The Lost Virtues of the Asylum

Oliver Sacks

We tend to think of mental hospitals as snake pits, hells of chaos and misery, squalor and brutality. Most of them, now, are shuttered and abandoned—and we think with a shiver of the terror of those who once found themselves confined in such places. So it is salutary to hear the voice of an inmate, one Anna Agnew, judged insane in 1878 (such decisions, in those days, were made by a judge, not a physician) and “put away” in the Indiana Hospital for the Insane. Anna was admitted to the hospital after she made increasingly distraught attempts to kill herself and tried to kill one of her children with a knife. She felt profound relief when the institution closed protectively around her, and most especially by having her madness recognized. As she later wrote:

Before I had been an inmate of the asylum a week, I felt a greater degree of contentment than I had felt for a year previous. Not that I was reconciled to life, but because my unhappy condition of mind was understood, and I was treated accordingly. Besides, I was surrounded by others in like situation—depressed, discontented mental states in whose miseries—I found myself becoming interested, my sympathies becoming aroused. And at the same time, I too, was treated as an insane woman, a kindness not hitherto shown to me.

Dr. Hester being the first person kind enough to say to me in answer to my question, “Am I insane?” “Yes, madam, and very insane too!”… “But,” he continued, “we intend to benefit you all we can and in our particular hope for you is the restraint of this place.”… I heard him [say] once, in reprimanding a negligent attendant: “I stand pledged to the State of Indiana to protect these unfortunate. I am the father, son, brother and husband of over three hundred women… and I’ll see that they are well taken care of!”

Anna also spoke (as Lucy King recounts in her book From Under the Cloud at Seven) of how crucial it was, for the disordered and dispossessed, for patients who would otherwise be nameless ciphers in the system, to be given their own special protections and life, perhaps, but within this protective structure the freedom to be as mad as one liked and, for some patients at least, a critical preparation for a return to life outside, and perhaps after years cloistered in an asylum, residents became “institutionalized” to some extent: they no longer desired, or could no longer face, the outside world. Patients often lived in state hospitals for decades, and died in them—every asylum had its own graveyard. (Such lives have been reconstructed with great sensitivity by Darby Penney and Peter Stastny in their book The Lives They Left Behind.)

I t was inevitable, under these circumstances, that the asylum population should grow—and individual asylums, often linked at the hip, came to resemble small towns. Pilgrim State, on Long Island, housed more than 14,000 patients at one time. Inevitable, too, that with these huge numbers of inmates, and inadequate funding, state hospitals fell short of their original ideals. By the latter years of the nineteenth century, they had already become bywords for squalor and negligence, and were often run by inept, corrupt, or sadistic bureaucrats—a situation that persisted through the first half of the twentieth century.

There was a similar evolution, or devolution, at Creedmoor Hospital in Queens, New York, which had been established in 1912, very modestly, as the Farm Colony of Brooklyn State Hospital, holding to the nineteenth-century ideals of providing space, fresh air, and farming for its patients. But Creedmoor’s population soared—it reached seven thousand by 1939—and, as Susan Sheehan showed in her 1982 book, Is There No Place on Earth for Me?, it became, in many ways, as wretched, overcrowded, and understaffed as any other state hospital. And yet the original gardens and livestock were maintained, providing a crucial resource for some patients, who could care for animals and plants, even though they might be too disturbed, too ambivalent, to maintain relationships with other human beings.

At Creedmoor, there were gymnasiums, an Olympic swimming pool, and recreation rooms with ping-pong and billiard tables; there was a theater and a television studio, where patients could produce plays acting in their own voices or in the voices of their hallucinations. Also crucial was the recognition and acceptance of their insanity (this, for Anna Agnew, was a great “kindness”) by the staff and other inmates around them.

Finally, coming back to the original meaning of “asylum,” these hospitals provided control and protection for patients, both from their own (perhaps suicidal or homicidal) impulses and from the ridicule, isolation, aggression, or abuse so often visited upon them in the outside world. Asylums offered a life with its own special protections and limitations, a simplified and narrowed existence with its own special protections and limitations, a simplified and narrowed

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1 From Under the Cloud at Seven Steeples, 1878-1885: The Peculiarly Sudden and Uprooted Life of Anna Agnew at the Indiana Hospital for the Insane (GUILD Press/Emmis, 2002).


3 The Lives They Left Behind: Suicide from a State Hospital Attic (Bellevue Literary Press, 2000).

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St. Lawrence State Hospital, Ogdensburg, New York; photographs by Christopher Payne from Asylum: Inside the Closed World of State Mental Hospitals, published this month by MIT Press.
One must not be too romantic about madness, or the madhouses in which...
the insane were confined. There is, under the mantas and grandiosities and fantasies and hallucinations, an immeasurably deep sadness about mental illness, a sadness that is reflected in the often grandiose but melancholy architecture of the old state hospitals. As Christopher Payne's photographs attest in his new book *Asylum,* their ruins, desolate today in a different way, offer a mute and heartbreaking testimony both to the pain of those with severe mental illness and to the once-heroic structures that were built to try to assuage that pain.

Payne is a visual poet as well as an architect by training, and he has spent years finding and photographing these buildings—often the pride of their local communities and a powerful symbol of humane caring for those less fortunate. His photographs are beautiful images in their own right, and they also pay tribute to a sort of public architecture that no longer exists. They focus on the monumental and the mundane, the grand facades and the peeling paint.

Payne's photographs are powerfully elegiac, perhaps especially so for someone who has worked and lived in such places and seen them full of people, full of life. The desolate spaces evoke the lives that once filled them, so that, in our imaginations, the empty dining rooms are once more thronged with people, and the spacious day-rooms with their high windows again contain, as they once did, patients quietly reading or sleeping on sofas or (as was perfectly permissible) just staring into space. They evoke for me not only the tumultuous life of such places, but the protected and special atmosphere they offered when, as Anna Agnew noted in her diary, they were places where one could be both mad and safe, places where one's madness could be assured of finding, if not a cure, at least recognition and respect, and a vital sense of companionship and community.

What is the situation now? The state hospitals that still exist are almost empty and contain only a tiny fraction of the numbers they once had. The remaining inmates consist for the most part of chronically ill patients who do not respond to medication, or incurrigibly violent patients who cannot be safely allowed outside. The vast majority of mentally ill people therefore live outside mental hospitals. Some live alone or with their families and visit outpatient clinics, and some stay in “halfway houses,” residencies that provide a room, one or more meals, and the medications that have been prescribed.

Such residences vary greatly in quality—but even in the best of them (as brought out by Tim Parks in his review of Jay Neugeboren's book about his schizophrenic brother, *Imagining Robert,* and by Neugeboren himself, in his recent review of *The Center Cannot Hold,* Elyn Saks's autobiographical account of her own schizophrenia), patients may feel isolated and, worst of all, scarcely able to get the psychiatric advice and counseling they may need. The last fifteen years or so have seen a new generation of antipsychotic drugs, with better therapeutic effects and fewer side effects, but the too exclusive an emphasis on “chemical” models of schizophrenia and on purely pharmacological approaches to treatment, may leave the central human and social experience of being mentally ill untouched.

Particularly important in New York City—especially since deinstitutionalization—is Fountain House, which was established sixty years ago, and provides a clubhouse on West 47th Street for mentally ill people from all over the city. Here they can come and go freely, meet others, eat communally, and, most importantly, be helped to secure jobs and fill out tax forms and tricky paperwork of one sort or another. Similar clubhouses have now been established in many cities. There are dedicated staff members and volunteers at these clubhouses, but they are crucially dependent on private funds, and these have been less forthcoming during the current recession.

There are also, intriguingly, certain residential communities that derive, historically, both from the asylums and the therapeutic farm communities of the nineteenth century, and these provide, for the fortunate few who can go to them, comprehensive programs for the mentally ill. I have visited some of these—Gould Farm in Massachusetts, Cooper Riis in North Carolina—and seen in them much of what was admirable in the life of the old state hospitals: community, companionship, opportunities for work and creativity, and respect for the individuality of everyone there, now coupled with the best of psychotherapy and whatever medication is needed.

Often it is rather modest medication in these ideal circumstances. Many of the patients in such places (though they may remain schizophrenic or bipolar for the rest of their lives, in the sense that a diabetic remains a diabetic) may graduate after several months or perhaps a year or two, and be able to lead full and satisfying lives with no relapses, no recidivism, no looking back.

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*4To be published by MIT Press at the end of September. This essay will appear in somewhat different form as the introduction.*