

Seeking Voices in Dark Places: The History of the Tennessee Asylum for the Insane

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I would like to dedicate this thesis in honor of my ancestor, William Chesley Newborn, who died and was buried in an unmarked grave at Central State Hospital for the Insane in Nashville. You are not forgotten.

Abstract

The public memory of former insane asylums across the United States has been forgotten by society. These former institutions have complicated histories that overshadow our community's conversation about mental health. The argument for this thesis is that the history of these institutions matters, and historians need to find meaningful ways to create meaningful connections between the past asylums to modern ideas about mental health.

This thesis highlights the institutional memory of the Tennessee Asylum for the Insane, which once stood in Nashville. This project unravels the institution's history that local historians have overlooked. By understanding the institutional history of the Tennessee Asylum and creating momentum for researchers to find more information about the site, the memory of all who had connections to the asylum will live on. This work will add to the history of mental institutions across the United States and finally allow the voices of mental health patients to be heard.

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Preface

In the summer of 2021, I took an online 19th-century seminar course focused on the history of medicine. One week during this course, the professor, Dr. Lisa Pruitt, covered the topic of mental health treatment and discussed asylums. This topic piqued my interest, and I began to research the topic more, finding out that an asylum was established in Nashville, Tennessee, in the early 1800s. Later that evening, I ate dinner with my parents and told them what I had found out earlier that day. My parents are healthcare professionals, and I thought what I learned would interest them. When I told my dad about the Nashville Asylum, he said we have an ancestor who was a patient there in the 1920s and was buried on the property somewhere in an unmarked grave. This new information caught me by surprise and ultimately confirmed my decision to write my thesis on the history of the Tennessee Asylum for the Insane. This thesis is written to honor my ancestor and revive the institution's and patients' public memory.

While writing this thesis, I encountered various obstacles and had to shift my perspective on the project. My idea for this thesis focused on the impact of the American Civil War on the mental health of Tennesseans and highlighted soldiers who were institutionalized. This topic had one major problem: I could not gain access to the records of patients at the Tennessee Asylum for the Insane. The Tennessee State Library and Archives does not allow visitors to look at the records of patients because they are considered healthcare records and will never be available for public viewing. One archivist suggested that to view these records, one must have a court order from a judge in Davidson County with a justifiable reason to open and research them. The denial of records meant that I could not see documents that discuss each patient's treatment and find out more specific information about their entire lives. I had to use census and military records to correlate who might have been in the asylum, which led to speculative conclusions. This issue

continues to plague research about the Tennessee Asylum for the Insane and the final draft of my thesis.

Due to the denial of records, I used other primary source material from institutions across the United States. I wrote about patients from other hospitals, hoping they might have had the same experiences as patients at the Tennessee asylum. However, this made the overall thesis incompatible with the original plan, and it lost its focus on sharing the stories of Tennesseans who spent time in a forgotten institution. Other issues with this thesis included the plan to argue that all asylums were abusive towards patients during the Civil War era. Without the records from the Tennessee asylum on the abuse of patients, the argument fell flat and incomplete. I did not think that this version of my thesis would be impactful to readers. I shifted my focus again to highlight only the institutional memory of the Tennessee Asylum for the Insane in Nashville.

So instead, this new version of my thesis aims only to discuss the history of the Tennessee Asylum, considering all of its flaws and reinvigorating the public memory of a forgotten institution. The argument in this thesis is simple: memories and stories of the past impact our future, and they deserve to be recognized. So, in this work, I lay out the institutional history of the site from the start in 1842 to its closing in 1995, highlighting important information about different patients, events, and how the institution changed over time. My last chapter provides different ways to reclaim the memory of the site and the potential to commemorate the area thoroughly with respect and dignity. Some ideas considered in this chapter are cemetery preservation, a micro-exhibition, and public education about mental health history. I hope this research will be continued by historians and mental health advocates so that the patients from the Tennessee asylum will never be forgotten again.

Chapter 1: A Brief History of Psychiatric Institutions in the United States

The mental health field has been studied heavily by historians for many decades. All historians agree that lunatic asylums did not help mentally ill patients, but even more so, mistreated them severely and inhumanely. Foundational works such as Albert Deutsch's *The Mentally Ill in America* (1949) and Mary A. Jimenez's *Changing Faces of Madness* (1987) highlights medical practices of the 1800s and the lack of total understanding about mental illness. Other works such as Gerald Grob's *the Mad Among Us* (1994), sought to shed light on the division between private and public institutions and how social policies dictated the government's role in the lives of mentally ill patients. These foundational works gave historians essential facts to consider about the history of institutional care. However, they did not discuss the stories of patients or racist medical practices of the time period. In the 1990s, as history became more specialized, other studies emerged about different aspects of lunatic asylums.¹

The works published in the 1990s and early 2000s continued to agree that the asylum system of the 1800s did not work, but then shifted to discuss specific stories not told before. Lynn Gamwell and Nancy Tomes's *Madness in America* (1995) was one of the first publications to include the mental health culture of African and Native Americans. The authors of this work suggests that societal strife played a vital role in the institutionalization of citizens. Some studies discussed how doctors treated patients through architecture, such as in Carla Yanni's *Architecture of Madness* (2007). In the late 2000s and 2010s, the stories of patients took center stage in journal articles and books. Intersectionality between mental illness history, race, and

¹ Albert Deutsch, *Mentally Ill in America: A History of Their Care and Treatment from Colonial Times*, Second Edition (New York: Columbia University Press, 1949); Mary Ann Jimenez, *Changing Faces of Madness: Early American Attitudes and Treatment of the Insane* (University Press of New England, Handover and London: Brandeis University Press, 1987); Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York and London: The Free Press, 1994)

gender became a prominent theme. Benjamin Reiss's *Theatres of Madness* (2008) dives into racist entertainment practices of asylums, such as minstrel shows that doctors thought cured patients of mental illness. In her pivotal work, *Asylum on the Hill* (2012), Katherine Ziff recounts stories of patients at the Athens Lunatic Asylum in Ohio, providing snapshots of life in the asylum and recounting various stories of abuse. A few historians are researching and writing about African Americans and their role at asylums while enslaved and as free people.²

The asylum system continued to grow in power during the American Civil War, and some scholars have created publications that pose important questions about the mental well-being of soldiers in one of the most critical times in American history. In *Aberration of Mind* (2018), Diane Sommerville highlights the stories of southern Confederate men who fought in the war and sacrificed their mental well-being for the sake of their beliefs. In explicit detail, Sommerville describes the traumatic trials of war, suicide, and institutionalization of soldiers. She argues that after the war, many people coped with their trauma in various ways, and further research needs to be undertaken by historians to fully understand the impact of the war on the mental health of 19th-century civilians. The work *Invisible Wounds* (2021), by Dillon Carroll, compliments Sommerville and argues that everyone involved in the war, whether they fought in

² Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Birmingham University Art Museum: Cornell University Press, 1995); Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007); Robert Oliver, "A Crumbling Fortress: The Tennessee Lunatic Asylum, 1837-1865," *Tennessee Historical Quarterly* 54, no. 2 (1995): 124-139 <http://www.jstor.org/stable/42627194>; Benjamin Reiss, *Theatres of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: Chicago University Press, 2008) <https://search-ebscohost-com.ezproxy.mtsu.edu/login.aspx?direct=true&db=nlebk&AN=260218&site=eds-live&scope=site>.; Katherine K. Ziff, *Asylum on the Hill: History of a Healing Landscape* (Athens: Ohio University Press, 2012) <https://muse-jhu-edu.ezproxy.mtsu.edu/book13519>; Wendy Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry, 1840 to 1880* (Chapel Hill: The University of North Carolina Press, 2018) <https://search-ebscohost-com.ezproxy.mtsu.edu/login.aspx?direct=true&db=nlebk&AN=2023713&site=eds-live&scope=site>; Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton Legacy Library: Princeton University Press, 2019) <https://search-ebscohost-com.ezproxy.mtsu.edu/login.aspx?direct=true&db=cat08646a&AN=mts.405528f3.9a83.4ee1.a3f3.586f9d61b4c0&site=eds-live&scope=site>

it or stayed home, dealt with the trauma of war. Carroll used primary source material connecting the mental illnesses of Civil War soldiers and their time inside mental institutions across the United States. Historians continue to research mental health topics and how these institutions have changed.³

Throughout American history, society treated those who struggled with mental illness horribly. Before 1800, the ‘mentally ill’ were believed to be witches or possessed by demons. Those unwell did not receive proper care, and some family members decided to take their loved ones to a minister for an exorcism or, even worse, send them to poorhouses or madhouses if they could not control them. One case which highlighted the idea of demonic entities tied to mental illness was the Salem Witchcraft Trials of 1692. However, scholars claim that there is no clear evidence that victims of the witch trials had any form of mental illness. The culture at large vilified and demonized unusual behavior that can often be linked to someone with mania (extreme mood changes/emotions), melancholia (depression like symptoms), or hysteria (fits of uncontrollable emotion).⁴

Well-known Puritan Reverend Cotton Mather was one of the first religious leaders to decide how society thought about and discussed mental illnesses. Colonists in this period used madness to understand the soul rather than the human body. Mary Ann Jimenez writes, “sin was not the cause only of insanity in Mather’s cosmology, but all human suffering.” Reverend Mather even went so far as to conclude that melancholia was “despair over one’s soul.” Nevertheless, why did a Christian religious leader influence psychological debates rather than a

³ Diane M. Sommerville, *Aberration of Mind: Suicide and Suffering in the Civil War-Era South*, (Chapel Hill: The University of North Carolina Press, 2018); Dillon Carroll, *Invisible Wounds: Mental Illness and Civil War Soldiers*, (Baton Rouge: Louisiana State University Press, 2021)

⁴ Albert Deutsch, *Mentally Ill in America*, 2-31.

trained physician? One reason might be the lack of confidence in the medical profession, with many citizens disliking ‘quack’ doctors or healers in their community. Thus, the responsibility for the care of the insane went to local government entities such as almshouses and jails.⁵

Across the waters, in London, England, one of the most notorious lunatic asylums was founded in 1247 exclusively to house the mentally ill. Bethlem Hospital, later nicknamed ‘Bedlam,’ became the experimental institution in Europe and the prime model for other institutions to replicate. Bethlem, where “conditions were cold and damp, inmates slept on the floor, and the place was seldom cleaned,” became infamous for the mistreatment of patients. The notoriety of Bethlem Hospital continued to grow into the mid-1700s with continued reports of mistreatment with patients in “legs locks and handcuffs,” overcrowding, and frequent visitors who wanted to view the mass chaos of the ‘zoo’-like institution. Around this time, other lunatic asylums were found in England. Interest in the mentally ill intensified, and physicians and others concerned with the mentally afflicted began questioning the treatment of the insane and how the mind affected the body.⁶

This concern for proper care of mentally unwell citizens can be shown through countless stories of patients who suffered at the hands of doctors, attendants, and their fellow inmates at hospitals, asylums, and prisons across the globe. Loved ones did not have a protocol to follow when their mentally unwell loved ones became uncontrollable. Some families sent their loved ones to poor houses, while others were sent to overcrowded hospitals and subjected to abusive treatment. Phillippe Pinel, one of the men who influenced the future father of psychology, Dr.

⁵ Mary Ann Jimenez, *Changing Faces of Madness*, 12-13, 22, 29, 38, 65.

⁶ Carla Yanni, *Architecture of Madness*, 18-25, Michelle Higgs, *Tracing your Ancestors in Lunatic Asylums: A Guide for Family Historians*, (South Yorkshire: Pen and Sword Family History, 2019): 2-5.

Benjamin Rush, in transforming the psychology field, saw the mistreatment of patients (beatings, isolation, bondage, and unnecessary bloodletting) did not help the mental well-being of anyone institutionalized. Pinel ascribed to an Enlightenment ideology called moral treatment. In simple terms, moral treatment focused on the therapeutic remedy of the patient's character and spiritual and bodily well-being without physical force or punishment. This treatment included ideas on healthy diets, physical and mental exercise, religion, and temperance of alcohol usage. Moral treatment did not become popular in the United States until the early 1840s.⁷

By the early 1700s, doctors started questioning the theological belief of demons contaminating the body and further researched human anatomy. Some physicians, like founding father Benjamin Rush, were particularly interested in the mind and how it relates to the body. Dr. Rush's philosophical beliefs became a mixture of Christian morality and ideas about what it meant to be a secular, law-abiding citizen. According to Eric Carlson and Meribeth M. Simpson, Rush thought "a variety of influences can affect the moral sense, can cause disease... among them are climate, diet, extreme hunger, excessive sleep, pain..." and many other factors. His ideology within the psychology movement grew through the work of Phillippe Pinel and James C. Prichard. Although Rush did not start the construction of asylums, he believed patients should be treated with proper care. However, Rush's idea of medical treatment for the insane included restraint devices, bloodletting, and other abusive practices.⁸

⁷ Ludy T. Benjamin and David B. Baker, *From Séance to Science: A History of the Profession of Psychology in America*. Revised ed., (Akron: The University of Akron Press, 2013): 39-43. muse.jhu.edu/book/34742.

⁸ Eric T. Carlson and Meribeth M. Simpson, "Benjamin Rush's Medical Use of the Moral Faculty," *Bulletin of the History of Medicine* 39, no. 1 (1965): 26-33.

Historians speculate that the first insane asylum in the United States that used moral treatment was the Friends' Asylum for the Relief of Persons Deprived of the Use of Their Reason in Frankford, Pennsylvania. The asylum was founded in 1817 by a group of local Quakers. The religious group was appalled by the lack of humane treatment for the mentally ill in their community. The asylum plan followed William Tuke's teachings and embodied the York Retreat, another asylum that opened in 1792 in England that cured patients through moral treatment. In the words of the National Parks Service, the Friends Asylum “was the first private, nonprofit, exclusively mental hospital in the United States.” This institution became the roadmap for future asylums across the country and was one of the many influences on Dr. Thomas Story Kirkbride, the architect of the asylum ⁹[OBJ].

In 1841, Dr. Thomas Story Kirkbride became the superintendent of one of the first Hospitals for the Insane in Pennsylvania. The culture surrounding Kirkbride as a young boy was obsessed with being the best one could be physically, mentally, and economically. Two streams of thought influenced Kirkbride---Enlightenment philosophy and Christian perfectionism. While in medical school, Kirkbride joined the new wave of doctors and alienists in their belief in moral treatment and enlightenment thinking about bodily health. Alienists were doctors who specialized in asylum care, and Kirkbride soon became interested in the subject. Before becoming the superintendent of the Pennsylvania hospital, Dr. Kirkbride studied and worked at other asylums in the area, seeing the changing practices within an asylum first-hand. While at the Friends Asylum in the same state, Kirkbride realized patients responded better to moral therapeutic treatments than physical restraint and punishment. He was later appointed the

⁹ Carla Yanni, “The Linear Plan for Insane Asylums in the United States before 1866,” *Journal of the Society of Architectural Historians* 62, no. 1 (2003): 28-29; National Parks Service, “Friends Asylum,” last updated July 28, 2017, <https://www.nps.gov/places/friends-asylum.htm>

superintendent of the largest insane asylum in Pennsylvania and ordered all those who dealt with patients to follow moral treatment practices. In the early 1840s, Thomas Kirkbride helped form the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI).¹⁰

After studying asylum systems for many years, Thomas Kirkbride became interested in how hospital design affects the curability of a patient. He wanted asylums to recreate “the societal environment patients came from, yet recast its features in therapeutic terms.” The recreation of the home was simply a strategic choice in the architectural design of the asylum. Kirkbride sought perfection in the location of the asylum. The institution had to be out of the city but accessible to visitors. The Kirkbride plan for asylums also included the construction of wards that were mindful of ventilation, lighting, and the patient's overall comfort. Men and women had to be entirely separated in different wings of the institution. Eight wards on each wing optimized patient care and accessibility. Kirkbride included all suggestions for the construction of asylums in his pivotal work, *On Construction, Organization, and General Arrangements of Hospitals for the Insane* (1854). This book offered further instruction about making the interior and exterior of the asylum aesthetically pleasing but also able to confine mentally ill patients.¹¹

¹⁰ Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1994), 42-52, 64, 65, 75.

¹¹ Nancy Tomes, *The Art of Asylum Keeping*, 8-10, 131-145; Carla Yanni, *Architecture of Madness*, 50-60; Thomas Story Kirkbride, *On Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: unknown press, 1854)

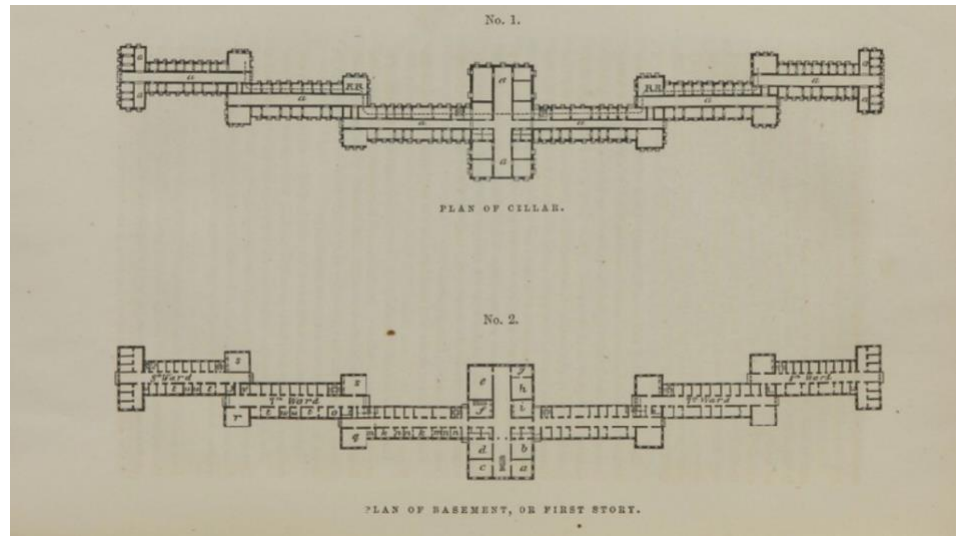


Figure 1 Thomas Story Kirkbride, *On Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: unknown press, 1854)

Kirkbride and other psychiatrists across the country believed well-constructed hospitals influenced patient treatment. Treatment of the insane away from their homes became a significant recommendation by doctors so that the mentally ill would find a more controlled environment to heal. In her work *Architecture of Madness*, Carla Yanni suggests that “by separating the lunatic from the home, the morbid associations of his or her previous life” and the architectural design of the asylum would help cure the patient. The Kirkbride plan was found favorable to medical professionals, and the AMSAII believed in the power of architecture. The plan also influenced how attendants and doctors treated patients through the new medical philosophy called moral treatment. Although moral treatment was not a new type of treatment, it became popular in the United States in the early 1800s.¹²

Moral Treatment argued that anyone with a mental illness could be cured through kindness, respect for one’s body, and specialized medical regimens prescribed by medical professionals. Doctors saw patients as “unfortunate, suffering human beings who deserved kind

¹² Carla Yanni, *Architecture of Madness*, 6-15.

physical care...and preservation of self-esteem and dignity.” Hallmarks of this treatment included comfortable living areas, a regulated diet, and recreational activities. Carefully planned routines and aesthetically pleasing architecture created a sense of normalcy for patients to be cured. This type of treatment meant less use of restraint systems, bloodletting, and other abusive practices. Confidence in moral treatment as a cure for mental illness peaked from 1830 to 1860 but later declined after the American Civil War due to the failure rate of treating patients. The concept of moral treatment became popular through the writings of Dr. Kirkbride, Phillipe Pinel, and the efforts of AMSAII.¹³

The Association of Medical Superintendents of American Institutions for the Insane regularly discussed new treatments for insanity through publications in the *American Journal of Insanity*, which included new research, stories of patients inside asylums, and the curability of a variety of illnesses. The journal helped the Association of Medical Superintendents of American Institutions for the Insane to grow. However, more importantly, it created a space for asylum superintendents to discuss moral treatment and how it cured their patients of mental illnesses. The first publication was in 1844, and it documented a brief history of insanity, statistics of the number of insane in various countries, and reports from asylums in the United States and how they are faring. According to Benjamin Reiss in *Theatres of Madness*, the first-ever publication of the journal had “900 subscribers and an exchange list of 330 periodicals, numbers that continued to grow through the mid-1850s.” The journal was rebranded in 1921, called the *American Journal of Psychiatry*. This journal influenced the power of asylums and the treatment

¹³ Joseph P. Morrissey, and Howard H. Goldman, “Care and Treatment of the Mentally Ill in the United States: Historical Developments and Reforms.” *The Annals of the American Academy of Political and Social Science*, vol. 484, (1986): 15-20; Dorothy Miller, and Esther Blanc, “Concepts of ‘Moral Treatment’ for the Mentally Ill: Implications for Social Work with Posthospital Mental Patients.” *Social Service Review* 41, no 1. (1967): 66-71; Katherine Ziff, *Asylum on the Hill*, 6-12.

of patients. According to these journals, superintendents saw the rising cases of mental illnesses in their beloved country and became concerned. The rise of cases led many states to open their own asylums, including the creation of The Tennessee Asylum for the Insane in 1840 and other prolific institutions.¹⁴

Famous Insane Asylums of the 1840s and 1850s

In 1836, an act to establish an insane asylum for the State of New York passed due to the rising concern about treating the mentally ill poor. Seven years later, the Utica State Hospital was established by Dr. Amariah Brigham and soon became one of the most well known institutions in the nation. Architect William Clarke designed the structure to house at least a thousand patients. The institution admitted patients in January 1843, and Dr. Brigham believed that he could cure patients by treating them without restraints and through moral treatment remedies. However, Dr. Brigham adopted a device called the “Utica Crib” to restrain patients with extreme forms of mental illness. As described by Lucy Clark in her work *A Century of Progress at Utica State Hospital*, the crib was “shaped like a baby’s crib, it had a lid attached to its top, which could be fastened over the patient at night.” This restraint was used on patients at the institution for over forty years. As the institution grew over the next few years, publicity intensified through Dr. Brigham’s work and the asylum's treatment practices. The asylum at

¹⁴ Nancy Tomes, *The Art of Asylum Keeping*, 75-88. Robert Oliver, “Tennessee Lunatic Asylum,” last modified March 1, 2018. <https://tennesseencyclopedia.net/entries/tennessee-lunatic-asylum/>; American-Medico-Psychological Association and New York State Lunatic Asylum, *The American Journal of Insanity*, Volume 1, No. 1 (Utica: Bennett, Backus and Hawley, 1844); Benjamin Reiss, *Theatres of Madness*, 23-28, 34; Mark Moran, “AJP Celebrates 175 Years Since Amariah Brigham Published First Edition,” *Psychiatric News and American Psychiatric Association*, published May 31, 2019 <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.6a19>

Utica played a prominent role in disseminating information to psychiatrists through the constant publication of the *American Journal of Insanity*.¹⁵

In the mid-19th century, the Utica Asylum was considered the leading institution of its type. It played a prominent role in disseminating information about the treatment of mental illness through the pages of the *American Journal of Insanity*. However, it was the Government Hospital for the insane (later St. Elizabeth's) in Washington, D.C., that was held up as an ideal institution. The Government Hospital for the Insane was established in 1852 after Dorothea Dix and Dr. Charles Nichols advocated for a new institution to help mentally ill government and military personnel. The institution followed almost all of the specifications Dr. Thomas Kirkbride's suggested in his work about building asylums. According to Carla Yanni, the institution "utilized the usual arrangement of double loaded corridors with day rooms and dining halls at the end of each ward." The corridors were easily accessible for asylum workers and kept patients segregated by gender and race. Patients did not have to share rooms, like in previous models of asylums, and moral therapies were used to treat insanity. Doctors and activists like Dorothea Dix lauded St. Elizabeth's asylum for its exemplary nature but later faced significant issues after the American Civil War.¹⁶

A True Advocate: Dorothea Lynde Dix

Throughout the rise of asylums, one woman took charge and became the face of mental institution reform in the 1840s. Dorothea Lynde Dix was born in 1802 to a devoutly religious couple in Maine. Most of Dix's childhood remains a mystery to historians. However, historian

¹⁵ Lucy Clark, *A Century of Progress at Utica State Hospital 1843-1943*, (New York: Unknown Publisher, 1943): 4-12

¹⁶ National Parks Service, "St. Elizabeths Hospital," last edited on November of 2020, <https://www.nps.gov/places/st-elizabeths-hospital.htm>; Carla Yanni, "The Linear Plan for Insane Asylums," 40-42.

Albert Deutsch claims that Dix ran away from her home when she was twelve years old due to her father's "fanatical tracts" and his obsession with receiving "messages from God." She lived with her grandmother briefly and later opened a school for young children in Worcester, Massachusetts, Dorothea Dix had no education in her background, but writer Margaret Mauckenhaupt notes that Dix ruled her classroom as "an imposing figure...[who] spanked her students." She did not stay in the profession for long before moving to Boston, Massachusetts, where she became a prominent Unitarian reformer.¹⁷

Like other Bostonians, Dix was fascinated with Unitarianism, a Reformation-era Christian theology that took root in New England in the late 18th century. Followers believed in self-control, moral cultivation, and were passionate about humanitarian works that improved society. In 1826, Dix dabbled in the sphere of writing and created a book series about children struggling with their morality and how they were to overcome their childish obsessions to turn into pious young adults. Again, she did not stay in the world of writing for long and, after numerous health problems, went back to teaching. On March 28, 1841, Dix visited a jail in East Cambridge, Massachusetts, and saw the dire conditions in which insane prisoners were housed. Dix saw multiple people "crowded in rooms without a fire to warm them in the cold" and, from then on, made it her life's work to advocate for the mentally ill in jails, almshouses, and insane asylums.¹⁸

¹⁷ Albert Deutsch, "Dorothea Lynde Dix: Apostle of the Insane," *The American Journal of Nursing* Vol 36, No. 10, (October 1936): 988-989; Margaret Muckenhoupt, *Dorothea Dix: Advocate for Mental Health Care*, (New York: Oxford University Press, 2003): 10-13, 16.

¹⁸ Margaret Muckenhoupt, *Dorothea Dix: Advocate for Mental Healthcare*, 17-19, 25-26, 40-43



Figure 2 Samuel Bell Waugh, Portrait of Dorothea Lynde Dix, 1868, oil on canvas, National Portrait Gallery

As an advocate for the downtrodden, Dorothea Dix traveled across the United States to document the suffering of criminals, the poor, and the mentally insane. After her victory in reforming the East Cambridge House of Correction, she decided in 1844 to travel to Rhode Island. Dix saw an insane man named Abram Simmons in deplorable conditions in the Little Compton jail. She described in her letter to the state that the cell was cold, wet, filthy, and Simmons had an iron restraint around his ankle while he was sitting on the floor. Charles M. Snyder writes that Dix found “several wealthy donors... and Butler Hospital at Providence became her second monument.” After her time in Rhode Island, she went to New Jersey and wrote a memorial for a new state hospital for the insane in Trenton. She stated that the mentally ill in the state were “Inappropriately treated for recovery [and]... they are left to exposures and sufferings, at once pitiable and revolting.” Also, in this memorial, Dix argued that moral treatment was the only way to cure the insane. Physicians who had qualified training and a

comfortable environment were all necessary. These memorials ushered legislators to create asylums up to Dorothea Dix's standards.¹⁹

Dix's process of visiting states and writing memorials continued through the next few years. Historian Charles Snyder believes that Dorothea Dix traveled at least "ten thousand miles in three years...[and established] six hospitals for the insane." In October of 1847, she traveled to Tennessee as one of the nation's most famous advocates for mental health reform. By November of that same year, she completed a memorial to the Tennessee State Legislature to erect a new asylum for the mentally insane, which later opened in 1852 on Murfreesboro Pike. Her determination to reform jails, almshouses, and insane asylums sent shockwaves through the nation, with citizens calling for reform in their states. Physicians in both the United States and Europe lauded Dorothea Dix for her work, but the focus on mental health dwindled due to the rise of an even more pressing matter---the American Civil War.²⁰

Uncertain Times of the 1850s and 1860s

The decade before the American Civil War can be described simply as a time of significant uncertainty. President James K. Polk (1845-1849) had just expanded the borders of the United States, gaining territory once owned by Mexico and Great Britain. Territorial expansion drew people to the West due to the gold rush and raised the question of slavery. People in the Southern states, including Tennessee, enslaved millions of African Americans. The Mexican American War "fractured the delicate sectional balance within the United States" and

¹⁹ Margaret Muckenhaupt, *Dorothea Dix*, 63-67; Dorothea Lynde Dix, *Memorial Soliciting a State Hospital for the Insane Submitted to the Legislature of New Jersey, January 23, 1845*, (Trenton: New Jersey State Legislature, 1845): 3-6, 33-35.

²⁰ Charles M. Snyder, *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore*, (Louisville, University Press of Kentucky, 1975): 72-74; Margaret Muckenhaupt, *Dorothea Dix: Advocate for Mental Healthcare*, 70-73, 89-93.

prepared men to fight for their new territory. The topic of slavery ultimately created strife between states and became heated conversations between loved ones.²¹

The expansion of territory from the Mexican-American war posed significant questions about slavery and accelerated population growth. More insane citizens needed help from institutions, and states tried their best to keep up with the demand. Joseph P. Morrissey and Howard H. Goldman note that with this influx, “state-supported asylums began to be filled with ever-increasing numbers of chronic cases that overcrowded existing facilities...” and moral treatment for the insane became much more difficult in such conditions. In founding new asylums in the 1840s and 1850s doctors had “emphasized the high probability of recovery among the mentally ill.” In *The Mad Among Us* (1994) Gerald Grob used the example of the Ohio Lunatic Asylum, which had advertised that 80% of cases were cured in the first four years of the institutions existence. Such claims lost credibility as asylum populations soared. Growing complaints about asylums in the 1850s, were soon overshadowed, however, by secession and the eruption of the Civil War in 1860-61.²²

In late 1860 and early 1861, tensions came to a boiling point in the United States, and the explosive topic of slavery led to eleven southern states seceding from the Union. Both Union and Confederate armies recruited or conscripted men to fight. The National Park Service suggests that 2,672,341 men joined the Union, while a range of 750,000 to 1,227,890 Confederates raised arms. Throughout the war, men from both armies faced traumatic experiences, whether on the

²¹ Amy Greenberg, *A Wicked War: Polk, Clay, Lincoln, and the 1846 U.S. Invasion of Mexico*, (New York: Vintage Books, 2012), 268-271; Larry H. Whiteaker, “Civil War”, *Tennessee Encyclopedia*, <https://tennesseencyclopedia.net/entries/civil-war/#:~:text=Economically%2C%20it%20would%20take%20the.any%20other%20state%20except%20Virgini>

²² Joseph P. Morrissey and Howard H. Goldman, “Care and Treatment of the Mentally Ill in the United States Historical Developments and Reforms.” *The Annals of the American Academy of Political and Social Science* 484 (1986): 15-16; Gerald Gob, *The Mad Among Us*, 98-100.

battlefield, in hospitals, as prisoners of war, or from personal hardships. Even after the war, many dealt with mental health problems or injuries and had to find ways to cope. As war raged from 1861-1865, asylum populations continued to increase, and doctors noticed the rising cases of insanity among soldiers and people who lived on or near battlefields.²³

In the 1862-1863 volume of the *American Journal of Insanity*, doctors debated the effects of the war on soldiers. Dr. Tyler of the McLean Asylum, a branch of the Massachusetts General Hospital, thought favorably about the war. He understood that military losses and deaths of loved ones create trauma for those on the home front, but the soldier's experience could benefit the mind. Dr. Tyler wrote, "All this, with the regular life, plain diet, and compelled cleanliness of the cap, is favorable to vigorous mental health." He also argued that the war did not increase insanity but instead kept it in check. However, the United States Surgeon General warned asylum doctors in the North about the negative psychological impact of war on young recruits. The Surgeon General pointed out that many young soldiers had a type of insanity called *Nostalgia*, characterized by melancholy and a desire to return to normalcy and one's homeland. Symptoms of this insanity included an "aberration of the mind...loss of appetite...hysterical weeping... and a general wasting of all the vital powers." The Surgeon General recommended that men suffering from this insanity should be discharged from the Army and treated for their mental illness. Asylum doctors continued to make connections between the war and mental health.²⁴

²³ *The National Parks Service suggests that there is not a definite answer to how many Confederates fought in the American Civil War due to incomplete, missing, or destroyed records. National Parks Service, "Civil War Facts: 1861-1865", last updated October 27, 2021, <https://www.nps.gov/civilwar/facts.htm#:~:text=Enlistment%20strength%20for%20the%20Union.3%2C530%20Native%20American%20troops>

²⁴ * In modern times, we have documented evidence about the impact of war on the mind due to recent conflicts such as Iraq, Afghanistan, and Vietnam. In the 1980s the American Psychiatric Association released the third volume of *Diagnostic and Statistical Manual of Mental Disorders* (DSMIII) and added PTSD to the recognized list of disorders, officially linking war related trauma to mental illness. Matthew J. Friedman, "History of

Like 19th-century asylum doctors, modern-day historians have studied the impact the Civil War had on the mental health of soldiers and people who stayed at home. In *Aberration of Mind* (2018), Diane Sommerville argues that many Confederates “exhibited extreme manifestations of mental illness,” which led them to be discharged from the army and sent to hospitals or insane asylums. Some soldiers who were sent home tried their best to cope with what they had seen on the battlefield through drugs or alcohol. Due to losing the war, Sommerville also notes that many southerners, including white women, dealt with financial troubles and the loss of their homes, which led some to be sent to an asylum. Trauma from the war affected every aspect of life, and scars were left in the minds of everyone. In another work called *Will They Ever be Able to Forget* (2011), Somerville claims that Confederate veterans “suffered even greater psychological damage than their Union counterparts” because of significant losses and the higher mortality rate. She also notes the rise of institutionalized civilians because of factors relating to the American Civil War and suggests that many Confederate veterans became patients at various institutions.²⁵

The most recent work focused on the mental health of Southerners during the American Civil War is *Invisible Wounds* (2021) by Dillion Carroll. This work continues the research of Diane Sommerville and highlights the role asylums played during the American Civil War. According to Dillion Carroll, war veterans came home to a drastically changed environment.

PTSD in Veterans: Civil War to DSM-5,” Department of Veteran Affairs, accessed July 11, 2023. [https://www.ptsd.va.gov/understand/what/history_ptsd.asp#:~:text=Accounts%20of%20psychological%20symptoms%20following,military%20Veterans%20exposed%20to%20combat.American Medico-Psychological Association and New York State Lunatic Asylum. *The American Journal of Insanity*, volume 19, 1862-1863, \(New York: State Lunatic Asylum, 1862-1863\), 367-369, 478-479.](https://www.ptsd.va.gov/understand/what/history_ptsd.asp#:~:text=Accounts%20of%20psychological%20symptoms%20following,military%20Veterans%20exposed%20to%20combat.American%20Medico-Psychological%20Association%20and%20New%20York%20State%20Lunatic%20Asylum.)

²⁵ Diane M. Sommerville, *Aberration of the Mind: Suicide and Suffering in the Civil War Era South*, (Chapel Hill: The University of North Carolina Press, 2018): 44-50, 152, 158, 184, 204; Diane M. Sommerville, “Will They Ever Be Able to Forget? Confederate Soldiers and Mental Illness in the Defeated South,” in *Weirding the War: Stories from the Civil War’s Ragged Edges* by Stephen Berry (Athens: University of Georgia Press, 2011): 322-325.

Confederates especially faced traumatic losses at home and “often returned depressed and forlorn.” Some veterans were institutionalized and dealt with significant psychological issues such as suicide and violence against others. Doctors did not know how to treat insane veterans for their mental illnesses; however, they began to make connections with the effects of the war on the mind.

After the Civil War, overcrowding inside asylums continued to be a problem and the reputation of mental institutions nationwide suffered accordingly. In the *American Journal of Insanity* 1866-1867 volume, doctors across the country noticed the increase of patients institutionalized plus a growing number of incurables who still lived in various institutions. One asylum physician by the name of Dr. Lockart from an institution in Indiana wrote to his colleagues, “We have in the State of Indiana more than 1,000 incurable insane...the hospital which I am Superintendent, when full, will only accommodate 300 patients.” Dr. Lockart plead with legislatures to provide more funds and land so that asylums could help those in need. Like many other physicians of the 1860s and 1870s, they asked for bigger and better facilities from their governments and feared that ill-equipped institutions furthered the misery of the insane. The inability to fulfill the promise to the people to the people to cure insanity in a healthy environment started the ultimate downfall of the insane asylums.²⁶

A Story that Shook a Nation: Elizabeth Packard’s Institutionalization

From 1842 to the turn of the century, several patients wrote memoirs, recounting their time inside insane asylums. Both men and women told the world about the horrors they survived

²⁶ Dillon Carroll, *Invisible Wounds: Mental Illness and Civil War Soldiers*, (Baton Rouge: Louisiana State University Press, 2021): 168, 176-178, 185. American Medico-Psychological Association and New York State Lunatic Asylum. *The American Journal of Insanity*, volume 23 ,1866-1867, (New York: State Lunatic Asylum, 1866-1867): 225-231.

while institutionalized, and most called for citizens to take an interest in mental health reforms. Each memoir exposed certain aspects within asylum; whether it was the abuse of patients by asylum workers or the traumatic effects of being committed against their will, former patients recounted similar experiences. One asylum story that was sensationalized from the 1860s to the 1890s was about Elizabeth Packard, whose raw description about the abuse she endured in the asylum ultimately reinvigorated the call for reforms of mental institutions begun by Dorothea Dix.

Born in Ware, Massachusetts in 1815, Elizabeth Packard had a fairly privileged childhood. She attended different academies before falling into ill health due to a ‘brain fever’ and became insane. Her parents institutionalized her at the Worcester Hospital for the Insane in 1836. The sensation came later, however, when her husband, Theophilus Packard Jr., claimed she was insane and sent her to an institution in 1860 because of her unorthodox religious views. Packard stayed in the institution for three years until her oldest child could rescue her from the asylum. After Elizabeth Packard was released from the asylum, her husband started a campaign through the court system to have her committed to the Northampton Lunatic Asylum for life without the possibility of getting out.²⁷

²⁷ Elizabeth W. Packard, *Marital Power Exemplified in Mrs. Packard's Trial, and Self-Defence from the Charge of Insanity or Three Years Imprisonment for Religious Belief, by the Arbitrary Will of a Husband with An Appeal to the Government to So Change the Laws As to Afford Legal Protection to Married Women* (Chicago: Clarke and & Co. Publishers, 1870), 3-5, 10-11; Linda V. Carlisle, *Elizabeth Packard: A Noble Fight* (Champaign: University of Illinois, 2010), 16-20, 60-62. <https://muse-jhu-edu.ezproxy.mtsu.edu/book/18439/>

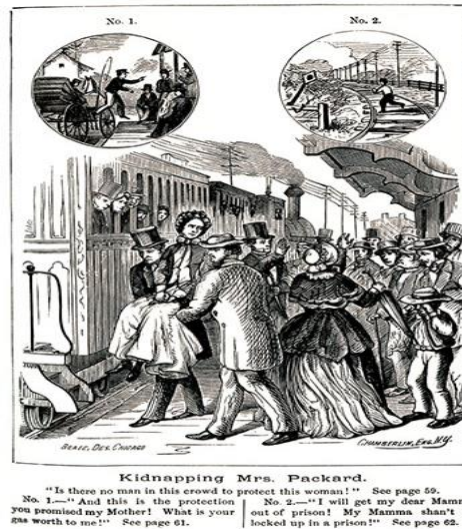


Figure 3 Elizabeth W. Packard, *Modern Persecution; or Insane Asylums Unveiled, As Demonstrated by the Report of the Investigating Committee of the Legislature of Illinois, Vol. 1* (Hartford: Case, Lockwood & Brainard, Printers and Binders, 1874), 64.

While the brutal fighting of the American Civil War waged on, Elizabeth Packard began her own war in court during the winter of 1864. The *Chicago Daily Tribune* announced, “The great case of Elizabeth P.W. Packard on trial on the charge of insanity, Prepared by her husband, Reverend Theo Packard.” The court case began on January 12, 1864, in Illinois. Theophilus Packard and his legal team argued aggressively to the jury about the hopeless insanity of his wife. The doctors on his team described Elizabeth Packard as a “monomaniac,” and claimed her religious views caused the insanity to happen. Elizabeth Packard’s outspoken beliefs led her husband and his church to call her insane. The defense argued against these points made by Theophilus Packard and his team, citing testimony from other doctors and friends who claimed that she was sane. Elizabeth Packard won her case and her freedom from ever being placed in another mental institution. After finding herself homeless, she wrote books about her time in the insane asylum such as *A Prisoner’s Hidden Life* and became a mental health advocate.²⁸

²⁸ “Contents for February 3rd, 1864” *Chicago Daily Tribune*, February 5, 1864, 1.; Elizabeth Packard, *The Prisoner’s Hidden Life, or Insane Asylums Unveiled: As Demonstrated by the Report of the Investigating Committee of the*

Overcrowding and the Rise of Custodial Care

After the American Civil War, the perception of mental institutions across the United States hit an all-time low due to multiple factors. The most prominent criticism by both patients and concerned doctors was overcrowding. The moral treatment ideology of the earlier decades convinced citizens that insanity could be cured as quickly as possible while they stayed under the care of asylum doctors. However, the high expectations of this promise failed miserably, and superintendents did not know how to reach their goal of curing mental illness quickly. Kim Campbell puts it perfectly by stating, "...more and more superintendents realized that moral treatment could not live up to its promise of curing large numbers of patients." The belief in the Kirkbride asylum system was at an all-time low. In the *American Journal of Insanity 1864-1865* volume, doctors quoted from the pivotal work *Notes on Hospitals* by Florence Nightingale about the issue of overcrowding. Nightingale, the founder of modern nursing and a medical advocate, stated that "...good hygienic conditions are easily attainable in hospitals from 200 to 250 beds, while it becomes almost impossible to realize them in large towns if double these numbers exceeded." This point of Nightingale was further argued by the Chairman of the Board of Inspectors, who essentially said that asylum accommodations were less than adequate, and they had to accept patients no matter the conditions.²⁹

Doctors in the 1867-1868 volume of the *American Journal of Insanity* called for separate asylums for 'incurable' cases. They reported asylums in foreign countries such as England and

Legislature of Illinois, Together with Mrs. Packard's Coadjutors' Testimony. (Chicago: A.B. Case, Printer: 1868), 89-91, 108-112; Linda V. Carlisle, *Elizabeth Packard: A Noble Fight*, 46-49, 104-119

²⁹ Kim Campbell, "Building Sanity: The Rise and Fall of Architectural Treatment at the South Carolina Lunatic Asylum." *The South Carolina Historical Magazine* 116, No. 2 (2015): 102, 113; American Medico-Psychological Association, *American Journal of Insanity*, Vol. 21, (1864-1865), (New York: Utica New York State Lunatic Asylum 1864-1865): 447-449.

Germany creating separate spaces of chronic and hopeless cases. One doctor admitted: "...old institutions, which had been found quite inefficient for the carrying out of attempts at cure, were, with a few alterations, converted into asylums for incurables." At this time, the plan to have separate institutions for incurable and hopeful patients was almost impossible for many states, especially those in the South, after the American Civil War. Any asylum renovations or proposals for new institutions could not be supported due to the economic depression of the 1870s and 1880s. While historians continue to debate the immediate and long-term costs of the war, there is no doubt that the resulting economic distress caused turmoil both outside and inside the asylum.³⁰

After the Civil War, asylums overflowed with patients and cases accumulated to the point where standards of care were disregarded or unattainable. The rising cases of mentally ill citizens led to constant criticism of asylums and asylum doctors. Superintendents of insane asylums told the public that asylums and moral treatment therapies helped cure insanity, but that claim did not help as they hoped. Gerald Grob points out this criticism of doctors in his pivotal work *The Mad Among Us* (1994) by stating that asylum physicians were denounced by former patients, who asked their respective states to enact laws to protect institutionalized patients and limit the power of asylum officials. The criticisms of mental institutions across the United States eventually led to modifications of the asylum system.³¹

³⁰ American Medico-Psychological Association and New York State Lunatic Asylum, *The American Journal of Insanity*, volume 24, 1867-1868, (New York: State Lunatic Asylum, 1867-1868):334-335; Nana Tuntiya, "Free-Air Treatment for Mental Patients: The Deinstitutionalization Debate of the Nineteenth Century." *Sociological Perspectives* 50, no. 3 (2007): 473; Peter A. Coclanis, "The American Civil War in Economic Perspective: Basic Questions and Some Answers." *Southern Cultures* 2, no. 2 (1996): 163-166.

³¹ Ernest M. Gruenberg, and Janet Archer. "Abandonment of Responsibility for the Seriously Mentally Ill." *The Milbank Memorial Fund Quarterly. Health and Society* 57, no. 4 (1979): 487-488; Gerald Grob, *The Mad Among Us*, 127-131.

By the 1880s, the increase in patients pushed doctors to modify the asylum structure. Although they continued to use moral treatment practices until the early 1900s, asylums became custodial institutions rather than places that could cure patients. Custodialism in asylums meant institutionalization of patients and keeping them, with hopes of them being cured down the line. According to Ernest Gruneberg and Janet Archer, some states were able to create spaces “established explicitly as custodial institutions.” However, this caused more people to criticize the institution and push for better reforms. Custodial care and moral treatment were used until a new wave of doctors heard the public outcry for a better cure for insanity³²

Writings at the Turn of the Century: Nellie Bly and Clifford Beers

Such accounts of abuses within asylums caught the attention of journalists and other writers nationwide. One prominent advocate for reforms of mental institutions was pioneer journalist Elizabeth Jane Cochran. Born in 1864 to middle-class parents in Pennsylvania, Elizabeth Cochran grew to love writing and journalism. When she was twenty-one years old, Cochran wrote to the editor of the *Pittsburg Dispatch* after reading an article about the role of women in society. She told them her story and the tales of other women who were quietly suffering and wanted jobs for themselves so that they might live comfortably. This address intrigued the editor of the *Pittsburg Dispatch*, and eventually, he hired her as one of the first female journalists in the company. The editor gave Cochran a pseudonym, Nellie Bly, to write under, and her career took off soon after.³³

³² Gerald Grob, *The Mad Among Us*, 103-106. Ernest Gruenberg and Janet Archer, “Abandonment of Responsibility,” 487

³³ Brooke Kroeger, *Nellie Bly: Daredevil, Reporter, Feminist*, (New York: Times Books and Random House Publishing, 1994): 3-17, 38-41.



Figure 4 Portrait of Nellie Bly., ca. 1890. Photograph, Curtsey of the Library of Congress.

In 1887, determined to leave her mark in journalism, Bly left the *Pittsburg Dispatch* to pursue her career in New York City. Because she was a woman, countless editors refused to consider her for a journalist position. Nevertheless, as luck would have it, Nellie Bly found a way to meet with the editor of the famous New York *World* newspaper. Jean M. Lutes asserts that Bly was “Determined to make the most of her chance” and thought of multiple stories she could write for the newspaper. At first, she stated she could go to Europe and report on immigration. The editor rejected the idea of an immigration exposé and turned to another that would change the course of Bly’s career forever: he asked her to feign mental illness and become a patient at New York’s Blackwell Island asylum. Brooke Kroeger describes the asylum as “...set amid prisons, charity hospitals, almshouses, workhouses, and ‘other cancer spots of modern Manhattan...’” and infamous amongst New Yorkers. Bly’s stint in the Blackwell Island asylum gave her insight into the life of the patients.³⁴

³⁴ Jean Marie Lutes, “Into the Madhouse with Nellie Bly: Girl Stunt Reporting in Late Nineteenth-Century America,” *American Quarterly* 54, no. 2 (2002): 217; Brooke Kroger, *Nellie Bly: Daredevil*, 86

Nellie Bly accepted the proposal to sneak inside an asylum and took her mission to be institutionalized very seriously. Before she even stepped foot into the institution, she had to ‘look’ the part. Brooke Kroger notes that Bly “practiced looking like a lunatic in front of a mirror” and decided to wear old clothes that were way out of fashion. She secured a place to stay in a boarding house under a false name and pretended to be insane in front of the other residents and the property manager. After concern rose about her erratic behavior, the police were called, and Bly was taken to appear before Judge Duffy, who ruled at the Market Police Court in New York. Throughout her interview with the judge, Bly kept up her insanity act. The judge thought that someone had drugged Bly and pronounced her insane. She was sent first to Bellevue Hospital and then to Blackwell’s Island.³⁵

Nellie Bly recounted her experiences in the insane asylum in New York first in the pages of the *New York World* and then in her book, *Ten Days in a Mad House*. While inside the asylum, she saw its true nature. When she first became a patient there, doctors thought that Bly was “positively demented” and a “hopeless case” and “needs to be put where someone will take care of her.” She reported that all the patients looked lost and afraid of being inside the asylum. At one point in her tale, she was given a bath by one of the attendants. During the bath, the attendant stripped her of her clothes, and patients watched her as she was being cleaned. She tried asking the attendant to make the patients go away or look away, but the attendant told her to shut up. Everything in her room was locked separately, from the windows to the doors, so that no

³⁵ Brooke Kroeger, *Nellie Bly: Daredevil*, 89; Nellie Bly, *Ten Days in a Mad House* (Updated by Noveau Classics, 2017): 9, 16-18, 22-26, 29-32.

one would try to escape or kill themselves. These descriptions of the environment of the asylum were like the memoirs by other asylum patients across the United States.³⁶

After a friend secured her release, Bly said farewell to her new friends at Blackwell's Island and returned to civilization. Afterward, she appeared before a grand jury investigating the horrific reports of Blackwell's Island and told the court about the abuse she witnessed at the asylum. Although many of the asylum workers from Blackwell's Island denied any wrongdoing, the court found the institution not up to standards. According to Bly, a governing committee provided "\$1,000,000 more than ever before given for the benefit of the insane" after the court battle. She won the court and the hearts of readers across the United States. *Ten Days in the Mad House* by Nellie Bly heightened the suspicion of the mistreatment of insane patients in the 1880s and 1890s until it reached a fever pitch with the writings of another author, Clifford Beers.³⁷

Not many people know the story of Clifford Beers, an institutionalized man who later became the driving force of institutional change in the asylum system at the turn of the century. Beers was born in 1876 in New Haven, Connecticut. Biographer Norman Dain suggests that Beers did not have a happy childhood due to various ailments and being painfully shy. Although these issues set him back, the actual turmoil in his life was the death of his brother. According to Clifford Beers in his work *A Mind that Found Itself* (1908), his brother was diagnosed with what doctors believed to be epilepsy. The unknowns about his brother's condition struck fear into Beers' daily life while he was in college at Yale University. His brother died suddenly from his epilepsy. Clifford Beers' condition got worse, and he thought that he could be an epileptic himself. After the death of his brother, Clifford Beers tried to commit suicide by jumping out of

³⁶ Nellie Bly, *Ten Days in the Mad House*, 7-10, 38, 42-55, 57-60

³⁷ Nellie Bly, *Ten Days in the Madhouse*, 78-92; Jean Marie Lutes. "Into the Madhouse with Nellie Bly: Girl Stunt Reporting in Late Nineteenth-Century America." *American Quarterly* 54, no. 2 (2002): 217-222.

a window in his family home. He was unsuccessful, but his attempt led to a month-long stay at home with severe mental health issues. Dain Norman writes that Beers' "thought his real relatives were under arrest and languishing in jail" and refused to speak for months. Eventually, Beers was institutionalized by his family and taken to the Hartford Retreat, a famous mental health facility in Connecticut.³⁸

Beers' was institutionalized at the Hartford Retreat for at least fourteen months, and he stated that the doctors subjected him to physical abuse while at the institution. He wrote that at one point, his "hands were imprisoned in what is known as a 'muff.' A 'muff,' innocent enough to the eyes of those who have never worn one, is, in reality, a relic of the Inquisition." The use of restraint in Beers' case went against the teachings of moral treatment, but the doctors thought that he posed too significant a risk to himself and the other patients. Beers saw that the doctor tried very hard to do the treatment "as delicately as possible." Beers did not have a positive view of attendants. Like many other former patients, Beers reported that attendants tended to abuse their power over the people they were paid to take care of in the asylum. Beers wrote that the attendants at the Hartford Retreat were unqualified and did not fully understand the minds of the mentally ill. He stayed in Hartford until he was taken to the Connecticut State Hospital.³⁹

While at the Connecticut State Hospital for two years, he went through horrifying abuse and saw the mistreatment of other patients. On one occasion, two attendants choked Beers so hard that he felt his "eyes starting from their sockets." Supposedly it was a technique attendants used to calm down a manic patient. On another occasion, he saw the abuse of one of his fellow

³⁸ Norman Dain, *Clifford W. Beers: Advocate for the Insane* (Philadelphia: University of Pittsburgh Press, 1980): 6-10, 18, 36; Clifford Whittingham Beers, *A Mind that Found Itself: An Autobiography* (New York: Longmans, Green, and Co, 1908): 8-10, 34.

³⁹ Clifford Beers, *A Mind that Found Itself: An Autobiography*, 34-42, 43-45, 60, 61.

patients when attendants kept knocking him down and roughly handling him through the hallway for everyone to see. After being in the violent ward for four months, Beers had enough of the inexcusable treatment and decided to write a letter to the Governor of Connecticut to tell him about the poor conditions of the state hospital and his proposals for reforming the institution. His letter included an idea to create protective laws for the mentally insane, such as a Bill of Rights, which every state must abide by. The Governor read the letter, but an investigation into these claims did not happen. However, it reinforced Clifford Beers' decision to advocate for the insane and started him on a path that changed his life forever⁴⁰

Clifford Beers was released from the Connecticut State Hospital on September 10th, 1903, and only thought of his fellow patients who were left behind. He knew that attendants treated him horribly, that the public thought of these institutions “with dread,” and somehow, something needed to change. He questioned the purpose of asylums and the physical abuse suffered by patients and thought of a plan to help the mentally ill. At the end of his book, *A Mind that Found Itself* (1908), he proposed changes in the ways asylums treated their patients. He asked that all states create committees to investigate abuse claims and that asylums find educated attendants who were not physical with patients. While writing the first draft of his autobiography, Clifford Beers decided to institutionalize himself at the Hartford Retreat in 1905. He also decided to write a plan to create a new organization to strengthen his newly dubbed mental hygiene movement. Beers finished his autobiography in 1908 and it became a best-seller, furthering his influence in the mental health field.⁴¹

⁴⁰ Clifford Beers, *A Mind that Found Itself*, 117, 109, 174-175, 190-209.

⁴¹ Clifford Beers, *A Mind that Found Itself*, 247-249; Norman Dain, *Clifford W. Beers: Advocate for the Insane*, 56-57

The Mental Hygiene Movement

At the turn of the century, a new sector of the mental health field was forming. Mental hygienists understood that multiple factors could produce mental illness. They emphasized the need for scientific research about mental illnesses and their treatments. Hans Pols states that the American mental hygienists were influenced by foreign psychiatry reformers such as the world-renowned Sigmund Freud. This new movement created various organizations, including the National Committee for Mental Hygiene in 1909, founded by Clifford Beers and Adolf Meyer. The purpose of the NCMH, described by Gerald Grob, was “to protect the public's mental health; promote research into and dissemination of material...prevention of mental disease...and establish state societies for mental hygiene.” The organization also emphasized the improvement of all mental institutions and the growth of medical schools so they could teach psychiatry to their students.⁴²

The NCMH focused, most notably, on the use of mental hospitals nationwide and treatments of patients. Although they did not immediately take over the well-being of patients inside mental institutions, they knew that their beliefs in science and treatment could help cure the insane. Barbara Sicherman states that mental hygienists rejected excessive restraint but argued that people could not allow their environment to control their mental health. Like their alienist predecessors, mental hygienists concluded that a healthy person should not have extreme

⁴² Gerald Grob, *Mental Illness and American Society, 1875-1940*, (Princeton University Press, 1983): 144-145, 153-155; Hans Pols, “‘Beyond the Clinical Frontiers’: The American Mental Hygiene Movement, 1910–1945.” In *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, edited by Volker Roelcke, Paul J. Weindling, and Louise Westwood, Volume 15, (New York: University of Rochester Press and Boydell & Brewer, 2010): 11-116.

emotions or habits. Moderation with emotions, ambition, and self-control oneself was the key to a healthy mind and happy life.⁴³

Another belief that grew all over the world in the early 1900s was called eugenics. Based on a fear of ‘degenerate’ citizens, some mental hygienists and other doctors practiced eugenics, or “the science of better breeding to improve the human race.” Eugenics was a mix of social Darwinism and classist beliefs that some people were inherently better for society than others. Eugenics favored restrictions on immigration, marriage, pregnancy, and other societal factors. Gerald Grob notes that in 1907 eugenicists swayed the Indiana state legislature to pass a bill making it “mandatory [for] sterilization of confirmed criminals, idiots, imbeciles, and rapists when recommended by a board of experts.” This idea of mentally ill people being unfit to produce continued in later decades, with at least 30 states making laws that allowed people inside institutions to be sterilized.⁴⁴

The movement to reform mental health institutions grew during the First World War and the 1920s. American physicians, including those influenced by mental hygiene and the new psychiatry, joined the military and served in Europe where they learned about new treatment techniques and theories of mental illness. Historian Albert Deutsch notes that the First World War was “one of the grotesque ironies of history...with their frightful carnage in lives lost...do tend to give impetus to various health movements.” The term ‘shell shock,’ a prelude to modern post-traumatic stress disorder, was synonymous with war-torn heroes that made it home from the

⁴³ Barbara Sicherman, “The Paradox of Prudence: Mental Health in the Gilded Age.” *The Journal of American History* 62, no. 4 (1976): 892-904 <https://doi.org/10.2307/1903843>.

⁴⁴ Gerald Grob, *Mental Illness and American Society 1875-1940*, 159-165, 169-173; Chole S. Burke and Christopher J. Castaneda. “The Public and Private History of Eugenics: An Introduction.” *The Public Historian* 29, No. 3 (2007): 6-9. <https://doi.org/10.1525/tph.2007.29.3.5>.

conflict. The war made the United States focus on the mental hygiene movement and the emerging fields of psychology and psychiatry. It also resulted in a specific examination of soldiers to make sure they were mentally able to join the war effort. After the war, shell shock and other trauma related to the fighting caught the attention of reformers and the public.⁴⁵

After World War I, mental hygienists focused their efforts on eliminating insanity through the means of early detection. In theory, doctors believed that diagnosing and treating children early could prevent mental disease by diagnosing children early. Hospitals opened separate departments specifically for abnormal children, and the NCMH launched another movement in what they would call “child guidance.” The departments and clinics specifically designed for treating the young also included treatment for those surrounding the mentally ill child. The influence of mental hygienists permeated outside the hospital. Even though they made great strides in innovation and treatment, the public perception of mental illness was still low due to asylum systems still in operation.⁴⁶

From the turn of the century, populations inside mental institutions steadily increased. Chronic cases could not be cured under the mental hygienist regime, and crowded hospitals were sore spots within the community. Treatment for the mentally ill in the 1930s and 1940s was even more gruesome than before, with the development of lobotomy (incisions in the brain to cut off nerve fibers) and electric shock therapy. William Gronfein notes that asylums from 1903 to 1955 were described as “bedlams, snake pits, and houses of horror” in popular publications such as

⁴⁵ Ernest M. Gruenberg and Janet Archer, “Abandonment of Responsibility,” 488-489; Albert Deutsch, *The Mentally Ill in America*, 317-320

⁴⁶ Ernest M. Gruenberg and Janet Archer, “Abandonment of Responsibility,” 488; Albert Deutsch, *The Mentally Ill In America*, 323-330; Barbara Sicherman, “The Paradox of Prudence: Mental Health in the Gilded Age,” *The Journal of American History* 62, No. 4 (1976): 912-913

newspapers. Thoughts of complete institutional change did not come until after the Second World War when men like Robert Felix and John P. Spiegel declared to mental hygienists that community-based healthcare systems helped reduce mental illness. If those who are insane were treated outside asylums, there would be a “healthier social order.” Mental Hygienists were stuck behind the walls of their clinics and organizations; they did not realize the benefit of community-based care. These thoughts of care outside the realm of institutions finally pushed the United States to start the process that would forever change the mental healthcare system—deinstitutionalization.⁴⁷

Highlights: Deinstitutionalization and Community-Based Care

Deinstitutionalization can be defined as the transfer of the treatment of patients in asylums to community-based care. Some scholars claim that the start of this movement towards shutting 19th-century asylums was due to the revolutionary power of pharmacological medicine called psychoactive drugs. In the 1950s, chlorpromazine and phenothiazines were used to treat patients struggling with mental illness. These drugs allowed doctors to reduce the use of restraint methods and helped those with severe symptoms. The use of these medications led to more optimistic ideas on releasing patients, but the outward perception of the mentally ill was still negative. The more worrying questions to doctors were where would these newly medicated patients be released, and would the treatment outside asylums be enough to keep mental illness at

⁴⁷ Gerald Grob, *The Mad Among Us*, 182-183; William Gronfein, “Psychotropic Drugs and the Origins of Deinstitutionalization,” *Social Problems* 32, no. 5 (1985): 438 <https://doi.org/10.2307/800774>; Gerald Grob, “The Forging of Mental Health Policy in America: World War II to New Frontier.” *Journal of the History of Medicine and Allied Sciences* 42, no. 4 (1987): 415-419.

bay? These questions excited the field and brought attention to the need for a change in treatment.⁴⁸

The mid-1950s can be considered a critical reform period in the mental health field. The asylum system posed significant challenges to the beliefs of freedom and free will which came with the era of civil rights. In 1955 the federal government got involved with deinstitutionalization by creating the Mental Health Study Act, which evaluated the need for a new mental health institution and the commitment rates of the mentally ill across the nation. Whether institutionalization was voluntary or not, an asylum took away the rights of citizens until they were released back into society. The idea of deinstitutionalization became popular in the 1960s when the antipsychiatry movement grew, and a reassessment of the whole asylum system was needed. Legal battles ensued due to the nature of involuntary commitment, and concern for patients' rights furthered the downfall of asylums.⁴⁹

During the John F. Kennedy Administration (1961-1963), Congress passed an act that sealed the fate of institutions across the United States---the Community Mental Health Act. Like many other activists of the period, President Kennedy saw the conditions of mental institutions nationwide. Dr. Blake Erickson claims that Kennedy and the CMHA “aimed to unburden society of chronically dependent persons...[and] hoped to liberate the population of confined mentally ill patients...” and sought to find a new way to treat the insane through community-based practices. President Kennedy’s concern stemmed partly from the experiences of his sister Rosemary who

⁴⁸ David Mechanic, and David A. Rochefort, “Deinstitutionalization: An Appraisal of Reform,” *Annual Review of Sociology* 16 (1990): 304; William Gronfein, “Psychotropic Drugs and the Origins of Deinstitutionalization,” 441-449.

⁴⁹ Joseph P. Morrissey and Howard H. Goldman, “Care and Treatment of the Mentally Ill in the United States,” 20-21; Linda Chafetz, Howard H. Goldman, and Carl Taube, “Deinstitutionalization in the United States,” *International Journal of Mental Health* 11, no. 4 (1982): 49-50; David Mechanic and David A. Rochefort, “Deinstitutionalization: An Appraisal of Reform,” 304-305

dealt with mental health problems throughout her life. The CMHA's goal was to reduce the number of patients inside mental institutions and find alternatives for treatment. However, there were questions about potential financial problems for asylums and how to transfer power, money, expertise from a 100+ year old institutions to a new community-based program. Another question posed was what to do with the severely mentally ill. Would they stay in long-term facilities? Or would they safely live in the community? These questions furthered the uneasiness about the CMHA and the movement towards community-based care.⁵⁰

Once the CMHA was enacted into law, the shift to community-based care took effect. The switch from mental institutions to community based care did not happen overnight as some expected; however, it slowly progressed into the 1970s and early 1980s. Joseph Morrissey and Howard Goldman state that the first phase of deinstitutionalization began with hospitals giving the option to release patients who were deemed able to rejoin society and lowering the amount of time a person stayed a psychiatric institution. These policies that limited commitment led to lower hospital admissions and an "acceleration of a trend to transfer financial responsibility for the chronically mentally ill patient from state mental health departments to social welfare system[s]." Once the admission rates were lowered, in theory, former asylums could be closed for business and only let community-based systems work with the mentally ill. This pattern of shutting down institutions took a long time, while others could be closed quickly because of their legislatures and financial power. Although denationalization brought many benefits to the

⁵⁰ Blake Erikson, "Deinstitutionalization Through Optimism: The Community Mental Health Act of 1963," *The American Journal of Psychiatry: Resident's Journal*, Volume 16, No. 4 (June 2021): 6-7.

community, such as mentally ill patients receiving adequate care from their homes, it also brought problems.⁵¹

One of the major issues plaguing community-based mental health systems was the financial burden they took on while trying to help released patients. Resources were limited at best, and both asylums and community-based systems workers were overburdened by the constant inability to help those they attended to. Many patients were left homeless because they could not find the proper facility to go to when they needed assistance, and as Dr. John A Talbott describes, it was a time when people were “falling between the cracks.” He states that the disaster of deinstitutionalization was due to the “inadequacies of mental health delivery and laid bare most of the flaws of our nonsystem.” Those who might have had a mental health diagnosis and a substance abuse problem faced the consequences through the judicial system rather than the healthcare system. Especially in the 1980s, the issue with finances continued under the Ronald Regan administration, that placed more restrictions on who could be admitted to psychiatric hospitals and the role of the community.⁵²

By the early 1990s, the mental healthcare system was in shambles. Former asylums had deteriorated physically, and public opinion of these institutions was highly negative. The outlook on community-based care compared to asylums was somewhat better, but the need for adequate spaces to treat the mentally ill plagues the nation today. In the modern age, the stigma relating to

⁵¹ Joseph P. Morrissey and Howard H. Goldman, “Care and Treatment of the Mentally Ill in the United States,” 20-21; Earnest M. Gruenberg and Janet Archer, “Abandonment of Responsibility,” 489, 498-499; David Mechanic and David A. Rocherfort, “Deinstitutionalization: An Appraisal of Reform,” 304-305.

⁵² John A. Talbott, “Deinstitutionalization: Avoiding Disasters of the Past,” *Psychiatric Services* Volume 55, No. 10 (October 2004): 1113-1115; Gerald Grob, “The Transformation of Mental Health Policy in Twentieth-Century America,” In *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, edited by Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vjlselaar, and Hugh Freeman, (Amsterdam University Press, 2005): 154-156.

mental illness persists. Organizations such as the American Psychological Association continue to perform studies on the impact of stigmatization of mental health. A 2017 study by the American Psychological Association concluded that “More than 200 individuals with mental illness over a period of two years found that greater-self stigma was associated with poorer recovery from mental illness.” The history of the treatment of the mentally unwell continues to impact how mentally stable citizens see those suffering. Harsh language such as ‘crazy,’ ‘insane,’ ‘retarded’ and many others increases the stigma and makes it much harder for patients to reach out for help when they most need it. Patients with mental illness continue to struggle to find adequate care through medical professionals. A report from the organization Mental Health America found that in 2023 at least 55% of adults have not received treatment for their mental illness, including a 28% of adults who did not receive treatment because they could not afford it. These statistics show that the mental healthcare system in the United States is not improving, and there needs to be more reform in how to treat patients. Overall, the need for better treatment for the insane continues to haunt society.⁵³

⁵³ Maddy Reinert, Theresa Nguyen, and Danielle Fritze, “The State of Mental Health in America,” (Alexandria: Mental Health America, 2022), 8-14.; Jeffrey Borenstein, “Stigma, Prejudice, and Discrimination Against People with Mental Illness,” *American Psychiatric Association*, published August 2022 <https://www.psychiatry.org/patients-families/stigma-and-discrimination>

Chapter 2: The History of the Tennessee Asylum for the Insane (Nashville, Tennessee)

The history of treatment for the mentally ill in Tennessee mirrors the overall history of mental health institutions across the United States. By consulting biennial reports of the Tennessee asylum, it's apparent that the institution created in Nashville reflected the national trends. Before the creation of the state asylum in Nashville, citizens across the state had a lack of sympathy and understanding for those battling mental illness. In 1784, while Tennessee was still land owned by North Carolina, laws were enacted, making the lives of the insane incredibly difficult. The North Carolina legislature was able to take the property of the insane and authorized long-term institutionalization in poor houses as long as they deemed necessary. Tennessee became a state in 1796, allowing old North Carolina laws to be repealed. However, the Tennessee State legislature took control of the care of their mentally ill citizens. These new laws forced the insane to have guardians to watch over them while they were on specific properties in the state and kept them separate from the rest of the community. Reform in treating the insane started in the early 1830s after sentiments grew within the religious communities and the rise of moral treatment.⁵⁴

In 1832, the Tennessee State legislature created an act to establish a hospital for insane persons in Davidson County. In the act, lawmakers had written that there had been an “increasing number of lunatics in the State” and that it was necessary for “the safety and well-being of society...” to make an institution to keep the mentally ill away from the rest of the population. The building was to be made of stone or brick to make it “sufficient for the care and safekeeping” of these individuals. The legislature asked for enough lodgings for at least 200

⁵⁴ Bruce E. Thompson, “Reforms in the Care of the Insane in Tennessee, 1830-1850,” *Tennessee Historical Quarterly* 3, no. 4 (1944): 320-322. <http://www.jstor.org/stable/42620817>.

citizens and gave ten thousand dollars to start building the asylum. It took at least eight years for the building project to be completed, with multiple delays due to lack of funding and other issues. In 1840 the lunatic asylum was open to the public needing treatment.⁵⁵

The first superintendent to be appointed at the newly founded Tennessee Lunatic Asylum in Nashville was Dr. John Kelly. In his first report to the Tennessee State Legislature in 1841, he informed them of the early success of the asylum. Dr. Kelly stated, "I am happy to inform you, our institution has been blessed with a high degree of prosperity," and there had only been a few minor cases of issues with patients. According to Kelley, every single comfort was given to the patients, and the moral treatment regime in the institution was a total success. At the time of writing the report, there were a total of 31 patients sent to the asylum for treatment. Historian Robert Oliver notes that this optimism of Superintendent Kelly was "ingrained in the leaders of the asylum movement." Asylum supporters believed that moral treatment helped cure patients with mental illness by taking them away from their familiar surroundings and using humane practices. Restraint in the asylum was frowned upon and could only be used in severe cases. One example of asylum life in the Nashville Institution can be found in the works of Green Grimes, an institutionalized patient in 1845.⁵⁶

The Story of Green Grimes

⁵⁵ "An Act to Establish a Lunatic Hospital in the State," October 19, 1832, RG 60: Legislative Materials, RG 60, Box 133, folder 31, 42075, Tennessee State Library and Archives, Tennessee Virtual Archive, <https://teva.contentdm.oclc.org/digital/collection/p15138coll18/id/2953>, accessed 2023-05-10; Robert Oliver, "A Crumbling Fortress: The Tennessee Lunatic Asylum, 1837-1865." *Tennessee Historical Quarterly*, vol. 54, no. 2, (1995): 124-126.

⁵⁶ Robert Oliver, "A Crumbling Fortress," 126-128; Dr. John Kelly, *First Report of the Physician of The Tennessee Lunatic Asylum to the Legislature of Tennessee for 1840 & 1841* (Nashville: W.F. Bang & Co. And C.C. Norvell Printers, 1841): 3-9.

Green Grimes was born in Orange County, North Carolina, in 1809. When he was roughly two years old, his family moved to Tennessee. His family came from “ordinary circumstances... and was well enough off to live free of embarrassment.” Before the age of sixteen, Grimes claimed to have a mental illness, self-diagnosing himself with melancholy depression after his younger brother died unexpectedly. According to Grimes, he went further into insanity after being “convicted of sin” and turning to the Christian faith. At this time in psychiatry history, religious fervor was considered a possible cause of mental illness. A diagnosis of *Religious Excitement* or *Religious Extremism* meant to doctors that too much fanaticism of faith leads to madness. In his work *A Secret Worth Knowing* (1846), Grimes commented that religious excitement found in men could be due to the rumination of subjects like death and eternal judgment. He also stated that the religious fanaticism in his life was not the leading cause for his insanity. However, historian Robert Oliver speculates that it could have been a critical factor.⁵⁷

Instead of his religious fanaticism, Green Grimes claimed that financial troubles were the source of his misery. In 1835, he decided to leave his former occupation of farming and made a deal with his friend to start a business. However, due to the economic turmoil of the 1830s and 1840s, the business failed, leaving Grimes in serious debt. In 1841 he tried to commit suicide in New Orleans, ultimately ending his career as a merchant. In his second work, *The Lily of the*

⁵⁷ Green Grimes, *A Secret Worth Knowing: A Treatise on the Most Important Subject in the World, Simply to Say, Insanity: The Only Work of the Kind in the United States, or Perhaps in the Known World, Founded on the General Observation and Truth*. (Nashville, 1846), 9,11, 15-20, 29; Nathaniel Bingham, *Observation on the Religious Delusions of Insane Persons, and on the Practicability, Safety, and Expediency of Imparting to them Christian Instruction; With Which Are Combined a Copious Practical Description and Illustration of all the Principal Varieties of Mental Disease and of its Appropriate Medical and Moral Treatment* (London: J. Hatchard and Son, 1841), 123-130. <https://babel.hathitrust.org/cgi/pt?id=uc2.ark:/13960/t2g738m6h&view=1up&seq=5>; Robert Oliver, “A Crumbling Fortress,” 128-129.

West (1846), it is stated that Grimes became a patient in the Tennessee asylum around June 1842. It is unknown how long Grimes stayed in the institution, but due to his writings, historians can glimpse the treatment of patients in the institution's early years. One case Grimes wrote about was a woman who suffered from severe melancholy. Physicians gave her purgatives to relieve her symptoms. Although these purgatives seemed to help the woman, she often told Grimes that she needed to “slay someone in order that she might die.” Grimes told various stories about patients and their insanity and knew the types of treatment patients received while they were there.⁵⁸

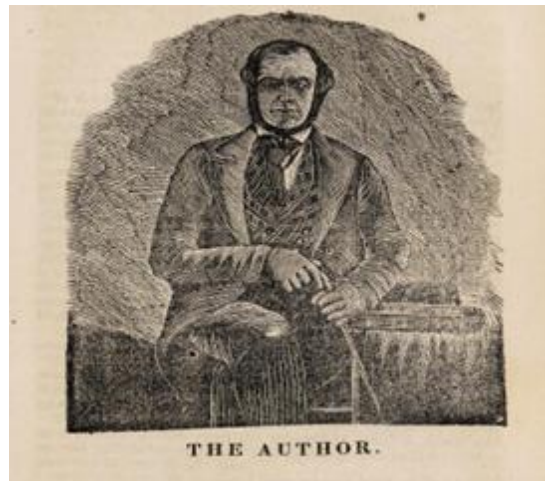


Figure 5 Green Grimes, *A Secret Worth Knowing*, (Nashville, 1856): 27.

Grimes had a positive review of the asylum in both of his books. He thought bloodletting, restrictive diets, purgatives, barks, and tonics helped cure mental illnesses. Although bloodletting was later deemed less helpful in treatment, tonics were used heavily by doctors in the moral treatment movement. He believed the doctors were qualified, and the treatments patients

⁵⁸ Green Grimes, *A Secret Worth Knowing*, 9, 11, 15-20, 45. <https://archive.org/details/66440780R.nlm.nih.gov/page/n9/mode/2up>; Green Grimes, *The Lily of the West: on Human Nature, Education, the Mind, Insanity, with Ten Letters as a Sequel to the Alphabet; the Conquest of Man, Early Days; a Farewell to My Native Home, the Song of the Chieftain's Daughter, Tree of Liberty, and the Beauties of Nature and Art*, (Nashville, 1846): 49-51, 68, <https://archive.org/details/101144246.nlm.nih.gov/mode/2up>; Robert Oliver, "A Crumbling Fortress," 129-132.

received helped relieve their insanity. These cures for mental illness may have caused more harm than good. It is unknown what happened to Green Grimes after leaving the institution or if he got well from his mental illness. Although he had a positive view of the institution, serious issues would plague the asylum until the early 1850s.⁵⁹

Problems of a growing asylum 1845-1860

In the 1845 *Report of the Superintendent and Physician of the Lunatic Asylum*, concerns were raised about the effectiveness of the asylum and its staff. According to the report, from 1844 to 1845, the asylum received 42 new patients. Staffing issues occurred; the institution's superintendent pleaded with the Tennessee State Legislature and wrote, “an additional number of attendants is all important, There is too much labor imposed upon those employed.” The asylum superintendent and the chief physician were worried about the growing number of insanity cases in the state. They told the legislature that in the 1840 Federal Census, there were “699 lunatics in the State of Tennessee.” They asked for improved accommodations and about 71 acres of land to meet the growing demand. Also, in the report, the writers stated that they have used restraint methods on a manic patient by placing his hands in “leathern muffs or mittens, or [they] apply leathern ristbands so as to confine his hands.” The use of restraints is evidence that, just a few years after it opened, the TN Asylum was already experiencing the problems of overcrowding and understaffing that plagued asylums everywhere. The mistreatment of patients and the issues

⁵⁹ * An example of the use of tonics can be found in this volume of the *American Journal of Insanity*, it highlights that tonics were recommended heavily by famous doctors across the country; American Medico-Psychological Association and New York State Lunatic Asylum, *The American Journal of Insanity*, volume 10, (1853-1854) (New York: State Lunatic Asylum, 1853-1854): 391-393; Green Grimes, *The Lily of the West: on Human Nature, Education, the Mind, Insanity, with Ten Letters as a Sequel to the Alphabet; the Conquest of Man, Early Days; a Farewell to My Native Home, the Song of the Chieftain's Daughter, Tree of Liberty, and the Beauties of Nature and Art*, (Nashville, 1846): 49-51, 68, <https://archive.org/details/101144246.nlm.nih.gov/mode/2up>

within the asylum caught the eye of Dorothea Dix, the leading reformer of mental institutions in the 1840s.⁶⁰

While traveling across the United States and reporting on the nature of mental asylums, Dorothea Dix visited the Tennessee Lunatic Asylum in 1847. Dorothea Dix wrote to the Tennessee General Assembly about the conditions of the asylum. She wrote a memorial to the General Assembly and informed the body of the dire conditions she found the new institution to be in. She saw patients “pining in cells and dungeons...bound with ropes, restrained in leathern throngs, burdened with chains...” and many more gruesome details of daily life inside the institution. The new hospital had multiple defects, with the cells of the inmates “being underground, and not susceptible of ventilation, are wholly unfit for the habitation of human beings...” and no “bath rooms” inside the hospital. At the end of this memorial, Dix urged the Tennessee General Assembly to build a new asylum to help cure patients in a more suitable environment. The new asylum superintendent, Dr. Boyd McNairy, agreed with Dorothea Dix in her assessment of the institution. Dr. McNairy appealed to the state legislature, asking for more funds to improve the asylum and hated to keep asking them for money every single year. After hearing both Dix and McNairy, the Tennessee State Legislature approved of moving the asylum to a new location.⁶¹

This section consults multiple biennial reports from the Tennessee Asylum that documents the struggles in lack of funding and overcrowding. From 1847-1851 the Tennessee

⁶⁰ *Report of the Superintendent and Physician of the Lunatic Asylum of Tennessee to the General Assembly October 1845*, (Nashville: J.G. Shepard, 1845): 3, 15, 22.

⁶¹ Dorothea Lynde Dix, *Memorial Soliciting Enlarged and Improved Accommodations for Insane of the State of Tennessee by the Establishment of a New Hospital* (Nashville: M’Kennie Printer, 1847), 3-9., 28-29. <https://teva.contentdm.oclc.org/digital/collection/p15138coll18/id/2978>; Robert Oliver, “A Crumbling Fortress,” 133-134

Lunatic Asylum received more patients while waiting for the Tennessee State Legislature to erect a new building to accommodate the rising cases of mentally ill in the region. In the *Biennial Report of the Physician and Superintendent of the State Lunatic Asylum* from 1847 to 1849, Dr. Boyd McNairy recorded that 144 patients in the asylum were being treated for their insanity. Before construction began, the committee selected Dr. John S. Young to oversee the project. In 1848, Dr. Young inspected institutions across the United States before suggesting to the state legislature to use different plans from various institutions such as the Butler Asylum (Rhode Island) and the Trenton Asylum (New Jersey). The legislature approved this plan, and construction finally started in the fall of 1848 on what Bruce Thompson notes as “260 acres of excellent farming land...about six miles from Nashville,” but the funds to build the institution “hampered progress.”⁶²



Figure 6 Print image of the architecture of the newly titled Tennessee State Hospital for the Insane when it moved to Murfreesboro Pike, Courtesy of the Library of Congress.

⁶² *Biennial Report of the Physician and Superintendent of the State Lunatic Asylum, At Nashville, Tennessee October 1st, 1849*, (Nashville: W. F. Bang and Co., and Job Printers, 1849): 13; Bruce E. Thompson, “Reforms of Care,” 330-335.

The architect of the new asylum, Adolphus Heiman, used the examples of established asylums in the north to create an ideal layout under the guidance of Dr. Young. Historian Robert Oliver suggests that the asylum plan called for heating and ventilation systems resembling other state asylums. However, the Tennessee State Legislature decided the project was too expensive and that the “project had to be scaled back drastically...[and] two planned wings had to be eliminated.” Construction for most of the asylum was completed in 1852 but continued in later decades due to the growth of incurable cases in the institution and the deterioration of the buildings used. At this time, the state legislature decided to change the institution's name to the Tennessee Hospital for the Insane.⁶³

In 1852, the Tennessee State Legislature appointed a new superintendent to preside over the location, Dr. William A. Cheatham. Born into a wealthy family in 1820, William Archer Cheatham was the second son of General Richard Cheatham and Susan Saunders. As the second son of the family, William decided to study medicine at an early age. He attended various institutions across the United States and graduated from medical school in 1843. Dr. Cheatham started his practice in his hometown of Springfield, Tennessee, but moved in 1845 to Nashville to grow his understanding of medicine surrounded by talented doctors. In March of 1852, he was appointed to an eight-year term as superintendent of the newly built Tennessee Hospital for the Insane. Historian Kay Baker Gaston notes that at the time of Dr. Cheatham’s appointment, he

⁶³ Robert Oliver, “A Crumbling Fortress,” 133-134; E. Bruce Thompson, “Reforms in the Care,” 333-334; *Reports of the Trustees, Treasurer, and Physician of the Tennessee Hospital for the Insane Transmitted to the Legislature on the Sixth November, 1853*, (Nashville: Union and American Steam Press, 1853): 11-12.

had “no particular qualifications for treating the mentally ill beyond those acquired by most physicians of his day” but soon dedicated his life to learning about insanity and how to cure it.⁶⁴

In his first year as superintendent of the Tennessee Hospital for the Insane, Dr. Cheatham presided over the movement of patients from the old institution to the newly constructed buildings on Murfreesboro Pike. Dr. Cheatham said the move was a major success and “without the slightest accident or difficulty....with no noise or excitement of any kind calculated to attract attention.” In his first ever report to the Tennessee State Legislature in 1853, Dr. Cheatham described the arrangement of the Tennessee Hospital for the Insane and how many patients were admitted into the institution since the grand opening in 1852. According to Cheatham, there were four floors in the main building, with one hundred and thirty rooms total for patients alone. At the time of the report, the bathrooms were “miserably constructed” and often flooded patients' rooms. Included in this report by Dr. Cheatham, 176 citizens became patients at the asylum from 1852-1853, with only 100 remaining at the time of this report. Dr. Cheatham would soon find out about the issue of overcrowding in his new hospital.⁶⁵

In the 1850s and 1860s, overcrowding of mental institutions across the United States became a significant problem. Dr. William Cheatham described the battle with other wards overcrowding in his Tennessee State Legislature reports. In the 1853 report, he argued that the former plans of the new asylum covered accommodations for 250 patients. However, due to budget cuts, they could not build all of the wards needed for those patients, and Dr. Cheatham was forced to use sitting rooms and other places to lessen the problem. In the *Second Biennial*

⁶⁴ Kay Baker Gaston, *Dr. William A. Cheatham: Tennessee's First Mental Health Professional*, (Nashville: Belmont Mansion Press, 2021): 7-11, 16-18.

⁶⁵ *Reports of the Trustees, Treasurer and Physician of the Tennessee Hospital for the Insane, Transmitted to the legislature on the sixth November, 1853* (Nashville: Union and American Steam Press, 1853): 3,11-16,18.

Reports of the Trustees in 1855, Dr. Cheatham noted that the problem of overcrowding continued to be an issue. The institution still had to refuse patients due to their lack of accommodation. In the new report, there were 87 new patients institutionalized at the hospital for their mental illness. Despite these frustrations of overcrowding, Dr. Cheatham was elected to another 8-year term of being the superintendent of the institution.⁶⁶

From the opening in 1852 to October of 1859, the asylum admitted a total of five hundred and seventy-seven people into their care. Three hundred and seventy-six of these admittees were male, while two hundred and one were female. This report also included the ages of the admittees, the duration of their illness before coming to the asylum, and most importantly, their diagnoses and the possible cause of their insanity. Many new patients exhibited signs of an illness called mania, or an over-excitement of the body and mind. The *American Journal of Insanity* described mania as “talkativeness and restlessness...overgreat mental exertions, or...violent mental impressions.” Some institutionalized had monomania, a depression-like disease with patients being suicidal or despondent about anything in life. Doctors created specific regimens for each illness, trying their best to cure patients as fast as possible.⁶⁷

According to the *Fourth Biennial Reports* of the institution, from 1857 to 1859, at least sixty-seven patients were “restored” or “cured” of their illnesses. Thirty-six died, with many

⁶⁶ *Reports of the Trustees, Treasurer, and Physician of the Tennessee Hospital for the Insane, Transmitted to the legislature on the sixth November, 1853*, 18-22; *Second Biennial Reports of the Trustees, Treasurer, and the Physician and Superintendent of the Tennessee Hospital for the Insane, Transmitted to the Legislature, November 8th 1855*, (Nashville: M’Kennie, Brown, and Job Printers, 1855):24, 28-30.

⁶⁷ *Fourth Biennial Reports of the Trustee, Treasurer and Superintendent and Physician of the Tennessee Hospital for the Insane*, (Nashville: E.G. Eastman & Co. Book and Job Printers, 1859): 27-37; American Medico-Psychological Association and the New York State Lunatic Asylum, *The American Journal of Insanity*, Vol. 9, (1852-1853), (Utica: Utica Insane Asylum, 1853), 296; Åsa Jansson, “From Statistics to Diagnostics: Medical Certificates, Melancholia, and ‘Suicidal Propensities’ in Victorian Psychiatry,” *Journal of Social History* 46, no. 3 (2013): 717.

others of the three hundred and forty-five patients left unaccounted for. The institution continued to admit more patients as time went on, even though overcrowding was a consistent problem. The asylum continued to struggle financially and had a difficult time treating patients. Many patients lived in the hospital for decades due to their 'incurable' illnesses. Some of these incurables passed away and were buried on the hospital grounds. The asylum tried to treat the mentally ill through moral treatment, highlighted through the attendant manual attached to the Fourth Biennial Report under the direction of Dr. William Cheatham.⁶⁸

The rules of the asylum laid out the treatment protocol the attendants (staff members) had to follow while interacting with patients. Some warned about direct interactions, such as avoiding conversation about delusions and talking to them in a civil voice. Attendants were forbidden to verbally abuse patients and never talk about what caused the patient's mental illness. Attendants administered medicine to patients, bathed, clothed them---ultimately taking care of their body and their minds all at once. If a patient went missing, it was the responsibility of the attendant to find them. It is unclear in these rules how many patients an attendant had to take care of, or if they had any help from other attendants. Although attendants had many rules to follow, they sometimes used their power over patients in a harmful way. Harming a patient was highly frowned upon by physicians. However patient memoirs in later decades accused mental institutions of abuse, such as the account of Phebe Davis at the Utica Insane Asylum. The

⁶⁸ *The Fourth Biennial Reports of the Trustee*, 22-27; Robert Oliver, *A Crumbling Fortress*, 133-136.

Tennessee Hospital for the Insane does not have such accounts available, so it is unknown if any instances of abuse occurred.⁶⁹

Another issue that plagued the Tennessee Hospital for the Insane was institutionalizing the mentally ill poor. During the 1850s, many patients were sent to the Tennessee institution, unable to pay for their lodging, and diagnosed with *pecuniary trouble*. The institution had no choice but to care for both private and poor patients, but mostly kept the poor---those without families to pay for good treatment. The wealthy then had the option of family care, and institutionalization of this category was a last resort, if the family could not control their loved one's behavior. The poor did not have the option of taking care of their sick, even with reported cases of their elderly loved ones sent to the asylum in hopes of them receiving adequate care in their final days. It is interesting to note that in later reports from the asylum, there was much discussion on what to do with the insane poor, and no solution was made on how to deal with the influx of this class of patients throughout the next few decades.⁷⁰

The American Civil War and the Tennessee Asylum for the Insane

In the 1860s, the effectiveness of the Tennessee Hospital for the Insane came to a startling halt due to one reason alone—the American Civil War. In 1861 the Volunteer State decided to secede from the Union, with over 120,000 men enlisting in the Confederate Army and

⁶⁹ *The Fourth Biennial Reports*, 51-53; Phebe Davis, *Two Years and Three Months in the New York State Lunatic Asylum, at Utica: Together With the Outlines of Twenty Years' Peregrinations in Syracuse* (Syracuse: The Evening Chronicle and Job Office Dillaye Buildings, 1855), 23, 40, 49. <https://oaks.kent.edu/node/10543>.

⁷⁰ *Fourth Biennial Reports*, 38; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, November 17, 1869* (Nashville: Jones, Purvis & Co., 1869), 19; Madeline Bourque Kearin, “Dirty Bread, Forced Feeding, and Tea Parties: The Uses and Abuses of Food in Nineteenth-Century Insane Asylums,” *Journal of Medical Humanities* 43, no. 1 (March 2022): 100-101 doi:10.1007/s10912-019-09603-8.; Albert Deutsch, *The Mentally Ill in America*, 40; Gerald Grob, *The Mad Among Us*, 86.

about 31,000 men for the Union Army. The institution of slavery was the main divisive reason turmoil surrounded families across the United States, and many in Tennessee thought they were honor bound to preserve slavery. The Tennessee Hospital, in this decade, grappled with the consequences of the American Civil War and tried to keep the mission of treatment of the insane at the forefront while chaos surrounded the institution. This is the point where the downfall of the asylum in Tennessee began.⁷¹

During the Civil War, the area of land which surrounded the Tennessee Hospital for the Insane was a military advantage point. Both armies used Murfreesboro Pike to get to different areas of the state, and Kay Barker Gaston suggests that the institution grounds became “a conference site for generals on both sides.” Dr. William A. Cheatham struggled to get much needed supplies for the hospital in 1861-1862 and was denied help by officers who gained control of Nashville. Money that supported the institution dwindled due to multiple reasons. First, all the politicians who fought for the hospital left the city as soon as trouble arose in their state. Private patients who paid for treatment could not keep up with payments due to the financial distress of their families. Additionally, pauper patients continued to be a problem for the institution. On top of the financial struggles at the beginning of the war, Dr. William Cheatham was arrested and charged with treason due to suspicion of being a secessionist

⁷¹Larry H. Whiteaker, “Civil War,” *Tennessee Encyclopedia*, [https://tennesseeencyclopedia.net/entries/civil-war/#:~:text=Economically%2C%20it%20would%20take%20the,any%20other%20state%20except%20Virginia](https://tennesseeencyclopedia.net/entries/civil-war/#:~:text=Economically%2C%20it%20would%20take%20the,any%20other%20state%20except%20Virginia;); Diane M. Sommerville. “Will they Ever Be Able to Forget? Confederate Soldiers and Mental Illness in the Defeated South,” in *Weirding the War: Stories from the Civil War’s Ragged Edges* by Stephen Berry, (Athens: University of Georgia Press, 2011), 323; Traci A. Nicholas, *Onward Southern Soldiers: A Study of the Connection between Religion and the Common Soldier in the Army of Tennessee Confederate States of America*, (MTSU History Department, 2013): 135.

supporter. On July 25th, 1862, Unionist Military Governor Andrew Johnson sent a letter to Dr. Cheatham, terminating his time as superintendent and replacing him with Dr. W.P. Jones.⁷²

The next report about the welfare of the institution was not published until a few days before the end of the Civil War. In the *Reports of the Trustees and Superintendent* (1862-1865), Dr. W.P. Jones discussed the effect of the war on the asylum. According to Dr. Jones, at the beginning of his tenure as superintendent in the middle of 1862, the Federal Army camped on the grounds of the institution and burned the “supply of wood and about five miles of excellent cedar fences...” and during this time the hospital was often “on the verge of suffering,” but did not fall into total desperation. Patients inside the hospital were unable to contact their loved ones during the war. Most patients during the war were unable to pay for their treatment due to financial issues. Dr. Jones suggested that he personally tried to pay for food and other comforts that patients needed. A total of 134 patients were admitted to the asylum from 1862-1865.⁷³

At the time of the 1865-1867 biennial report there were a total of 271 patients total institutionalized for their mental illness, a drastic change from the 1862-1865 report. For the first time ever since the establishment of the mental institution, persons of color were allowed to be treated for their mental illness with 29 included with the overall total of patients. The growth of the patient population could be considered typical with the issue of overcrowding in asylums across the United States. W.P. Jones called for more accommodations to be built and suggested that “an appropriation of \$75,000 to each of the other divisions of the State” so that areas such as Knoxville and Memphis could erect their own hospitals to keep up with the demand of treatment.

⁷² Kay Barker Gaston, *Dr. William A. Cheatham*, 58-63.

⁷³ *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, April 3, 1865.* (Nashville: John T.S. Fall, Booka and Job Printer, 1865): 9, 15-17.

He argued that better accommodations would strengthen moral treatment regimens and the insane could be cured.⁷⁴

The Impact of the War on the Minds of Soldiers

Although problems continued to grow for mental institutions in the 1860s, superintendents tried to put up a positive front about the curability of patients and the overall effects of the war. Dr. W.P. Jones was one of these men who downplayed the emotional turmoil many citizens faced in the biennial report from 1862-1865. He was puzzled, for example, when in 1862, fifty eight soldiers were admitted for “excitement incident to war.” Two women were also admitted with that diagnosis. In the same report, Jones questioned the diagnosis:

Though I have presented sixty cases of derangement, apparently superinduced by causes incident to the war, such as exposure to camp-life, destitution of political refugees, nostalgia, etc., etc., yet I very much question, whether in the majority of cases, these have not taken the place of other exciting causes; and whether indeed, the proportion of cases is greater than would have been developed, in an equal number of persons engaged in the ordinary pursuits of life.

Here, Dr. Jones suggested that these cases of insanity might have happened without the war entirely. Other superintendents agreed with Dr. Jones, but they did not want to be “less sensitive” than other citizens about the war, and how it changed people’s lives. Another superintendent wrote, “That civil war, sudden and unexpected, and of unexampled magnitude did not add materially to the number of insane, is certainly a matter of congratulation.”⁷⁵

Medical skepticism aside, men on both sides of the conflict exhibited symptoms of being mentally unwell. One example of this is John Sullivan, a private from Company K. of the 1st

⁷⁴ *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane from April 1, 1865 to October 1, 1867. Presented to the General Assembly of the State, November, 1867.* (Nashville: C. Mercer, 1867): 1-10, 36-40.

⁷⁵ *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, April 3, 1865:* 10-11, 17-18

Tennessee Infantry. Born in Ireland in 1824, it is unknown when Sullivan emigrated to the United States. His disability papers list Sullivan's occupation was stonemason. He joined the Confederacy in 1861 at Camp Harris. His muster rolls indicated that Sullivan spent time as a prisoner of war, and later stayed in Murfreesboro for a brief time after being wounded at the Battle of Perryville in Kentucky. John Sullivan served for about two years until the surgeon of the Confederate Army discharged him in 1862 for an unspecified disability. Sullivan later appeared in the 1870 Federal Census as a patient at the Tennessee Hospital for the Insane. Had Sullivan suffered from a physical injury, or became mentally unwell due to the trauma of battle? He did not appear in the 1880 Federal Census record as a patient. It will forever be a mystery of why Private Sullivan entered into the asylum, especially because of his military status.

According to Diane Sommerville, identifying the stories of veteran patients is difficult because, "asylum officials seldom connected a patient's mental illness to military service". She also notes that doctors did not want to suggest the war caused mental illness, but rather the cause for mental illness is due to the injury received in battle.⁷⁶

One well known example of an injury leading to a soldier's institutionalization is the story of Brigadier General Thomas Benton Smith, the famous "Boy General" of the Army of Tennessee. Unlike some soldiers who were sent to the Tennessee Hospital for the Insane, Smith's notoriety started when he was 24 years old with his peers appointing him Second Lieutenant of the 20th Tennessee Infantry. In 1862, Smith saw action in the Battle of Mill Springs

⁷⁶ John Sullivan, "Compiled Service Records of Confederate Soldiers Who Served in Organizations from the State of Tennessee" database with images Fold3 (<https://www.fold3.com/publication/40/civil-war-service-records-cmsr-confederate-tennessee>: accessed December 7, 2022) ; U.S. Census Bureau, 1870 United States Federal Census (District 5, Davidson, Tennessee); Page: 266B generated by Kate Holt, using Ancestry.com; Diane M. Sommerville, "Will they Ever Be Able to Forget? Confederate Soldiers and Mental Illness in the Defeated South" in *Weirding the War*, 325.

and the Battle of Shiloh, all the while rising in fame and in rank, later assuming the role of Brigadier General in 1864. During his time as a leading officer, Smith sustained multiple injuries. Some maintain that a head injury sustained when he was taken prisoner during the Battle of Nashville was the main cause of his insanity.⁷⁷



Figure 7 Tennessee Historical Society, "Brigadier General Thomas Benton Smith," from the Tennessee Virtual Archive.

With his company, Brigadier General Thomas B. Smith fought in the Battle of Nashville on December 16th, 1865. During the fighting, Smith surrendered and was disarmed. While he was a prisoner of the Union army, Colonel William L. McMillen reportedly took Smith's sword and bashed the prisoner on the head, almost killing him. After the beating, the Brigadier General was sent north as a prisoner of war. Upon release, he traveled back to Tennessee and sought employment on the railroad. Historians speculate that Smith started to have depression-like symptoms that became worse after he lost a political campaign in 1870. In 1876, his family

⁷⁷ Allen Sullivant, "Thomas Benton Smith: 50 Years a Prisoner," *Tennessee Division CSV*, <https://www.tennesseescv.org/thomas-benton-smith.html>; Susan Harber, "Thomas Benton Smith," *Rutherford County Historical Society*, <https://rutherfordtnhistory.org/general-thomas-benton-smith/>; Debra Glass and Heath Mathews, "Brigadier General Thomas Benton Smith, C.S.A." *Civil War's Western Theatre*, <https://armyoftennessee.wordpress.com/brigadier-general-thomas-benton-smith-c-s-a/>

committed him to the Tennessee Hospital for the Insane. He spent the rest of his life institutionalized, with his story retold in newspapers to celebrate his birthday periodically.⁷⁸

The Hospital after the Civil War

After the American Civil War, the Tennessee Hospital for the Insane continued to have an influx of patients needing treatment for their mental illnesses. From April 1st 1865 to October 1st, 1867, the Hospital admitted 433 patients that were suffering from various mental diseases. They supposedly discharged at least 186 of those patients, either due to being cured or dying on the property. The superintendent of the hospital also noted the acceptance of “colored” patients, after the passage of a House Bill in 1866 (564) which gave insane persons of color the right to be treated at mental institutions in Tennessee if it was to the benefit of their health. This bill meant that persons of color would receive similar treatment provided to white patients. According to the report, the hospital accepted 24 insane persons of color into the institution for treatment. It is unknown if any of these people of color were formerly enslaved or served in the United States Colored Troops before being institutionalized at the Tennessee Hospital.⁷⁹

In the next report from 1867-1869, an increase in both white and African American patients institutionalized was recorded. A total of 244 persons were admitted to the institution during the time frame, and the superintendent did not note of any significance of the rise of cases in both races. However, doctors recognized the distrust the nation began to have in concern of

⁷⁸ Debra Glass and Heath Mathews, “Brigadier General Thomas Benton Smith,” <https://armyoftennessee.wordpress.com/brigadier-general-thomas-benton-smith-c-s-a/>; “General Thomas Benton Smith,” *The Nashville Banner*, 21 Feb 1918 <https://newscomwc.newspapers.com/image/604607876/?terms=Thomas%20Benton%20Smith&match=1>

⁷⁹ Tennessee General Assembly, *1886 House Bill 564*, (Nashville: Tennessee General Assembly, 1866): 1-2. <https://teva.contentdm.oclc.org/digital/collection/p15138coll18/id/3556>; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane from April 1st, 1865 to October 1, 1867, Presented to the General Assembly of the State, November 1867*, (Nashville: S.C. Mercer, 1867): 1-10.

the care of the mentally ill. At one point, a woman accused the hospital of wrongfully admitting her as a patient. The Courts of Nashville called the superintendent to question him about the incident but dismissed the case quickly due to the probability of her insanity. The superintendent wrote that “Some persons and communities are ever eager to catch at, and credit sensational rumors prejudicial to the management of the hospitals for the insane,” and suggesting that the public should not believe the new sensationalized literature that was being published by former patients, possibly a reference to Elizabeth Packard’s *The Prisoners’ Hidden Life* published in 1868. This would be the last biennial report available until the late 1880s.⁸⁰

From the 1870s-1890s the Tennessee Hospital in Nashville went through a variety of changes, such as an increase in the number of African Americans housed on the property, the admission of the criminally insane as patients, and a new institutional name—Central Hospital for the Insane. However, the care of the mentally ill still fell under the moral treatment regime. Many institutions opened its doors to persons of color, the criminally insane, all the while moral treatment was failing to cure patients. In the *21st Biennial Report* (1894-1896), the newest Superintendent, John A. Beauchamp, stated that “no attempt at new modes of treatment has been made, it has ever been my aim to keep in touch with the progress made by medical science...” and that the individualized treatment of each patient increased the chance of curability. However, within the years 1894-1896, the cure rate of mental illness at the institution could be considered a failure under the promise of quick cures with moral therapies. Out of 565 patients, only 147 were discharged from the institution. Around 50 of those discharged died from different causes. Also, in the report the superintendent lists how long each patient has been at the institution for

⁸⁰ *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, November 17, 1869* (Nashville: Jones, Purvis & Co., 1869):10, 15, 29; Elizabeth Packard, *A Prisoners’ Hidden Life*.

treatment. One singular patient was institutionalized for over forty-three years, while thirty-five others stayed for at least ten years. Dr. Beauchamp often complained about the overcrowding of patients in Central Hospital and asked for funds for improved accommodations for the next several years in the biennial reports.⁸¹

In the mid to late 1890s two new Tennessee hospitals were able to treat the mentally ill. East Tennessee hospital for the Insane was built in 1886 near Knoxville. In 1896, the West Tennessee Hospital opened its doors in Bolivar. Both institutions received patients that used to be institutionalized at Central Hospital for the Insane in Nashville. Dr. John A. Beauchamp noted in the *22nd Biennial Report* (1896-1898) that a total of 54 patients were removed to their prospective “districts” but did not go into detail the standards of care in those facilities. The state’s expansion in building new mental institutions could be considered typical with the rise of custodial care in the nation. Ernest Gruenberg and Janet Archer suggest that some of these new mental institutions were “established explicitly as custodial institutions, [and] most attempted to apply moral treatment.” It could be possible that the funding of these new institutions shifted focus of the desperate need to fix the deteriorating asylums that were established in the 1840s. This problem can be shown in the early 1900s when capacity overflowed at the Tennessee Central Hospital for the Insane.⁸²

The Institution in the 1900s

⁸¹ *Twenty First Biennial Report of the Trustees, Superintendent and Treasurer of the Central Hospital for the Insane Near Nashville, Tennessee, Presented to the General Assembly, January 1897*, (Nashville: Franc. M. Paul, 1897): 9-13, 23,30-31.

⁸² Robbie D. Jones, “Western Mental Hospital Instructive,” SAH Archipedia, eds. Gabrielle Esperdy and Karen Kingsley, (Charlottesville: UVaP, 2012) <https://sah-archipedia.org/buildings/TN-01-069-0098>; Lakeshore Park Conservancy, “History of the Park,” <https://lakeshoreparkknoxville.org/history/>; *Twenty-Second Biennial Report of the Trustees, Superintendent and Treasurer of the Central Hospital for the Insane, Near Nashville, Presented to the General Assembly, January 1899*, (Nashville: Marshall and Bruce Co., 1899): 9-11, 13, 23; Earnest M. Gruenberg and Janet Archer, “Abandonment of Responsibility,” 487.

From 1900 to 1914, Superintendents of Central Hospital pleaded with governing officials to help combat the overcrowding of all the wards on the site. In the 27th *Biennial Report* (1906-1908), Superintendent John A. Beauchamp told the Tennessee General Assembly that he was constantly being asked the question, “Has Tennessee sufficient hospital room for the comfortable care and treatment of this unfortunate class of her population?” and stated that the institution was “greatly overcrowded” with 595 patients institutionalized at the end of 1908. A few years later in the 29th *Biennial Report* (1910-1912) the successor of Superintendent Beauchamp, Dr. Albert E. Douglas, records that the number of patients still admitted to the asylum skyrocketed to 706. The number of asylum patients grew worse in the 30th *Biennial Report*, (1912-1914), with a total of 768 patients institutionalized, and a significant rise in the death toll on the property.⁸³

The trail of separate biennial reports about Central Hospital ceased after 1914, and the reports were folded later into the Biennial Report of the Department of Institutions. There is currently only one book known which describes the history of Tennessee’s first mental institution available for public viewing at the Tennessee State Library and Archives. *Central State—From the Beginning* (1975) notes that in 1935 there were nearly 2,300 patients on the property with only 97 attendants caring for the mentally ill. The treatment of the insane during the 1930s with pharmaceutical drugs and mental hygiene finally made its way into the middle Tennessee institution. The author cites that the drugs of the day were “paraldehyde and barbiturates,” otherwise medication known to relax patients. Restraint systems were used again

⁸³ *Twenty Seventh Biennial Report of the Trustees and Superintendent of the Central Hospital for the Insane, near Nashville, Presented to the General Assembly January, 1909*, (Nashville: Foster, Webb, and Parkes, 1909): 9, 17; *Twenty Ninth Biennial Report of the Trustees and Superintendent of the Central Hospital for the Insane, near Nashville, Presented to the General Assembly, January 1913*, (Nashville: Foster and Parkes Co., 1913): 9, 17; *Thirtieth Biennial Report of the Trustees and Superintendent of the Central Hospital for the Insane, near Nashville, Presented to the General Assembly, January 1915*, (Nashville: Foster and Parkes Co., 1915): 9, 17, 23.

on aggravated patients by being “locked in chairs, low, heavy with a wide base that allowed patients freedom to move arms and legs.” It was not until 1951 that the first social worker and a registered nurse appeared on the staff roll of the institution.⁸⁴

In 1953 under the leadership of Governor Frank Clement, the Tennessee State Legislature created the Department of Mental Health to oversee the care of the mentally ill and intellectually disabled. Its goal was to establish a “mental health treatment facility within 50 miles of every resident of the state.” In the *Nashville Banner* newspaper, when the department was first proposed to the Tennessee State Legislature, it asked that partnerships would be made with universities that had medical schools attached to them such as Vanderbilt and the University of Tennessee. The Department of Mental Health’s focus was to provide treatment, research, education and find qualified staff that would take care of patients. This organization would later fund community-based programs in the mid 1970s. At this time, the Central State Psychiatric Hospital (Nashville) patient population continued to grow, and the buildings quickly deteriorated so much that the public began to see the true nature of the institution.⁸⁵

Trials and Shutdown

In the late 1960s and early 1970s, citizens across the country noticed the mistreatment of their loved ones in mental institutions. Community-based care was still in its early stages so many of the mentally ill were lost in mental hospitals, and the mistreatment of patients garnered media attention. In the 1970s the Central State Psychiatric Hospital in Nashville received its share of attention after a journalist by the name of Frank Sutherland went undercover as a patient

⁸⁴ Central State Psychiatric Hospital, *Central State: From the Beginning*, (Nashville: The Hospital, 1975): 9, 10,12

⁸⁵ Central State Psychiatric Hospital, *Central State: From the Beginning*, 12-14; “Assembly OK’s Gasoline Bill,” *Nashville Banner* (February 19, 1953): 1.

to report on the health of the institution. In 1974, Sutherland wrote several articles on the treatment of patients and often remarked that the hospital did not have qualified physicians to take care of the mentally ill. He deemed the housing on the site to be unsanitary to live in and described the buildings smelling of “dried urine and vomit.” Sutherland also noted the physical violence between staff members and patients. In one incident, two staff members threw a patient into solitary confinement and kicked him after the patient did not make it all the way inside the room.⁸⁶

Frank Southerland noted in another newspaper article in the *Tennessean* about the struggle for CSPH to be an accredited institution. Sutherland discussed the matter of accreditation with state commissioner Dr. Richard Treadway. Sutherland claimed that Dr. Treadway knew that almost half of the doctors that worked at the mental institution did not have a license to practice in the state, and that those who did have the accreditation were leaving their positions. Overcrowding and the conditions of the buildings were another major concern to Sutherland, and the doctors he interviewed ultimately blamed their inadequacies on the state legislature’s inability to grant funds when they needed them. At this stage, the institution had been forgotten by the state government, and the people.⁸⁷

After the Sutherland articles were published for all Tennesseans to read, the institution tried its best to quickly solve the problems which Sutherland exposed. Some of the old buildings that had been used since 1852 were deemed unsafe to live in, and patients had to be placed

⁸⁶ *The Tennessee Hospital for the Insane changed its public name multiple times. By the 1960s the name has become Central State Psychiatric Hospital, which will be used for further reference. Frank Sutherland, “Central State Conditions Found Poor,” *The Tennessean*, January 20, 1974, 1, 6-A.

⁸⁷ Frank Sutherland, “Officials Agree Central State Needs Reform,” *The Tennessean*, January 28, 1974, 1, 10.

elsewhere. In 1963 the Kennedy administration had enacted the Community Mental Health Construction Act to force states to find alternatives to reduce patient capacity and the length of time the person lived in the institution. The movement for basic human rights in mental health institutions became a concern to citizens, leading to calls for a combination of state and federal funding to create community based mental health centers to replace large institutions that oversaw helping those with mental illnesses. However, these community-based resources came slowly, and some were unable to come to fruition in later decades. From 1974 to the 1990s, the treatment of the mentally ill at Central State continued to be shrouded in mystery as other states began to shut down their mental health facilities due to the Reagan administration. Tennessee was forced to shut down its oldest facility in Nashville for a few possible reasons, such as the deterioration of the buildings and the inability to cure patients in a hospital setting. In 1995, the Central State Psychiatric Hospital moved to a newer facility on Stewart Ferry Pike and continues striving to help those dealing with mental illness. Currently, there is a Dell Technology plant on the grounds of the former asylum. Only one building and a cemetery remain as relics of a 143-year-old forgotten institution.⁸⁸

⁸⁸ Central State Psychiatric Hospital, *Central State: From the Beginning*, 14; Tennessee Department of Mental Health and Substance Abuse Services, "Middle Tennessee: Middle Tennessee Mental Health Institute", accessed January 25, 2023. <https://www.tn.gov/behavioral-health/hospitals/middle-tennessee.html>; Jessica Bliss and Anita Wadhvani, "13 Suicide Attempts, 18 hospitalizations, few options: Lost in Tennessee's Mental Healthcare System," *The Tennessean*, published November 17, 2018 and accessed January 25, 2023 <https://www.tennessean.com/story/news/2018/11/18/tennessee-mental-health-care-psychiatric-hospitals/1380288002/>; Blake Erikson, "Deinstitutionalization Through Optimism: The Community Mental Health Act of 1963," *The American Journal of Psychiatry: Resident's Journal*, (June 2021): 6-7.

Chapter 3: The Public Memory of Asylums in the United States

The idea of public memory could be defined through a variety of lenses. Stories of the past can be connected either collectively (to entire communities) or individually. Public Historian David Glassberg suggests that memories of a specific place are defined by society because “we attach histories to places, and the environmental value we attach to a place comes largely through the memories and historical associations we have with it.” Historical consciousness, or the way history is understood by the people, reinforces the memory of people, places, and events throughout time. Memory and historical consciousness influence interpretation, education, and impacts the future thoughts of generations still not in existence. The public memory of asylums, for example, is heavily defined by the current perception of mental health and the scars of a horrific heritage. The only way to change the negative outlook on this history can be through education and programming which discusses all aspects of the institutional history of insane asylums.⁸⁹

Memories of former mental institutions are often shrouded in mystery and the continuous stigmatized view of the mentally ill. After the wave of deinstitutionalization in the 1980s-1990s, the fate of these facilities was mixed. The survival of the architecture of a former insane asylum came down to one simple question: how could it be useful for modern times? The answer to this question sometimes allowed other businesses to purchase properties and either use the remaining buildings or tear them down to make way for more modern infrastructure. Other former mental institutions were converted into educational spaces. But the most concerning fate of these

⁸⁹ David Glassberg, “Public History and the Study of Memory,” *The Public Historian* 18, no. 2 (1996): 17-18; Diane F. Britton, “Public History and Public Memory.” *The Public Historian* 19, no. 3 (1997): 11, 19-21.

institutions deals with entertainment and dark tourism. The use of these spaces impacts the memory of the site and how the public interacts with it.

Dark Tourism and Mental Institutions

Since the invention of insane asylums, the public has been fascinated with what went on behind closed doors. Prisons, asylums, and jailhouses were constant places of tourism, especially in the 19th century. Superintendents of mental institutions across the United States debated on visitation of outsiders and how it affected the treatment of mentally ill patients. Historian Janet Miron comments on this idea of superintendents allowing visitors inside the asylum, stating that “most authorities encouraged visiting, and the public responded with enthusiasm” to see the conditions of patients and how they were being treated by staff members. Printed documents such as newspapers and tour guidebooks encouraged visitors to come to satisfy their morbid curiosity about insanity and the mental derangement of their fellow citizens.⁹⁰

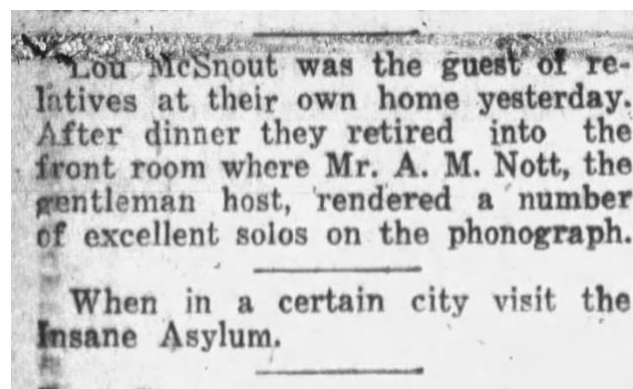


Figure 8 Advertisement in the Johnson City Staff newspaper, December 12, 1922.

⁹⁰ “Janet Miron, ‘You Must Go!’: Visitors to Prisons and Asylums.” In *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century*, (University of Toronto Press, 2011): 56-62, 66. <http://www.jstor.org/stable/10.3138/9781442661639.8>.

People had a fascination for the occult and the things that were different from their own lives. To them, an insane asylum was a symbol of human failure and problems which hindered society. Janet Miron commented on this curiosity by speculating that some citizens sought confirmation that the issues with society were being treated in the asylum by visiting them. They wanted to make sure that the patients were being treated for their insanity and the institution itself was humane. Due to their visitation, some became advocates of reform such as Dorothea Lynde Dix or Nellie Bly. Others might have seen the mentally ill as forms of entertainment and pity, not caring whether the patients in the asylum were treated well or horribly. Tourism inside insane asylums, almshouses, and jails became a popular pastime in the 19th century.⁹¹

One author who was influenced in the wave of asylum tourism was Charles Dickens, a prolific British writer and storyteller. Dickens came to the United States and toured the infamous Blackwell's Island Lunatic Asylum in New York to see the innerworkings of American asylums. Dickens summarizes his experience in the asylum in his work *American Notes* (1842), stating that "the terrible crowd with which these halls and galleries were filled, so shocked me, that I abridged my stay within the shortest limits" and declined the offer to visit the wards where the violently insane were housed. He experienced, "feelings of such deep disgust and measureless contempt" for Blackwell's Island due to what he had seen, but then later visited other buildings of morbid curiosity such as almshouses and jails across the east coast. He was just one of the many visitors to Blackwell's Island insane asylum and his view of asylums changed forever because of this event.⁹²

⁹¹ Ibid., 66.

⁹² Charles Dickens, *American Notes: For General Circulation*, (Leipzig: Bernhard and Tauchnitz, 1842): 109-110. <https://babel.hathitrust.org/cgi/pt?id=hvd.32044009611948&view=1up&seq=120&q1=asylum>

After the closure of insane asylums in the United States during the 1980s and 1990s, the buildings that were not going to be refurbished for psychiatric hospitals had to be used differently. Some of the former mental institutions became museums where visitors could see the site through educational tours, while others became tourist attractions for entertainment only. One notable attraction that has received mixed reviews is the Trans-Allegheny Lunatic Asylum in Weston, West Virginia. This former mental institution hosts tours for the general public, some of which are designated heritage and history tours, but the main attraction to the site is the paranormal tours and the ‘criminally insane tour.’ These type of events at the Trans-Allegheny lunatic asylum mark a continuance of the 19th century fascination of both the occult and the treatment of the mentally ill. The paranormal tours connect the lunatic asylum to what historians call “dark tourism.”⁹³

The research about Dark Tourism blossomed after the pivotal publication of *Dark Tourism: The Attraction of Death and Disaster* (2000) by John Lennon and Malcom Foley. The authors used this book to define what dark tourism means exactly in the historical field and “intended to signify the fundamental shift in the way which death, disaster and atrocity are being handled by those who offer associated tourism ‘products.’” Some tourist destinations such as major Civil War battlefields in Virginia, the court where the Salem Witch Trials occurred, and even the memorials for the 9/11 attacks all fall under the category of dark tourism because of their association with trauma or death. These sites have become unlikely places of consumption

⁹³ Thomas R. Blair, “The Trans-Allegheny Lunatic Asylum, Then and Now,” *The American Journal of Psychiatry*, vol. 171, no. 11, (November 1, 2014): 1160-61.; “Abandoned,” The Trans-Allegheny Lunatic Asylum, accessed January 26, 2023, <https://abandonedonline.net/location/trans-allegheny-lunatic-asylum/>; Trans-Allegheny Lunatic Asylum, “Heritage Tours,” accessed January 25, 2023, <http://trans-alleghenylunaticasylum.com/main/heritagetours.html>; Trans-Allegheny Lunatic Asylum, “Ghost Tours,” Accessed January 26, 2023 <http://trans-alleghenylunaticasylum.com/main/hauntings.html>

of death or appeasement of morbid curiosity. Dark tourism affects the education of visitors on these sites. Historians in this field constantly question the impact of using trauma, death, and dark heritages for entertainment purposes.⁹⁴

The ethical conundrum of dark tourism sites has puzzled public historians during the last few decades. The ethics of creating entertainment programs specifically to profit from gruesome and tragic histories raises considerable concerns connected to the mission of interpreting sites accurately. Katie Heuermann and Deepak Chhabra suggest that the authenticity of interpretation is key. If a visitor decides to visit a historic site for a ghost tour, they will presume that the interpretation they will receive is authentic and historically accurate. Heuermann and Chhabra have noted that the “trends indicate that tourist seek authentic experiences at heritage sites” and their research concluded that sites often offered “a mix of objective and constructed/existentialist authentic experiences.” This means that some sites dilute history in order to receive financial benefits associated with a rise in tourism, and negotiation is made with how things are interpreted. Diluting history and negotiating interpretation creates several risk factors to the institution, such as ridicule, a loss in authenticity, and most importantly, the inability to meet museum ethical standards.⁹⁵

Is it ethical to openly promote and profit off of dark heritage? Some historians such as Richard Sharpley and Phillip R. Stone do not believe that it is ethical at all. Both men argue that ethics hinge on the interpretive slant on the site. Stone and Sharpley suggest that one side of the coin, tourist needs to know fully what has happened while visiting to gain the full “understanding

⁹⁴ John Lennon and Malcolm Foley, *Dark Tourism: The Attraction of Death and Disaster*, (London: Continuum, 2000): 3-10, 165-170.

⁹⁵ Katie Heuermann and Deepak Chhabra. "The Darker Side of Dark Tourism: An Authenticity Perspective." *Tourism Analysis* 19, no. 2 (06, 2014): 213-216, 222-223.

and meaning” of the institution, while on the other side if it is not talked about whatsoever then the interpretation “misleads, trivializes or commercialises the experience may act as a barrier” to a deeper connection. The fine line of how to interpret the site ultimately decides if it will become a dark tourist destination or an average site. For example, the concentration camps in Auschwitz can be considered a dark tourist destination due to the horrific nature of the site’s history. The organization that runs the site must walk a fine line in between macabre entertainment and diluted interpretation to make their history as impactful as possible without destroying the mission of their institution. If a site decided to change interpretation just for the sake of profit, then it goes against the ethics of interpretation and the overall mission of historic sites all across the globe.⁹⁶

In the United States there are organizations which sets standards for museums across the country. Although institutions do not have to go by these standards, they are recognized as best practices. One organization called American Association of Museums helps a variety of sites by advocating for excellent standards in programming, education, and interpretation. The organization states on their website that they believe “museums service society by advancing an understanding and appreciation of the natural and cultural common wealth” through different approaches, and the main goal of any museum is to preserve history for future generations. Museums, historic sites, and other history related areas have the obligation to support the institution, take care of any collections that fall under their jurisdiction, and maintain the trust of

⁹⁶ Richard Sharpley and Philip R. Stone, “(Re) presenting the Macabre: Interpretation, Kitschification and Authenticity,” in *The Darker Side of Travel: The Theory and Practice of Dark Tourism*, edited by Richard Sharpley and Philip R. Stone, (Bristol, Buffalo and Toronto: Channel View Publications, 2009): 111-117.

the public. The American Association of Museums has created standards to support the mission of any institution which should be education and interpretive history of the site.⁹⁷

The mission of any historical institution, whether it is a historic home, or a museum, is to educate and disseminate information. The American Association of Museums has created ethical standards of interpretation for all museums. The museum must interpret the site accurately as possible through the means of research and other resources. They should rely on academic standards and the knowledge of the community that surrounds them. According to the organization, a museum “presents accurate and appropriate content for each of its audiences.” The audience can vary due to age, ethnicity, accessibility, and place of origin. These standards that AAM has highlighted raise serious concerns with sites that use dark tourism in order to promote more visitors to their institution. How can you accurately research ghost stories? What dissuades sites in embellishing the narrative of their tours to make it spooky for their audience? How do historic properties deal with the media sensation of paranormal investigations and dark heritage documentaries? These questions highlight the major battles with dark tourist destinations such as asylums, almshouses, and jails that are open to the public to view.⁹⁸

Interpretation of asylums: St. Elizabeths Hospital and Indiana Medical History Museum

Besides dark tourism, there are other means of interpretation at former insane asylums. Some former institutions were able to be converted into museums such as the Indiana Medical History Museum (IMHM) in Indianapolis. These institutions still on the historic land, such as

⁹⁷ “AAM Code of Ethics for Museums: Programs,” American Alliance of Museums accessed May 26, 2023 <https://www.aam-us.org/programs/ethics-standards-and-professional-practices/code-of-ethics-for-museums/>

⁹⁸ “Ethics, Standards, and Professional Practices: Education and Interpretation Standards,” American Alliance of Museums, accessed May 26, 2023 <https://www.aam-us.org/programs/ethics-standards-and-professional-practices/education-and-interpretation-standards/>

IMHM, have the ability to educate the public on site through tours and other programming. Other institutions do not have the luxury of being able to educate the public on site, such as the example of St. Elizabeths Hospital in Washington D.C., and their recent exhibit at another institution. Curators, historians, and communities must find creative avenues to continue interpretation and programming for their own specific mental institution. How they are able to continue the public memory of an asylum is dependent on multiple factors like if the buildings of the asylum are still available for use, how much information can be dispersed to the public, and if there are enough resources to create programming.

One of the most famous insane asylums since the 19th century was St. Elizabeths, formerly known as the Government Hospital for the Insane, in the District of Columbia. According to the National Park Service, Congress created the asylum in 1852 after Dorothea Dix advocated for an institution where military men and other citizens with mental illness could be treated for their insanity. It became one of the most prominent and leading institutions in the United States, and “pioneered many new therapies, including psychotherapy, hydrotherapy, and malaria therapy.” Since the original facility closed in the 1980s and was replaced by a smaller, modern facility, the site has not been available to the public for tours. The exhibit called *Architecture of an Asylum: St. Elizabeths 1852-2017* is a perfect example of broadening the public memory of a mental institution from the 19th century.⁹⁹

The exhibit was curated by Sarah Leavitt at the National Building Museum in Washington D.C., and it was one of the biggest exhibitions on St. Elizabeths institutional history. Although this exhibit was not shown on the property of the former asylum, it showcased

⁹⁹ National Parks Service, “St. Elizabeths Hospital,” last updated in November 2020. <https://www.nps.gov/places/st-elizabeths-hospital.htm>

artifacts, photographs and stories from St. Elizabeths from its inception all the way to its demise in the 1980s. Blogpost writer Pat Padua states, “While the history and development of the mental asylum is a crucial part of the exhibit, some of its most fascinating displays revolve around daily life at the institution” which includes information about patient care and what patients did on a day to day basis inside the institution. Leavitt designed the exhibit to discuss the architectural significance of the asylum, moral treatment, and the ultimate failure of all mental asylums of caring for the mentally ill. A walkthrough of the exhibit has been published on C-SPAN for those who were unable to visit in 2017, and it shows off the spectacular interpretation the National Building Museum created.¹⁰⁰

The interpretation of the exhibit about St. Elizabeths was shown through the lens of how the architecture influenced the treatment of patients inside the asylum. Leavitt pointed the dialogue in such a way that the description of treatments such as hydrotherapy connected to the asylum’s architecture rather than using verbiage to amplify the brutal nature of treatment. She does not dismiss the fact that treatment of patients was awful but puts it in terms that are not disturbing to the visitor. Another example in this exhibit is the discussion of differential treatment of African Americans patients compared to white patients. Leavitt states in the tour that, “African American patients were housed in separate buildings and that was true at most mental health hospitals” and went on to explain that housing for African American patients did not have any ventilation or private rooms like white patients did. She also stated that many patients who were able to pay for their lodging received better care than those who were sent by

¹⁰⁰ Pat Padua, “Designed for Therapy: NBM’s ‘Architecture of an Asylum’ Looks at St. Elizabeths,” DCist, accessed June 1, 2023, <https://dcist.com/story/17/03/28/architecture-of-an-asylum/>; *American Artifacts* “St. Elizabeths Hospital,” on C-SPAN 3 Television Network, aired August 20, 2017. <https://www.c-span.org/video/?431999-1/st-elizabeths-hospital>

the government Although these statements made in the exhibit do not go into detail about the horrific nature of living in an asylum, they give just enough of a glimpse for visitors to understand the complexity of mental health history.¹⁰¹

Currently, a large portion of the original St. Elizabeths campus and buildings are under rehabilitation by the Department of Homeland Security. The rest of the campus is used as a psychiatric facility. Due to these reasons, St. Elizabeths is not open for tours. However, there are other institutions that have public programming on the site of a former asylum. The Indiana Medical History Museum in Indianapolis is on the grounds of the former Central Indiana Hospital for the Insane. This institution started around 1893; three years later a state-of-the-art pathology department was added onto the property. The hospital was dedicated to treating mental illness in patients and researching the physical and mental causes of their ailments. The hospital admitted patients until its closure in 1968. At this time many of the buildings were still in good condition including the famous pathology lab, but the items housed in these buildings were not useful to the new mental facilities being built. Thus, a group of community members decided that the old pathology lab and other buildings in good condition should be converted into a medical history museum. In 1969, the Indiana Medical History Museum was opened to the public with original artifacts from the former hospital.¹⁰²

To this day, the Indiana Medical History Museum continues to research and create projects which educate the public on the history of the site, and mental health history overall. In an interview with Sarah Halter, the Director of the museum, she describes the interpretation and public programming dedicated to preserving the public memory of Central Indiana Hospital for

¹⁰¹ *American Artifacts*, “St. Elizabeths Hospital,” on C-SPAN 3 Television Network, aired August 20, 2017.

¹⁰² Sarah Halter, interview by author, via zoom, January 31, 2023.

the Insane. Halter states that with public programming, “we try to tie these historic names not just related to Central State but related to psychiatry and medicine more broadly” plus try to connect the past with the current status of mental health in the United States. Also in the interview, Halter understands how interpretation affects visitors and community members who live nearby and try to “embrace” the history of the former mental institution. Through exhibits, tours, and outreach programs the IMHM strives to keep mental health history alive in their community.¹⁰³

The topic of mental health is generally a sensitive subject and showcasing human specimens or artifacts from a former insane asylum can be difficult for museums. At the Indiana Medical History Museum, they want to humanize the history of the Old Pathology lab and the grounds former patients lived on which can be seen by the language they use in tours or exhibits. Halter states, “we avoid using [words] like crazy insane. We do sometimes use the loaded language when we are using it more as a quote...[to tell visitors] how people were perceived...” or otherwise stating to visitors that the hard hitting terms such as “crazy”, “imbecile,” or other derogatory words are not what they think of the patients, but phrases used in the past. Although this issue can seem small, in the larger picture it impacts the interpretation of the site. Language piques people’s interest in projects and the history of the site.¹⁰⁴

Besides their tours and exhibits, the Indiana Medical History Museum has made efforts to digitally preserve the public history of the former asylum. Halter, describes the movement towards a digital archive as a memory forum where “stories from people who have had these various connections to the hospital” can describe their experiences in their own words.

¹⁰³ Ibid., Sarah Halter Interview with the author.

¹⁰⁴ Ibid., Sarah Halter, interview by author, via zoom, January 31, 2023.

According to Halter, there are a variety of narratives, ranging from the gruesome reality of being a psychiatric patient to positive experiences on the grounds. Sharing stories about the past creates a more robust memory of an event or a place. The museum wants to tell these stories but also wants to accommodate the feelings of those who decide to share their knowledge for the purpose of interpretation and public viewing.¹⁰⁵

Like many other museums which discuss mental health history and asylums, the Indiana Medical History Museum has to weigh the ethics of confidentiality and authenticity when discussing the stories of patients inside the museum. Halter has struggled with how to talk about confidential parts of a patient's life, such as attaching the identity to human specimens. Currently, public historians of mental health history wrestle with how much information to reveal about patients, such as their names or why they were sent to the asylum. Historians want to be transparent, but also want to accommodate the sensitive nature of a person's mental health. The Indiana Medical History Museum continues to weigh the issue while discovering new stories about former patients and considering how to use those stories while balancing confidentiality and accessibility.¹⁰⁶

Archival Records and HIPPA

The public memory of insane asylums can also be influenced by the memory of individuals searching for answers about ancestors who previously were institutionalized. Many states, including Tennessee, do not allow ordinary citizens to gain access to insane asylum records due to confidentiality and because they are considered mental healthcare records. Many

¹⁰⁵ Sarah Halter, interview by author, via zoom, January 31, 2023.

¹⁰⁶ Sarah Halter, interview by author, via zoom, January 31, 2023.

public historians, including the author of this thesis, have struggled to gain access to asylum records. In Tennessee, the Tennessee State Library and Archives has sealed off patient records in perpetuity due to them being considered medical records, even though the Federal Health Insurance Portability and Accountability Act of 1996 states that records of a deceased individual can be opened 50 years after death. Researchers across the nation who want to study asylums struggle with HIPPA and have to negotiate with archives to access the records. This next section has case studies which exhibit the issue with HIPPA and archival records in various states.¹⁰⁷

The State of Maine has the most open policies when it comes to the medical records of former insane asylum patients. The Digital Maine Repository, one of the many services that is provided by the state library, has digitized records about the Augusta Mental Health Institute, including medical records with identifiable information (such as name, birth date, their diagnosis etc) for the public to view. The library is currently working on making all records digitally available and has 17 volumes dedicated to patient cases from 1840-1910. It is clear that the Maine State Library adheres to the federal HIPPA policies, but it is unknown if the institution has their own stipulations of who can access them in person. Maine is one of the few states that have digital patient records available.¹⁰⁸

In Ohio, researchers have been able to gain access to mental health records of former insane asylum patients. One example of this is Kathrine Ziff for her work *Asylum on the Hill* (2012) when she wrote about the Athens Lunatic Asylum which operated in the 19th century.

¹⁰⁷ United States Department of Health and Human Services, Office for Civil Rights, *HIPPA Administrative Simplification: Regulation Text* (United States Government, 2013).

¹⁰⁸ “Augusta Mental Health Institute (AMHI),” Digital Maine Repository, Accessed June 1, 2023, <https://digitalmaine.com/amhi/>; “Patient Medical Records (1840-1910),” Digital Maine Repository, Accessed June 1, 2023 https://digitalmaine.com/amhi_medical_patient_cases/

According to Ziff, the “Ohio Department of Mental health approved [her] research [twice]” while she was working on the project. It is possible that she received this approval because she was working on academic research. This was not an ordinary citizen who wanted access to these records. Ziff also notes that with the approval there came some restrictions, such as removing patient names from the records and other confidential agreements. She received some of her information from the Ohio University Library and Archives, which has their own stipulations beside the HIPPA laws attached to the records. The library and archives decided that content that has information about former insane asylum patients must abide by the HIPPA rule of records being restricted for 50 years. But also with the law, the archives have “elected to only leave patients last names unredacted on records that are more than 132 years old.” This case lets researchers have access to medical records and also protect the patient’s identity. Ohio is one of the few states where they are flexible with the restrictions they place on researchers.¹⁰⁹

The State of Virginia is similar in their stipulations of medical record access for researchers. The Library of Virginia dedicated a website article to the problems with accessibility and also confidentiality. Previously, the institution made a rule that researchers could access mental health records “after a period of 75 years from the date of creation.” However, due to HIPPA, they revamped the rule and “determined that 125 years would be a reasonable time frame to ensure that even a young patient would have been deceased for 50 years.” The library also states that this restriction applies to researchers who are not related to a former patient. A researcher must go through a process with the library before seeing the records in person. This

¹⁰⁹ Kathrine Ziff, *Asylum on the Hill*, xii-xiv; “Athens Mental Health Center Collection,” Ohio University Libraries, accessed June 1, 2023 <https://www.ohio.edu/library/collections/digital-archives/amhc>

process includes confidentiality agreements (such as not recording identifiable information). The Library of Virginia records are accessible, unlike other institutions in the United States.¹¹⁰

The State of Tennessee has one of the harshest restrictions on patient records in the United States. The State of Tennessee requires all government institutions such as the Tennessee State Library and Archives to seal off mental health records in perpetuity under HIPPA policies. The only way to gain access to these files is through a court order by the Chancery Court of Davidson County, which requires researchers to provide adequate reasons for why the records are needed. The Chancery Court has the authority to refuse requests, ultimately restricting the access of valuable information of patients who lived at the Tennessee Asylum for the Insane. These restrictions make it much harder for both family members who want information about their loved ones, and also researchers who want to understand the true nature of the asylum. The State Library and Archives does have records open to the public to view in person, but these are general information about the institution and not specifically about patients.¹¹¹

Conclusion: The Growing Public Memory of Asylums

The public memory of asylums is complex but constantly growing due to the interest in mental health history. Humans are naturally fascinated with dark tourism and places like insane asylums, haunted historic sites, and the unknown. However, the memory of an asylum cannot be

¹¹⁰ Vince Brooks, “‘Endeavor To Restore Them’: Accessing the Records of Virginia’s State Hospitals,” The Uncommon Wealth, Library of Virginia, accessed June 1, 2023 <https://uncommonwealth.virginiamemory.com/blog/2021/04/28/endeavor-to-restore-them-accessing-the-records-of-virginias-state-hospitals/>; Library of Virginia, “Records of Southwestern State Hospital 1887-1948,” Library of Virginia, Accessed June 1, 2023 https://lva.primo.exlibrisgroup.com/discovery/fulldisplay?context=L&vid=01LVA_INST:01LVA&search_scope=MyInstitution_noAER&tab=LibraryCatalog&docid=alma990016201940205756

¹¹¹ [Tenn. Code Ann. § 10-7-505](#); Tennessee Department of Mental Health & Substance Abuse Services, “Policies and Procedures,” 1-9, accessed February 1st 2023 https://www.tn.gov/content/dam/tn/mentalhealth/documents/hipaa/HIPAA4.1_Uses_Disclosures_General.pdf

dictated by popular television shows such as *Ghost Adventures* which exhibit the dark side of these sites. There are tangible efforts through museums, researchers, and the community to display both sides of asylums. The historical consciousness of these sites dictates how they will live on in the minds of others. If the overall picture of an asylum wastes away, then the memory of an asylum could be lost forever. The Tennessee Asylum for the Insane falls under the category of the possibility becoming a dark tourist attraction, and only morbid curiosity would fill the void rather than educational tours. Public historians and the community must find reasonable ways to commemorate the institution that was once in Nashville. Dark tourism is a major threat to all asylums that are still standing and open to the public. Is it really fair for those who have died on the Tennessee Asylum property to be only remembered as ghosts, freakshows, and morbid stories? The memory of these people should be held with respect and dignity. To combat this issue of dark tourism, there should be more of an effort to research and find new material about asylum.

Chapter 4: Reclaiming the Memory of the Tennessee Asylum for the Insane

In 2023 the public memory of the Tennessee Asylum for the Insane in Nashville is minimal. Only a few historians remember the site's history, and only a few historians have written about the institution. The historical scholarship of this site reflects the absence of public memory of the site. The loss of these memories of the institution creates problems for historians who want to research this institution and citizens who wish to research their ancestors who might have died on the property. In order to reinvigorate the public's awareness of this site, changes must be made to the landscape. Local historians must create helpful resources for those wanting to learn more about the forgotten asylum. Archival records should be available to the public for research purposes, and community involvement in preserving the cemetery on the property must be a priority. Reclaiming the public memory of the Tennessee Asylum will impact the historical field and shape the conversation on mental health in the state.

Sealed Forever: Records at the TSLA

While researching the Tennessee Asylum for the Insane, finding reliable records about the institution and the patients there was challenging. The Tennessee State Library and Archives restricts who can view patient forms. According to one archivist, the records with identifiable information of patients were sealed in perpetuity due to being mental health records, even though HIPPA allows citizens to view patient files 50 years after they have died. Even worse, the researcher would have to go to the Davidson County Chancery Court to gain permission to access these records, which would take a long time, and there could be a strong possibility of the presiding judge refusing any historian who wants to view these sensitive records. All states have

to abide by the federally mandated HIPPA privacy laws, but some states have found ways to protect patients' privacy and let researchers gain access to mental health records.¹¹²

There are multiple ways to modify the strict access to mental health records at the Tennessee State Library and Archives (TSLA). One example is to create a reasonable time limit for when access can be granted for public viewing. The Virginia State Library decided that when 125 years had passed since the document's creation, they would allow researchers to come in person to view the document. This way, records with identifiable information would not be connected to a living person. Most of the records about the Tennessee Asylum for the Insane would be open to public because HIPPA only restricts mental health records if they are less than 50 years after the patient's death. Asylum records from 1852 to 1898 should be available for public viewing because they are past the 50 year rule, with additional records opening up annually. However, the archive as an institution could restrict viewing until a specific time other than the 50-year HIPPA privacy rule. If they want to protect the privacy of a patient, then they could set the restriction to 100 years or more. This relaxed restriction would make the records more accessible but still put the privacy of former patients first.¹¹³

¹¹² [Tenn. Code Ann. § 10-7-505](#); Tennessee Department of Mental Health & Substance Abuse Services, "Policies and Procedures," 1-9, accessed February 1st 2023 https://www.tn.gov/content/dam/tn/mentalhealth/documents/hipaa/HIPAA4.1_Uses_Disclosures_General.pdf; U.S. Department of Health and Human Services, Office for Civil Rights, *HIPPA Administrative Simplification: Regulation Text* (United States Government, 2013).

¹¹³ Vince Brooks, "'Endeavor To Restore Them': Accessing the Records of Virginia's State Hospitals," *The Uncommon Wealth*, Library of Virginia, accessed June 1, 2023 <https://uncommonwealth.virginiamemory.com/blog/2021/04/28/endeavor-to-restore-them-accessing-the-records-of-virginias-state-hospitals/>; Library of Virginia, "Records of Southwestern State Hospital 1887-1948," accessed June 1, 2023 https://lva.primo.exlibrisgroup.com/discovery/fulldisplay?context=L&vid=01LVA_INST:01LVA&search_scope=M yInstitution_noAER&tab=LibraryCatalog&docid=alma990016201940205756

Another issue that might have hindered the TSLA from offering access to these records is their sensitive nature. These records could have information on how doctors treated patients, if they died while under the supervision of doctors, and other traumatic details that might be harmful for public consumption. A warning label can be attached to the documents so that the researcher fully understands the nature of what they would be viewing. An example of a warning label can be found on the Digital Maine Repository website. Attached to the patient records online there is a warning to all viewers, which states:

“Some of the language and treatments [in these records] are not considered acceptable today and may be uncomfortable for some readers. Recognizing that historical medical terms do not always completely or directly map to contemporary terms, that historical terms can be offensive or inaccurately characterize a condition, and that the presence of both historical and contemporary terms may be useful for researcher discovery, the archivist has attempted to employ contemporary terms as they appear in the context of the collection in the description.”

Although this statement suggests that an archivist has interpreted the text in a way that would be acceptable to modern sensibilities, it also acknowledges the dark nature of the records. The TSLA can employ something similar, whether online or in person. The archive can require a researcher to read and sign a document stating they know what to expect in the records. The paper might explain the nature of moral treatment and how doctors believed it cured insanity. It also could briefly discuss the various therapies, such as the use of restraints, that might shock viewers. If this is one of the reasons why the TSLA harshly restricts access, then a formally signed document would also benefit the institution and the researcher. Other institutions also use

formal agreements with researchers to help keep people from using the information they find in a harmful way.¹¹⁴

The last recommendation for the Tennessee State Library and Archives to update their accessibility in this area is to restrict only identifiable information such as the patient's last name, their home addresses, or other sensitive material. The Ohio University Library and archives created a process for researchers to follow while viewing mental health records from old asylums. First, the researcher has to gain approval from the library and archives, then agree not to share sensitive information if they decide to write about their findings. Researchers have to agree to leave last names redacted if the record of the said patient was less than 132 years old. The Tennessee State Library and Archives can do a similar process, allowing researchers and ordinary citizens to find more information about asylums without the long, drawn-out process of asking for a court order.¹¹⁵

All of these recommendations accomplish the goal of making the records accessible to everyone who wants to learn more about these records. Currently, the only way for someone to find out if a relative was institutionalized is by going through the Federal Census records. Although the biennial reports of the Tennessee Asylum for the Insane help the researcher to understand the administrative side of an institution, the records of patients hold the key to fully gaining knowledge of what happened to the mentally ill. The Federal Census records contain identifiable patient information, such as their first and last names, ages, and sometimes even diagnoses. Understandably, the Tennessee State Library and Archives wants to keep the privacy

¹¹⁴ "Patient Medical Records (1840-1910)," Digital Maine Repository, Accessed June 1, 2023 https://digitalmaine.com/amhi_medical_patient_cases/

¹¹⁵ Kathrine Ziff, *Asylum on the Hill*, xii-xiv; Ohio University Libraries, "Athens Mental Health Center Collection," accessed June 1, 2023 <https://www.ohio.edu/library/collections/digital-archives/amhc>

of the patients a priority. But a straightforward vetting process and finding tangible ways to keep the patients' privacy and allow access to research could change the story about the asylum.¹¹⁶

The Federal Census records have a plethora of information about patients' lives and why they were institutionalized. In a previous draft of this thesis, occupation was highlighted as a possible cause for insanity. Many physicians of the 19th century tried to make connections that, somehow, a patient's occupation influenced insanity. In the biennial reports to the Tennessee State Legislature, physicians from the Tennessee asylum created charts to count how many patients had a specific career. For men in Tennessee, farming was one of the most prominent occupational roles. Doctors at the asylum often highlighted that so many of their patients farmed for a living. The 1865-1867 report cited that “a large portion of the insane are farmers...not because the pursuit predisposes more than others to insanity.” Although this states that farming does not induce insanity, why did they highlight this fact in the first place? A large percentage of patients were farmers because a large percentage of the population were farmers. Of course, this doesn't explain why the asylum was keen to track patients' occupations as a part of their record keeping. The Federal Census, on the other hand, recorded occupational information for everyone. If the records were available for research, more connections could be made about why farming was such a big deal and how it related to patients' diagnoses.¹¹⁷

¹¹⁶ * An example of a Federal Census holding sensitive data of patients at the TN asylum. United States Census Bureau, 1850 United States Federal Census for Davidson County, Tennessee, District 5, generated by Kate Holt, using ancestry.com https://www.ancestrylibrary.com/discoveryui-content/view/6057095:8054phsrc=Rt_s207&_phstart=successSource&ml_rpos=66&queryId=65ef05fc5dbcbf3a712c66820b7a95da

¹¹⁷ *Fourth Biennial Reports of the Trustee*, 40; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, April 3, 1865*. (Nashville: John T.S. Fall, Booka and Job Printer: 1865), 10, 14-18; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane from April 1, 1865 to October 1, 1867. Presented to the General Assembly of the State, November 1867*. (Nashville: C. Mercer, 1867), 11-15.

One other occupation that was highlighted for men was being a soldier. In the American Civil War era, there was a rise in cases of insanity. Men who fought in the war and dealt with mental health issues were sent to the asylum, and doctors noted their occupation as a soldier—the biennial report to the Tennessee State Legislature in 1865 comments on the rise of insane soldiers, counting about 58 men who were institutionalized due to *Excitement Incident to War*. However, the reports did not explain why these men became insane due to the war. Due to the access restrictions of patient medical records, a previous draft of this thesis tried to correlate Federal Census records which cite men who were institutionalized, to the military muster rolls to find out who was a soldier in the war and why they were sent to the Tennessee asylum. This back and forth between muster rolls and census records made the information highly speculative, and the patient's medical records would be the only way to confirm all the information found.¹¹⁸

Another problem with verifying information about the occupation concerns women. Most of the jobs women held that were documented in the biennial reports were seamstress, housekeeping, and farming. The main issue was the difference between housekeeping and a house keeper. Although they sound very similar, back in the 19th century, women performed two very different jobs. Appendix A of the United States Federal Census for 1870 described the two as different. Housekeeping is “reserved for such persons as receive distinct *wages* or *salary* for the service.” Federal census takers described the occupation of keeping house as “women [who were] keeping house for their own families or for themselves.” The biennial reports did not

¹¹⁸ *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, April 3, 1865: 10-11, 17-18*

explain what type of house keeping occupation these women had, leaving room for speculation. There will not be any direct proof unless access to records can be available for research.¹¹⁹

These inaccessible records could also explain why patients were institutionalized at the Tennessee asylum. The biennial reports document how many people were diagnosed with terms such as *religious excitement*, *hereditary predisposition*, and *nostalgia*. Still, these reports do not detail why these doctors diagnosed the patient and the actual causes of their insanity. Admittance records would help researchers understand the full story of a patient. There are multiple reasons why someone could have been institutionalized. Speculations can cause doubt about the authenticity of the historical narrative. The lack of records has ultimately hampered the goal of any researcher who wants to learn about the asylum on a deeper level and leaves a significant hole in the public memory of the asylum in Nashville. Therefore, it is essential for the Tennessee State Library and Archives to find meaningful ways to further scholarship.¹²⁰

The Current Memory of the Tennessee Asylum for the Insane

¹¹⁹ U.S. Census Bureau, 1870 United States Federal Census Appendix A, *Instructions to Enumerators Concerning the Return of Occupations at the Censuses of 1870, 1880, 1890, and 1900*, 1 <https://www2.census.gov/library/publications/decennial/1900/occupations/occupations-part-5.pdf>; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, April 3, 1865* (Nashville: John T.S. Fall, Book and Job Printer: 1865), 10; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane from April 1, 1865 to October 1, 1867. Presented to the General Assembly of the State, November, 1867* (Nashville: C. Mercer, 1867), 11; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane: Presented to the General Assembly, November 17, 1869* (Nashville: Jones, Purvis & Co., 1869), 11.

¹²⁰ American Medico-Psychological Association and New York State Lunatic Asylum. *The American Journal of Insanity*, volume 19, 1862-1863, (New York: State Lunatic Asylum, 1862-1863), 478-479; Nathaniel Bingham, *Observation on the Religious Delusions of Insane Persons, and on the Practicability, Safety, and Expediency of Imparting to them Christian Instruction; With Which Are Combined a Copious Practical Description and Illustration of all the Principal Varieties of Mental Disease and of its Appropriate Medical and Moral Treatment* (London: J. Hatchard and Son, 1841), 123-130. <https://babel.hathitrust.org/cgi/pt?id=uc2.ark:/13960/t2g738m6h&view=lup&seq=5>; *The Fourth Biennial Report*, 38-40; *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane, Presented to the General Assembly April 3, 1865*, 11-12; *Reports of the Trustees and Superintendent Tennessee Hospital for the Insane* (1865-1867): 13-14

Although the property of the former Tennessee Asylum for the Insane is unrecognizable today with the Dell corporate office which was built in the late 1990s, small but significant pieces of the land connect to the long-forgotten past of the institution. In 2018, the Historical Commission of Metropolitan Nashville and Davidson County erected a marker to encapsulate the memory of the asylum. The marker's inscription reads:

“In 1832, the Tenn. Legislature approved the state's first asylum, established in 1840 southwest of Nashville, the State brought this land in 1848, after activist-reformer Dorothea Dix and asylum staff called for improved facilities. Prominent architect Adolphus Heiman designed the Gothic-style complex with octagonal towers and separate wards. Opened in 1852 and renamed Central State Hospital in 1920, it closed in 1995. A stone gatehouse and unmarked graves are all that remain.”

While visiting the site in early January of 2023, the historical marker was missing from its location. There was construction in the area due to a new bus stop being built. After a brief phone call conversation with Jessica Reeves in late May of 2023, a Historic Preservationist of the Metro Historical Commission in Nashville, she stated that the marker was put back up in early April. Historical markers are essential in helping a community connect to the past because they give the public a relevant and easily readable snapshot of history. It is a way for public historians to “interpret history and historic places to residents of their communities and to visitors from elsewhere.” More importantly, more markers must be made for historical sites dealing with sensitive subjects such as mental health history, racism, and gender equality. This marker

explains the significance of the old gatehouse that the marker is in front of and tells the reader about the unmarked graves on the site.¹²¹

More insights can be garnered about the site, with the remaining cemetery memorials on the back of the property. The cemetery portion of the site is found in a secluded area behind the property. If you drive behind the Dell Plant Property, there is a small trail that leads to a wide-open field where the broken tombstones can be found. Thankfully due to a Facebook group called ‘friends of Central State Hospital Cemetery,’ visitors can find the location, and this page creates a community of super sleuths who want to find out where former patients or, more importantly, relatives are buried. The area itself is not preserved well. The remaining tombstones are broken or lying on each other as if someone might have thrown them in one big pile. Another mass of graves can be found in poor condition in another area of the cemetery. Almost all of the grave markers are broken beyond repair and barely legible.



Figure 9 and 10: Photos made by Kate Holt at the former Central State Hospital.

¹²¹ Raymond F. Pisney, “Historical Markers: Planning Local Programs,” *History News* 33, no. 3 (1978): 57-58 <http://www.jstor.org/stable/42648869>. Accessed 1 Feb. 2023.; Duane and Tracy Marsteller, “Tennessee Hospital for the Insane,” The Historical Marker Database, <https://www.hmdb.org/m.asp?m=147132>

Cemeteries are sacred locations for all types of communities. In the words of the Texas Historical Commission in the magazine *History News*, these spaces are “reminders of settlement patterns and.... can reveal information about historic events, religion, culture and genealogy.” Cemeteries allow a community to process grief and research the people who lived in the community years ago. Some organizations actively work on preservation projects involving cemeteries, including the MTSU Center for Historic Preservation and the Tennessee Historical Commission. Both organizations have created resources available to the public to help preserve cemeteries and other memorial sites.¹²²

A great effort was made to preserve the two cemeteries on the grounds of the former asylum. Journal articles from the *Tennessean* newspaper show efforts to clean up the site and to erect a memorial dedicated to the those who were buried on the property. According to an article, three men named George Spain, Nick Fielder, and Kem Hinton drove the effort to preserve the cemeteries at the asylum. Kem Hinton, proposed a plan to build two “50 foot structures [that] would symbolically guard the site” as a way to commemorate the patients that died on the property. They filed all the paperwork needed to create this memorial, but governmental entities could not decide what to do with the property. However, the project seems to never come to fruition for unknown reasons. No memorial is on the property, and many tombstones are still in horrible condition. What steps can be taken to continue this forgotten project and treat the

¹²² Texas Historical Commission, “Preserving Historic Cemeteries,” *History News*, vol 63, no 3, (2008): 1 <http://www.jstor.org/stable/43504206>; Middle Tennessee Center for Historic Preservation, “Cemetery Resources,” accessed February 1, 2023 <https://www.mtsuhistpres.org/resources/cemetery-resources/>; Tennessee Historical Commission, “Tennessee Historic Cemetery Preservation Program,” Accessed February 1, 2023; <https://www.tn.gov/historicalcommission/state-programs/tennessee-historic-cemetery-preservation-program.html>

cemetery with more care? The answer lies in partnering with organizations that understand the nature of cemeteries and how to preserve them.¹²³

The Center for Historic Preservation (CHP) constantly partners with other organizations to help preserve cemeteries across the state. They recommend specific plans to organizations that either need to maintain burials or aid in submitting nominations to be on the National Register for historic sites. One example of recommended projects was in Carrol County for the Palestine Methodist Church in 2020. The Center for Historic Preservation and the Tennessee Wars Commission assessed the history of the old cemetery attached to the church and found significant historic findings related to the site. In the cemetery, a good number of tombstones were broken into several pieces. The CHP recommended keeping deterioration at bay; the community should leave said pieces lying face down to protect them if an inscription is available and mark all pieces in a central location. They also suggested the community take pictures of all the tombstones and record all their findings. These recommendations about the Palestine Methodist Church should be part of the plan for the cemeteries on the old asylum grounds.¹²⁴

Both cemeteries on the grounds of the former Tennessee Asylum for the Insane are in great disrepair. If the Metro Historical Commission decided to partner with the Center of Historic Preservation, specific recommendations could be made on the property. Graduate Students could research who was buried at the asylum cemetery more in-depth, and the process can be started by treating the cemetery with more respect and honor. However, this would only

¹²³ Sameh Fahmy, "Forgotten in Life Not Forgotten in Death," *The Tennessean* (Nashville), August 29, 2004, accessed June 3, 2023. <https://www.newspapers.com/image/245219987/>

¹²⁴ J. Ethan Holden, "Preservation Recommendations for Palestine Methodist Church and Cemetery, Carroll County, Tennessee," (Tennessee Civil Wars Commission, and MTSU Center of Historic Preservation, August 2020): 4-8, 17-20. https://irp.cdn-website.com/2c253136/files/uploaded/PalestineReport_Final-reduced-size.pdf

happen if the policy of access to these records was changed in some way. The public memory entirely forgets the people who died at the asylum. The patients' voices are lost forever unless something is done about it. Preserving the cemetery would be a huge step forward in reclaiming the lost memories of the asylum.

What about a Museum? Turning the Old Gatehouse into a micro-museum

The last remaining building, once operated by the mental health institution in Nashville, is the Old Gatehouse. After a visit to the building, no interpretation could be found about it. According to the expose made by Frank Sutherland in the *Tennessean*, he claimed that after being in the asylum for 31 days, he “walked away from that hellhole... headed straight down to the main road toward the front gate” and no guards tried to stop him from leaving. The lack of interpretation sparked the idea of creating a micro-museum inside the small building dedicated to the history of the Tennessee Asylum for the Insane. Although considering this idea is farfetched due to the costly nature of restoring the building and the time and energy put forth to create an interpretation, it could be one of the best ways to further the institutional memory of the former asylum.¹²⁵

¹²⁵ Frank Sutherland, “Personal Experience: Central State Conditions Found Poor”, the *Tennessean* (Nashville), January 20, 1974, accessed June 3, 2023, <https://undercover.hosting.nyu.edu/files/original/877a183da149aab8ea3e73b77543e32b0e55192e.pdf>



Figure 10 Old Gatehouse on the property of the former Tennessee Asylum for the Insane. Photo taken by Kate Holt

The history of the Tennessee Asylum for the Insane is very expansive. It covers almost two centuries of history, events, and the stories of institutionalized people. Whoever curates the micro museum must decide what they want to discuss in the small exhibit. Space would be a massive factor in how much the curator can interpret the site. It is recommended that the exhibition highlights key events in the institution's history. A few are the foundation of the asylum, Dorothea Dix, moral treatment, and the ultimate downfall of the institution. These moments in the history of the institution could be their panels. The exhibit's audience should be kept in mind when writing the text of the display. According to the book *Museum Basics* (2018), curators should avoid using historical jargon and complicated words that might confuse visitors. Although there is little knowledge of how much space the old gatehouse has, simple panels can be made to interpret the site for whoever encounters it.¹²⁶

¹²⁶ Timothy Ambrose and Crispin Paine, *Museum Basics: The International Handbook, 4th edition*, (London and New York: Routledge, Taylor, and Francis Group, 2018): 165-168.

It might be possible that a curator could partner with the Tennessee State Museum (TSM) in creating a micro-exhibit at the old gatehouse. It is possible that the Tennessee State Museum collection has artifacts relating to the history of the Tennessee Asylum for the Insane and could help make a sustainable exhibit through digitally scanning or photographing objects that relate to the overall narrative of the exhibit and let the curator display them. The TSM also has an educational outreach program called Tennessee Traveling Trunks, which are filled with “real and reproduction artifacts, portraits, paintings, books, music CDs, DVDs, and more” that help school age kids learn more about history. These trunks have different themes, and all relate to significant pieces of Tennessee history. A traveling trunk could be made about the Tennessee Asylum for the Insane and could be housed temporarily at the gatehouse for viewing. There could be certain days when the public would be able to see the travel trunk, and this could generate more ideas about a permanent exhibit.¹²⁷

Although a micro-museum would benefit the public memory of the institution greatly, it is improbable that something could be placed in the building due to security reasons. As of 2023, the old gatehouse is locked, and the public cannot view it inside. If there were any artifacts in the micro-exhibit, someone would have to stay there to keep watch or a security mounting must be installed to keep them from being stolen. One way to still have a micro-museum but not in the actual building would be to make a digital exhibit. In 2020, there was a rise in digital exhibitions due to the Covid-19 pandemic. One organization whose mission is to create online presentations about the history of mental health, The National Museum of Mental Health Project, collaborates with museums to showcase their displays. Digitally, the exhibit could be placed online through a

¹²⁷ Tennessee State Museum, “Traveling Trunks and Reservations,” accessed June 15, 2023
<https://tnmuseum.org/traveling-trunks--reservations>

website or video format on places such as YouTube or social media sites. Other commemorative projects that a public historian might help commemorate the memory of the former mental institution include creating a podcast about the asylum or, if the Dell Plant allows, a walking tour of the grounds.¹²⁸

Conclusion: May Their Voices Be Heard

Why does all of this matter to us in modern times? Mental health history gives us a perspective on how much we have learned from the past and how our society can continue to grow. In the past, those who were institutionalized for their mental illness were often misunderstood by their community, and medical professionals did not have the skills or the knowledge to help these people entirely. Asylums across the United States tried to help these people with the tools they had at the time and failed miserably because of lack of funding, insufficient care, and the horrible public perception of mental illness. These failures of the asylum system mirror what we see today in modern times. Thousands of people are struggling with different mental illnesses. Many people cannot afford counselors or medication, and a community truly understands what they are going through. However, medical knowledge has progressed so much that we know that people need help, and some treatments help them instead of harming them. If we recognize that the past is similar to the present, there can be more of a call to grow and, most importantly, change how we view mental health in the United States.

Unfortunately, the asylum in Nashville is no longer standing, making it difficult for middle Tennesseans to understand the true nature of the asylum and how it relates to them in the modern day. Mental health stigma persists, making it much harder to discuss the mistreatment of

¹²⁸ National Museum of Mental Health Project, “Examples of Mental Health Exhibits, Comprehensive List,” accessed June 2, 2023 <https://www.nmmhproject.org/comprehensive-list-of-exhibits>

patients and the history of insane asylums. However, it is up to public historians and mental health advocates to continue the effort to connect the past with the present. Mental health history is no different from other topics and should not be forgotten because it is sensitive. The people institutionalized at the Tennessee Asylum in Nashville do not have a voice. Those who are currently buried on the site are forgotten.

My ancestor, William Chesley Newborn, died while he was institutionalized at Central Hospital for the Insane and was buried somewhere on the property. Before researching this topic for my thesis, I had no clue I had someone in my family with a mental illness. However, this project has changed my perspective on my family's history and the overall history of mental illness. I want the story of my ancestor to be heard and the stories of other patients who were institutionalized at the Tennessee Asylum for the Insane. Patients' stories and the public memory of asylums matter because they bear the scars, flaws, and raw beauty of what it means to be a human and genuinely understand empathy.

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