

Everyone,

This Sentinel has a narrow focus. In the discussion of how to treat the severely mentally ill, we have recently seen articles advocating a return to asylums. What were asylums? Here goes, 1960 version of an asylum.

1] When I arrived at St Es, 1960, St Es campus was 300 acers, and its farm near Woodrow Wilson Bridge was 700 acers. There were about 6,000 inpatients [down from 7,000 plus, 1947].

2] In 1960, psychodynamic concepts dominated the thinking as to the cause of mental illness. When St Es opened in 1855, however, morality dominated the thinking, that patients suffered from being in immoral communities [e.g., communities where people got drunk], and the cure was to place them in a moral setting, the asylum, and they would be cured – “moral therapy.”

Claims were made that 80% or so were cured by moral therapy; but the concept of the mid-1800s that mental illness equaled brain disease would eventually dampen that thinking because psychiatry would not be a science until it found the cause, the pathology in the brain. Even with this thinking, most of admissions were discharged. At no time in St Es’s history did the majority of admissions die at St Es.

Consistent with the moral-therapy concept was that the stated etiology of the first patient admitted to Saint Es was “masturbation.” By 1960, etiological statements would usually mention a setback in early childhood, a very regrettably blaming of the parents.

There was also the concept in 1960 that mental institutions were the cause of the person's mental illness. In 1955 Goffman spent a year as a recreational therapist at St Es and concluded that the patients at St Es suffered, not from past experiences or brain pathology, but from being at the institution, "institutionalitis." This concept caught on. The APA President, Harry Solomon, 1958, called for the "liquidation" of the public mental hospitals.

Goffman pointed to the regimentation of the patients he observed with a full day of scheduling of activities. On the 20th anniversary of his work, 1975, some of us did a study that concluded that the most regulated of the units had patients with the fewest signs of "institutionalitis."

3] In 1960, the crowding was such that five beds might be in a room originally built for two beds.

4] Meals were ample but allowed no choice.

5] Every 400 or so patients had a GP who handled the non-specialized medical needs. For the special needs, for both patients and staff, there was a 300-bed general hospital, with 3 operating rooms, Howard University Surgical residents, and St Es's rotating internship. St Es's medical and surgical resources helped keep St Es mortality rate better than the United States's national average.

6] St Es had more mental health training programs than Harvard, Yale, or Stanford, but even with this large number of trainees, most patients would never see a trainee because there were so many patients.

7] Patients had jobs on the Campus or on the Farm. Until 1975, they worked without pay. Even so, most wanted to receive “industrial therapy.”

8] Many of the wards had unlocked doors from 9 till 5, and common for patients to be on the grounds much of the day.

9] Except for the forensic units, most patients did not want to leave St Es. A lawsuit searched for 25 patients to form the Dixon lawsuit in 1964 and could only find 16 who were interested. This lack of interest was somewhat based on many having a dislike of anything new, neophobia.

The media has given a lot of attention to a gentleman who spent many years after being found not-guilt-by-reason-of-insanity to stealing a coat. What extended his staying at St Es was that he would repeatedly commit minor crimes year after year.

10] In 1960, patients were not discharged to the streets as there were an adequate number of foster-home placements. Staff would knock on doors in DC, mid-day, and if people answered their doors, they would be asked if they would like to have patients live with them for which they would be paid. However, we failed to pay much attention to these foster homes. One climbed to 70 of so patients, became a major negative media

event, so fire safety and other rules were applied, and the number of foster homes shrunk, leading to some of the severely mentally ill living on the streets in subsequent decades.

11] Only a small minority of patients had city privileges. Some with city privileges might spend all their money in downtown DC, then have to beg on the streets to get money to return. Another way to get free transportation from downtown to St Es was to approach a guard at the White House, say you were a St Es patient and were worried about the President's health. The result, of course, was no longer did that person have city privileges.

12] The best view of Washington is the Congress Heights Bluff [why Dorothea Dix selected that site in 1852 for St Es]. Some patients might spend a good part of the day at the Bluff. Today, that Bluff is part of Homeland Security and not accessible to St Es patients.

13] Privilege decisions were centralized. Even ground privileges would go up a chain of command of five or so for the Superintendent to decide. This meant patients were not able to make a plea directly to the decision-maker. No such chain was used for medication decisions. When a third-year resident, 1963, decided to use amphetamines for kids who were hyperactive, no prior approval was needed even though this may have been the first time amphetamines were so used in DC.

14] St Es leadership did not think St Es was a suitable place for kids, so St Es had no children's ward until the about 1968. Still,

some children were admitted as far back as the 1880s. So, an adult ward might have a couple of kids. Adult abuse of the children was unheard-of during my years at St Es.

15] Should staff misbehave, there were no staff rights, no due process. A staff member wrote a letter to the POST the Superintendent, Overholser, didn't like. When a reporter called St Es to ask about the staff at about 9:30AM the day the letter was published, the reporter was told, "he no longer works here."

16] The Superintendent's Office was very informed as to the staff in which that Office took an interest. A few months after I arrived, that Office asked that I drop by and pick up two articles that the Superintendent thought would interest me. The two were about Charles Doe's 1869 decision, New Hampshire Court, that a crime could not be the "product" of a mental illness. In 1952, the federal court used that wording in the Durham Decision without mentioning the New Hampshire's decision. Doe was my great-grandfather. I did not know about that aspect of Doe's work. How Overholser found out, I do not know.

17] Medication orders could include beer or wine as both were known to be good for the heart. Over the years, I ordered beer. Fuller Torrey, being more sophisticated, ordered white wine. Regardless, staff could serve, but not imbibe.

18] In St. Es's early years, all staff had to live on the grounds and needed to get a day pass if they wanted to go into the city. Over time, fewer lived on the grounds. By about 1980, not sure of year, no staff were allowed to live on the grounds.

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