presented an obvious solution. They needed to claim ownership of "mental disorders," and in 1878, they opened their public attack on the asylum superintendents, doing so with a haughty air of superiority.

*The obvious question today is whether moral treatment ever worked. Did treating disturbed, severely mentally ill people with kindness in small orderly retreats produce good outcomes? Modern historians have concluded that it did indeed produce surprisingly good results. In the first decades of moral treatment, 35 to 80 percent of all admitted patients were discharged within a year's time, and the majority of those discharged were viewed as having been cured. That meant that their disturbing behavior and psychotic thoughts had largely disappeared. At Pennsylvania Hospital, results remained fairly good throughout Kirkbride's tenure. Of 8,546 "insane" patients admitted from 1841 to 1882, 45 percent were discharged as cured, and another 25 percent discharged as improved. A long-term follow-up study of 984 patients discharged from Worcester asylum from 1833 to 1846, which was conducted in the 1880s, found that 58 percent had remained well throughout their lives. Another 7 percent had relapsed but had subsequently recovered and returned to the community. Only 35 percent had become chronically ill or had died while still mentally ill.[27]

As a group, the neurologists were young, confident, and aggressive. They prided themselves on being men of hard science—well schooled in anatomy and physiology, and certain that mental illness arose from lesions of the brain or nerves. They saw the asylum doctors as a pathetic lot—old, old-fashioned, and hopelessly influenced by their Christian beliefs. They were, sneered Edward Spitzka, speaking to the New York Neurological Society, little more than inept "gardeners and farmers," lousy janitors whose asylums were "moist and unhealthy," and scientific "charlatans" who knew nothing about "the diagnosis, pathology and treatment of insanity." Other leading neurologists joined in. Edward Seguin, president of the New York Neurological Society, acidly noted that one could pore through the preamble to AMSAII's constitution and "look in vain for the word science." S. Weir Mitchell, a prominent neurologist who had invented a "scientific" rest cure for mental disorders, called their treatments a fraud, their published reports incomprehensible, and asylum life "deadly to the insane." Finally, in 1879, William Hammond, who had been the nation's surgeon general during the Civil War, made their business proposition clear. Even a "general practitioner of good common sense . . . is more capable of treating successfully a case of insanity that the average asylum physician," he said. Insanity was a "brain disease" that could be successfully treated on an outpatient basis—a view of the disorder, of course, that would send patients to the neurologists' clinics.[28]

The asylum doctors didn't have much ammunition for fighting back. Most of the old guard who had pioneered moral treatment were long gone. The superintendents who had taken their place didn't have the same fire for the therapy. They were, indeed, mostly bureaucrats. Nor could the asylum doctors claim that moral therapy was a scientific therapy. Earle and others may have fashioned a tale about how it was a medical remedy that soothed irritated nerves, but its roots were still all too clear. Moral treatment was a product of Quaker religious beliefs that love and empathy could have restorative powers. Kirkbride's genius had been in the *art* of healing rather than in any scientific understanding of the biology of madness. In 1892, the asylum superintendents officially threw in the towel and promised a new beginning. They changed

Moral Treatment's Downfall

As a social reform, moral treatment drew on the best character traits of the American people. It required compassion toward the mentally ill, and a willingness to pay for generous care to help them get well. In the 1840s and 1850s, reformer Dorothea Dix appealed to this humanitarian impulse, and states responded with a wave of asylum building. Ironically, Dix's successful lobbying was the catalyst for the downfall of moral treatment.

Dix had a personal reason for believing in this kind of care. As a young woman, she'd suffered a breakdown and, to help her recover, her family had sent her to Liverpool to live with the family of William Rathbone, whose grandfather was William Tuke. She spent more than a year there, resting at their home and becoming schooled in the reform wrought by the York Quakers. Upon returning to the United States, she vowed to bring this humane care to all of America's insane. She was a tireless and brilliant lobbyist. In state after state, she would survey the treatment of the mentally ill in local prisons and poorhouses, which inevitably turned up at least a few horror stories, and then she reported on their mistreatment to state legislatures with great literary flair. There were, she dramatically told the Massachusetts State Legislature in 1843, "Insane Persons confined in this Commonwealth in cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience!"[24] In response to her vivid appeals, twenty states built or enlarged mental hospitals. In 1840, only 2,561 mentally ill patients in the United States were being cared for in hospitals and asylums. Fifty years later, 74,000 patients were in state mental hospitals alone. The number of mental hospitals in the country, private and public, leaped from eighteen in 1840 to 139 in 1880.

However, people with all kinds of illnesses, physical as well as mental, were being put into the institutions. Syphilitics, alcoholics, and the senile elderly joined the newly insane in these hospitals, and this flood of diverse patients doomed moral treatment.

A key principle of this therapy was that it required a small facility, one that provided a homelike atmosphere. Superintendents even spoke of their patients and staff as an extended family. AMSAII argued that no asylum should ever shelter more than 250 patients.

But the rush of insane patients into state hospitals made it impossible to keep the facilities small. By 1874, state mental hospitals had on average 432 patients. One-third of the hospitals had more than 500 patients, and a few had more than 1,000. In such crowded asylums, there was little possibility that the superintendent could provide the empathy and guidance that was considered vital to helping disturbed people get well.

Moreover, from the beginning, states had been hesitant to fully duplicate the opulent ways of the private asylums. When Worcester State Lunatic Asylum was constructed, cheaper brick was used rather than stone—a small thing, but symptomatic of the cost-saving shortcuts to come. As more and more patients were sent to public asylums, states cut costs by forgoing the day rooms, the reading parlors, the bathing facilities, and the other amenities that were essential to moral treatment. Recreational activities, magic-lantern shows, and educational programs all disappeared. The insane poor were indeed now being kept in "hospitals," but they weren't receiving moral treatment as envisioned by the Quakers in York.

It all quickly snowballed. Superintendents at state asylums, where wages were pitifully low, had little hope of hiring attendants who showed "pleasantness of expression" and "softness of tone." They had to settle instead for staff drawn from the lowest rungs of society, "criminals and vagrants" in the words of one superintendent, who weren't likely to coddle the noxious patients with kindness.[25] Attendants turned to maintaining order in the old way—with coercion, brute force, and the liberal use of restraints. State legislatures, faced with soaring expenses, set up "charity boards" to oversee asylums, which quickly began to actively oppose moral treatment, with its expensive ways. Nor were the boards particularly interested in hiring devoted physicians like Kirkbride to run their asylums. Instead, they sought to hire superintendents who could manage budgets wisely and were willing to scrimp on spending for patients and, in the best manner of political appointees, grease the patronage wheels. The good superintendent was one who could ensure that supply contracts went to friends of the board.

Treatment outcomes steadily declined. During the Worcester asylum's first decade, 80 percent of its patients who had been ill less

for their high quality. At night, patients retired to semiprivate rooms that could have done a modest hotel proud. The chest of drawers, mirror, and wall paintings in each room helped patients feel respected and surrounded by comfort.

Kirkbride made a special effort to hire attendants who had the temperament to treat the patients well. They were not to consider themselves as "keepers" of the insane but rather as their "attendants" and companions. He required all job applicants to provide references attesting to their good character and sought only to employ those who had "a pleasant expression of face, gentleness of tone, speech and manner, a fair amount of mental cultivation, imperturbable good temper, patience under the most trying provocation, coolness and courage in times of danger, cheerfulness without frivolity."[20] Attendants were given rule books and knew that they would be dismissed if they hit a patient.

It all led, as the visitor Dr. George Wood reported in 1851, to a hospital graced with decorum and seeming tranquillity.

> Scattered about the ground, in the different apartments of the main building, or in the out-houses, you encounter persons walking, conversing, reading or variously occupied, neatly and often handsomely dressed, to whom as you pass you receive an introduction as in ordinary social life; and you find yourself not unfrequently quite at a loss to determine whether the persons met with are really the insane, or whether they may not be visitors or officials in the establishment.[21]

However, what most distinguished the care at the hospital was Kirkbride's skill as a healer. At this asylum, the doctor-patient relationship was *the* critical element in the curative process. In his counseling of patients, Kirkbride would gently encourage them to develop friendships, dress well, and rethink their behavior. They would need to stop blaming their families for having committed them and acknowledge instead that they had behaved poorly toward their families and needed to reestablish ties with them. Developing a sense of guilt and even shame for one's misbehavior—a social conscience, in other words—was part of acquiring a new

perception of one's self. Most important of all, he preached to his patients that they could, through their exercise of their free will, choose to be sane. They could resist mad thoughts and fight off their attacks of depression and mania. They were not hopelessly ill, they were not forever broken people, but rather they had the potential to get better and to stay better. "You have it almost entirely in your power to continue to enjoy these blessings," he told them. "You must be thoroughly convinced of the importance in every point, of some regular employment, and of resisting fancies that may sometimes enter your mind, but which if harbored there can only give you uneasiness and lead you into difficulty."[22]

Many patients continued to seek Kirkbride's guidance after they were discharged. A number wrote warm letters of gratitude, referring to him as "my dear friend," "my kind and patient doctor," or "my beloved physician"—words of devotion for the gentle man who had led them from despair into a world where happiness was possible. Some recalled the hospital fondly, remembering it as a "sweet quiet home." And when madness seemed to be knocking on their door once more, several told of how they would think of their good doctor and gather strength. "It was only the other night I woke in great fright," one patient wrote. "I was too frightened to call, but I suddenly thought of Dr. Kirkbride, and, as I thought, it seemed to me, that I could see him distinctly though the room was dark, and immediately I felt that peace and freedom from danger that Dr. Kirkbride always inspired." Yet another told of asserting her will, just as he had counseled: "I have great instability of nerves and temper to contend with, but knowing the necessity of self-control I try always to exercise it."[23]

Not all patients, of course, got well under Kirkbride's care. Many chafed at the behavioral controls of moral treatment. Many remained in the hospital, part of a growing caseload of chronic cases, which would become ever more problematic for the hospital. But at its most powerful, moral treatment as practiced by Kirkbride successfully led some of the very ill through a process that produced lasting inner change. As one recovered patient put it, the Pennsylvania Hospital for the Insane was "the finest place in the world to get well."

disorder—too much blood flowing to the head. But the asylum doctors were loath to admit that the medical texts of the past had been in error. It was difficult to believe, wrote Pliny Earle, superintendent at Bloomingdale Asylum, that Rush, "an acute and sagacious observer, a learned and profound medical philosopher" had been wrong.[16] Moral treatment now worked, they explained, because the physical causes of madness had changed.

In Rush's time, Earle and others reasoned, people had lived closer to vigorous nature and thus were likely to fall ill because of a surplus of strength and energy. Such a disorder, Earle said, "required a more heroic method of attack for its subjection." But in the nineteenth century, people no longer lived so close to nature. Instead, their nerves could be worn down by the demands of civilization. The striving for success, the financial pressures, and the opportunities that democratic societies and capitalism offered—all were sources of mental illness. "Insanity," declared Edward Jarvis, a physician who researched asylum care, "is part of the price which we pay for civilization."[17]

It was, in its own way, an artful construction. In the eighteenth century, medicine and science had developed an armamentarium of harsh treatments—the bleedings, the blisterings, the psychological terror, the spinning devices, the starvation diets—because the mad were closer in nature to wild animals and thus in need of therapies that would deplete their energy and strength. But now the insane and mentally ill were worn down by the travails of modern society and thus no longer needed such harsh remedies. Instead, they required the nurturing care of moral treatment. Medicine, with all its agility and wisdom, had simply developed new therapies for a changed disease.

Moral Treatment at Its Best

The forces that would lead to the downfall of moral treatment began appearing in the 1840s, and before the end of the century, it would be disparaged as a hopelessly naive notion, a form of care that had never produced the positive results initially claimed by the asylum doctors. Yet it was during this period of

downfall that moral treatment, in a form that would remind the future of its potential to heal, was best practiced. For more than forty years, from 1841 to 1883, moral treatment held sway at the Pennsylvania Hospital for the Insane, during which time the asylum was continually governed by a memorable Quaker physician, Thomas Kirkbride.[18]

Kirkbride, born on July 31, 1809, was raised on a 150-acre farm in Pennsylvania. His family faithfully observed Quaker religious traditions, and as a child he attended religious schools run by the Friends Society. This upbringing shaped his adult character: He was humble, soft-spoken, simple in his dress, and reflective in his thoughts. His faith fostered a confident belief that all people could amend their ways. After he graduated from the University of Pennsylvania, he did his residency at Friends Asylum in Frankford, and it was there that he soaked up the principles of moral treatment in a form still close to its Quaker roots.

The new asylum that Pennsylvania Hospital opened in 1841, in the countryside west of Philadelphia, was an opulent place. It had a lovely dining room, a day room for playing games, and even a bowling alley. Kirkbride added a greenhouse and museum, complete with stuffed birds, for the patients' amusement. Flowerbeds and meticulous landscaping furthered the sense of pastoral comfort. "It should never be forgotten," Kirkbride happily wrote, "that every object of interest that is placed in or about a hospital for the insane, that even every tree that buds, or every flower that blooms, may contribute in its small measure to excite a new train of thought, and perhaps be the first step towards bringing back to reason, the morbid wanders of the disordered mind."[19]

Kirkbride embraced all the usual methods of moral treatment, applying them with unflagging energy. Patients, roused from their beds at 6 A.M. sharp, exercised daily in the gymnasium. They often dressed well, men in suits and ties and women in fine dresses, and during the afternoon they would pleasantly pass hours in the reading parlor, which had 1,100 volumes. Teachers were hired to give classes in reading and sewing. Evening entertainment at the asylum featured magic-lantern shows, guest lectures, concerts, and theatrical performances, a parade of activities that became famous locally

One asylum director confided that "he and his colleagues were so prejudiced against the use of medical measures, as to object even to the election of physicians in their board, being fearful they might effect some innovation."[12] Rufus Wyman, the physician superintendent at McLean Hospital, dismissed traditional medical remedies as "usually injurious and frequently fatal."[13]

However, the rise of moral treatment in the 1810s had presented physicians with a clear threat. It was evident that an age of asylum building was at hand, and yet, even as this societal response to insanity was being organized, physicians were losing out. Quakers in Philadelphia had built an asylum, and so had civic groups in Boston and New York City, and groups in other cities were sure to do the same—yet what was the physician's role in this asylum care? Marginal, at best. The Connecticut State Medical Society, sizing up this threat, rushed to beat local religious groups and the social elite to the punch. It lobbied the state and civic groups for the finances to build a local asylum, and in return for its organizational efforts, the society extracted the right to appoint the superintendent, a governance clause that insured it would be led by a physician.

When the Hartford Retreat opened in 1824, superintendent Dr. Eli Todd immediately noted that care at this asylum, even though it might be named after the York Retreat, would be different. Here, both physical remedies and moral treatment would be used to provide superior care to the insane. The Quakers in York, he said, "have placed too little reliance upon the efficacy of medicine in the treatment of insanity, and hence their success is not equal to that of other asylums in which medicines are more freely employed." The first moral-treatment asylums in the United States, he added, having modeled their efforts on the York Retreat, had repeated the mistake, resulting in treatment that "is feeble compared to the lofty conceptions of truly combined medical and moral management."[14]

Moral treatment in America had taken a decided turn. Although the reform had begun partly as a backlash against medical practices, medicine was now reclaiming it as its own. Physicians were best suited to run the new facilities. As Massachusetts, New York, and other states funded their public asylums, they accepted this argument and appointed doctors as superintendents. Asylum medicine became its own specialty, and in 1844, superintendents at thirteen asylums formed the Association of Medical Superintendents of American Institutions for the Insane (AMSAII) to promote their interests. One of AMSAII's first orders of business was to pass a resolution stating that an asylum should always have a physician as its chief executive officer and superintendent.

As promised by Todd, asylum physicians injected medical remedies into the moral-treatment regimen. They used mild cathartics, bloodletting on occasion, and various drugs—most notably morphine and opium—to sedate patients. Their use of such chemical "restraints," in turn, made them more receptive to the use of physical restraints, which they increasingly turned to as their asylums became more crowded. Mitts and straitjackets eventually became commonplace. Utica Lunatic Asylum in New York devised a crib with a hinged lid for confining disruptive patients at night, a space so claustrophobic that patients would fight violently to get free, before finally collapsing in exhaustion. In 1844, AMSAII formally embraced the use of physical restraints, arguing that to completely forgo their use "is not sanctioned by the true interests of the insane."[15]

As physicians gained control of the asylums, they also constructed a new explanation for the success of moral treatment—one that put it back into the realm of a physical disorder. Pinel's "non-organic" theory would not do. If it were not a physical ailment, then doctors would not have a special claim for treating the insane. Organizing activities, treating people with kindness, drawing warm baths for the ill—these were not tasks that required the special skills of a physician. Although individual doctors had their pet theories, a consensus arose that mental disorders resulted from irritated or worn-out nerves. The exhausted nerves transmitted faulty impulses to the brain (or from one brain region to another), and this led to the hallucinations and odd behavior characterized by madness. Moral treatment worked as a *medical* remedy precisely because it restored, or otherwise soothed, the irritated nerves. The pastoral environment, the recreational activities, and the warm bath were all medical tonics for the nervous system.

This conception of madness, of course, was quite at odds with Rush's. He had theorized that madness was caused by a circulatory

take their fill of fresh air and find solace in tending to plants. The building itself should be architecturally pleasing, even grand in its nature—the insane were said to be particularly sensitive to aesthetic influences. Most important, the asylum was to be governed by a superintendent who was "reasonable, humane . . . possessing stability and dignity of character, mild and gentle . . . compassionate."[6] He would be expected to know his patients well, eat with them, and, in the manner of a father figure, guide them toward a path of reason.

Each day, a variety of activities would keep patients busy, which it was hoped would divert their thoughts from their obsessions and paranoid ideas. They would spend their time gardening, reading, playing games, and enjoying educational pursuits. Theater groups would be invited in to perform; speakers would give after-dinner talks. In this environment, restraints were to be used as a last resort. Instead, a ward system that rewarded good behavior would keep patients in line. Those who were disruptive would be placed on ground floors furthest from the social center of the asylum. Those who behaved would get the preferred rooms on the top floors, and they would also be given extra liberties. They would be allowed to stroll about the grounds and be given the privilege of going into town, as long as they pledged not to drink and to return to the asylum on time.

By treating the mentally ill in this manner, it was hoped that they would regain the ability to control their behavior and their thoughts, and through the application of their will, maintain their recovery even after discharge. The basic therapeutic principle, said Dr. Eli Todd, superintendent at the Hartford Retreat, was "to treat [the insane] in all cases, as far as possible, as rational beings."[7]

To a remarkable degree, the asylums followed this blueprint during their initial years. Visitors, who included Charles Dickens, regularly came away impressed. Patients at McLean Hospital often spent their days rowing on the Charles River or taking carriage rides. Patients formed baseball teams, published their own newspapers, and attended nightly lectures. They were allowed to eat with knives and forks, and few problems resulted from their being trusted in this manner. They would hold their own meetings and pass resolutions for self-governance, setting down expectations for

proper behavior by their peers. Asylums regularly held lunatic balls, at which visitors, although noticing that the patients might dance strangely, would wonder where all the real lunatics were. A reporter for *Harper's* magazine summed up the experience: "The asylum on Blackwell's Island [in New York City] is, throughout, perfect in respect of cleanliness, order and comfort."[8]

Moral treatment appeared to produce remarkably good results. Hartford Retreat announced that twenty-one of twenty-three patients admitted in its first three years recovered with this gentle treatment. At McLean Hospital, 59 percent of the 732 patients admitted between 1818 and 1830 were discharged as "recovered," "much improved," or "improved." Similarly, 60 percent of the 1,841 patients admitted at Bloomingdale Asylum in New York between 1821 and 1844 were discharged as either "cured" or "improved." Friends Asylum in Philadelphia regularly reported that approximately 50 percent of all admissions left cured. Even the state hospitals initially reported good outcomes. During Worcester State Lunatic Asylum's first seven years, more than 80 percent of those who had been ill for less than a year prior to admission "recovered," which meant that they could return to their families and be expected to function at an acceptable level.[9]

All of this created a sense of great optimism, a belief that in most instances, insanity could be successfully treated. "I think it is not too much to assume that insanity," wrote Worcester superintendent Samuel Woodward in 1843, "is more curable than any other disease of equal severity; more likely to be cured than intermittent fever, pneumonia, or rheumatism."[10]

Medicine's Grab of Moral Treatment

During this initial heady period, moral treatment in America did begin to stray from its Quaker roots in one significant way. In the very beginning, the asylums were run by people who shared the mistrust of the York Quakers toward mad-doctors and their medical treatments. Friends Asylum, Bloomingdale Asylum, and Boston's asylum were all governed by lay superintendents or by a physician who thought little of physical (or "somatic") remedies for madness.[11] Rush's prescribed remedies were seen as useless—or worse.

In this gentle environment, few needed to be confined. There was rarely a day when as many as two patients had to be secluded at the same time—seclusion in a dark, quiet room being the common practice for controlling rowdy patients. In its first fifteen years of operation, not a single attendant at the York Retreat was seriously injured by a violent patient. Nor was this cooperative behavior the result of a patient group that was only mildly ill—the majority had been "insane" for more than a year, and many had been previously locked up in other English asylums, where they were viewed as incurable.

The Quakers, humble in nature, did not believe that their care would unfailingly help people recover. Many would never get well, but they could still appreciate living in a gentler world and could even find happiness in such an environment. As for the path to true recovery, the Quakers professed "to do little more than assist nature." They wouldn't even try to talk their patients out of their mad thoughts. Rather, they would simply try to turn their minds to other topics, often engaging them in conversation about subjects their patients were well versed in. In essence, the Quakers sought to hold up to their patients a mirror that reflected an image not of a wild beast but of a worthy person capable of self-governance. "So much advantage has been found in this institution from treating the patient as much in the manner of a rational being, as the state of his mind will possibly allow," Tuke said.

Their simple, common-sense methods produced good results. During the York Retreat's first fifteen years, 70 percent of the patients who had been ill for less than twelve months recovered, which was defined by Tuke as never relapsing into illness. Even 25 percent of the patients who had been chronically ill before coming to the retreat, viewed as incurable, recovered under this treatment and had not relapsed by 1813, the year Tuke published *Description of the Retreat.*

Moral Treatment in America

Together, Pinel and the York Quakers had presented European society (and by extension American society) with a new way to think about the mad. No longer were they to be viewed as animals, as creatures apart. They were, instead, to be seen as beings within the human family—distressed people to be sure, but "brethren." The mad had an inner capacity for regaining self-control, for recovering their reason. The ultimate source of their recovery lay inside themselves, and not in the external powers of medicine.

This was a radical change in thinking, yet in the early 1800s, it was a belief that American society was primed to embrace. It fit the democratic ideals that were so fresh in the American mind, and the optimistic tenor of the times. The class distinctions so prevalent in the 1700s had given way to a belief that in democratic America, the common man could rise in status. Many preachers, as historian Gerald Grob has noted, stopped threatening their flocks with eternal damnation and instead delivered uplifting sermons about how people could enjoy God's grace while on this good Earth. Personal transformation was possible. Moreover, the good society was one that would, in the words of Andrew Jackson, "perfect its institutions" and thereby "elevate our people."[5] And what group was more in need of transformation, of being touched by God's grace, and of being "elevated," than the beleaguered souls who'd lost their reason?

Philadelphia Quakers opened the first moral-treatment asylum in America in 1817, and soon others appeared as well. The social elite of Boston, led by members of the Congregational Church, established one in 1818, which later became known as McLean Hospital. Bloomingdale Asylum in New York City opened in 1821, on the site of what is now Columbia University, a project that was guided by Quaker Thomas Eddy. Three years later, the Hartford Retreat in Connecticut began accepting patients. All of these asylums were privately funded, primarily catering to well-to-do families, but soon states began building moral-treatment asylums for the insane poor. The first such public asylum opened in Worcester, Massachusetts, in 1833, and by 1841, there were sixteen private and public asylums in the United States that promised to provide moral treatment to the insane.

The blueprint for a moral-treatment asylum was fairly sharply defined. The facility was to be kept small, providing care to no more than 250 patients. It should be located in the country, the grounds graced by flowerbeds and gardens, where the mentally ill could

l'aliénation mentale, then insanity was not likely due to an "organic lesion of the brain." Instead, he believed that many of his patients had retreated into delusions or become overwhelmed with depression because of the shocks of life—disappointed love, business failures, the blows of poverty.

In his treatise, Pinel set forth a vision for building a therapeutic asylum for the insane. Physicians would be schooled in distinguishing among the different types of insanity (he identified five "species" of mental derangement), and patients would be treated with therapies suitable for their particular kind of madness. The hospital, meanwhile, would be organized so that the patients' time would be filled not with idleness but with activities—work, games, and other diversions. Attendants would be counseled to treat the patients with "a mildness of tone" and never to strike them. A lay superintendent, imbued with a humanitarian philanthropy toward the mentally ill, would govern the asylum. In such a hospital, Pinel said, "the resources of nature" could be "skillfully assisted in her efforts" to heal the wounded mind.

As dramatic as Pinel's reform ideas were, they were still those of a medical man—he was seeking to change how physicians and society treated the insane but was not questioning whether the insane should be placed under the care of doctors. During this same period, Quakers in York, England, were developing their own form of moral treatment, and their reform efforts presented a much more vigorous challenge to the medical establishment. And while Pinel is remembered as the father of moral treatment, it was the Quakers' reforms, rooted in religious beliefs, that most directly remade care of the insane in America.

In eighteenth-century England, Quakers were largely shunned as outcasts. The Quaker movement had been founded in the 1650s by people dissatisfied with the authoritarian and class-conscious ways of the Protestant Church, and they were a socially radical group. They refused to pay tithes to the church, bear arms, or show obeisance to the king. They chose to live as a "Society of Friends" in a simple and plain manner, adopted pacifism as a guiding tenet, and believed that all people were equal before God, each soul guided by an "inner light." Although the Quakers were often persecuted for their beliefs—they were not allowed, for example, to earn

degrees from the two universities in England—they prospered as merchants and farmers, and this commercial success strengthened their confidence and resolve to keep their distance from the ruling elite. They viewed doctors with a great deal of skepticism and mistrust, and their mistrust grew after one of their members, a young woman named Hannah Mills, died in 1791 of ill treatment and neglect at the York asylum.

The York Quakers made no noisy protest about her death. That was not their way. Instead, led by William Tuke, they quietly decided to build their own "retreat" for their mentally ill, one that would be governed by their religious values rather than by any professed medical wisdom. They would treat the ill with gentleness and respect, as the "brethren" they were. It would be the needs of the ill, and not the needs of those who managed the retreat, that would guide their care.

The Quakers opened their small home in 1796. It was a simple place, with gardens and walks where the ill could get their fill of fresh air. They fed patients four times daily and regularly provided snacks that included biscuits along "with a glass of wine or porter."[4] They held tea parties, at which the patients were encouraged to dress up. During the day, patients were kept busy with a variety of tasks—sewing, gardening, and other domestic activities—and given opportunities to read, write, and play games like chess. Poetry was seen as particularly therapeutic.

The Quakers borrowed their "medical" philosophy from the ancient wisdom of Aeschylus: "Soft speech is to distemper'd wrath, medicinal." The therapeutics of the English mad-doctors, wrote Samuel Tuke, William's grandson, in 1813, were those at which "humanity should shudder." The one medical remedy regularly employed at the York Retreat was a warm bath, which was to last from twenty minutes to an hour. "If it be true," Samuel Tuke reasoned, "that oppression makes a *wise* man mad, is it to be supposed that stripes, and insults, and injuries, for which the receiver knows no cause, are calculated to make a *madman* wise? Or would they not exasperate his disease, and excite his resentment? May we not hence most clearly perceive, why furious mania, is almost a stranger in the Retreat? Why all patients wear clothes, and are generally induced to adopt orderly habits?"

The reason was the rise of moral treatment.

Rush, in his writings and in his hospital practices, had actually synthesized two disparate influences from Europe. The medical treatments he advised—the bleedings, the blisterings, the psychological terror—were the stuff of medical science. His counsel that the mentally ill should be treated with great kindness reflected reformist practices, known as moral treatment, that had arisen in France and among Quakers in England. However, the two influences made for strange bookfellows, for moral treatment had come about, in large part, in response to the harsh medical therapeutics. Care of the mentally ill was at a crossroads when Rush died in 1813, and it was moral treatment that took hold in the next few years, remaining the therapeutic ideal for most of the nineteenth century.

Lunacy Reform in Europe

The seeds of moral treatment were planted in 1793, when the French Revolution was raging, and physician Philippe Pinel was appointed by the revolutionary government to tend to the insane at the Salpêtrière and Bicêtre asylums in Paris. Prior to the revolution, when France was ruled by King Louis XVI, the lunatics had been treated with the usual neglect and brutality. Those who were manic were kept in chains and fetters, and all suffered the extremes of heat and cold in their miserable cells. At Bicêtre, which was the asylum for men, the insane were fed only one pound of bread a day, which was doled out in the morning, leaving them to spend the remainder of the day "in a delirium of hunger."[2] More than half of the men admitted to the asylums died within a year from starvation, cold, and disease. But the rallying cry of the French Revolution was *liberté, égalité, fraternité,* and by the time Pinel arrived, a lay superintendent, Jean Baptiste Pussin, had begun to treat them better. Pussin increased the patients' rations and reduced the use of restraints. Pinel, who greatly admired Pussin, quickly noticed that if the insane were not treated cruelly, they behaved in a fairly orderly fashion. The rantings and ravings that appeared to define the mad—the tearing of clothes, the smearing of feces, the screaming—were primarily antics of protest over inhumane treatment.

> I saw a great number of maniacs assembled together, and submitted to a regular system of discipline. Their disorders presented an endless variety of character; but their discordant movements were regulated on the part of the governor [Pussin] by the greatest possible skill, and even extravagance and disorder were marshalled into order and harmony. I then discovered, that insanity was curable in many instances, by mildness of treatment and attention to the state of the mind exclusively, and when coercion was indispensable, that it might be very effectively applied without corporal indignity.[3]

Inspired by Pussin, Pinel set out to rethink care of the insane. He took his patients' case histories and carefully detailed their responses to the treatment they received. He was highly skeptical about the remedies prescribed in medical texts and found that they did little to help his patients. The treatments were, he concluded, "rarely useful and frequently injurious" methods that had arisen from "prejudices, hypotheses, pedantry, ignorance, and the authority of celebrated names." Recommendations that the blood of maniacs be "lavishly spilled" made him wonder "whether the patient or his physician has the best claim to the appellation of a madman." His faith in "pharmaceutic preparations" declined to the point that he decided "never to have recourse to them," except as a last resort.

In place of such physical remedies, Pinel decided to focus on the "management of the mind," which he called *"traitement morale."* He talked to his patients and listened to their complaints. As he got to know them, he came to appreciate their many virtues. "I have nowhere met, except in romances, with fonder husbands, more affectionate parents, more impassioned lovers, more pure and exalted patriots, than in the lunatic asylum, during their intervals of calmness and reason. A man of sensibility may go there every day of his life, and witness scenes of indescribable tenderness to a most estimable virtue."

The success of this approach—not only did patients behave in a more orderly fashion, but some began talking sufficient sense to be discharged—convinced Pinel that prevailing scientific notions about the causes of insanity were wrong. If a nurturing environment could heal, he reasoned in his 1801 treatise, *Traité médico-philosophique sur*