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Teaching with Primary Sources: Exploring the History of Mental Health Care through Asylum and State Hospital Reports

Educator's Guide

Purpose: This hands-on activity uses a worksheet to guide students through the reading of digitized asylum and state hospital reports as part of a larger discussion of the history of mental health institutionalization in the U.S. Topics explored include diagnoses, treatments, patient experiences, and changes to the institutional model over time.

Duration: Minimum 60 minutes

Level: High school and undergraduate

Questions? Feedback? Please reach out to us at ahap@uakron.edu

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Setting up the Activity

In this primary source-based activity, students complete a worksheet that helps guide them through the reading of an asylum or state hospital report from the nineteenth or early twentieth century. Students will complete independent and partnered work, followed by a class discussion.

Learning Objectives

By the end of the activity:

1. Students will be able to discuss the general origins of the U.S. mental health care system;
2. Students will be able to describe the key characteristics and challenges of early U.S. mental health institutions.
3. Students will understand early treatment methods used in U.S. mental health institutions, including the principles of moral treatment.

Recommended Duration

We recommend 50-60 minutes for this activity divided as follows:

- 20 minutes for independent review of the assigned report and completion of questions 1-7 on the Student Worksheet.
- 10 minutes for discussion with a partner or small group on the similarities and differences between reports.
- 20-30 minutes for class review of the worksheet.

Supplies

Each student needs:

- A copy of the Student Worksheet (print or digital).
- An assigned (or selected) digitized annual report.

About the Annual Reports

Historically, every asylum and state hospital submitted a report annually to their Board and state government. These reports contain day-to-day details about the operations of an institution for a given year. Typical reports list patient demographics and statistics, operational highlights, struggles the institution is facing, and financial reports. Some reports will also feature case studies, floor plans, or even photographs. They are a rich

resource for information on the history of disease classification, treatment philosophy and adoption, and institutional experiences.

The Archives of the History of American Psychology holds the largest multi-region collection of asylum and state hospital reports in the U.S. The Cushing Memorial Library Collection of Asylum Reports was collected and donated by Ludy T. Benjamin, Jr. It contains over 570 reports representing 33 states between the years 1834 to 1967.

The bulk of the collection is digitized and searchable through our website at: https://collections.uakron.edu/digital/collection/AsylumReport

Recommended Reports

Selecting Reports for the Activity

You can have your students look at *any* of the digitized annual reports in our collection. For the Student Worksheet, we recommend:

- Assigning reports from different states to emphasize similarities across the U.S.
- Assigning reports from the 1800s to half the class and reports from the 1900s to the other half to encourage conversations about change (and consistency) across time.

Please note that although there is a lot of consistency across annual reports, not all reports feature the same discussions. We recommend previewing the reports before assigning them to your students. To help get you started, we have provided a list of recommended reports divided between the nineteenth and twentieth centuries.

Suggested Reports

The following list of reports is suggested to help get you started with the activity. These reports contain all of the information required for students to complete the Student Worksheet.

Nineteenth Century

Year	Institution	Location	Call number
1857	Fifteenth Annual Report of the Managers of the State Lunatic Asylum	Utica, NY	RC445 .N7 N4 1857
1867	Reports of the Trustees and Superintendent of the Maine Insane Hospital	Augusta, ME	RA891 .M2 R3 1867
1878	Twelfth Annual Report of the Board of Trustees and Officers of the Minnesota Hospital for Insane	St. Peter, MN	RC445 .M6 S7 1878
1878	Biennial Report of the Superintendent of the Insane Asylum	Salem, OR	RC445 .O7 O7 1878
1886-1887	Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum	Jackson, MS	RC445 .M73 J3 1888
1890	Biennial Report of the Trustees of the State Insane Asylum at Agnews, Santa Clara County, California	Agnews, CA	RC445 .C19 A3 1890
1891	Thirty-Second Annual Report of the Board of Directors and Superintendent of Longview Asylum	Carthage, OH	RC445 .O3 L66 1892

1891-1892	Biennial Report of the Board of Trustees of the Western Washington Hospital for the Insane of the State of Washington	Lakewood, WA	RC445 .W2 W47 1892
1899	Sixty-First Annual Report of the Columbus State Hospital	Columbus, OH	RC445 .O3 C64 1899

Twentieth Century

Year	Institution	Location	Call number
1904	Report of the Connecticut Hospital for the Isane	Middletown, CT	RC445 .C8 A5 1904
1905	Ninth Annual Report of the Medfield Insane Asylum	Medfield, MA	RC445 .M4 M42 1904
1907	Annual Report of the Board of Managers of the New Jersey State Hospital	Trenton, NJ	RC445 .N5 T7 1907
1914	Nineteenth Biennial Report of the Topeka State Hospital	Topeka, KS	RC445 .K2 T6 v.1914
1914	Thirty-Seventh Annual Report of the Trustees of the Danvers State Hospital	Danvers, MA	RC445 .M4 D36 1914
1921	Report of the St. Elizabeths Hospital	Washington, DC	RC445 .D6 W4 1921
1924	Biennial Report of the Brattleboro Retreat of the State of Vermont	Brattleboro, VT	RC445 .V5 B72 1924
1926	Nineteenth Biennial Report of the Superintendent of the Yankton State Hospital	Yankton, SD	RC445 .S6 Y3 1926
1931	Annual Report of the Trustees of the Boston State Hospital	Boston, MA	RC445 .M4 B73 1931
1939	Annual Report of the Trustees f the Worcester State Hospital	Worcester, MA	RC445 .M4 W67 1939

Notes to Lead your Class Discussion

After your students have had a chance to review their annual reports and complete the Student Worksheet, we recommend holding a class discussion to review the questions and compare findings.

Below you will find some notes for each question on the worksheet to help start your discussion. We recommend asking for volunteers to share what they found for each question to encourage comparison across reports.

About Your Institution

The first two questions help establish what report each student is working with and the variety of reports (geographic; in time) used by students in the class.

1. **What is the name of your institution and where was it located?**
   - The names of the institutions typically include their location. Most states operated at least one mental health institution (the more populated states opened multiple institutions).
   - Is the name "asylum" or "hospital"?
     - The term "asylum" originally meant a place of refuge, but the stigma that grew around the term pushed the field to replace it with the word "hospital."
     - One of the earliest adopters of the term "hospital" was the State Lunatic Hospital in Pennsylvania, PA. Their best-known superintendent, Dr. Thomas S. Kirkbride, advocated for the use of the term as part of his popular Kirkbride Plan of institutional design (see his 1854 book: *On the Construction, Organization, and General Arrangements of Hospitals for the Insane with Some Remarks on Insanity and its Treatment*).

2. **What year is your asylum report from?**
   - Formalized mental health care in the U.S. originated in asylums and state hospitals. The Eastern State Hospital in Williamsburg, VA opened in 1773 as the first public mental health institution in the U.S.
   - The institutional model dominated the U.S. mental health care system for roughly 200 years.
   - Admission to an institution was believed to be essential in the original treatment model ("moral treatment") adopted in the U.S. in the early 1800s.
   - "Deinstitutionalization" was the process of shifting the mental health care system from an institutional model to the community-care model. States downsized and/or closed their institutions beginning in the 1970s and continuing into the 2000s. Institutional care still exists but is no longer the central location of our mental health care system.

Who Were the Patients?

Questions 3 and 4 ask students to examine their institution's population statistics and the types of diagnoses assigned to patients. This data is often found in tables, typically located in the final pages of an annual report.

3. **What is the ratio of male to female patients in your report?**
    - Most reports feature a (roughly) equal split between the number of men and women housed in the institution. Institutions throughout the nineteenth and early twentieth centuries were designed with a gender divide: half of the buildings and grounds were dedicated to men; half were dedicated to women. It was deemed improper for men and women to receive care in the same wards.
        - Common exceptions include institutions located in the Western states since their populations were skewed male for many years.
    - Although there were differences in the diagnoses, treatment, and experiences of patients based on their gender, there was a general belief that "insanity" affected the genders at an equal rate.
    - Staff were also separated by gender: male attendants worked with male patients; female attendants worked with female patients.
        - Female attendants became nurses beginning in the late 1880s-1890s, complete with specialized medical training and adoption of the nursing uniform. Male attendants did not receive the same professional acceptance for several decades – they were often hired for their physical size to exert control over the patients.

4. **What are the three most common "forms of insanity" or "psychoses" (diagnoses) in your report?**
    - "Forms" or "psychoses" (diagnoses) are not the same as "causes:"
        - "Forms" were assigned upon admission to the institution by the admitting physician or medical superintendent.
        - "Causes" were the suggested explanations for what event might have led to an individual's development of symptoms. These were reported on the admission forms by family, friends, or referring physicians.
    - Diagnoses vary by report and by year. Earlier years include fewer categories than later reports.
        - Early categories are largely divided between "mania" (excitable symptoms) and "melancholia" (depressed symptoms).
            - A higher number of women are often found under the category of "mania." One explanation is that women who were more excitable, loud, boisterous, etc. stood out from the societal norms of the period.

Their behaviors were more likely to be defined as problematic and in need of treatment.

- Some common diagnoses defined:
    - **Monomania:** Partial insanity, i.e., the person's intellect is left undamaged, but some aspect of the mind is "unsound" (e.g., obsessive, fixed ideas).
    - **Inebriate:** Alcoholism.
    - **Dipsomania:** Intermittent alcoholism (specifically, intermittent craving for alcohol).
    - **Syphilis, General Paresis, or Paralysis of the Insane:** Late stages of the syphilis infection. This diagnosis was largely eliminated from institutions in the twentieth century thanks to fever therapies and, later, penicillin.
    - **Folie Circulaire or Manic Depression:** Switching between mania and melancholia with a break in-between. Often described as the early name for bipolar disorder, although the definition is not a perfect 1:1.
    - **Dementia Praecox:** Often described as the early name for schizophrenia, although the definition is not a perfect 1:1.
    - **Imbecile, Idiot, Moron, or Feebleminded:** Terms used to denote intellectual disability. Separate institutions were operated for those with intellectual disabilities, but some individuals were mistakenly admitted to institutions dedicated to mental illness.
    - **Not Insane:** Sign of a disagreement between institutional administrators and those sending an individual for admission.
- Although the worksheet asks students to look at diagnoses, many reports will contain tables listing the presumed causes that led to a person's development of symptoms. Consider expanding your discussion to reflect on the suggested causes listed on admission forms:
    - Common causes include events that many students will relate to, such as loss of a family member, heartbreak, struggles with the pressures of their studies, failure of business, effects of war, etc.
    - Ill-health and injury appear in general and specific forms.
    - Heredity is commonly listed and can open discussions of eugenics.
    - Gender-specific causes are more common for women. These often include factors relating to their reproductive cycles (pregnancy, puerperal state, lactation, miscarriage, loss of child), menstruation cycles (onset, irregularity, or cessation), or organs (especially the ovaries and uterus).

- Highest number of causes listed on a report may be "no history" or "unknown." In many cases, those completing the admission forms had no suggestion as to what prevailing event or circumstances led to the individual's situation.

Patient Experiences

"Moral treatment" was the initial treatment philosophy adopted by U.S. institutions; it defined mental health care throughout the nineteenth century. Moral treatment was adopted from Western Europe (especially France and England), but took on distinct characteristics in the U.S. In general, the philosophy emphasized the healing properties of a purposefully designed therapeutic environment, a healthy diet, mandatory physical labor, and prescribed recreation. Although it was formally replaced by somatic therapies (e.g., shock therapies), the general practices of moral treatment (institutionalization, labor, recreation) defined nearly the entirety of institutional mental health care history.

5. **How is treatment described?**
   - This is often the most difficult question for students to answer because they are looking for something clearly labelled "treatment" in their report. It is helpful to remind them that institutionalization *was* treatment in and of itself, therefore any discussion of the building, grounds, or conditions *is* a discussion of treatment.
   - Early reports do not regularly name "moral treatment" per se but instead describe its key characteristics: institutionalization, the environment, diet, patient labor ("work" or "employment"), airflow, sunlight, and recreation.
   - Sexual surgeries (surgeries on the sexual organs) were not common to all institutions and was heavily debated between institutions.
   - Some earlier reports may mention the use of water at varying temperatures to calm or excite a patient. Continuous baths, packs, and sprays became more common in the twentieth century.
   - Somatic therapies were introduced beginning in the 1940s, including shock therapies (e.g., insulin, Metrazol, and electroshock) and, later, psychosurgeries (e.g., lobotomies, leucotomies).
   - Psychopharmaceuticals were formally introduced to mental health care with the development of chlorpromazine in 1954, but students may find evidence of early sedative, purgative, and laxative use in their reports (e.g., alcohol, opium, morphine, chloral hydrate, bromides, etc.)

6. **What type of "work" or "employment" were patients expected to perform for the institution?**

- Some reports comment on patient labor in the body of the text, while others only feature tables summarizing the resulting products (e.g., Matron's report, Sewing report, Farm report, etc.)
- Patients were required to engage in physical labor initially as part of "moral treatment" and later as part of the standard operations of the institutions. This practice resulted in financial savings for the institution (which may explain its longevity post-moral treatment).
    - Patient labor would become a core focus of the Patient Rights Movement that began in the 1970s.
- Labor tasks were gendered:
    - Women commonly sewed or mended clothing and sheets for the institutional population, worked in the industrial laundry, cleaned the wards, or assisted in the kitchen. These tasks took place primarily indoors.
    - Men commonly contributed to the operations of the institutional farms or construction projects. These tasks took place primarily outdoors.

7. **How are the conditions inside the institution described?**
    - Overcrowding was the number one challenge facing institutions across their history. No state was immune from the crisis. Most reports feature comments relating to growing populations, limits of the existing buildings, or a need for expansion (e.g., building additions, new construction, or recommendations for the establishment of a new institution in the state).
    - Many annual reports will include reference to being "epidemic free" (or not). The confined environment of institutions put them at high risk for outbreaks of contagions such as cholera, typhoid, and the flu ("la grippe"). In the twentieth century, tuberculosis infections were common, resulting in the construction of isolation wards for afflicted patients and staff.
    - If your students look at reports from segregated institutions, they may notice discrepancies in conditions between buildings for white patients vs. Black patients (the latter population being subjected to poorer conditions in terms of cleanliness, pest control, use of restraints, and general provision of furniture).

Looking for Trends: Compare your Report with a Classmate

Having students compare their reports with a classmate initiates a discussion about similarities and differences between institutions and across time. Comparison discussions are particularly effective if students work with reports from different centuries.

8. **How are your reports similar? How are they different?**
    - Although most institutions were operated at the state level, there were more similarities than differences between states. These similarities extend in many ways to private and federally operated institutions.

- Common similarities:
    - The format and layout of the reports are very similar year to year and state to state.
    - Treatments adopted in a particular time period will be similar from institution to institution.
    - Most reports focus a significant amount of their text on discussions relating to the buildings and grounds (e.g., construction, maintenance, conditions, etc.).
    - Many reports feature administrative complaints. These commonly focus on issues of finances, overcrowding, and/or conditions.
- Common differences:
    - Disagreements between institutions concerning treatment methods, use of restraints, ideas relating to gender, admission of People of Color, etc.
    - Changes over time, especially the introduction of new treatments.