Asylum and Community: History as a Guide to Improving Community Mental Health Care

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Introduction

The past has enduring importance for the present. While disciplines outside history tend to view historical studies as mere compilations of names, events and dates, the histories of institutions and their communities inform the present (Tuchman, 1998). This paper is based upon an historical organizational case study of the early history of the Athens (Ohio) Lunatic Asylum within the context of its community. The asylum was opened by the state of Ohio in 1874 and operated until 1991. Built to serve 500 patients, it eventually expanded to house nearly 2000 patients in the 1960's. Its early (nineteenth century) history reveals implications for present-day counseling practice and community mental health care. The locus of care for mental health in the United States has traditionally been described as either community-based or centralized, asylum-based. The conventional view of the history of the locus of care asserts that there have been three distinct eras: (1) the eighteenth century in which care rested with the community; (2) the "age of asylum" (approximately 1800 through the 1950's) in which mental health care was centralized in

asylums provided by the state or by the private sector; and (3) the present age of deinstitutionalized community care which began in the 1960's. The traditional view is that the community played a role in only the first and third eras.

Today, as mental health care is re-centered in the community, with the positive results of deinstitutionalization have come negative consequences. "Scull's dilemma", which contends that neither traditional mental hospitals nor community-based care have provided optimal mental health care, describes for the most part the facts of mental health care today (Scull, 1996). Williams and Doessel (2001) describe the isolation and homelessness in which many with serious mental illness live today. Lefley (1996) describes families unprepared and untrained for the care-giving required for mentally ill relatives. Sturdy connections to their communities for those with mental illness and their families could improve chances for recovery. This study identifies likely areas for constructing and renewing community connections.

The results described here are based upon an interpretive study of the connections between the Athens Lunatic Asylum and the Village of Athens, Ohio. A variety of archival documents from an array of people, institutions, organizations and groups were used to construct this history. Bogdan and Biklen's (1998) taxonomy of documents was used to analyze the information, which included (1) personal documents such as letters and diaries; (2) official documents such as annual reports, census information, and commitment documents; and (3) popular culture documents such as newspapers, atlases, and photographs.

Moral Treatment and the Athens Lunatic Asylum

The Athens Lunatic Asylum, opened in 1874, was built and operated through 1893 according to the principles of moral treatment, an alternative to the earlier, more aggressive tactics of curing mental illness via restraint and punishment (Caplan, 1969). Moral treatment dominated nineteenth American asylum medicine in the nineteenth century (Tomes, 1969). Its features included the belief that mental illness was curable, that physical punishment must be abolished, that treatment of those with mental illness as though they were capable of rational behavior was in itself curative, and that a system of routines and diversions in a restful and orderly setting was therapeutic (Gerlach-Spriggs, Kaufman & Warner, 1998). Asylum physicians believed that mental illness was brain-based and that a regular, healthy lifestyle could alter and correct the brain (Caplan, 1969). The architectural design of an asylum was considered central to the

success of moral treatment; that is cure of those with mental illness included attention to the built forms and landscape surrounding them. Indeed, guidelines issued in 1851 by the Association of Medical Superintendents of American Institutions for the Insane (the forerunner of the American Psychological Association) gave careful attention to landscape and built forms. These guidelines recommended that hospitals should be located in the country and have at least fifty acres devoted to gardens and pleasure grounds for patients with at least an additional fifty acres for farming. Detailed standards were given as to the number, type, and size of rooms and wards; natural lighting; ventilation; plumbing; and building materials (Kirkbride, 1973). Patients were classified and separated in wings fanning out from a central administrative section. At the Athens Asylum, this era of moral treatment lasted until the early 1890's, when moral treatment was abandoned in favor of custodial care, in part because of huge caseloads and overcrowding (Ziff, 2004).

Connections Between Asylum and Community

This study is an example of a community's collaboration with an asylum at a time when care has been thought of as situated within the asylum. In nineteenth century Athens, the boundaries between community and Asylum were porous. Rather than remaining isolated from the Athens Lunatic Asylum, the Athens community participated vigorously in Asylum affairs. Between 1867 and 1893, the Asylum at Athens was connected with its community in five areas: the money economy, the physical landscape, political and physical infrastructure, family and social order. These connections were forged by the Asylum's need for goods and services and for the needs of the Athens community for jobs, cash, recreation and entertainment, for a humanitarian resource for those with mental illness, and at times for a means of social control.

The Athens Lunatic Asylum was a major profit center for the small Ohio River Valley community of Athens. The Asylum, with its state appropriation reaching $127,938 in 1880, was by far the largest employer and institution in the village of Athens. Construction contracts were awarded to Athens firms, and it was an Athens businessmen who sold the Asylum its furnishings of beds, washstands, and bedding for 500 patients and 100 employees (Daniel, 1997). Farmers came to depend upon the Asylum's extensive fresh food purchases; merchants enjoyed year-round patronage by the Asylum's purchasing agent; the institution was the local utility company's largest customer; and contracts for meat and milk were awarded each year to Athens farmers. Athens men and women lived and worked on-site as

seamstresses, dining room attendants, cooks, laundresses, attendants, firemen, bakers, florists, engineers, and telegraph operators. Athens men worked as day labor to accomplish landscaping and carpentry tasks.

The Asylum grounds provided a permeable boundary between institution and community. They were a work site for both patients and employees: it took the better part of thirty years and much hand labor to accomplish the ambitious landscaping plan envisioned by Cincinnati landscape designer Herman Haerlin (Waite, 1997). Lacking public parks, the Athens community used the Asylum grounds as a recreation destination. Used also as a treatment ground for patients, the grounds remained a regional showcase until the 1960's when they were destroyed by a river engineering project. The physical presence of the Asylum and its grounds figured in the lives of Athens citizens: the view of the institution from town created a visual connection. For example, as it was built, Athens residents watched the construction from across the Hocking River. Merchant John Ballard wrote to his son in January of 1869 of the progress. "The work on the Assylum (sic) is progressing with great rapidity. It will look splendidly from various points in our town" (Ballard, 1869).

The Athens community used the state and local infrastructure to advance its interests in regard to the Asylum. Athens businessmen and politicians worked hard to bring the Asylum to Athens, successfully competing with 29 other towns in southeastern Ohio. A local trustee represented the interests of the Athens community on the Asylum Board of Trustees. The Village of Athens and the Asylum had a mutual interest in transportation connections and collaborated to build roads and walkways. Utilities also connected Asylum and community: the village's first telephone line connected the Asylum with the town drug store, and a private gas light company was formed by Athens men which furnished the Asylum with lighting.

Athens families sent their relatives to the Asylum for care. An average of two to three Athens residents were committed to the Asylum each year. The institution was a community resource for the elderly with dementia, for those suffering from depression, for those with drug and alcohol addictions, and for those likely to harm others or themselves. It was also a resource for families wishing to rid themselves of troublesome family members, especially women, and the Asylum accepted persons who were problematic to the community, such as homeless men ("tramps") and persons with epilepsy. Asylums have invariably met community needs for social control, and Athens was no different. For example, in the Athens area, nineteenth century home of the United Mine Workers, sheriff and judge worked to commit to the Asylum

a newcomer from West Virginia because of his preoccupation with establishing a labor union (Athens Mental Health Center Patient Records: Male #1945).

Asylum officers played a role in the social order and organization of Athens, often figuring in the local social landscape and enjoying prestige in the community. Asylum and community were socially connected by their functions as entertainment resources. Athens residents regularly attended private parties given by Asylum physicians, public holiday celebrations, and concerts and dramatic presentations held for patient entertainment. Likewise, patients and staff came to town for events such as the county fair.

Implications for community mental health care

This picture of community participation in mental health care in late nineteenth-century Athens, Ohio offers a structure for analyzing community connections for individuals and families coping with mental illness today. The case study of the asylum in Athens identifies five areas of connection that have relevance for community mental health care today: jobs and profits, infrastructure, landscape, family, and social organization.

Profits and infrastructure are enduring issues in mental health care. Today's mental health service systems are embedded in political and business structures which determine funding and types of care. In the 1970's, the economics of mental health care was introduced as a specialty by the NIMH. Mental health care, which does not operate like a traditional market economy, continues to challenge economists in developing workable models (Williams and Doessel, 2001). The question of who benefits from the political and economic infrastructure of mental health remains. For practicing counselors and for clients and their families, profits and political infrastructure very much continue to affect and determine the nature and scope of care that is provided.

Today's mental health care landscape is different from that of the nineteenth century, yet geography continues to have implications for counseling. What does the landscape of those with serious mental illness look like? Where do clients live in relation to care-givers, both professional and family? What are their transportation needs? What is the role of electronic communication in connecting those with serious mental illness to the community? What are the ways in which those with mental illness communicate and interact with the community and how can isolation be reduced?

In regard to social organization of a community, what are the implications for mental health care? Are social organizational structures inclusive of those with serious mental illness and if not, what can be done? What about schools and businesses? What prestige and privilege do mental health care providers enjoy in the community, and how does this affect our practice and our clients? To what extent does the community interact with those with severe mental illness? What can communities provide? As in the instance of the use of the asylum to suppress the labor movement, are there ways today in which mental illness continues to be socially constructed? Finally, in regard to family, in what ways are families supported and assisted in caring for members with serious mental illness?

This study connects the history of mental health care with the present by identifying questions to encourage robust connections between communities and those with mental illness and their families. It approaches the issue of who benefits from the political and economic infrastructure of mental health care, and it suggests that infrastructure, geography (both real and virtual), and community social organization could be fruitful areas for development of connections.

References

Athens Mental Health Center Patient Records. 1874-1893. *Athens Mental Health Center Collection: Mahn Center for Archives and Special Collections*. Alden Library: Ohio University.

Ballard, John (1869). Letter to his son 7-10-69. *Ballard Collection, MSS#23: Mahn Center for Archives and Special Collections*. Alden Library: Ohio University.

Bogdan, R. & and Biklen, S. (1998). *Qualitative research for education*. Needham Heights, MA: Allyn & Bacon.

Caplan, R.B. (1969). *Psychiatry and the community in nineteenth-century America*. New York: Basic Books.

Daniel, R. (1997). *Athens, Ohio: The village years*. Athens: Ohio University Press.

Gerlach-Spriggs, N. Kaufman, R. & Warner, Jr. S. (1998). *Restorative gardens: the healing landscape.* New Haven: Yale University Press.

Kirkbride, T. (1973). On the construction, organization, and general arrangements of hospitals for the insane. New York: Arno Press. (reprint of 1880 book).

Scull, A. (1996). Rethinking the history of asylumdom. In J. Melling & B. Forsyth (Eds.), *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective (295-315)*. London: Routledge.

Tomes, N. (1994). *The art of asylum keeping: Thomas Story Kirkbride and the origins of American psychiatry*. Philadelphia: University of Pennsylvania Press.

Tuchman, G. (1998). Historical social science: methodologies, methods, and meanings. Denzin, N. & Lincoln, Y. (Eds.), *Strategies of qualitative inquiry* (pp. 225-260). Thousand Oaks, CA: Sage Publications.

Williams, R. & Doessel, D. (2001). *The economics of mental health care*. Aldershot: Ashgate.

Ziff, K. (2004). *Asylum and community: connections between the Athens Lunatic Asylum and the village of Athens, 1867-1893*. Dissertation Abstracts International.