A Path Towards Abuse - The Decline of Moral Treatment in the Utica Lunatic Asylum

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Cover Page Footnote
Thank you to the Pepperdine History Department which has helped me develop both as a researcher and as a writer. Special thanks to Dr. Givens for hours of guidance and invaluable feedback. Lastly, thank you to my parents, whose goodness and hard work have trickled down to make me the woman I am today and will continue to shape me into the woman I aim to become.

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In the nineteenth century, the mentally ill were cared for in asylums, and although these institutions are now associated with abuse and neglect, they were originally founded on a desire for moral treatment. The moral treatment movement advocated for a warm, therapeutic environment in which patients were treated through personalized care, medical treatment, occupational therapy, and religious exercises. However, the institutions inspired by this reform movement slowly evolved into catalysts for abuse and neglect. Historians have attempted to address the reasons behind this drastic change by viewing institutionalization within its broader social, political, and economic contexts. They found that overcrowding, insufficient funds, a decline in public opinion, and the emergence of new treatment theories led to the shift from moral treatment to mistreatment in American asylums. Although these conclusions can be applied to the majority of asylums in the nineteenth century, when conducting a case study on the Utica State Hospital, I found that the reasons for its trajectory toward abuse differ from the general trend. Like most asylums, the Utica State Hospital was built on the basis of moral treatment, but unnecessary spending and the corruption of authorities led to a decline in public opinion, which unintentionally further contributed to the deterioration of patient care.

Historians have conducted various case studies to determine why the use of moral treatment declined in America. In Samantha Boardman’s and George J. Makari’s “The Lunatic Asylum on Blackwell’s Island and the New York Press,” they found that financial constraints were primarily responsible for the decline of moral treatment in Blackwell’s Island Asylum. The institution aimed to create an organized, orderly environment in which the mentally ill could be cured. However, this more individualized approach was soon shoved aside due to financial difficulties. Boardman and Makari state that financial constraints hindered the asylum’s physical size, even as its population increased. Newspapers ran rampant with stories of terrible conditions, wrongful confinement, mistreatment, and neglect. The overcrowded “human rat-trap” became a symbol of the failure of moral treatment.1

In her book, Asylum on the Hill, History of a Healing Landscape, Katherine Ziff researched the Athens Asylum and found that one of America’s best asylums could not maintain a policy of moral treatment primarily due to overcrowding and a growing belief that not all patients were curable.2 At first, the asylum in Athens was an ideal example of moral treatment. In this large, expensive facility, patients received clean drinking water, personalized care, and safely worked in places like the farm, the kitchens, and the sewing room. However, by the 1880s the asylum

had “transitioned from moral treatment to custodial care,” and Ziff attributes this to overcrowding. As the patient population increased, the quality of care decreased and reports of patient injuries, deaths, and pregnancies emerged. Additionally, towards the end of the nineteenth century the asylum was home to more and more elderly patients, further increasing the patient population. Ziff explains that these patients could not be cured because they suffered from senile psychoses, and this contributed to public skepticism of the effectiveness of moral treatment.

Robert Whitaker takes a broader stance in his book Mad America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill, arguing that overcrowding in most asylums – a consequence of Dorothea Dix’s promotion of them – ultimately led to their demise. The effectiveness of moral treatment suffered because of this overcrowding. The superintendent could not provide the necessary empathy and guidance to patients, and state funding cuts closed educational programs, recreational activities, and relaxing facilities. Additionally, asylums could no longer afford to hire pleasant, soft-spoken attendants, and the attendants that were hired as a result often resorted to controlling patients through coercion, force, and restraints. By the late nineteenth century, the public lost faith in moral treatment’s capability to cure mental illnesses and neurologists became responsible for mental health care.

Ronald J. Comer’s ideas of why moral treatment declined concur with what Boardman, Makari, and Ziff have concluded through their case studies. Ironically, he argues that the rapid spread of moral treatment led to its downfall because it caused new hospitals to be built and more patients to enroll. The resulting money shortages, overcrowding, and lack of staff decreased the quality of treatment in asylums and led to patient neglect and mistreatment. Additionally, the optimistic idea of moral treatment that all patients were curable if properly treated could not be proven, and this caused the public to doubt the movement’s effectiveness. Comer also argues that moral treatment failed because a wave of prejudice emerged against the mentally ill. The movement strongly encouraged the institutionalization of the mentally ill, but as more patients disappeared into asylums, the public lost sympathy for them and did not want to associate themselves with the strange, dangerous, often immigrant people by making monetary contributions.

3 Ibid., 167.
4 Ibid., 168.
5 Ibid., 171.
6 Whitaker, Robert, Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill (Basic Books, 2010), 34.
7 Ibid., 35.
8 Ibid., 36.
James W. Trent, Jr. argues that moral treatment failed not only because of overcrowding, but also because of the emergence of eugenics and Freudian psychotherapy. Asylums attracted more people than they could properly care for as industrialization and immigration increased in the second half of the nineteenth century. Upkeep and expansion of the buildings themselves took up a lot of the administrators’ time, and it became impossible to give individuals the attention that moral treatment required. However, it was the emergence of eugenics and Freudian thought at the turn of the twentieth century that finally pushed out moral treatment. Eugenics emphasized that the mentally ill were genetically flawed, and thus incurable. Therefore, it converted asylums from treatment facilities into holding areas. Likewise, according to Freudian thought, people with severe forms of psychopathology could not be cured with insight therapy, and should therefore be held in an asylum. Trent concludes that both the development of eugenics and the popularity of Freud’s theories directed asylums away from moral treatment.

Historians can conclude general reasons for the decline of moral treatment from these works. The moral treatment movement failed because of overcrowding, a lack of funding, decline in public opinion, and the emergence of new treatment theories. However, to my knowledge, the decline of moral treatment in the Utica State Hospital had never been compared to these broad conclusions. This case study shows that the causes of mistreatment at the Utica asylum do not completely align with the causes of mistreatment as found in other institutions. The Utica State Hospital suffered more from poor financial management and corrupt authorities than from a lack of funding, and overcrowding and the emergence of new treatment theories did not affect it as profoundly as they impacted other institutions. Public opinion played a role in asylum’s shift from moral treatment towards abuse, but it was an effect of irresponsible spending and corruption. Although the Utica State Hospital’s reasons for this phenomena differed from those of other nineteenth century asylums, the institution nevertheless followed the general trend away from moral treatment towards systematic abuse.

The concept of moral treatment was first advocated by Philippe Pinel in 1792 as a humane treatment platform of the mentally ill. While working as a physician in the Asylum de Bicêtre in Paris, Pinel witnessed deplorable treatment of the patients and sought to address the situation. They were treated like dangerous animals, abused through neglect, torture, and mechanical restraints. It was not uncommon for the keepers to whip the patients, and their painful, angry cries

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11 Deutsch, Albert, The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times (Columbia UP, 1946), 89.
resounded throughout the building along with the sounds of rattling chains. Pinel created the moral treatment movement as an attempt to rectify these horrors.

Moral Treatment aimed to create an institutionalized, systematic treatment plan for the mentally ill based on kindness and sympathy. It removed patients from their homes and placed them in asylums, preferably in the countryside away from chaotic urban centers. Inside the institutions, physicians and attendants created an environment in which their power was absolute, but they also catered to the needs of the patients. The attendants would act somewhat like servants to them, hence their title “attendants.” A regular schedule that included time to eat, sleep, exercise, and work was instituted so the patients could experience structure and regularity. Additionally, visitors were seldom allowed into the asylums so that they did not distract patients from their treatment and recovery. Care under moral treatment tended to favor therapy over medication and greatly reduced the use of constraints. Disobedience was punished in the form of isolation, reduced food portions, or confinement in a dark and quiet place. While chains were forbidden, patients could still be constrained using more “humane” devices, such as a strait jacket. The use of mechanical constraints continued to be a controversial issue throughout the nineteenth century.

Although Moral Treatment was implemented with the best intentions and made treatment reform of the mentally ill a priority, by the end of the nineteenth century, asylums had reverted back to applying systematic violence towards their patients. Attendants hit, kicked, and pushed the patients, causing many to be injured and causing some even to die. One such institution that was established on the principles of moral theory, but abused its patients by the start of the twentieth century, was the New York State Lunatic Asylum at Utica, later known as the Utica State Hospital. Around the year 1830, there was a dramatic switch from pessimism to optimism in the curability of the mentally ill, and this “cult of curability” inspired the construction of numerous insane asylums throughout the United States. Using the argument of near-perfect curability and the fact that hospitalized care would actually decrease the state’s cost of caring for the mentally ill, Enos T. Throop proposed the construction of state lunatic asylums in New York, and the first one was opened at Utica in 1843. It was built entirely with state funds, costing $637,065 originally, with additional expansions and repairs costing more than

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12 Ibid., 90.
13 Ibid., 91.
14 Ibid., 92.
15 Ibid., 94.
16 Deutsch, 92.
17 Ibid., 132.
18 Ibid., 138-139.
With a capacity for 600 persons, it was one of the most elaborate and expensive asylums built at the time. Amariah Brigham was chosen to be the asylum’s first superintendent, and he took on the tasks of managing structural changes, organizing a new staff, and treating and classifying the incoming patients. Brigham aimed to run the asylum based on the principles of moral treatment and thus restricted the use of mechanical constraints, utilized occupational therapy in treatment, and established productive activities in which patients could participate. For example, the asylum ran its own print shop where it published the *American Journal of Insanity* (currently known as the *American Journal of Psychiatry*) and a patient-edited and patient-published periodical called *The Opal*, in which patients wrote primarily about topics concerning asylums. The Utica State Hospital additionally opened schools to educate its male and female patients. Although it was built under the principles of moral treatment and initially provided proper support for its patients, excessive spending, corrupt authorities, and a decline in public opinion led to the institution actually abusing its patients rather than effectively caring for them.

One reason for the decline of moral treatment in the Utica Lunatic Asylum was that its administrators spent elaborately. Dr. Gray was the superintendent of the asylum from 1854 to 1887, and his administration was marked with extravagant spending, which he tried to conceal through false accounts. From 1860 to 1885 the asylum’s annual disbursement rose unnecessarily from $120,000 to $220,000. Gray claimed that he did not know anything of the asylum’s finances, but in fact, he had to approve every expenditure. For instance, he was the one who set the weekly charge of maintaining the public and private patients. Gray lied about his role in the institution’s finances, and actually falsified the financial findings in the annual reports. One source stated that “every one of these annual reports to the State Board for 15 years is so falsified as practically to conceal about $50,000 yearly in his expenditures.” In some cases, the additional money went towards unnecessary purchases. For example, in the autumn of 1884, Dr. Gray spent $1,350 on a thoroughbred Holstein bull and two cows in Syracuse, a purchase that was...
“entirely unwarranted and extravagant.”

However, in other cases, it is unclear as to what the money was spent on. The financial reliability of this institution was discredited by dishonest leadership, extravagant spending, and the falsified records to cover it up.

This elaborate spending potentially angered New York residents over the issue of waste in public expenditure, and contributed to the institution’s decline in moral treatment by reinforcing the idea that money was more important than the wellbeing of patients. This idea can be seen most clearly in the case of buying drugs and groceries for the asylum. The administrators at the Utica State Hospital chose to obtain these items from a supplier who received a 5 percent advance, even though they had offers from dealers who would only take a 2 or 3 percent advance, because they could make the most profit from this arrangement. The suppliers who required a 2 or 3 percent advance insisted on providing everything themselves, but the supplier who required a 5 percent advance allowed the asylum managers to purchase liquors, drugs, and gourmet groceries. Through these purchases, the managers could make a 100-200 percent profit. A large portion of that profit was based on the fact that managers purchased anodynes and narcotics in large amounts. However, as a result of the availability of a large quantity of drugs, these drugs were freely used and often given to patients as chemical restraints. The Utica State Hospital spent almost ten times as much as other asylums annually on drugs and medicines, but instead of this additional expense adding to the quality of patient care, it facilitated abuse through chemical dependence. Additionally, though Utica leadership was willing to splurge on cattle and drugs, they were not willing to spend money for the benefit of the attendants. One investigation of the asylum concluded that patient abuse was due to the attendants’ low pay, long hours, and insufficient training. These conditions contributed to the factors that caused attendants to harshly treat the people they were supposed to be serving. The same investigation also explained that “until the power of party and irresponsible use of public money can be taken from Dr. Gray, the reform of his administration will be difficult.”

Dr. Gray had complete control over the finances of the asylum; even the managers did not see the bills until after they were paid. In conclusion, there was no supervision over the extravagant expenditures Dr. Gray made. This system of unchecked power ultimately led to corruption.

There was a clear divide between the State Legislature, Governor, Comptroller, Attorney-General, and the State Board of Charities, and Dr. Gray and

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27 Kiernan, 379.
28 “Corruption and Abuse”
29 Kiernan, 378.
30 Ibid.
31 Ibid., 379.
his managers. It was with Dr. Gray and the Board of Managers that corruption manifested itself most clearly. Perhaps the most striking case was of the late nineteenth-century board president who was notorious for fondling young female patients and never came to the asylum sober. The managers also received bribes to allow certain patients to stay in the asylum. Private patients were only allowed admission if there was room for them, but more and more private patients were admitted during the second half of the nineteenth-century despite the fact that there were rarely any vacancies. For example, one wealthy patient was kept for many years through the payment of $4 a week to the asylum and an additional $4 a week to the board leader.

The corruption of the Utica asylum is most apparent in the aftermath of the death of patient E. D. Hughes. This death was only one of the many instances in which abuse in the asylum was exposed and public outrage ensued. However, it is the case that brought the most attention to the Utica State Hospital as it inspired a state investigation of the institution’s alleged abuses. When attendants inflicted fatal injuries upon Hughes, one of those attendants was put on trial for second degree manslaughter. Dr. Gray and his assistants attempted to prove the attendant innocent through their testimonies, despite the fact that he was guilty of the accusations made against him. However, when their efforts failed and the attendant was convicted on the basis of evidence uncovered during the investigation, corruption allowed for him to actually be set free. The judge permitted him to avoid jail if a fine of $1,000 was paid, and Dr. Gray quickly took care of this. Dr. Gray was an experienced politician and lobbyist in Albany and could carry out almost any agenda. It is clear that he cared more about the Utica State Hospital’s reputation than he did his patients.

The corruption in the bureaucracy that presided over the Utica State Hospital greatly contributed to the abuse of the mentally ill. Not only did some managers directly abuse patients, but the management under Dr. Gray created an environment that fostered abuse. There was essentially no supervision over the policies of Dr. Gray, and the Utica State Hospital was rarely visited or inspected by the Board of Managers or by the State Board of Charities. This left the immediate supervision of the patients to the medical staff, a group untrained for this responsibility. Additionally, when the attendant who was convicted of the manslaughter of Hughes was released with only a fine, the asylum’s employees

32 Ibid., 382.
33 “Corruption and Abuse”
34 Ibid.
36 Kiernan, 377.
37 Kiernan, 382.
38 Ibid., 381.
were indirectly assured that they would not face consequences for inflicting abuse and neglect upon patients. The attendants were the asylum employees who cared for their mentally ill patients on a daily basis. This job was the greatest challenge to temper and disposition, and when the attendants did not have to fear repercussions for giving into their frustrations, abuse ensued. One article in the New York Times stated that “if the attendant feels himself safe in giving rein to his passions he will surely become a monster of tyranny and cruelty.” The corruption and mismanagement that allowed for employees to proceed unchecked was a large reason for the abuse and neglect of the asylum’s patients.

As discrepancies between the Utica State Hospital’s alleged moral treatment and what the newspapers wrote about patient neglect and abuse emerged, public opinion of the institution began to decline. The Utica asylum claimed to effectively treat its patients through kindness and attentiveness, stating that,

> We should never be cold and insensible to their wants – never hasty and impatient in our intercourse – never turn a deaf ear to their representations – never treat them with neglect, nor with feelings of superiority; but mingle with them in kindness, address them with respect, and we shall secure their confidence, which is necessary to their best care.

However, despite these encouraging words, multiple patients were neglected, injured, and killed at the hands of their attendants. One example of the differences between what the asylum and newspapers reported can be seen through the patients’ morning routines. The American Journal of Insanity stated that patients were awoken at 4:30 a.m. in the summer and at 5:30 a.m. in the winter and prepared for their day with the help of attendants who made sure that they were well. In contrast, the New York Times wrote an article undermining these statements based on the testimony of former patient, Michael Uhlman. Uhlman recounted that patients were slapped if they did not make their beds neatly and stated that one patient was dragged by his hair from the bed to the floor, because he did not rise at the attendant’s first command. News of this mistreatment was publicized to the

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39 Ibid., 377.
40 “Corruption and Abuse”
masses largely through newspapers.\textsuperscript{44} For instance, the \textit{New York Times} continuously reported on the progress of the investigation of Hughes’ death and the asylum.\textsuperscript{45} The public began to take note of patient abuse and the reputation of the Utica State Hospital steadily declined. In 1884, the committee appointed to investigate the asylum noted that, “the public have lost confidence in the management of said institution, and regard with horror the atrocities alleged to have been there committed.”\textsuperscript{46}

Dr. Gray realized how his asylum was being portrayed in the press and understood how poor public opinion could negatively impact his institution. Therefore, he tried to defend the Utica State Hospital against such accusations. For example, in the case of a patient who died due to nine fractured ribs and a punctured pleural cavity, Dr. Gray claimed that the injuries were acquired before the patient was admitted. However, this claim is doubtful, as an inquiry into the death was not allowed.\textsuperscript{47} He admitted that harsh treatment occasionally occurred when caring for the mentally ill, but claimed that these occurrences were exceptionally rare and exaggerated by the media. The Utica State Hospital published an article stating that newspapers wrote about medical mistreatment simply to create a scandal and promote their own sales.\textsuperscript{48} The public’s confidence in the asylum decreased as the differences between the asylum’s claims and the newspaper’s claims increased.

The public lost hope in the Utica State Hospital’s ability to cure its patients. Not only did they read about neglect and abuse imposed upon the patients, but the claims of the number of patients cured began to be questioned. The 1878 annual report of Dr. Gray stated that more than half of the total number of patients admitted were cured of insanity and expressed hope that the remaining patients would also be cured.\textsuperscript{49} However, during this time period, many superintendents discharged patients prematurely in order to improve the institution’s recovery statistics. Patients were released if they showed signs of sanity, however, many of these signs were not accurate indicators of their mental health.\textsuperscript{50} In the beginning of the moral treatment movement, the public believed that almost all mentally ill patients could

\textsuperscript{44} American Medico-Psychological Association, “Notes and Comment,” \textit{American Journal of Insanity}, vol. 65, 1908, 383.
\textsuperscript{46} Apgar, Edgar K. \textit{Testimony taken by the Special Committee Appointed to Investigate the Affairs and Management of the State Lunatic Asylum at Utica: Also, the Report of the Committee}. Week, Parsons & Co., 1884, 1399.
\textsuperscript{47} Kiernan, 377.
\textsuperscript{50} Deutsch, 148.
be cured of their insanity, but this extreme optimism evolved into extreme pessimism by the end of the nineteenth-century. The saying “once insane, always insane” became popular during this time. As the public lost faith in asylums’ ability to cure mental illnesses, they began to see patients and treatment of those patients as burdens. Media reports of irresponsible spending, corruption, and abuse were intended to highlight the asylums’ shortcomings in order to bring about a positive change in the institution’s practices. However, exposures of a cruel and harmful institution had the opposite effect, and actually caused the public to withdraw their support from it.

The Utica State Hospital’s treatment of the mentally ill became negligent and abusive because of financial mismanagement and corrupt authorities, which led to a decline in public opinion. When compared with the broad reasons for the decline in moral treatment in American asylums (overcrowding, a lack of funding, decline in public opinion, and the emergence of new treatment theories) it can be seen that the Utica asylum conforms to some of these generalities and was an exception in other cases.

The Utica State Hospital aligned with general trends as they both listed financial issues and the resulting poor public opinion as reasons for a decline in the use of moral treatment. Most asylums experienced some sort of underfunding in the late nineteenth-century, which may have resulted in ending educational programs and recreational activities, preventing building expansions, and hiring less-trained attendants. The Utica Lunatic Asylum experienced financial problems as well, but mainly faced problems of a different sort. The issue at Utica was that the superintendent had complete control over the institution’s finances, made unnecessary purchases, and used the money to make a profit for himself and his managers rather than to increase the quality of patient care. While a lack of funding did not seem to be the main issue, the financial problems at Utica still resulted in similar effects, namely that the attendants were low-paid and insufficiently trained, leading to patient mistreatment. Likewise, the Utica State Hospital complied with the general trends in that it experienced a decline in public opinion.

Nevertheless, corruption played a larger role in the decline of moral treatment in the Utica asylum, while other asylums attributed this phenomenon more to the emergence of new treatment theories and overcrowding. There is little evidence of corruption to such a degree in other institutions, and similarly, there is little evidence for the role new treatment theories played in the decline of moral treatment at the Utica asylum. However, the Utica State Hospital did experience overcrowding to a degree. For most asylums, overcrowding was an issue because it made personalized treatment nearly impossible and hindered the quality of patient care. Although the Utica State Hospital also faced this challenge, overcrowding

51 Ibid., 157.
52 American Medico-Psychological Association, “Notes and Comment,” 383.
never became the main cause of the decline of moral treatment as it did in other institutions. One reason for this is that the Utica State Hospital was primarily a hospital for the acutely insane, and only took limited numbers of chronically insane patients. The acutely insane were the patients who were recently diagnosed as mentally ill, and were thought to be easier to cure than the chronically insane. Therefore, the asylum’s pool of patients was limited, and the patients that it accepted were more likely to be released sooner. Still, the number of patients at the Utica asylum did increase. In 1844, 18 months after its opening, the asylum held 244 patients, and in 1978, it held 602 patients. There were no vacancies in the institution for almost the entire second half of the nineteenth-century. The Utica State Hospital’s population increased over the years, but the building’s size also increased through expansion projects. It was clear from the beginning that overcrowding could be a problem, and the buildings were therefore expanded upon almost immediately following the institution’s opening, and continued to be expanded on into the twentieth-century. Consequently, overcrowding never became detrimental to moral treatment in the Utica State Hospital as it did in other institutions.

Unlike most asylums, the main reasons for the decline of moral treatment at the Utica State Hospital were financial mismanagement and corruption, both of which led to a decline in public opinion. Combined, these factors resulted in patient neglect and abuse in an institution originally founded on a treatment platform of kindness and sympathy. The fact that the superintendent, Dr. Gray, made unwise financial decisions and valued profit more than patient care hurt the quality of patient treatment. His extravagant spending and falsified financial accounts were made possible because he was entirely in control of the asylum’s finances. Corruption was not only seen in the asylum’s economy, but also in its politics. The administrators used their political power to advocate for the institution’s reputation and protect attendants who had mistreated patients. It is because the attendants were left unsupervised and unpunished that they felt free to inflict neglect and abuse on their patients. As a consequence, public support of the Utica Lunatic Asylum declined as reports of this abuse emerged, and the public began to doubt the possibility of curing its patients. For these reasons, moral treatment all but vanished from the Utica Lunatic Asylum by the start of the twentieth-century. The asylum

53 Kiernan, 380.
55 “Corruption and Abuse”
that once valued kindness and personalized care now was recognized as an institution of neglect and abuse.

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