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Mental Hospitals and their Effect on Race and Gender in the 1920s

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Introduction

Mental illness in the United States is part of a complex history. Many details of mental hospitals and the treatment of patients were buried under decades of corruption and secrets. Patients were subjected to harsh treatment and forced to undergo extreme therapies that doctors claimed would improve their condition. In particular, female patients were also affected by the events that occurred during the early twentieth century, namely World War I and the Great Depression, and the stigmas of race and gender that they caused. While women did not attain the same rights as men, racial minorities were treated much different than Whites, both within and outside of hospitals. Mental illness remained an understudied topic for much of the nineteenth and twentieth centuries, but historians in recent decades took up the task of studying this topic and revealing mistakes and challenges in the history of mental illness. This paper incorporates the work of these historians as well as the examination of two female patient files from Oregon State Hospital in the 1920s. These patients and their institutionalization serve as a reflection of social views about the concept of mental illness during that time period.

Primary Sources

The two female patient files analyzed in this paper are those of Anna C. and Katena M.[1] Anna was thirty years old when she was committed on March 5, 1928. Born in Iowa and living in Oregon for twenty years, she was a housewife and married with one child. Her official diagnosis was dementia praecox, also known as schizophrenia. Her file also states that her mother was "psychotic for years," she had threatened both suicide and homicide, and was depressed. She was discharged on July 1, 1928 after being paroled to a friend, C.H. Dechmor, and was noted as "condition recovered." However, she was committed for a second time on

[1] Patient names will be redacted to first name and last initial due to privacy and respect for patients and their families.

January 2, 1930 with much of the same symptoms as her first commitment. She was once again discharged on June 21, 1930 after being paroled to another friend, A.H. Tichenor, and her condition was again noted as recovered.[2] Anna's file includes a letter from a lieutenant in the Air Force during World War II who was set to marry her daughter, which will provide insight into how the relationships of women in the hospital were affected by the political context of the time. Her file also includes a letter from C.H. Tichenor, Captain of Police, informing Dr. Steiner, Superintendent of Oregon State Hospital, that she committed suicide by hanging on January 1, 1934.[3]

Katena was forty-seven years old when she was committed on December 10, 1926. Born in Greece, she lived in the United States for only fifteen years and thus knew very little English. She was a housewife and married with three children, although only one was living and two were dead at the time of her commitment. Her official diagnosis was involutional melancholia, also known as manic-depressive insanity (depression and paranoia). Her file also states she "thinks all is lost and fearful," and she would have hallucinations and was depressed. She was married twice, but her first husband "drank and abused her, and after two or three years she divorced him." She was discharged on April 1, 1928 after being paroled to her husband, Harry M., and was noted as "condition recovered."[4] Katena's file will help to analyze the experiences of minorities within mental hospitals because although Greeks were White, they were also considered as the "ethnic other" by many in early twentieth century Oregon.

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[2] Continued Notes 1-4, 5 March 1928, File #4076, Box 57, Folder 9, Female Patient Case Files, Oregon State Hospital, Oregon State Archives, Salem, Oregon, United States of America, Hereafter Patient Case File #4076.

[3] Captain C.H. Tichenor to Dr. Lee Steiner, 20 March 1934, File #4076.

[4] Continued Notes 1-2, 10 December 1926, File #3791, Box 54, Folder 20, Female Patient Case Files, Oregon State Hospital, Oregon State Archives, Salem, Oregon, United States of America, Hereafter Patient Case File #3791.

Historiography

This paper examines two aspects of mental hospitals during the early twentieth century: the types of patients at mental hospitals and what was expected of them during this time period, and the different methods of treatment employed on these patients. Although minorities are not often discussed in popular literature regarding their presence in mental hospitals during this time period, the scholars presented in this paper study these minorities in a way that proves their importance within the history of mental illness. These minorities include African Americans, Native Americans, and Greeks. These scholars also discuss veterans and the role of sexuality during the 1920s and how that affected patients in mental hospitals. Despite not finding a copious amount of female patient files at Oregon State Hospital that reflect these minorities, they were certainly present at the institution.[5]

William Toll, in "Black Families and Migration," examines Black migration to Portland during the early twentieth century, and although he does not directly mention their presence within mental hospitals, the information presented provides insight into Black patient files at Oregon State Hospital and other hospitals throughout the country. During this time, Portland was experiencing migration from many different ethnic groups, and "because of their small numbers, their noncompetitive employment profile, and the western focus on Asians, Black Portlanders found that by 1920 their efforts to establish a community met less resistance."[6] Although this was beneficial for the Black population, it still shows the racism present toward the non-White community. This is because Blacks were still viewed as a non-threat and thus no attention was given to them. As for Black women, a large number of those between the ages of eighteen and

[5] We found two African Americans, one Chinese, one Mexican, and one Native American patient but they did not have enough information in their files to use as a case study.

[6] William Toll, "Black Families and Migration to a Multicultural Society: Portland, Oregon, 1900-1924," *Journal of American Ethnic History* 17, no. 3 (1998): 39.

fifty "were likely to be single, divorced or widowed, with many on their own as heads of small households."[7] This shows the independence of Black women, similar to many other women of different races, which might have been part of the reason for these women ending up in hospitals because female independence was considered a sign of disobedience and recklessness. Toll also states that Blacks in Portland "obeyed the law and cared for their elderly poor," which may correlate to a low number of Black patients at the hospital.[8] This care for the elderly is also shown through Susan Burch's analysis of Native Americans in "Disorderly Pasts," in which she discusses the role of kinship within their institutionalization at Canton Asylum.

Canton Asylum was a mental hospital in South Dakota, built in 1902 specifically for Native Americans.[9] In 1917, five members of the Menominee Nation land – two men and three women – were forcibly relocated to the asylum.[10] Their institutionalization shows how the asylum and the "process of U.S. federal psychiatric institutionalization represents an understudied manifestation of settler colonialism's violence against Native self-determination."[11] This correlates to the institutionalization of not only ethnic women but all female patients at Oregon State Hospital. These women rarely entered the hospital through self-commitment, and majority of the time they were committed by either their fathers or husbands. In terms of gender, women were usually committed because of their independence which was characterized as a mental deficiency. In terms of race, Canton Asylum is an example of how these institutions treated patients simply because they did not conform to White settler values. The asylum's administrators also criticized Native customs such as "multiple generations living together and

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[7] Toll, "Black Families and Migration," 46.

[8] Toll, "Black Families and Migration," 52.

[9] Susan Burch, "Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian-U.S. Histories," *Journal of Social History* 50, no. 2 (2016): 363.

[10] Burch, "Disorderly Pasts," 363.

[11] Burch, "Disorderly Pasts," 364.

elders' central role in childrearing and reciprocal caregiving."[12] This ignorance toward Native customs and familial values is an example of the racism that is present throughout the history of mental hospitals. It also gave the asylum a reason to deem these Natives as mentally deficient. Patient testimonies criticized asylum employees and told stories of "malnourished and under-nourished people, of people writhing in physical pain as employees watched, of anguish, terror, and the harm of solitary confinement, of sexual violence, abductions, of tuberculosis killing children and adults."[13] This type of treatment was certainly also present at Oregon State Hospital.

Although not technically a racial minority because of the fact that they are from a European country, Greeks were widely considered as the "ethnic other" during the 1920s. Elliott Robert Barkan, in *From All Points*, explains why Greeks were marginalized as non-White and how their White, European counterparts regarded them and their place within American society. An example of this discrimination is shown in the Cripple Creek mining community in Colorado. The men who worked here came from Ireland, England, Wales, Scotland, Germany, and Scandinavia. Therefore, it was regarded as a "white man's camp" and excluded Asians, Southern and Eastern Europeans, and Mexican Americans.[14] This shows how society grouped Greeks together with non-Whites and is integral to examining Katena's file and how her race affected her institutionalization.

In addition to the various minorities present at mental hospitals, veterans were also a large portion of society during the 1920s. Kimberly Jensen, in the final chapter of *Mobilizing Minerva*, examines how both men and women adapted to social changes after the end of World War I. While men were overseas fighting the war, women at home began to assume jobs that

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[12] Burch, "Disorderly Pasts," 371.

[13] Burch, "Disorderly Pasts," 372-373.

[14] Elliot Robert Barkan, *From All Points: America's Immigrant West, 1870s-1952* (Indianapolis: Indiana University Press, 2007), 145.

previously belonged to men. However, once these men returned home, a new postwar model for citizenship emerged known as the consumer-civilian model. This model placed men as the "protectors" and women as the "protected" and forced women to "exchange wartime gains for protection from male violence at home and in the community."[15] This was because men were returning from the war with shell shock and other disabilities that institutions at the time were "completely inadequate" to handle.[16] Additionally, many veterans were criminals before the war or became criminals after the war due to their experiences. Therefore, the responsibility was placed on women to make sure that their husbands' transition to postwar society was smooth and that they were happy in order to prevent violence and crime.[17] In Oregon, there were concerns about veteran unrest and how Bolshevism would affect that. As reported by the *Portland Oregonian* in January 1919, they feared these veterans might "increase both unemployment and crime in their communities" as well as warning that "Bolshevik doctrine was spreading in Portland and that agitators tailored their radical message to soldiers' ears."[18] Some women at the Oregon State Hospital might have experienced this consumer-civilian model and the effects of it, which ultimately might have been the reason they ended up in the hospital. For example, the violence created by their husbands might have been turned around on them to be characterized as "violent," which is a factor that led some women to end up in the hospital.

Another factor that led many women to end up in mental hospitals is examined in *Intimate Matters*. John D'Emilio and Estelle Freedman's analysis centers around the history and evolution of sexuality. During the early twentieth century, cultural and social norms about

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[15] Kimberly Jensen, "Danger Ahead for the Country," Chap. 8 in *Mobilizing Minerva* (Urbana: University of Illinois Press, 2008), 143.

[16] Jensen, *Mobilizing Minerva*, 147.

[17] Jensen, *Mobilizing Minerva*, 145.

[18] Jensen, *Mobilizing Minerva*, 150.

sexuality were highly conservative. Lack of proper sex education led to misconceptions such as getting pregnant through kissing or sharing food.[19] It was more socially acceptable for men to express themselves sexually than it was for women to do so, which shows the gender gap during this time period. Not only was there a gender gap within sexuality, but racism as well. Unlike Black women, White women "remained virtually untouchable, exemplifying a purity that was beyond corruption."[20] Therefore, prejudice was present not only toward women, but within the different races of women. Nonetheless, the idea of female purity was prominent, and a social hygiene movement was launched in 1905 by New York physician Prince Morrow whose goal was "an unrelenting 'campaign of education' to wipe out the ignorance and the prejudices that allowed venereal disease to infect the nation."[21] This movement quickly spread throughout the country and eventually led to the formation of sex education programs. However, these programs served more to prevent sexual interactions – before and outside of – marriage rather than to effectively educate the public about the possible consequences of it. As D'Emilio states, sexual purity advocates believed that "sex might have nonprocreative purposes, but only husband and wife might properly indulge in it."[22] These programs also spread to the battlefield during World War I in which "posters and pamphlets distributed among the troops warned of the dangers of venereal disease and made the avoidance of prostitutes a litmus test of patriotic zeal."[23] The enforcement of these negative ideals of sexuality as far as the home front provides a link between the political context of the time and the social hygiene movement. Because of the popularity of this movement, opposition to sexual expression remained adamant, especially in regards to

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[19] John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* 3rd ed. (Chicago: University of Chicago Press, 2012), 177.

[20] D'Emilio, *Intimate* Matters, 186.

[21] D'Emilio, *Intimate Matters*, 205.

[22] D'Emilio, *Intimate Matters*, 206.

[23] D'Emilio, *Intimate Matters*, 212.

women. However, there were some people who challenged these norms such as English sexologist Havelock Ellis who questioned marriage and claimed that a legal document "could not guarantee the mutual attraction and intensity of passion which alone brought contentment."[24] Additionally, in the decade before World War I, radicals and bohemians expressed ideas that "women harbored strong sexual instincts and that sexual passion was as much a part of woman's nature as man's."[25] This shows that not everyone believed women should abstain from their sexuality and they supported them in exploring possibilities outside of marriage. Despite this support, the number of women ending up at mental hospitals might have increased because they became more sexually expressive and acted independently from men.

Mental hospitals have long been criticized for their treatment of patients, especially female patients. The methods employed by hospitals evolved over time, as did the views of them. When mental illness became prominent in the late 1800s, doctors needed to learn how to efficiently deal with the constant influx of patients and adjust to the new norm of filled institutions. Therefore, once institutions became overcrowded, doctors shifted their focus from caring for their patients to merely managing them, and deciphering between what they considered the curable and incurable. Out of this shift came the use of new radical therapies, and this paper mainly discusses occupational therapy and Eugenic sterilization.

Gerald Grob, in *The Mad Among Us*, evaluates the history of the care of mentally ill patients and the problems caused by such care, as well as the solutions to those problems. The main problem of chronic illness within asylums was that there were too many chronically ill patients and not enough institutions with the proper care. Therefore, people who were not sick

[24] D'Emilio, *Intimate Matters*, 224.
[25] D'Emilio, *Intimate Matters*, 229.

enough were not admitted and those who could not be cured were discharged.[26] Due to the stress of inefficiently dealing with chronically ill patients, the positive images of hospitals and asylum workers became "negative ones associated with hopelessness, abuse, and ultimately death."[27] The "new psychiatry" occurred when mental hospitals and their workers came under criticism for issues such as "the mounting costs of welfare, the growth of mental hospitals, the increase in the chronic inpatient population, and alleged abuse of patients."[28] Eventually, psychiatrists and asylum workers were forced to convert to new methods. For example, dynamic psychiatry "elevated the significance of the life history and prior experiences of the individual, thereby blurring the clear demarcation between health and disease" and shifted the focus away from the chronically ill.[29] The new psychiatry also led to the emergence of a mental hygiene movement which was centered around the belief that it was easier to prevent mental disorders than it was to treat them.[30] This placed a larger importance on new therapies rather than psychiatry because it appeared easier and took less time and energy. This shift in the treatment of mentally ill patients might have affected the treatment of patients at Oregon State Hospital whose staff also performed these types of radical therapies on its patients, such as hydrotherapy and sterilization.

Joel Braslow, in *Mental Ills*, examines California state hospitals and their treatment of patients and use of therapeutic innovations, including those listed above, in relation to the larger context of psychiatric treatment during the early twentieth century. Most patients were committed when someone, usually a family member, filed a complaint of insanity against them

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[26] Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), 105.

[27] Grob, *The Mad Among Us*, 127.

[28] Grob, *The Mad Among Us*, 130.

[29] Grob, *The Mad Among Us*, 142.

[30] Grob, *The Mad Among Us*, 151.

which resulted in the magistrate issuing a warrant for their arrest.[31] These new patients were then interviewed in clinical conferences in which physicians determined their diagnoses and course of treatment. However, these interviews frequently became more like interrogations.[32] The most common diagnoses were dementia praecox (schizophrenia), manic-depressive insanity (involutional melancholia), general paresis (late stage of syphilis), and aging disorders (psychosis with cerebral arteriosclerosis and senile psychosis).[33] Ironically, when conditions improved for patients at Stockton State Hospital (and likely for other hospitals throughout the nation), "doctors introduced their most invasive and permanently destructive therapeutic interventions."[34] One of the most utilized and controversial of these innovations was hydrotherapy. Doctors justified the use of hydrotherapy with the science behind it, although it "severely immobilized" patients.[35] Braslow states that at Agnew State Hospital, staff members "understandably deployed hydrotherapy for many of the same reasons that prompted them to use mechanical restraint."[36] This shows that hydrotherapy and other new types of therapies were mostly used to control patients rather than treat them. Additionally, California state hospitals sterilized the most patients of any state during the first half of the twentieth century.[37] These practices correlate to the use of hydrotherapy and sterilization at Oregon State Hospital, which also heavily employed these treatments on patients.

Another common but less invasive treatment used on patients was occupational therapy, which involves the patient doing physical activity such as labor or extracurricular activities.

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[31] Joel Braslow, *Mental Ills and Bodily Cures* (Berkeley: University of California Press, 1997), 17.
[32] Braslow, *Mental Ills*, 19-20.
[33] Braslow, *Mental Ills*, 23.
[34] Braslow, *Mental Ills*, 22.
[35] Braslow, *Mental Ills*, 40.
[36] Braslow, *Mental Ills*, 44.
[37] Braslow, *Mental Ills*, 56.

Constance LeDoux Book and David Ezell, in "Freedom of Speech and Institutional Control," examine freedom of speech within institutions by using Central State Hospital in Georgia as a case study. The hospital's patient-run newspaper called *The Builder* began in the mid-1930s and gave an opportunity for patients to get involved with something. Braslow argues that although Stockton State Hospital gained substantial savings from using patients for labor, the doctors did not force them to work and genuinely believed that "patient labor was therapeutic."[38] Guidelines for patient labor also included rules such as "that one form of occupation should not be carried to the point of fatigue" and "that it preferably should lead to an increase in the patient's knowledge."[39] At Central State Hospital, the fact that women were the ones who provided job training and rehabilitation to men returning from the war generated criticism because women were in the superior position.[40] This shows the stigma against women being in charge of men, which was considered highly unusual during this time period. Despite the backlash, occupational therapists concluded that patients who were involved with the newspaper "suffered fewer relapses and returned to the institution at a much lower rate."[41] This shows the positive effects of the newspaper and the benefits of providing activities for patients within institutions. During the Great Depression, the newspaper served as an "inexpensive therapeutic tool" for the patients.[42] Around the same time, the patient population at Central State Hospital reached nine thousand, and many of the patients admitted were merely seeking refuge from the Depression.[43] This could also be a reason for patients admitted to Oregon State Hospital.

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[38] Braslow, *Mental Ills*, 29.

[39] Braslow, *Mental Ills*, 30.

[40] Constance LeDoux Book and David Ezell, "Freedom of Speech and Institutional Control: Patient Publications at Central State Hospital, 1934-1978," *Georgia Historical Quarterly* 85, no. 1 (2001): 108-109.

[41] Book, "Freedom of Speech and Institutional Control," 110.

[42] Book, "Freedom of Speech and Institutional Control," 110.

[43] Book, "Freedom of Speech and Institutional Control," 114.

On the opposite end of the spectrum, Eugenic sterilization began to gain momentum within Oregon. Mark Largent, in "Eugenic Sterilization in Oregon," analyzes the history of Eugenic sterilization in Oregon and the timeline of legislative decisions regarding it. Eugenics was the replacement of the "inefficiencies of natural selection with rational, controlled reproduction that would speed along social progress by eliminating unfit citizens or undesirable traits from a given population."[44] This rarely-discussed portion of Oregon's history began in 1907 when Dr. Bethenia Owens-Adair first introduced a bill to the state legislature. Owens-Adair and other Eugenics proponents wanted to "neutralize the threat they believed the 'feebleminded' posed to a progressive society and argued that the most prudent and human course of action was to sterilize them."[45] They also used the successes of plant and animal breeders as propaganda to support their stance. Although multiple bills were introduced and passed throughout the years, none were signed into law until 1917 when Governor James Withycombe signed a bill "calling for the sterilization of all feebleminded residents of state hospitals and prisons."[46] This was partly due to the distraction of war and provides a correlation between the war and mental hospitals. In 1921, Jacob Cline, an inmate at the state penitentiary, was ordered to be sterilized but appealed his case and the law was ruled unconstitutional because it violated his right to due process.[47] Thus, no sterilizations were reported in Oregon in 1922, but it became popular again during the Great Depression because of the high costs of maintaining mental hospitals and prisons. Therefore, the legislature loosened sterilization procedures in 1935 by "removing the need for patient consent and replacing it with a patient's right to sue to stop an ordered

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[44] Mark A. Largent, "'The Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983," *Oregon Historical Quarterly* 103, no. 2 (2002): 189.

[45] Largent, "Eugenic Sterilization in Oregon," 193.

[46] Largent, "Eugenic Sterilization in Oregon," 199.

[47] Largent, "Eugenic Sterilization in Oregon," 200.

sterilization."[48] This provides a correlation between the Great Depression and mental hospitals. Although sterilization was not highly publicized in Oregon during the 1920s, it still occurred but was seldom discussed until financial problems became pronounced near the end of the decade.

Analysis

The analysis of the female patient files of Anna C. and Katena M. provide an opportunity to compare and contrast, resulting in three themes: their background, their diagnoses, and their personal relationships. The types of documents found in patient files include Intake Paperwork (usually court documents), Patient/Family History, Continued Notes, Transfer Notices, Discharge Documents, Death Certificates, Belongings Sheets, Lab Reports, and Correspondence. If a patient was part of the Eugenics program, their file would also contain paperwork regarding the procedure. Their files also usually contained a picture of them that was taken when they were committed, but sometimes the photos are missing. By analyzing these various documents, we get a firsthand look at the lives of these patients while in the hospital and can compare it with the social structure of the 1920s.

While there are extreme differences in Anna and Katena's backgrounds, their files reveal some similarities as well. Both women were married with children, both were housewives, and both received decent education. However, these are about the extent to which they share commonalities. Anna was born in the United States and lived in Oregon for majority of her life. She was also White and Protestant.[49] Katena was born in Greece and lived in the United States for only fifteen years. Unlike Anna's brown haired and blue-eyed appearance, Katena had black hair with brown eyes and was a Greek Orthodox Christian.[50] Although these are only physical

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[48] Largent, "Eugenic Sterilization in Oregon," 202.
[49] Continued Notes 1, Patient Case File #4076.
[50] Continued Notes 1, Patient Case File #3791.

attributes, they say a lot about who they are and how where they come from affects that. Anna had no siblings, while Katena's husband claimed she came from a family of seventeen children, although her file states he was "lacking in accurate information with reference to the family history."[51] Additionally, Anna had only one child while Katena gave birth to three children of which only one survived, which might have taken quite a toll on her.

Growing up in Greece and living there for majority of her life, Katena knew very little English; despite this, she had acquired a little more education than Anna by receiving "college training until 25th year of life, very progressive and lots of ability," which was written in her patient/family history form, although it does not say who filled out the form.[52] Because of this training, she was able to hold a job as a practical nurse and midwife prior to becoming a housewife.[53] Similar to the wave of Greek immigrants that arrived in the United States around the turn of the century, Toll evaluates the increased migration of Blacks that arrived in Portland around the same time and made up almost one-third of the non-White population by 1920.[54] Much like Katena, these Blacks were "fairly well educated and were migrating to find better opportunities."[55] The ability of Katena, as well as other immigrants, and these Black migrants to obtain an education and find employment shows their determination to build a better life despite the minimal opportunities available to such minorities. Women in general also began to make a mark within the education sphere. D'Emilio states that middle-class women began to enroll in institutions of higher learning around 1900 which enabled them to "live and work independent of

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[51] Continued Notes 2, Patient Case File #3791.
[52] Patient/Family History 1, 10 December 1926, Patient Case File #3791.
[53] Continued Notes 2, Patient Case File #3791.
[54] Toll, "Black Families and Migration," 42.
[55] Toll, "Black Families and Migration," 43.

men."[56] Some writers highly disapproved of this and argued that "a college education would ruin a woman's health…and especially make her unfit for motherhood, the noblest calling of womanhood."[57] This shows how society viewed women's sole purpose as raising a family and portrayed education as negatively affecting their ability to do that. Despite these objections, the number of women attending college continued to increase throughout the first decade of the twentieth century. Additionally, female patients published the majority of the information in *The Builder* at Central State Hospital and were also the more "capable" ones who had been educated and sometimes had received high school diplomas.[58] These are both examples of how women began to assert their independence and defy typical gender roles.

The differences in background of Anna and Katena provide insight into the circumstances that led them to arrive at the hospital, but it also brings forth the issue of race during this time period. The commitment forms in patient files listed the race of Greeks as White, although they were usually considered as the "ethnic other" and treated much differently than other Whites. Barkan assesses the arrival of Greeks in the West during the early twentieth century and claims "Greek life stories demonstrate that many aspects of the immigrant experiences might have been race neutral but not free of 'race' issues, for those now grouped among European whites were not always so identified a century ago. Many were frequently marginalized because they were labeled non-whites."[59] Although Katena was technically White, hospital employees as well as society in general probably treated her and other minorities much differently than White patients. Additionally, Barkan notes that the Dillingham Commission, which was authorized by Congress

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[56] D'Emilio, *Intimate Matters*, 191.
[57] D'Emilio, *Intimate Matters*, 190.
[58] Book, "Freedom of Speech and Institutional Control," 113.
[59] Barkan, *From All* Points, 137.

in 1907 to conduct thorough examinations of immigrants, claimed that "white men have never been employed to any great extent in [harvesting] work," in which they were referring to Greeks and Germans from Russia.[60] This statement by the Dillingham Commission, whose main goal was to determine the problems caused by immigration, shows how the United States portrayed Greeks and other ethnically different Europeans as non-White and believed them to be less capable. This portrayal of Greeks serves as a backdrop for the treatment of patients like Katena at Oregon State Hospital and within the social structure of the 1920s. In fact, Dr. Steiner and other hospital administrators would frequently attempt to remove non-White patients from the hospital, even sending them back to their native country as they did in 1913 when they discharged and then accompanied twenty-five Chinese male patients back to China. They claimed it was for financial reasons, but it nonetheless contributed to their goal of filtering out minorities from the hospital.[61]

Burch's analysis of Native American patients at Canton Asylum also serves as an example of the treatment of minorities within mental hospitals in the early twentieth century. Burch compares the institutionalization of Natives to how White settlers "have interpreted Native people's unwillingness or inability to conform to colonial values…as indications of inherent deficiencies or defects."[62] Contributing Native Americans' mental illness to the ways they reacted to settler colonialism shows the racism toward minorities that was apparent within mental hospitals. Burch also tells the story of Agnes Caldwell, a patient at Canton Asylum who got pregnant during her incarceration and claimed it was by an employee who sexually harassed

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[60] Barkan, *From All Points*, 117-118.

[61] Diane L. Goeres-Gardner, *Inside Oregon State Hospital: A History of Tragedy and Triumph* (Charleston: The History Press, 2013), 112-113.

[62] Burch, "Disorderly Pasts," 364.

her, but the asylum's superintendent argued it was by another Native American patient.[63] Additionally, the Bureau of Indian Affairs justified Caldwell's incarceration as a way to prevent her and her husband, who they described as "worthless," from reproducing more children that would become a "helpless strain of Indian."[64] Not only is Caldwell's story an explicit example of the asylum's racism toward and treatment of Native Americans, but it also shows the belief during this time period that mental illness was hereditary and the extremes they would go to prevent it, such as the Eugenics program. The stigma surrounding the concept of mental illness as hereditary will also be shown within the correspondence in Anna's file.

Despite Anna and Katena's difference in background, analysis of their files show that certain aspects of their lives were either superior or inferior to one another. For example, Katena arrived at the hospital with more clothing than Anna. During her first commitment, Anna brought with her just one dress, one pair of slippers, one pair of stockings, and one vest.[65] On the other hand, Katena brought with her four dresses, two pairs of slippers, six pairs of stockings, and four vests.[66] She also had six night gowns, which Anna did not have. Although this factor is not fully indicative of their wealth, it does show that minorities were just as capable, despite the stigmas surrounding their status within society.

Patient diagnoses were an integral component during their stays at hospitals and the treatments employed on them. However, these diagnoses were seldom scientifically accurate, resulting in both physical and mental abuse of patients. Additionally, patients had no control over assessments that were written in their files. Anna was diagnosed with dementia praecox, or

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[63] Burch, "Disorderly Pasts," 369.
[64] Burch, "Disorderly Pasts," 370.
[65] Belongings Sheet, 5 March 1928, Patient Case File #4076.
[66] Belongings Sheet, 10 December 1926, Patient Case File #3791.

schizophrenia, and Katena was diagnosed with involutional melancholia, or manic-depressive insanity, which are both diagnoses that Braslow stated were part of the most common within mental hospitals. Both women were said to be depressed, and Anna was committed to the hospital twice while both of them were previously held in private sanatoriums before arriving at Oregon State Hospital. Both had also attempted suicide, with their files stating that Anna had attempted to take pills[67] and Katena had attempted to jump out of a window.[68] Despite these diagnoses, both women were described as having good physical health and not displaying any bad behavior in the hospital, most notably that they were quiet. This shows how physicians regarded good behavior from women as them being quiet, which is also what men expected from women during this time period. Another integral examination that took place in the hospital were tests for sexually transmitted diseases. These were known as the Wassermann, Kahn, and Kolmer tests. However, these tests were unreliable and the results influenced the treatment of patients.[69] Anna's file states she was tested with all of them during both of her commitments, and the results were negative.[70] Katena's file does not contain any evidence of these tests, although they were quite routine and she most likely did take them. By administering these tests on women, physicians believed they could determine their sexual activity and thus make judgements based on that. Additionally, "psychopathic" was a term increasingly used by the 1920s to stigmatize homosexual expression, which society believed became a problem once women began to distance themselves from their male counterparts.[71] Although Anna and Katena were not

[67] Patient/Family History 2, 5 March 1928, Patient Case File #4076.
[68] Patient/Family History 2, Patient Case File #3791.
[69] Explained by Dr. Jensen.
[70] Lab Report 2, 5 March 1928, Patient Case File #4076.
[71] D'Emilio, *Intimate Matters*, 193.

described as psychopathic or insane, many other female patients were listed as such within their files, which might have been attributed to their homosexuality.

A series of correspondence in Anna's file shows letters between a lieutenant in the Air Force during World War II, Robert Paulson, and the Director of Clinical Psychiatry at Oregon State Hospital. In the letters, which are dated from 1944, Paulson is inquiring about Anna because he was set to marry her daughter and was worried about the possibility of her mental illness being hereditary. He wrote:

> About fifteen years ago you had a patient, Mrs. Ann [C.], in your hospital…At the present time I am engaged to marry her daughter, but the fact that there has been insanity in the family makes me hesitant in marrying…I would appreciate your advice as to whether or not this type of insanity is hereditary…I come from a very good family and the last thing I want to do is to hurt them by taking a chance of insanity being brought into the family. By all indications the daughter is in all ways normal…However, I have heard that insanity usually comes out at time of childbirth or the change in life, and I desire to be normal and have a family of my own some day…Therefore I would appreciate your opinion upon whether or not it would be completely safe for me to go ahead and marry…Please do not let the family know that I have inquired into this case. If the decision is unfavorable, I will have to break off with the daughter; and I do not want them to know the reason for doing so.[72]

The director replied:

> This will acknowledge your letter of recent date regarding Anna R. [C.], who was a patient here in 1928 at the time she had a child four years of age, a girl. Now if this appears to be the individual you are interested in we will say that she suffered from dementia praecox. Her mother was said to have been insane and we would therefore feel there would be the possibility of inheritance of mental illness in generations to come. I would therefore suggest that you keep your fine family record intact if you feel you must not marry anyone with any type of mental illness.[73]

This correspondence between Anna's potential son-in-law and the director display the fears that people held about mental illness and how those fears were portrayed within the military. Paulson was not only worried about mental illness being hereditary but also how that

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[72] Lt. Robert D. Paulson to Superintendent, Patient Case File #4076.

[73] Director of Clinical Psychiatry to Lt. Robert D. Paulson, 28 September 1944, Patient Case File #4076.

would affect his status. Since he was a lieutenant in the Air Force and this correspondence took place during World War II, he probably had a sense of prestige that he needed to uphold and did not want the possibility of "insanity" to taint himself and his family. Additionally, Paulson claims that if mental illness is hereditary, he will break it off with Anna's daughter and will not inform her or her family why. This aim to keep his inquiry private is an example of the secrets behind and the stigma of mental illness during the early twentieth century. Since Anna's file states that her mother also had a mental illness, physicians could further claim that it was hereditary. The director's simple and blatant response, with no scientific evidence provided, shows how doctors nonchalantly viewed the effects of mental illness and were set in the notion that it was hereditary.

The Eugenic sterilization movement serves as an example of how society responded to the belief that mental illness was hereditary. Owens-Adair and other politicians believed "eugenic sterilization and marriage laws could improve the quality of the state's citizenry by preventing 'unwise marriages' and their subsequent offspring."[74] By linking mental illness with the overall quality of citizens and their contributions to society, Eugenic proponents could portray sterilization as a way to benefit their community. In 1924, Dr. Fred Clark, Director of Stockton State Hospital and a proponent of male sterilization, wrote:

> In talking to male patients who have been benefitted by the operation many claim that in about two weeks after the operation they begin to feel better, that is, their mentality improves and they feel stronger both mentally and physically. I have had a number of men at the hospital ask me to sterilize them after they had seen the beneficial effects of the operation on other patients.[75]

[74] Largent, "Eugenic Sterilization in Oregon," 193.
[75] Braslow, *Mental Ills*, 61.

Doctors claimed sterilization had physical and mental health benefits for men, while sterilization in women helped to protect them from the "psychological and social strains of childbirth and parenthood."[76] Doctors claimed they were helping the women who would be unable to properly care for their children, while at the same time it allowed them to eliminate the chances of birth out of wedlock.[77] This sterilization of women exhibits the control that men had over women's sexuality and the manipulation they employed over their personal choices, similar to the analysis of D'Emilio. Between 1930 and 1950, more women were sterilized at Stockton State Hospital than men.[78] Although there is no evidence in Anna's file that she was sterilized, the continuation of her mental illness on to her daughter was a concern to her potential son-in-law, which is one of the main reasons that the Eugenics program began. Additionally, 59 percent of the 509 sterilizations at Oregon State Hospital between 1918 and 1941 were women, which shows Oregon's treatment of women in mental hospitals.[79] The director instructs Paulson to break off the marriage without any hint of empathy or remorse for Anna or her daughter, which is a reflection of the relationship between doctors and patients in the hospital, particularly women.

The diagnoses and treatment of patients were also determined by the social structure of the time, which is situated between World War I and the Great Depression. According to Book, "writing and printing was an inexpensive therapeutic tool" at Central State Hospital during the Depression, and thus occupational therapy was highly utilized at this hospital through their patient-run newspaper.[80] However, the Depression also caused more harmful treatments to occur. With the introduction of the "new psychiatry," Grob states that psychiatrists began to regard their

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[76] Braslow, *Mental Ills*, 66.
[77] Braslow, *Mental Ills*, 66-67.
[78] Braslow, *Mental Ills*, 65.
[79] Largent, "Eugenic Sterilization in Oregon," 203.
[80] Book, "Freedom of Speech and Institutional Control," 110.

"caring responsibilities" as less important and focused more on the sole management of patients.[81] This is because hospitals were experiencing staff shortages and overcrowding as a result of the Depression, which led to "deterioration in the quality of life at many mental hospitals…accompanied by the introduction of a series of radical therapeutic innovations."[82] These radical therapies included fever therapy, electric shock therapy, and lobotomy. This is an example of how practices at mental hospitals evolved along with the events occurring at the time.

The most evident theme that emerges from the analysis of these female patient files is centered around their personal relationships, most notably their marriages. At the time of her commitment, Anna was married to Joseph M. (Joe), her first and only husband, and they had one daughter. However, her file contains many examples of why their marriage was less than ideal. Katena was married twice, with her first husband being abusive and the marriage ending in divorce. Her second marriage to Harry M. resulted in three children, although only one was still living. Although this marriage also had its ups and downs, the overall satisfaction of the relationship was much better than that of Anna and Joe's. Drawing from the analysis and comparison of these patient files, it seems that Katena's husband was much more involved during her time at the hospital than Anna's husband, which is shown through the multiple letters he sent to the hospital during her one-and-a-half-year stay. In these letters, he consistently inquires about her condition, sends clothes, and requests to visit her. The language Harry uses in his letters also show how much he cares about his wife. For example, he uses phrases such as "I am very anxious to know what her condition is and if she is improving"[83] and "Please be kind again and let me know if I may see her, to be over this coming Sunday. I am not intending to

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[81] Grob, *The Mad Among Us*, 141.

[82] Grob, *The Mad Among Us*, 178.

[83] Harry [M.] to Superintendent, 29 January 1927, Patient Case File #3791.

disturb her yet I long to see her."[84] He even included a postage stamp for the hospital to reply to one of his letters. However, the continued notes in Katena's file mentions that her husband left to Greece for one year following an argument, but had returned a year prior to her commitment and they resumed living together. It then states "For the past year and a half she has been depressed, always blue and discouraged, could not sleep, lost much weight for a time but has gained most of this back."[85] By comparing Harry's letters with their previous marital issues, the strength of their relationship is shown by his efforts to ensure her well-being while in the hospital despite their rocky past.

Katena and Harry's marriage also reveals a connection to Burch's analysis about familial relationships within race. Although patient files listed the race of Greeks as White, they were frequently marginalized as non-White and treated as such. Burch covers the topic of Native American kinship, and although Katena was Greek, a connection develops between these minorities and their customs. Family members of patients at Canton Asylum would petition to the Bureau of Indian Affairs and the asylum's administrator "insisting that they knew their kin best and that they were well or well enough to be returned home."[86] Much like Katena's husband, these families would often inquire about their family members in the hospital, showing a close bond of kinship within these minorities. Burch also contends that Native patients were determined to keep their autonomy and their practices of Indigenous kinship and gender roles, even as the institution "actively sought to erase them."[87] This shows the importance of Native self-determination as well as that of other minorities. Barkan, in his analysis of Greek customs,

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[84] Harry [M.] to Superintendent, 4 January 1927, Patient Case File #3791.
[85] Continued Notes 2, Patient Case File #3791.
[86] Burch, "Disorderly Pasts," 367.
[87] Burch, "Disorderly Pasts," 369.

also states "most men recognized strong financial obligations to their families and even to their communities in the homeland and sought to fulfill them."[88] This sense of obligation can be seen in Harry's correspondence with the hospital and the care he exhibits for his wife. This dependence on and care for family was also exhibited by Black migrants, in which Toll claims family was "the locus of a culture upon whose support migrating blacks relied."[89] The analysis of the importance of family by these scholars in addition to Katena and Harry's marriage shows the significant role of kinship within these minorities.

Patients also had opportunities to be paroled from the hospital for certain amounts of time, and these paroles usually led to their discharges from the institution. Their continued notes states when they were paroled and who they were paroled to, as well as responsibility permits that contained the same information. While Katena was paroled to her husband, Anna was paroled on two different occasions – once during each of her commitments – to friends. During her first commitment she was paroled to C.H. Dechmor, who there is not much other information about within her file, and during her second commitment she was paroled to A.H. Tichenor. Unlike Dechmor, the correspondence in Anna's file contains multiple letters and information about the Tichenors, a couple in which the husband was Lieutenant – and eventually Captain – of Police. It is evident that the Tichenors were much more invested in her condition than her husband was. Joe only wrote to the hospital once during her two-and-a-half-year stay, and in a letter from someone who was in contact with the Tichenors, they stated that Anna's "difficulty in the past has been due in a very great measure to her domestic troubles."[90] Her husband also filled out the patient/family history form in her file, and when asked about the patient's age at marriage

[88] Barkan, *From All Points*, 137.
[89] Toll, "Black Families and Migration," 39.
[90] Joseph H. Page to Dr. Steiner, 20 June 1930, Patient Case File #4076.

and if the relations were happy or not, he wrote "22 – Variable."[91] This description of their marriage shows how Joe viewed it because he was the one answering the questions. The Tichenors sent multiple letters to the hospital while Anna was on parole to inform them of her condition, and as they were also in contact with her husband, they informed the hospital that Joe "made it plain that he would never live with her again and that he would not take her out." These pieces of correspondence show that much of the reason for Anna's admittance to the hospital was because of her marital issues, and it also conveys the concern of her friends who hoped she would "forget him and start a new lease on life."[92]

During her first commitment, Anna wrote a letter to Mrs. Tichenor that describes much of their marital issues from her perspective. Her criticism of Joe's actions toward her shows the resentment and hurt she felt because of it. She wrote:

> I was wrong in believing Joe trusted and loved me, ask him if he was telling the truth when he said we would be married until death do us part, no he wasn't because he knew then, what he was going to do with me, because he believed I meant what I told Jack about hating and mistrusting and doubting his character, I didn't doubt him because when I was jealous of his being out and I wanted to be with him and wanted him to be home in the evenings. Do you call that hate??? I'll admit I have said he had plenty of chances but like other things I've said to Joe at times, especially the last few months of our married life, were not said with a sound of much love…I hope Joe never gives aid to anyone else, if it proves to be a life sentence, as mine is, this is the worse medicine I ever had to take and it surely is forced down me…Give Joe my regards for a happy life after his divorce, he wants one so badly.[93]

This letter clearly shows the strain of their marriage that even Anna realized, and she was also well aware that Joe wanted a divorce. Her letter also implies that Joe might have been having an affair, as he was constantly out despite Anna wanting him home, and she also hoped he would

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[91] Patient/Family History 2, Patient Case File #4076.

[92] Lieutenant C.H. Tichenor to Dr. Plamendon 1, 24 April 1930, Patient Case File #4076.

[93] Anna [C.] to Mrs. Alma Tichenor, 18 April 1928, Patient Case File #4076.

not find someone else after their divorce. By comparing her divorce to medicine being forced down her, she conveys the sense that it was the most pain she had ever felt.

The analysis of Anna's marriage reveals the role of women during this time period in keeping their spouses happy. After World War I, divorce rates rose with Oregon having the third-highest rate in the country in 1916.[94] Thus, as Jensen states, the consumer-civilian model emerged which "required women to make certain that the returning soldiers were employed and happy."[95] This is an example of gender roles during the 1920s and the expectation of women to solely serve their husbands and families. If they did not conform to this role they were ultimately deemed disobedient, which is how mental hospitals labeled many female patients. Although there is no evidence that Anna's husband was part of the war effort, the effects of the war and the consumer-civilian model were surely felt throughout the country and thus affected the relationships of female patients.

Conclusion

Mental illness has a history of being judged and stigmatized by society. However, further analysis of this history also reveals the stories of those who have been judged even more so because of their race or gender. Female patients were already treated horribly, and those who were racially different received the worst possible treatment at mental hospitals. By analyzing the files of Anna C. and Katena M., as well as the numerous other files I processed during my internship, I was able to get a firsthand look at the lives of female patients at Oregon State Hospital and how their institutionalization was affected by society's treatment of race and gender in the 1920s.

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[94] Jensen, *Mobilizing Minerva*, 153.
[95] Jensen, *Mobilizing Minerva*, 155.

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