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# Mental Illness Ideologies and the Asylum: Individual Case Files from the Oregon State Hospital

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Mental Illness Ideologies and the Asylum:  
Individual Case Files from the Oregon State Hospital

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Mental illness and the asylums that cared for mentally ill patients have come a long way with the advancement of modern medicine and technology. When the care of those that suffered from mental illness first began to be addressed in early America these diseases were not understood and often the treatment of these patients was very abusive and lacked medical knowledge and compassion. In this paper I will examine asylums from the Progressive Era (1890-1920s) through the Depression (1929-1941). The sources examined each have a common theme in that the authors realized there were significant shortcomings and failures of the asylum and that while reform was needed it was an extremely slow process to accomplish any sort of reform in the asylum. The ideas of Civic Medicine and New Science recur throughout each of the sources. Civic Medicine meant providing care, treatment and preventative medicine for mental illness and New Science meant providing psychiatric treatment. These two ideas were the main reasons for progress and reform in the asylum. David Rothman and Gerald Grob wrote books about mental illness and give the background on the concepts of Civic Medicine and New Science.<sup>1</sup> This paper will then look at mental illness through the perspectives of Dr. Olaf Larsell, Mark Largent, and Diane Goeres-Gardner who all wrote about mental illness in Oregon with the concepts of Civic Medicine and New Science incorporated into society and how positive and very negative outcomes stemmed from these ideas.<sup>2</sup> The research goal of this paper is to explore what other historians have discovered about state hospitals and asylums especially the Oregon State Mental Hospital.

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<sup>1</sup>David J. Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America* (New Brunswick: Transaction Publishers, 1994), Gerald N. Grob, *Mad Among Us: a History of the Care of Americas Mentally Ill* (New York: Free Press, 2011).

<sup>2</sup>Olaf Larsell, "History of the Care of Insane in the State of Oregon," *Oregon Historical Quarterly*, 46, no. 4 (1945), 297-326. Mark A. Largent, "The Greatest Curse of the Race Eugenic Sterilization in Oregon, 1909-1983," *Oregon Historical Quarterly*, Vol. 103, No.2, Summer 2002, 188-209. Diane L. Goeres-Gardner, *Inside Oregon State Hospital: a History of Tragedy and Triumph* (Charleston: The History Press, 2013).

Mental illness along with some of the other key concepts can be difficult to understand and it is essential to be familiar with these terms to understand how the evolution of the asylum took place. One key term that will be used throughout this paper is the term Civic Medicine. Civic Medicine was the term used during the Progressive movement and in the Depression to describe the concept that society and the government would fund institutions to care for its mentally ill patients. This care would include using modern and compassionate forms of treatment with the goal of healing patients, so they could reintegrate into society. Lastly Civic Medicine included setting up preventative care so that people could be educated and treated to try and prevent mental illness. David Rothman in his book *Conscience and Convenience* described this concept as one where reformers had grand ambitions such as completely fixing all problems in the asylums such as abuses by staff to patients, as well as to greatly reduce insanity not just in the asylums but out in the community.<sup>3</sup> While the concept of Civic Medicine was life changing for people who suffered from mental illness, putting a system in place was filled with problems and issues that plagues the asylums even to this day. Asylums were never able to perfectly adopt concepts of Civic Medicine because they were constantly dealing with problems that arose such as lack of funding and overcrowding that is seen over and over in the sources throughout this paper.

Another key term is the idea of New Science, today known as Psychiatry, this term is introduced by Gerald Grob in his book *The Mad Among Us*.<sup>4</sup> Grob stated that mentally ill patients before the Progressive Era and Depression had been locked up and treated with extremely abusive and pointless treatments. New Science adopted progressive types of therapy,

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<sup>3</sup>Rothman, *Conscience and Convenience*, 294.

<sup>4</sup>Grob, *Mad Among Us*, 79-164.

preventative care, and new ideas such as trying to understand a patient's brain asking questions like why these patients were suffering and what treatment would be best for that individual.<sup>5</sup> Mental Hygiene is another concept introduced by Rothman in *Conscience and Convenience* and this term refers to the branch of psychiatry that deals with maintaining and curing mental health, preventing mental illness through education and awareness, early care, and public health involvement and actions.<sup>6</sup> Supporters of Mental Hygiene advocated for people suffering with mental illness to be treated individually and by what is best for that person through the use of education and treatment that extended not just to a patient but to those in the community as well. Those in the community were educated about what mental illness was and that those who suffered from it were people and deserved fair and compassionate treatment. These terms seen throughout the sources help to explain the background of why asylums were being run a certain way and how the ideas of Civic Medicine and New Science were perfect concepts but implementing a system to put these ideas into practice was flawed and faced problems that continued to the present day.

One of the problems faced was that society liked to hear from scientists and experts to help them try and solve the problems of mental illness and these experts in some of their advice and ideas were completely wrong and inhumane. Eugenics which is the sterilization of those who society deemed unfit to reproduce was introduced by experts who said this was a progressive and scientific way that mental illness could be eliminated. Eugenics was one of the worst ideas that came from trying to reform and fix asylums and how mental illness was dealt with and caused immense suffering by those who were forced to be sterilized and was a violation of basic human

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<sup>5</sup>Grob, *Mad Among Us*, 130.

<sup>6</sup>Rothman, *Conscience and Convenience*, 302-309.

rights. Eugenics was eventually outlawed but not before this very flawed idea of eliminating mental illness was carried out in asylums such as the Oregon State Mental Hospital who believed eugenics was a real solution by even some of the most progressive superintendents.

David J. Rothman a historian, professor, and prize-winning author wrote *Conscience and Convenience* in 1980. This book examined different institutions such as the asylum and the impact of these institutions in the Progressive Era.<sup>7</sup> This source examined the asylum from a very critical standpoint and while the asylum was an example of progressive institutions it faced serious flaws. Rothman discussed how the 19<sup>th</sup> century asylum needed to be reformed because there were issues such as mistreatment of patients, not enough doctors and staff to care for the large number of patients, and that the state put patients who were mentally ill with those who suffered from diseases such as alcoholism. The Progressives helped to reform the asylums by condemning mistreatment of patients, asking for a larger budget to pay for the facilities and treatment that patients desperately needed, insisting that there be an adequate ratio in the number of doctors to patients, and stating that patients who had mental illnesses needed to be separated from those who did not. Rothman summed up his view of the failures of asylums by saying, “Nowhere was the gap between Progressive ambitions and day-to-day realities greater than in the field of mental health.”<sup>8</sup> Rothman explained how Adolf Meyer, a neurologist and psychiatrist, came up with the term and idea of mental hygiene and popularized and implemented this idea in the U.S.<sup>9</sup> Rothman greatly believed that New Science and mental hygiene would help to eliminate the shortcomings of the asylums and provide education and treatment to patients before they ever had to be admitted to an asylum. Rothman believed that using education and

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<sup>7</sup>Rothman, *Conscience and Convenience*, 293-323.

<sup>8</sup>Rothman, *Conscience and Convenience*, 325.

<sup>9</sup>Rothman, *Conscience and Convenience*, 302.

preventative treatment through New Science and mental hygiene concepts would help to eliminate some of the issues of overcrowding and shortages of staff and funds that was a never-ending problem at asylums and help these patients at a community level. Adolf Meyer according to Rothman led the turn “away from mere reform of psychiatric hospitals and mainly official legislative investigation” to the new concept of mental hygiene during the years from 1902-1950. Rothman says that the “Progressives, be they lay or medical, with the clear urgings of Meyer translated the idea of civic medicine into a program of outreach. Novel institutions (psychopathic hospitals) and procedures (new forms of therapy) would bring psychiatric care to a larger number of people at an earlier stage in their illness; at the same time, psychiatrists would assume responsibility for elevating the mental health of the entire community. Once again, Progressive reform would promote the individual welfare and the common welfare.”<sup>10</sup> Meyer realized that not just doctors needed to understand and promote mental health but that educating the public about being healthy in mind and body and seeking treatment if they needed it was part of the concept of Civic Medicine. Adolf Meyer helped to spread and popularize Civic Medicine to include mental hygiene through his work and by promoting health with a community facility that would “not only alleviate lesser problems but prevent them from becoming major disabilities.”<sup>11</sup>

Rothman stated that while there was reform during this time there was a pattern of one step forward and one step backwards in the care of the mentally ill. In adopting the ideas of New Science and trying to provide psychiatric care for all came with its own unique set of challenges. Rothman looked at how mentally ill patients would be admitted to hospitals and Rothman harshly criticized the statutes that allowed patients to come in for short stays, -which he felt was

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<sup>10</sup>Rothman, *Conscience and Convenience*, 308-309.

<sup>11</sup>Rothman, *Conscience and Convenience*, 309.

pointless and did not heal patients. “In 1909 the Massachusetts legislature enacted a “temporary commitment” statue, so that someone believed to be mentally ill could be confined for observation and treatment for seven days (in 1911, it became ten days) without a court finding of actual insanity...”<sup>12</sup> Rothman notes that these ridiculously short stays in an asylum did not heal patients and might be a temporary quick fix but patients needed a longer stay in order to be properly treated and evaluated. The different states such as Massachusetts were trying to adopt the concepts of psychiatry and provide care for patients but then they would also realize how expensive it was to provide this type of care and so would limit the amount of time patients had to stay to cut costs. Thus, doctors trying to provide psychiatry did not have enough time to properly provide care for patients, but the law stated they had to release them after a short stay so while it was progress to even provide care it wasn’t enough to provide lasting help for the people that needed it.

States adopting the ideas of civic medicine encountered a series of problems, Rothman explained. There were severe issues of overcrowding and a shortage of doctors and staff in relation to patients and Rothman states this was terrible for the asylum and caused abuses and extreme failures. “No one familiar with working conditions within the institutions had the slightest difficulty in accounting for the high turnover and poor credentials among attendants. As one superintendent frankly noted: “The fault was with the institution rather than the employee.”<sup>13</sup> The wages paid to the staff at asylums were extremely low and the staff was offered free room and board, which attracted the “wrong type” of employees. During the Depression people who only needed somewhere to live and food to feed themselves would apply and work at the

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<sup>12</sup>Rothman, *Conscience and Convenience*, 327.

<sup>13</sup>Rothman, *Conscience and Convenience*, 354-355.

asylums. After being hired, these staff would mistreat the patients because they were only there to solve their own economic problems and were not invested in providing compassionate care for the mentally ill patients for whom they were responsible. The staff was also required to work extremely long shifts usually twelve to fourteen hours a day and as one superintendent stated this attracted three types of people: those who had been unsuccessful in other fields, those who were unemployed, and a group that enjoys institution work.<sup>14</sup> The asylums were stuck in a terrible position in that they had to hire staff but lacked the proper funds to pay for them and then were forced to have them work extremely long shifts which caused a high turnover rate. While the asylums had adopted the ideas of civic medicine the realities of how much it would cost was not something society wanted to face or pay for, so problems such as underpaid staff member who were overworked and abused their patients persisted at these institutions.

There was a constant tug of war during the Progressive Era between those who were trying to make reforms such as implementing the ideas of civic medicine and new science into the asylums and the government. The governments goal in adopting these new concepts was trying to stay on a budget and provide the cheapest possible care for these patients. Caring for and providing treatment for mentally ill patients is not cheap though and caused problems for the asylum. The asylum in trying to deal with the issue of constant overcrowding would petition the government for more money to add onto the hospital. According to an annual hospital report from Connecticut in 1934 there had been no construction to increase the number of beds available, so more patients could stay at the hospital in the past thirty-nine years.<sup>15</sup> The reformers during the Progressive Era tried to make improvements that dealt with the issues asylums faced

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<sup>14</sup>Rothman, *Conscience and Convenience*, 355.

<sup>15</sup>Rothman, *Conscience and Convenience*, 352.

but were met with roadblocks by the government who refused to provide enough adequate funding for the asylums to be run correctly. Rothman acknowledged that there was a constant struggle between trying to incorporate the ideas of civic medicine and new science into asylums and trying to keep things cheap for the government, and the two never found a happy medium. While there were many issues that were faced with implementing the ideas of civic medicine and new science there was one extremely positive reform that came about, and this was the petition for better care of the mentally ill. In response to this petition, the American Psychiatric Association in 1926 set the standard for one doctor to every one hundred and fifty patients which while acknowledging on one hand that a standard was needed was a ridiculous standard. This ratio of doctors to patients set up the asylum for failure as one doctor could not possibly examine that many patients and this ratio meant the doctor would see each patient only once every three weeks.<sup>16</sup>

Even the name “asylum” was changed because reformers realized the name came with negative connotations. The word “asylum” was changed to “hospital” with the hope that some of the negative connotations that were associated with asylums would be removed. This change in name though as Rothman stated did not fix the abuses or failures of the institution. Rothman demonstrates that the grading system used in categorizing mentally ill patients was extremely insensitive and offensive during the Progressive Era. The grading system was set up to categorize patients by stating if a patient was Grade A through Grade F.<sup>17</sup> Grade A meaning patients were supposed to be able to be at home and Grade F being the worst grade and saying they were not even close to being able to go home. The grading system used words such as “able

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<sup>16</sup>Rothman, *Conscience and Convenience*, 353.

<sup>17</sup>Rothman, *Conscience and Convenience*, 343.

to act like normal people,” “lazy and shiftless,” and “careless of clothing.”<sup>18</sup> This grading was extremely offensive and lacked any compassion or understanding that these patients were people suffering from a mental illness. One of the failures was that there was mentally ill patients mixed in with those suffering from alcoholism and sexually transmitted diseases. Rothman states these failures meant asylums were doomed to fail because they could not possibly treat all these different things in one facility while they were also facing issues of overcrowding and being understaffed.<sup>19</sup> The strengths of this source are that the author is very critical and provides many different facts on how the institution failed even when it had the ideas of civic medicine and new science and that even with these ideas that the asylum still faced serious issues with implementing them. One of the weaknesses of this source is that Rothman does not provide very many positives about how the institutions were in place to try and help patients and from Rothman’s perspective the asylums did more harm than good.

In 1994, Gerald N. Grob published *The Mad Among Us*, a history of social views of the mentally ill which viewed these patients from colonial to modern America as well as looking at the models of mental illness, and the realities of life in an Asylum.<sup>20</sup> Grob, a Professor of the History of Medicine, wrote extensively on mental health. Some of the key features during the Progressive Era, for Grob, were that the “creation of asylums in the early nineteenth century rested on the assumption that mental disorders, if identified early and treated promptly were curable. This optimistic faith, however, had little basis in fact. Many insane persons- whether treated or ignored- failed to improve or recover, and the duration of their illnesses was often measured in decades rather than weeks or months.”<sup>21</sup> Grob explained that this New Psychiatry

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<sup>18</sup>Rothman, *Conscience and Convenience*, 343.

<sup>19</sup>Rothman, *Conscience and Convenience*, 319.

<sup>20</sup>Grob, *Mad Among Us*.

<sup>21</sup>Grob, *Mad Among Us*, 103.

emerged during the Progressive Era. Originally in the early nineteenth century psychiatry went hand in hand with the mental hospital but because of this association psychiatry was associated with the many abuses and failures of the asylum. Psychiatry faced criticism from public officials that worried about rising costs of welfare, an increase in mental hospitals, the ever-growing chronic inpatient population as well as the alleged abuse of patients. “Between 1880 and 1940 psychiatrists responded to their critics by altering the basic foundation of their specialty. They identified new careers outside of institutions; articulated novel theories and therapies; expanded jurisdictional boundaries to include not only mental disorders but the problems of everyday life; and defined a preventative role. Their goal was nothing less than the reintegration of psychiatry into medicine, which would permit them to share in the status and prestige enjoyed by the latter.”<sup>22</sup> What happened then though was the bond between psychiatry and hospitals for the mentally ill was first weakened then broken.<sup>23</sup> The abuses especially in asylum medicine were realized by the reformers during the Progressive Era and the National Association for the Protection of the Insane and the Prevention of Insanity was started in 1880 to help try and promote asylum reform. Psychiatry and its new expansion into new areas of society in the early twentieth century also helped to promote the mental hygiene movement which pushed for prevention of mental illness rather than just the treatment and cure for it.<sup>24</sup> Sadly though from 1880-1940 the dedication to mental hospital care and treatment began to fade away and the new idea for psychiatry did not include “the caring function that had defined the essential character of the founding generation.”<sup>25</sup> Society due to decades of economic depression was more receptive

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<sup>22</sup>Grob, *Mad Among Us*, 130-165.

<sup>23</sup>Grob, *Mad Among Us*, 130-165.

<sup>24</sup>Grob, *Mad Among Us*, 151-165.

<sup>25</sup>Grob, *Mad Among Us*, 164.

towards believing hereditarian ideologies that included eugenics of the mentally ill.<sup>26</sup> Grob states that the U.S. was influenced by eugenic concepts from England and those advocating for eugenics felt that mental illness was not from one's experiences or social environment but was a consequence of heredity.<sup>27</sup> Eugenics was an extremely backwards concept and violated a person's basic human rights to decide if they wanted to have children or not. The supporters of eugenics claimed that eugenics was a "sound policy" to prevent the mentally ill from passing on their mental illness to future generations.<sup>28</sup> States passed laws to support mandatory sterilization and between 1907 and 1940 about 18,500 mentally ill patients were sterilized.<sup>29</sup> Grob explains that doctors and psychiatrists did not have a clear consensus about eugenics. An investigation by the "American Neurological Association (an organization that included prominent psychiatrists) led to the publication of a report in 1936 that emphasized the lack of "scientific valid work," condemned involuntary sterilization on scientific and moral grounds, and endorsed voluntary sterilization for selected patients" "with the consent of the patient or those responsible for him."<sup>30</sup>

During the Depression due to extreme lack of funding and a huge number of people in the population in need, some of the key features of this period for mental health institutions were extremely negative. Grob explained this by stating "A decade and a half of fiscal neglect would lead to a deterioration of a mental hospital system responsible for an inpatient population that by 1940 approached nearly half a million, the majority of whom were in the chronic category."<sup>31</sup>

While asylums were not being run to the highest standards during this time, the economy of the

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<sup>26</sup>Grob, *Mad Among Us*, 159.

<sup>27</sup>Grob, *Mad Among Us*, 160.

<sup>28</sup>Grob, *Mad Among Us*, 161.

<sup>29</sup>Grob, *Mad Among Us*, 161.

<sup>30</sup>Grob, *Mad Among Us*, 162.

<sup>31</sup>Grob, *Mad Among Us*, 165.

Depression did cause doctors to try new radical forms of therapies in trying to heal the large number of patients that were in the asylums. The psychiatrists providing these treatments had to continually fight with the government who wanted to constantly cut funding and make running the asylums cheaper. Local governments were more concerned with the Depression economy than providing adequate funding for therapy for mentally ill patients in the asylums. What happened during this time was that one group was trying to treat and cure patients and another was trying to budget and get the care of these patients at the cheapest cost which does not work because treatment and care of the mentally ill is very expensive. Society also saw the large number of people being admitted and needing care at these institutions and this far exceeded the number that were leaving by being treated and this made the public view of the asylum negative. The new psychiatry impacted the treatment of the mentally ill by weakening and shattering the ties between asylums and psychiatrists. "Psychiatrists implicitly began to abandon responsibility for severely and chronically mentally ill persons in hospitals. Ultimately the issue of providing care for individuals whose dependent status was a function of their illness would become a matter of public concern and heated debate."<sup>32</sup> Grob's key points of analysis are like Rothman's views in that both feel that the asylum has failed and needs serious reforming and restructuring. Grob explains that even with the ideas of Civic medicine and New Science being adopted that there was a constant battle between those who were trying to implement these ideas and those who were trying to keep costs low. Grob stated that there still was no system set up to deal with patients who would not be cured and who were mixed in with patients who could be cured. This source showed the realities that existed in having an idea for a perfect system in place but not having the backing of government and laws needed to execute this system. Grob did not provide

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<sup>32</sup>Grob, *Mad Among Us*, 131.

the answers to what needed to happen between the asylums and government to solve the issues that existed in asylums which included overcrowding, lack of funding, and a system of reintegration and support for patients to return to society. Each state tried to adopt laws that would provide care for mentally ill patients but failed in that they did not provide enough time for patients to stay at the institutions. These failures caused further frustration with the asylums who felt they were not being provided with the tools they needed from the government to care for those suffering from mental illness.

In 1945, Dr. Olaf Larsell wrote about the history of the care of the insane in the state of Oregon from the perspective of a Doctor who was involved in the medical community and had extensive knowledge about mental illness.<sup>33</sup> Dr. Larsell examined some of the first cases of insanity recorded in the state of Oregon and explains how Oregon then adopted statutes and laws to try and deal with those who were mentally ill.<sup>34</sup> Through the examination of federal censuses Dr. Larsell shows how Oregon evolved from not acknowledging mental illness to stating that there are in fact those in the population that are mentally ill and the 1850 federal census “indicates five insane person in a total population of 13,294.”<sup>35</sup> Through the Progressive Era and Depression according to Larsell some of the major trends that were being dealt with were how putting the ideas of Civic medicine into practice was a flawed system and these flaws included: lack of funding needed to treat and care for patients and a lack of separation of those who were mentally ill and those who suffered from diseases such as alcoholism. There was also confusion over who was responsible for caring for these patients whether it be their family or the government. Another issue was a lack of effective and ethical treatment provided to mentally ill

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<sup>33</sup>Larsell, "History of the Care," 295-326.

<sup>34</sup>Larsell, "History of the Care," 296.

<sup>35</sup>Larsell, "History of the Care," 298.

patients to help them transition back into society. Larsell showed that while asylums in theory adopted new ideas of reform they were unable to put them completely into practice. Larsell, like Grob, and Rothman, lack of funding and perpetual overcrowding as general problems. During this period the superintendents of the asylums appealed to Oregon to push for legislation to fund everything they needed and “continuous long-range program and special training on the part of the head of the institution.”<sup>36</sup> Oregon policymakers did try to deal with the issues of lack of funding when in 1901, the Oregon State Insane Asylum and the U.S. government worked together to come up with a contract to care for the mentally ill in Alaska with a charge of twenty dollars per month per patient.<sup>37</sup> Even with these collaborations between asylum and government the issue of insufficient funding was never really resolved. Late in 1907 Doctor R. E. Lee Steiner was appointed superintendent of the Oregon State Hospital in Salem, OR, assuming office January 1, 1908. According to Larsell, Steiner’s time at the hospital began a long period of betterment of the institution.<sup>38</sup> Superintendent Steiner had a new wing just for female patients built in 1908.<sup>39</sup> Steiner had patients who were not residents of Oregon but were committed to the asylum transferred to the state that they were residents of to cut costs and deal with overcrowding issues the asylums faced.<sup>40</sup> Steiner had a receiving hospital built to help deal with overcrowding and processing in the ever growing number of patients needing to be admitted.<sup>41</sup> Steiner advocated for state legislation in dealing with the issues the asylums faced such as separating the mentally ill from those who were not. The state responded by putting in place “statutes of 1862 providing institutional care for the insane, idiots, and feeble-minded also were

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<sup>36</sup>Larsell, "History of the Care," 313.

<sup>37</sup>Larsell, "History of the Care," 314.

<sup>38</sup>Larsell, "History of the Care," 314.

<sup>39</sup>Larsell, "History of the Care," 314.

<sup>40</sup>Larsell, "History of the Care," 315.

<sup>41</sup>Larsell, "History of the Care," 315.

included, but not until 1908 were separate provisions made for the mentally deficient group, as contrasted with the mentally ill. This separation by the state of the two groups of mentally ill, those that could be treated and cured to be put back into society and those that could not be cured was a huge step forward in dealing with the lack of funding and limited resources the asylums had. Before the state had said anyone, who had anything wrong with them would be sent to the asylum and did not acknowledge that different types of patients existed. This separation of patients finally acknowledged what the asylum staff had been saying all along that there were different types of patients who needed to be separated and care for in completely different ways some of these different types of patients included: those with mental illnesses, those with addiction problems, and those who were never going to be cured such as those with schizophrenia. Progressives using the concepts of civic medicine and new science advocated for treatment and cure of patients with the hope that they one day would be able to return to live life in society. Acknowledging that there was a group of mentally ill who were not curable saved the asylum time, money, and resources in them being able to treat those who they knew had a chance at being cured with those who needed a different type of care and who were not curable. In 1908, the Fairview Home was put into operation, marking another advance in recognition by the state of the distinct needs of the two groups, and the State Hospital for the Insane was relieved of part of its burden.<sup>42</sup> The Fairview Home was just for mentally ill patients who could not be cured and this home separated those who had a chance to be helped from therapy and medical care from those who were unable to be fixed. This separation of patients stemmed directly from the Progressive idea that patients of those that could be cured and those who couldn't so that resources and money were not wasted and that patients within these two groups could receive the

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<sup>42</sup>Larsell, "History of the Care," 315.

very different treatments they needed. Other improvements that stemmed from these progressive ideas included making sure patients had the most up to date treatment and equipment available which included putting in a X-ray department, hiring a resident dentist, and building a receiving hospital, auditorium, and an amusement hall.<sup>43</sup> Steiner addressed the issue of the “cripples” and paralytics to not be committed to the state hospital but instead to be cared for in the county they lived because he realized it was too much of a burden for the hospital to care for these types of people. There remained severe issues of overcrowding and this was in part because of the “county courts continuing to commit senile dotards, alcoholics, and others not actively insane.”<sup>44</sup> Steiner and the staff at OHS improved the standards of treatment at the hospital, and implemented residencies and fellowships so that they became modern psychiatric hospitals.<sup>45</sup> As part of Steiner’s reforms he adopted policies to make it possible for patients to spend some of their time during their remission periods of their disease under the supervision of family and friends. While Steiner did instigate many reforms and progress while implementing these progressive concepts Larsell very briefly states that not everyone believed Steiner was doing a good job and Steiner was investigated for “Charges of extravagance, misuse of funds, and unbusiness like methods.”<sup>46</sup>

Larsell was a medical professional and his evaluation and facts were from Oregon laws, censuses, and government documents which are very straightforward. Larsell does not critically talk about the doctors in this article and does not fault any of them for the failures and shortcomings that existed in the asylums. This source must be evaluated with some of these ideas in mind that Larsell was not trying to criticize Oregon’s laws or political figures who had made

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<sup>43</sup>Larsell, "History of the Care," 315.

<sup>44</sup>Larsell, "History of the Care," 318.

<sup>45</sup>Larsell, "History of the Care," 320.

<sup>46</sup>Larsell, "History of the Care," 315.

some of these decisions regarding the care of the mentally ill. It would be clear why as a doctor Larsell would not want to paint his peers in a negative light especially as Larsell was a practicing doctor in Oregon. Larsell in this document wrote something that probably earned him respect and recognition from the community and his peers and was careful not to write anything that could cause conflict or backlash and make him unwelcome in the medical community. Some of the limitations of this document are that it doesn't talk in great detail about patients care and if they were treated fairly and with compassion and this could mean that Larsell did not feel that it was important to ask these questions. Dr. Larsell does show bias in describing other doctors by not criticizing them even when it is apparent that some of their decisions in dealing with the mentally ill are wrong such as the example he gave of one doctor cutting off a mentally ill patient's toes with an ax. This document does not address different diseases and how each disease was cared for or what happened to patients after they left the asylums. This source is valuable in giving background information of Oregon's policies that they were enacting to try and implement the ideas of Civic Medicine and New Science into the asylums from the Progressive Era through the Depression. Larsell showed that even with the ideas of Civic Medicine and New Science in place that the asylums remained flawed and never reached a perfected end state. The asylums continued to face issues that had plagued asylums through the Progressive Era and Depression and Larsell doesn't give an answer to how he thinks this system could have been run in order to address these issues.

An article by Mark Largent before the 1930s examined Eugenic sterilization in Oregon that was put into effect to decrease the high costs of institutions needed to care for mentally ill patients and to stop the mentally ill from procreating and increasing in society.<sup>47</sup> Oregon

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<sup>47</sup>Largent, "The Greatest Curse" 188-209.

reformers felt sterilization was a scientific and advanced form of dealing with mental illness. The state's mental health and prison officials targeted people they defined as "persons known to be feeble-minded, insane, epileptic, habitually criminal, morally degenerate or sexually perverted" and the eugenic sterilization law, before it was overturned by Oregon legislators in 1983, sterilized twenty-five hundred people.<sup>48</sup> Some of the reasons Eugenics became popular were that it was: part of the American progressive movement which pushed for planned and "centrally administered solutions to social and political problems," and Americans increasing xenophobia about immigrants and Catholics.<sup>49</sup> Eugenics was a "reform" movement and achieved popularity in society by those who advocated that this method was using science and natural selection to eliminate "unfit citizens or undesirable traits from a given population."<sup>50</sup> Eugenics according to Largent became a popular reform movement in America around 1900, and reached its highest popularity in most states in the 1930's, and stayed popular until around the 1980's.<sup>51</sup> Eugenic supporters came up with the term "feeble minded" to describe the people they thought needed to be sterilized and the word "insane" was also used which encompassed many different meanings ranging from schizophrenia to homosexuals.<sup>52</sup> Throughout the country family planning education was set up as a strategy to help get all of society on board with eugenics. "During the 1920s and 1930s, for example, many state fairs sponsored Fitter Family Contests, in which families completed eugenic surveys and eugenicists judged the surveys and awarded medals to the families they considered the most fit. Fitter Family Contests were most popular in the Midwest, but western states, including Oregon, also sponsored them."<sup>53</sup> Separating those society deemed

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<sup>48</sup>Largent, "The Greatest Curse," 188.

<sup>49</sup>Largent, "The Greatest Curse, 188-189.

<sup>50</sup>Largent, "The Greatest Curse," 188-189.

<sup>51</sup>Largent, "The Greatest Curse," 188-189.

<sup>52</sup>Largent, "The Greatest Curse," 190.

<sup>53</sup>Largent, "The Greatest Curse," 190.

were “feeble minded” was pushed as progressive and asylums were used to accomplish this. “Eugenicists considered involuntary sterilization a permanent form of segregation, often describing it as a method for keeping unfit persons’ inferior genetic qualities from entering into the next generation.”<sup>54</sup>

Largent describes Dr. Bethenia Owens-Adair as being the key person who advocated for eugenic sterilization laws to be put in place in Oregon. “Owens-Adair and other early twentieth-century reformers wanted to neutralize the threat they believed the “feebleminded” posed to a progressive society and argued that the most prudent and humane course of action was to sterilize them.”<sup>55</sup> Dr. Owens-Adair, in 1907, submitted a Eugenic sterilization bill to the Oregon legislature and while it did not get passed it did not mean the Eugenics movement was dead. In 1913 the legislature passed a bill which allowed for the sterilization of certain individuals the state deemed mentally unfit. After 1913, until the end of Eugenics more laws and legislation was passed allowing for more and more people to be sterilized at the state’s discretion and without the patients consent. “From 1917 to 1983, Oregon’s prison and mental health authorities sterilized about 2,500 people, including 217 sterilizations after 1967.” This article has its strengths in that it talks about how the mentally ill were completely taken advantage of by Eugenic sterilization. One of the weaknesses is that it doesn’t talk enough about how sterilization devastated patients and their families. Largent’s account of Eugenics explained how the Oregon State Hospital between 1918 and 1941 felt they were doing what society wanted in performing five hundred and nine sterilizations.<sup>56</sup> Largent showed how society misconstrued the ideas of New Science into Eugenics that sadly took place at the Oregon State Hospital up until the

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<sup>54</sup>Largent, "The Greatest Curse," 191-192.

<sup>55</sup>Largent, "The Greatest Curse," 193.

<sup>56</sup>Largent, "The Greatest Curse," 203.

1960's. Eugenics in Oregon demonstrated just how backwards society's views about mental illness was at this point in history.

Diane Goeres-Gardner wrote a book about life inside the Oregon State Hospital, from 1843-2012.<sup>57</sup> This source provides a unique and different perspective in that it is written by someone who is examining the stories of individual patients who resided at the hospital as well as describing some of the most influential superintendents that ran this hospital and gives a much more recent look at how the Oregon State Hospital evolved and changed over time. Progressive concepts and how they were put in place at the Oregon State Hospital is clearly seen in this source as the care and treatment of these patients is discussed. Just as Rothman stated in his source, Goeres-Gardner agreed that under Superintendent Steiner, Steiner implemented many changes to fully embrace progressive concepts and put them into practice at the Oregon State Hospital. Steiner believed that the best care and treatment these patients received would help them heal faster and be more likely to be able to reintegrate back into society. Some of the ways Steiner implemented change using these new concepts was by requiring staff: to be neat and clean in dress, staff must every morning cheerfully greet all patients, using restraining apparatus on patients was forbidden except by express permission of the superintendent, and the staff was allowed to leave the asylum during the week for two evenings until 10pm.<sup>58</sup>

These guidelines that were required by Steiner did enact huge changes for the staff and the patients. Steiner in establishing these guidelines helped hold the staff accountable and to the high standards that was desperately needed to address the abuses that were happening. Even with the progressive concepts being fully supported by Steiner the asylum still faced problems that

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<sup>57</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 1-258.

<sup>58</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 102.

Goeres-Gardner stated had not been solved. One huge issue was that even with the implementation of these concepts that patients still experiences a lack of privacy and compassion from society. Goeres-Gardner stated that in 1886 Oregon newspapers were printing patients' names and other personal information about treatment they were receiving at the Oregon State Hospital.<sup>59</sup> Goeres-Gardner describes the information the newspapers were putting out to the public by saying "Occasionally it was a much longer story with details about their diagnosis and the cause of their insanity, as in the case of Mrs. Emeline V. Fisher, who was transported from Grant County because she "tries to starve herself.""<sup>60</sup>

This lack of privacy and empathy by society makes it clear that the ideas of Civic Medicine and New Science had not sunk in or been taken seriously because these people deserved to be treated as more than simply animals at a circus. Goeres-Gardner stated that Superintendent Steiner was one of the most influential superintendents, not just because he ran the Oregon State Hospital for three decades, but because he realized that even with progressive concepts in place that the asylum still faced ongoing problems. One constant problem the hospital faced was abuse of the patients by the staff. To try and combat this problem, Steiner put in place strict rules about the proper care of his patients and kept detailed records of the workers to help try and eliminate any abuses. "In the superintendent's 1911 biennial report, Dr. Steiner listed 421 people, their names, marital status, salary, and title, as having been employed as the hospital between the years 1908 and 1910."<sup>61</sup> Dr. Steiner would fire and have staff arrested if he discovered any abuses happening. Even after Civic Medicine had been adopted by society, which said that appropriate funding would be provided by the government, so the hospital could

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<sup>59</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 63-64.

<sup>60</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 49.

<sup>61</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 103.

pay for large enough facilities to care for its patients, severe overcrowding continued to be an ongoing problem. In 1911, the hospital was so overcrowded that it had to refuse certain patients and Dr. Steiner would send patients who were residents of other states to their respective states to receive care because there was no room for them in Oregon.

This theme of overcrowding at the Oregon State Hospital under Steiner as recognized by Goeres-Gardner is showing that like the other sources mentioned the system to implement these ideas was flawed and imperfect even with the adoption of progressive ideologies and treatments. Steiner did his best to try and fix the flaws these concepts came with such as the issue of insufficient funding. Steiner adopted cost-cutting maneuvers at the hospital such as changing the heating, building a chicken coop (to provide the patients with the freshest eggs and a consistent healthy protein for their meals), and installed an incinerator. Steiner's changes were made to stretch the little money the hospital received a little farther so that the patients could receive the best care and treatment that was supposed to be provided to the patients. In 1913, the Eastern Oregon State Hospital opened which tried to help deal with the severe overcrowding in asylums and some of the patients from Salem were transferred to the new hospital in Pendleton. The mental hospitals in Oregon even with the building of new facilities still faced issues of overcrowding that never was able to be fully solved since there always seemed to be more patients than the facilities could house. Dr. Steiner realized that asylums with all their problems and abuses had been given a bad name and was not looked upon fondly by the public. Steiner pushed for the change in name from the Oregon State Insane Asylum to the Oregon State Hospital and advocated for psychoanalysis which was part of the idea of New Science that continued to push the importance of not only restoring mental health but providing public health measures to prevent mental disorders.

The change in name of the asylum to hospital shows how progressives wanted the negative connotations that came with the word asylum to hopefully be erased and a new era of hope and restoring and maintaining mental health would take its place. The government supported this change of name and showed this by the Legislature passing House Bill 433 in 1913. The Legislation “changed the asylum’s name and its mission.....No longer would the emphasis be on warehousing people with mental problems. From that day forward the emphasis would be on the treatment and cure of mental problems.”<sup>62</sup> With the goal now being to treat and cure patients instead of just lock them away this allowed Dr. Steiner to put a parole system in place which allowed patients to go back to their homes to see if they could reacclimate to normal life. In 1915 nearly 184 patients were released on this system and this went up to 550 patients by 1936.<sup>63</sup>

Civic Medicine also meant providing patients with best care and freedoms that those outside the asylum had. In 1933 “Dr. Steiner sent a proposal to the State Board of Control requesting a new chapel seating one thousand people and costing \$50,000. An additional \$100,000 was also needed to modernize the wards for the criminally insane, the addition of firefighting equipment, and constructing new roads.”<sup>64</sup> Without the Concepts of Civic Medicine and New Science Dr. Steiner would not have had the framework to be able to request that his patients now be able to reintegrate back to society, have access to chapels so they could practice religion, and request that the facilities be modernized and have safety features such as firefighting equipment. Steiner, Goeres-Gardner believed, worked tirelessly at the Oregon State Hospital to implement reform and to try and solve the problems that progressive concepts were

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<sup>62</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 112.

<sup>63</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 114.

<sup>64</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 123.

unable to fix. According to Goeres-Gardner, Steiner did implement reform and enacted huge changes for the betterment of this institution but even with Steiner fully embracing progressive ideals and treatments, some problems continued to exist and plague the hospital even after Steiner's gallant efforts to correct and eliminate them.

While Steiner did advocate for a lot of positive and productive reforms at the Oregon State Hospital he was also extremely flawed in that he believed in the idea of Eugenics and felt it was a way to help prevent mental illness.<sup>65</sup> Steiner wrote to the State Board of Eugenics that sterilizations performed at the Oregon State Hospital while he was in charge were "beneficial in all cases" and that he hoped the public would continue to support Eugenics "much more extensively in the future."<sup>66</sup> Steiner believed that Eugenics was an answer to some of the problems that the Oregon State Hospital faced and his extremely flawed belief in Eugenics caused many of his patients to be sterilized.<sup>67</sup> This source reveals how Goeres-Gardner acknowledged like the other sources that progressive concepts put in place by reformers did help cause a significant amount of reform and changes especially in the Oregon State Hospital.

Goeres-Gardner acknowledged that the same issues faced by other asylums also was faced by the Oregon State Hospital. Goeres-Gardner also recognized that superintendents that ran asylums even with the best of intentions like Steiner, were never able to fully solve all the problems that faced the asylums throughout the decades. Goeres-Gardner stated that constant reform and progress still needed to be happening in asylums and she like Rothman, Grob, and

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<sup>65</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 157.

<sup>66</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 157.

<sup>67</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 157.

Larsell had no idea how to permanently eliminate the problems that existed in the asylums even after progressive concepts had been put in place.<sup>68</sup>

The secondary sources used for this paper relate to the philosophies of history that have been read during this term in many ways. One way that is apparent is that society and their opinions and morality at times in history dictate the laws and actions that people find acceptable. In the readings often, it is hard to understand why certain groups of people have been subjugated and taken advantage of by another group and it is explained by many different historians that at the time the beliefs of society determined that this just was the way things are. The sources examined demonstrate how progressive concepts were groundbreaking and helped start much needed reforms, that while these concepts had the best intentions a perfectly run system was never able to be created at any hospital. Eugenics swept across the U.S. as a progressive reform movement and as Largent stated was believed to be a very realistic and scientific approach to handling the issues of mental illness yet it was completely unethical and morally wrong and yet it meant well in that it was society trying to handle their issue of what must be done in dealing with mental illness. Larsell, Rothman, and Grob both state in different ways that the institution of asylums was flawed even after progressive concepts and reforms had been made and the issues of overcrowding, lack of funding, and abuses continued in asylums. Each of these authors acknowledged that the state did not have a perfect system to properly care for the mentally ill and that through the Progressive Era and the Depression how asylums were run and how the mentally ill were treated and viewed changed over time with steps forward and then steps backward. Goeres-Gardner in her book helped show the progress made in the Oregon State Hospital through progressive reformers like Superintendent Steiner but she realized that the

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<sup>68</sup>Goeres-Gardner, *Inside Oregon State Hospital*, 319.

asylum was not perfect and continued to face abuses and shortcomings. Each of these sources realized that Eugenics in asylums was thought to be a progressive and scientific breakthrough to help stop mental illness. These sources show how Eugenics many people in society believed and bought into this extremely terrible and flawed ideology including superintendents like Steiner who had tried to do a lot of good for patients in asylums. Eugenics in asylums showed how a progressive concept was completely and utterly flawed and wrong and that while a lot of good was done by implementing these progressive ideologies that a lot of wrongs was also done to the patients in the name of progress. Each of these authors believes there was a level of progress that was made in asylums with the help of certain progressive concepts, but this progress was very slow, and perfection was never reached for this institution. These progressive ideals helped the asylums make clear and significant steps forward in some areas that included treating the mentally ill with compassion and realizing that these were people who deserved the same dignity and respect as the rest of humanity.

These different sources relate to some of the readings in that each source is coming from a different perspective like the many different perspectives read from each individual historian in class. The sources' perspectives range from coming from a medical standpoint to a humanity standpoint that appeals to human emotions just as some historians come from places of proving facts while others come from a more religious point such as God is the center of the world. The most important thing that has been learned from the readings is that many different perspectives are needed when using sources so that there are many ways to look at a topic and get the most unbiased information.

The secondary sources used for this research give the background information for mental health and the asylums especially the Oregon State Hospital and the primary sources focused

strictly on the Oregon State Hospital. Pictures and records from the Oregon State Hospital from Kylie Pine's blog helped show the human and compassionate side of staff who cared for the mentally ill and how this asylum tried to help patients have a positive and loving experience while they stayed at this hospital. A few of the primary sources deal with things like entertainment for the patients like the staff taking them bowling and trying to have them involved in activities that everyone else society gets to do.<sup>69</sup> Other primary sources include pictures of the patients and the property of the Oregon State Hospital. They demonstrate there was a sincere effort on the part of the staff to make this hospital these patients' home and to make the grounds peaceful and serene to provide the best atmosphere for healing that these patients needed. This was a humanitarian approach that these primary sources will be supporting is one of a humanitarian approach that deals with human beings deserving kindness and compassion even when they are different from the rest of society or considered a lower class of people. In some of the other sources it is evident the authors believe that the patients should not be abused or treated with methods that are not effective but it does not say in these sources that entertainment and making a patient feel like the hospital is their home is important. Rothman, Grob, Larsell, and Goeres-Gardner all discuss the abuses that happened in the asylum by the staff to the patients and that this was wrong and needed to be stopped. None of these sources though emphasize that the patients needed to have fun or needed things to make them laugh and be happy. Kylie Pine's primary sources listed in her blog show how staff at the Oregon State Hospital did acknowledge that it was important and that the patients wanted to go do things that the rest of society did such as go bowling or have dances at the asylums. This evidence of how important and healthy it is for patients to be treated kindly by the staff and to be allowed to do

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<sup>69</sup>"Bowling at OSH, 1968," Oregon State Hospital Museum of Mental Health (web log), <https://oshmuseum.org/state-hospital-patient-tell-of-life-on-the-inside-1962/>, (December 9,2013).

things for entertainment is missing in the other sources and makes Kylie Pine's blog extremely valuable in showing a humanitarian side to the treatment of mentally ill patients.

In conclusion, the secondary sources provided the background of mental illness, how society viewed and treated those with mental illness, the structure of asylums, and the change that happened in society in dealing with mental illness through the decades because of the implementation of progressive concepts. The primary sources focused on only the Oregon State Mental Hospital and these sources are from individual female patient case files and show a range of information including when the patient was admitted to the hospital and what reasons were given for them being committed by the state, what the patient brought with them to the hospital, and the medical treatment they patient received while at the hospital, and lastly if the patient was either discharged, escaped, or passed away at the hospital.<sup>70</sup> To understand the Oregon State Mental hospital, it is important to build a strong background foundation about asylums and mental health in the United States and understand that progressive concepts were the key reasons that implemented the biggest changes in these institutions. Even with these groundbreaking ideas implemented and adopted by hospitals it is important to know that asylums still faced ongoing problems that were never able to be solved. Each source examined provided a unique and different perspective of individual author's knowledge on asylums and mental illness from the Progressive Era through the Depression and how they believed the key concepts of Civic Medicine (which said that society would pay for and provide the best facilities and staff available to help treat patients so they could be reintegrated back into society) and New Science (psychiatry which would provide modern, compassionate, and kind forms of mental and emotional therapy)

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<sup>70</sup>"Admissions Procedure, 1969." *Oregon State Hospital Museum of Mental Health* (web log), <https://oshmuseum.org/state-hospital-patient-tell-of-life-on-the-inside-1962/>, (July 15,2013)

were implemented and what problems persisted even after these ideas were adopted. Each source demonstrated the recurrent theme that progressive concepts were crucial in advocating for reform and change but that even with these reforms asylums still faced numerous problems that never could be solved. Through examination of the Oregon State Mental Hospital female patient case files with the ideas of progressive concepts being the foundation for change, there remained problems of how to perfectly run these institutions and care for patients.

Besides examining the different sources, I have used above to gather more information on mental illness, I was able to spend ten weeks doing an internship at the Oregon State Archives in Salem, Oregon. My internship focused mainly on processing and examining female mental patient case files from the Oregon State Mental Hospital that is located and still currently operating in Salem, Oregon. In these files I was able to look at some that had already been processed by staff who worked at the Archives and were very well organized and I was also able to help process some of these files that had not been labeled and organized nor had been seen by anyone but the staff members at the Oregon State Mental Hospital in Salem. Another aspect of this internship was that I was able to learn what the different job responsibilities were in running an archive and learned the basic skills I would need to help process the female patients case files that I would be working with each week. Every week I was tasked with writing for the Oregon State Archives Facebook page about part of my experience interning in the archives and what I had discovered in my research on the female patients' case files from the State Hospital. Every week it was exciting to document what I had learned at the archives and share them with the public through these posts. Looking through the case files from the patients that had resided at the State Mental Hospital showed me how many different things about each patient. These files contained information that included: how patients were categorized and labeled when they first

arrived at the hospital, what kind of correspondence they received, how long and how many times they were committed to the hospital, what items they came into the hospital with, their photograph, what treatment they received, and if they were discharged, escaped, or passed away at the hospital. Understanding how progressive concepts influenced reform and change first before reading and processing these female patient case files showed me what important reforms were applied at the hospital and how they were helping patients as well as how there were still problems that the hospital was facing even after these concepts were implemented. I have included Facebook posts I wrote for the Oregon State Archives during my internship as part of this paper to share my research and the experiences I was able to have while being an intern.

### **FACEBOOK POSTS ARCHIVE INTERNSHIP:**

#### **Facebook Post Week 1: 4/10/2018**

Hello from the Oregon State Archives! Let me start off by introducing myself. My name is Erika and I am a brand new intern at the Oregon State Archives from Western Oregon University. I am here to study the female patient case files from the Oregon State Hospital from the late 1800's to the early 1930's. I am super excited about this project and I wanted to share some of my experiences along the way.

The first day of my internship, I visited the Oregon State Hospital here in Salem and received an awesome tour from the curator, Megan Lallier-Barron. One part of the tour that really stuck out to me was the exhibit about art therapy. A brochure from 2012 describes the program by stating "Art groups such as painting, sculpture, drawing, pottery, and leatherworking, which was focused on the creative process and not the final product, often lead to positive changes in a patient's behavioral and thought process." This exhibit showed how new and unique forms of therapy were being used by the hospital to help their patients heal, and this was a very progressive form of therapy that is still used today.

Art is not often thought of as being therapeutic, but it truly is, and the hospital realized its value and implemented it into their program. Some of the patients' art is shown in the museum and it was fascinating to see these creations and learn about how using art as therapy has helped patients at the hospital on their road to recovery. While art therapy had not been implemented into the hospital from the files I am studying from the late 1800-1930's, other forms of therapy were used such as dancing and other recreational activities. Using art as therapy was a

progressive idea, and these types of new programs are part of the constant evolution of the Oregon State Hospital to give their patients the best care available.

### **Facebook Post Week 2: 4/17/2018**

Hello from the State Archives! This is intern Erika, and in my research on the female patient case records from the Oregon State Hospital I found a very interesting and unique file.

This record was about Mrs. Marcella Clark who was committed to the State Hospital by her husband in 1917. She was said to be put in the hospital because she was having delusions of persecution, was depressed at times, hysterical and noisy. Upon reading her file, Mrs. Clark adamantly claimed to the doctors treating her that she was not insane and that her husband had committed her so that he could get take her fortune and illegally divorce her. She was treated at the hospital from August 3, 1917 to October 16, 1917 and was deemed healthy enough to be discharged. In one note from a doctor who was treating her, he wrote that he could see no reason why Mrs. Clark should not be free and showed no evidence of mental derangement.

The whole time Mrs. Clark was in the State Hospital, she wrote to lawyers and her friends to advocate for her and ask for their help in being released. In her letters, which are included in her file, she appears reasonable, and her logic does make sense in that she is saying her husband committed her to the hospital so he could get rid of her and take her fortune which was quite substantial.

After she was released Mrs. Clark was featured in the Producers Call, which was a newspaper published in Portland. She told her story and asked for justice to be served since her spouse had divorced her while she was committed to the Hospital and had taken all her finances. Another newspaper article described Mrs. Clark's husband as a "Skulking Skunk" and one who had falsely stated his wife was mentally ill for his own gain. The last newspaper article in the file said that Mrs. Clark was still trying to go to court to get her money back and that she was living in poverty. Whether Mrs. Clark was ever able to regain her fortune or have her day in court was not revealed in this file.

This unique record shows how the Oregon State Hospital had to deal with patients who were falsely committed, and how there were no laws at this time to protect her from her husband.

### **Facebook Post Week 3: 4/24/2018**

Hello from the Oregon State Archives this is intern Erika and this week for the first time I processed case files. While this sounds like a fairly easy task and something I had never even considered would be difficult for the staff who work at the archives, I was blown away by how daunting this it actually is!

Our senior intern, Melissa, walked each of us through the very detailed four pages of instructions about how to properly label and organize the files from the female patients at the Oregon State Hospital. Each file had to be put in a new folder, and the folder had to be carefully labeled with all the information the archives needs to be able to easily find the file and input it online so both the public and the archives know it exists. My first file took me close to twenty minutes to complete!

As I slowly but surely went through and processed and labeled each record, it was fascinating to look at files that have only been seen before by the staff at the Oregon State Hospital. I went through every piece of paper in each file and organized them into the correct order as per our instructions, and it was interesting to read each patient's information and see things like when they were admitted and the kind of treatment they received.

The first few files I processed were for elderly women who appeared to have signs of dementia. One patient was Mrs. Anna Langford, 61, was admitted in 1920 and sadly died at the hospital in 1924. Mrs. Langford was a widow, had no occupation, and it appeared had no one to take care of her. It was heartbreaking to think there was not a system in place for the elderly to be properly cared for and instead they were committed to the Oregon State Hospital because that was the only institution that existed that would care for the elderly. The Oregon State Hospital stepped up and cared for this woman until her death and did fulfill a role in society that was missing at this time in history.

#### **Facebook Post Week 4: 5/1/2018**

Hello from the Oregon State Archives! This is intern Erika, and this week I learned how to preserve deteriorating photographic negatives.

First, I learned about negatives of film and photographs that the archives have in its collection and how they can deteriorate by what is known as vinegar syndrome. Vinegar syndrome is described as having a pungent vinegar smell followed eventually by shrinkage, embrittlement, and buckling of the gelatin emulsion. Once this process begins, the remaining life of the film is short because the process speeds up as it progresses. The archivists combat this syndrome by keeping the negatives in a much colder separate area than the other records. Even with this cooler ideal climate, they often are already affected by this syndrome before they were sent to the archives, so the cold storage simply slows the decomposition and gives the archivists more time to scan them for preservation.

Negatives that are brought to the archives are tested for vinegar syndrome by putting in A-D test strips that change color to indicate the severity of decay. Once negatives test positive for vinegar syndrome they are prioritized to be scanned and uploaded into an electronic records management system. Scanning these negatives is a fairly easy process but is a very time consuming. The negatives must be scanned at the highest resolution possible which can take up to ten minutes per each. Once they are scanned into the system they must be correctly labeled.

I scanned in a few negatives and this process took a few hours and I did not even get through one box! I have a whole new level of respect for the archivists here who devote hours to preserving these negatives, so the public can access them.

#### **Facebook Post Week 5: 5/8/2018**

Hello from the Oregon State Archives! This is intern Erika and this week I processed more files from the female patients at the Oregon State Hospital who were admitted in the 1920's. While I am still not a "master processor" like intern Melissa, I am slowly but surely becoming more comfortable with it.

This week I processed my first file for a teenager admitted to the Oregon State Hospital. When I stumbled upon her picture I immediately thought she looked much younger than what her actual age was. Rita was this young girl's name, and she was admitted when she was sixteen years old. She suffered from symptoms similar to what today we would probably regard as OCD or Obsessive-Compulsive Disorder. She was terrified of dirt and being dirty and would spend hours washing her hands. She also had a hard time eating if anyone prepared her food because she thought it would be contaminated with dirt.

Rita spent two years at the Oregon State Hospital where she was discharged as being fully recovered. Her file does not say what kind of treatment she received or how much progress she had made throughout her stay at this institution. These more limited files make one wonder about what happened to her after she left and what treatment they used to help her recover. I was extremely pleased to see that Rita was able to return to her family and rejoin the world. This was one file that showed the positive impact the asylum had on someone's life and helped them develop tools to cope with their illness.

\*Some personal information was redacted from this patient's story due to her young age at admission.

### **Facebook Post Week 6: 5/15/2018**

Hello from the Archives this is intern Erika and I can't believe it but it is already the month of May! For this week while I was processing patient case file from the Oregon State Hospital in Salem I came across a very interesting file. I processed a file from a patient named Hazel Owens who had been committed to the State Hospital three times.

Hazel Owen's file was the first file I have encountered that had written detailed types of treatment that she received and why she was receiving this type of treatment. Many files I had seen before had very minuscule notes in the medical portions and it was not clear what treatments they were receiving. This file had much more detailed notes and it appeared great care was taken that everything was documented by the staff who took care of her.

This patient suffered from hallucinations that she said she heard in her head and visually saw. She also suffered from tuberculosis and so the hospital staff had to care for all these individual needs for her and properly document everything. Multiple times after her treatment she could return home but then was returned by her family when she needed more treatment.

This file showed me the great level of care put in by the nurses who cared for this patient and took the time to document everything and properly record what medications she needed. Without some of the amazing and dedicated nurses that worked at the Oregon State Hospital some of these nurses' notes would not exist and don't in many files. Hazel Owens file showed the most detailed medical records I have seen thus far and makes me appreciate all the nurses out there who choose this profession and put so much effort into patient care.

### **Facebook Post Week 7: 5/22/2018**

Hello again! This is intern Erika and for this week of my archive internship I helped look for interesting records for an upcoming exhibit highlighting the Oregon State Fair. I was completely

unaware at how many records the archives had of documentation concerning the Oregon State Fair.

In one file I found a giant stack of black and white photos of entertainers that were being considered to perform at the fair. These pictures included names that I recognized such as Ray Charles and Reba McEntire. Other entertainers that I had never heard of and had to ask my fellow intern Andrew, who seems to be familiar with every entertainer that lived even before his time, he enlightened me about Conway Twitty and the Nitty Gritty Dirt Band. It was very interesting to see all the names of these entertainers from years ago and some of them were still performing today.

I also was able to go through and see the different old advertisements that had been put in newspapers and on posters to advertise for the state fair. One of my favorite ones I saw was a man carrying a GIANT stuffed animal bear that was just as big as him. It was very comical to see how today if you go to the fair you can still see some of these prizes have stayed the same because they are such crowd pleasers.

Another newspaper clipping, I found showed a man eating a large piece of chocolate cake. This advertisement was informing the public about the chocolate cake eating contest that took place at the fair and this one gentleman loved to be involved in this contest because he was a self-proclaimed chocaholic.

I was able to find some fun and interesting records to hopefully add to the upcoming exhibit showcasing the Oregon State Fair throughout the years.

### **Facebook Post Week 8: 5/30/2018**

Hello from the Oregon State Archives, this is intern Erika.

For this week's archive experience, we learned about microfilm. Microfilm is a length of film containing microphotographs of a newspaper, catalog, or other documents. I personally had never seen microfilm before or even knew what it really was. We met with one of the staff members of the Archives who is in charge of the microfilm Security Copy Depository, and he gave us an awesome tour of where the microfilm is stored and what it is used for.

Security, or "silver halide" microfilm is used by different agencies such as the Department of Transportation to store their records and can be used in place of paper copies or just to have a backup set of records in case one set gets destroyed. I learned that there are benefits of microfilm compared to paper. Microfilm is smaller and easier to store than paper copies. Silver halide microfilm under the right temperature and humidity settings can last up to 500 years. Once a security microfilm copy is made the paper copy can be destroyed and the microfilm copy becomes the main record which saves large amounts of space and storage at different agencies.

Security microfilm is examined using a long table with a special light and a small circular magnifying glass called an eye loupe. At the end of each side of the table there is a metal reel that you attach the microfilm to and lay it out in a long strip. It is very important while

examining the silver halide security film that one uses clean cotton gloves so that the oil from your skin does not get on the film and damage it.

I was extremely surprised once I figured out the right distance to have the magnifying glass to the microfilm how perfectly clear the documents were. I could clearly see every little detail of the document and see how this copy was just as clear as a paper copy. Because storing paper documents takes up so much space and is extremely costly it was fascinating to see how microfilm could save records for the public, last longer, and be more cost effective.

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