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The [E]motionless Body No Longer:
Tracing the Historical Intersections of Mental Illness and Movement
in the American Asylum

Senior Project submitted to
the Division of Multidisciplinary Studies
of Bard College

by
Holly Adele Herzfeld

Annandale-on-Hudson, New York
May 2017

*this project is dedicated to
Margaret Mary Irene Newell*

thank you for dancing with me

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to my mother and father
for pursuing your dreams
for providing for and inspiring mine—
mom, for your compassion
dad, for your rationality

to charlotte
for listening
thank you for being my friend
and for allowing me the time to understand the true nature of sisterhood

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thank you for picking up the phone

to maggie
for being the sweetest of grapefruits
with the toughest of rinds
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to mary
for the comic relief
for the good recipes
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to terrence
for your challenges, your affectionate sensitivity,
and your hyperboles

to linky
for the calligraphic edits, the snail mail,
and the constant inspiration

to mighty mouse
who takes me wherever I need to go
who fails me often
but never fails to teach me the values of patience, trust, and family

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Introduction

“Healing is a matter of time, but it is sometimes also a matter of opportunity.”

—Hippocrates, *Praeceptiones*

“The art of healing comes from nature, not from the physician. Therefore the physician must start from nature, with an open mind.”

—Paracelsus, *The Seven Defenses of Paracelsus*

How do you define healing? How do you heal? Personally, I believe that to heal is to be vulnerable. To heal is to reflect upon yourself. To heal is to experience pain. To heal is to seek. To heal is to grow through the physical and the mental. To heal is to accept. Does dance or movement have the power to heal? Do space and structure have the power to heal? Does speech? Does medicine? What is the most effective way to heal? I have asked these questions in an attempt to answer them. Healing is growing and growing is learning. Through learning about the self, through enduring pain, through accepting, one gains knowledge. The history of healing encompasses a range of holistic, scientific, medical, religious, psychological, and even magical methods. All of these methods of healing have helped inform each other, whether they conflict with each other or not. Through these attempts to heal, one learns what forms are successful and those that are not. While this may seem true, we often see successful forms of healing being replaced by convenient ones. The history of healing is complicated and the way we regard and utilize successful forms of healing have wavered through time. This project aims to argue that dance and movement, the physicality of life, is crucial in processes of healing. The history of

mental illness in America offers new perspectives on healing, through both dance and institutionalization, and have informed the way contemporary Western society regard healing.

The purpose of this project is to explore the ways in which bodies are able, and perhaps unable, to heal in mental institutions. The history of mental health is vast, but the focus of this project is to analyze the historical basis of healing and mental illness in America. This means the project begins in the early modern era, later highlighting the social reform movements in the eighteenth and nineteenth centuries and eventually looking to present day, while continuing to reflect on the historical roots of mental health and how it affects where we are today. Before we begin that analysis, it is important to situate ourselves in the mindset of the average person living in this era. Social conceptions of mental illness and psychiatric hospitals have fluctuated over time and this project attempts to explain how and why this has occurred through a historical, social, and institutional lense. The topic of mental institutions and the treatment of the mentally ill has become so convoluted in the midst of contemporary events and views, that it is imperative to reconstruct the framework from which the reader will be viewing this project. To understand the ways in which we currently view this phenomenon, we must begin by looking at the detailed history of societal changes of collective attitudes and practices as well as how they have transformed over time. Famous sociologist, David Garland, puts it nicely:

It is only by understanding the past that we can hope to discover what is genuinely new about the present... All too often we tend to see contemporary events as having only contemporary causes, when in fact we are caught up in long-term processes of historical change and affected by the continuing effects of now-forgotten events. Our present-day choices are heavily path dependent, reflecting the patterns of earlier decisions and institutional arrangements, just as our habits of thought reflect the circumstances and problems of the periods in which they were first developed.¹

¹ David Garland, *The Culture of Control, Crime, and Social Order in Contemporary Society* (Chicago, IL: University of Chicago Press, 2001) 29.

It is essential to examine and assess the historical origins of present day norms within our mental health care system, including attributed social beliefs, in order to understand their placement in the present. This is all to say that if certain topics discussed in this project seem archaic and mundane, these are indeed very specific examples of historical processes that have long since been forgotten. It is important to uncover and normalize these processes to become familiarized with a large part of this project.

My interests lie in the history of the healing of the “mentally ill” body. I use quotations here because “mental illness” is a broad term applied to many people who may or may not, in fact, be “ill.” In this project, the phrase “mentally ill” will be used to refer to the many people placed in mental institutions in the nineteenth and twentieth centuries, regardless of diagnosis, non-consensual admission, or for the myriad other reasons in which people are placed in these institutions. As Thomas Szasz, the author of *The Myth of Mental Illness*, puts it, “The first fact is that there is no mental illness...Although mental illness might have been a useful concept in the nineteenth century, today it is scientifically worthless and socially harmful.”² I wanted to briefly reference the importance of Szasz’s work; his resistance to the fetishization of paternalistic psychiatric practices and his resistance to the phrase “mental illness.” I understand that some terms used to refer to people with certain psychological diagnoses may seem callous, however the history of “madness” and “insanity” brings to surface a slew of terms that are as apathetic as the way in which these people were, and perhaps still are, treated. The terms “psychiatric hospital,” “mental institution,” and “the mentally ill” are used concomitantly throughout the

² Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (London, UK: Secker & Warburg, 1962), ix.

project, because they are easier for the modern day reader to understand. By the same token, archaic terms such as, “lunatic,” “madman,” or “insane person” are not used deliberately anymore, though some of these terms will show up in quotes that reflect the cultural context of different time periods. One can trace the evolution of the discourse surrounding mental illness through the vocabulary used to describe it. To stay as accurate as I possibly can, as the project continues chronologically through time, so too will the different terms.

I am aware that this project may initially be found problematic, particularly in reference to the vast literature criticizing the history of mental illness and its treatment. I am fully cognizant of the fact that critics, such as Thomas Szasz, Michel Foucault, and Erving Goffman, have written extensively on the topic. However, this project will not be trying to disprove any critic or their critiques, rather I am trying to relay the history of the early mental health reform movement and connect it to topics in which it never has been connected to before. In fact, I use some aspects of these critical arguments to inform my own argument portrayed in the third chapter.

In addition, it is equally important to note here that this project will be focusing primarily on the history of Western conceptions and practices of mental illness and mental institutions. By no means am I generalizing that this project covers the global history of mental illness and institutionalization, rather I am looking largely at America, and some parts of Europe, in the nineteenth and twentieth centuries. In this vein, I recognize that there are many other social reformers involved in the betterment of the treatment of the mentally ill across the world, however my emphasis lies primarily on America. While I could spend more time focusing on other reformers or dance/movement therapists, the intent of this project is to focus primarily on a

particular dance/movement therapist whose work proves most relevant to this project.³ These other dance/movement therapists, pioneering their work in other parts of the world, are equally as important, but for the case study of a certain psychiatric hospital, I will be looking at the main pioneers in this particular field.

In the midst of using many books and articles as my main research sources, I am also using personal experience and personal interviews conducted over the past year as informants and resources for this project. I visited the historical west and east campuses of Saint Elizabeths Hospital, a psychiatric facility in Washington, D.C., and conducted extensive interviews with professional dance/movement therapists, both those who continue to work at the hospital and those who no longer work there, which is another essential part of this project. Through these experiences, I have developed a unique perspective from which to view healing in our modern age of psychiatry, and therapy, and the impressions people have of the history of healing. They will be cited throughout this project as footnotes or in the Appendix, specifying the specialization of therapists I was talking to, or where and when an experience happened. As I will not be writing about these personal experiences in the body of the project, I have included an Appendix at the end of the project. Appendix A is written to explain my experience of touring Saint Elizabeths Hospital as well as what I learned from speaking with a dance/movement therapist who currently works there.

³ The terms “dance therapy” and “movement therapy” are mostly interchangeable, although some professionals tend to disagree on this. Depending on the therapist and the philosophies they confer to, different terms will be used. However, I will be using “dance/movement therapy” to make use of both words. I believe that “dance” is just as important as “movement.” I also believe that “movement” has a different meaning from “dance” and in turn “dance/movement” will be used as the primary term in this project. The Oxford English Dictionary defines “dance” as a “rhythmical skipping or stepping,” while “movement” is “voluntary movement of the body.” (“dance” and “movement,” *Oxford English Dictionary*) While “dance” often indicates a sense of joy or entertainment, “movement” has a quality of volition and choice that is important to me and this project.

To distinguish particular words that hold different historical connotations, the word “medicine” or “medical” largely included the field of psychology throughout the nineteenth century. When these terms are mentioned in the project, they are including psychological and psychiatric study. In fact, some of the first American psychiatrists were former superintendents of insane asylums.⁴ The fields of psychology and psychiatry stemmed from the medicine happening inside these institutions. The origins of the American Psychological Association are deeply embedded in asylum medical practice. Previously called the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI), this group of physicians, many of whom were asylum superintendents, were highly respected in the medical community.⁵ Their views were the basis of asylum medical practices from the mid-nineteenth century to current day.

In this project there are a plethora of different terms and people mentioned. As not to confuse the reader any further, I have included a glossary that is placed at the end of this project. The glossary contains brief descriptions of each person. Within those descriptions, terms referring to that specific person will often be explained in their short biography.

⁴ Carla Yanni, *The Architecture of Madness; Insane Asylums in the United States* (Minneapolis, MN: University of Minnesota Press, 2007), 7.

⁵ Thomas J. Otto, *St. Elizabeths Hospital: A History* (Washington, DC: United States General Services Administration, 2013), 6, http://www.stelizabethsdevelopment.com/docs/Full_History_of_St_Elizabeths.pdf, 6; E. Fuller Torrey and Judy Miller, *The Invisible Plague; The Rise of Mental Illness from 1750 to the Present* (New Brunswick, NJ: Rutgers University Press, 2001), 223. For clarity, it should be noted that there are two books that I refer to that are written by E. Fuller Torrey. There are also two books written by Thomas J. Otto that I refer to often. The titles of the books of both of these authors happen to be very similar to one another. Please note their different titles when necessary.

Outline

The first chapter explores the history of the body and mind in medicine. How were the two conceived of before modern times? What were physicians of the early modern era writing about? By analyzing these writings, one can begin to piece together the ways in which mental illness was regarded. Many social constructs, such as religion, affect and have affected the way we perceive of our bodies and minds. Learning more about the historical ideals of an earlier period is helpful to understand how society once managed its people, particularly marginalized people. Writings of both Paracelsus and René Descartes further complicated the idea of mind and body in their medical communities. Examining their additions to the conversation aids comprehension of how the mentally ill were treated in the past and why they were treated as such. The expansion of the field of medicine and psychology are considered alongside the wavering social value of the body and mind.

The second chapter looks at the primary social reformers of the mental health care movement during the mid-nineteenth century. I explain the different historical “trends” during this movement that aided in ameliorating the conditions in which mentally ill people were once coerced into. The roles of Philippe Pinel, William Tuke, and Dorothea Dix, all reformers of the mental health care system in the mid-nineteenth century, are explained in detail. Their efforts to transform the treatment of the mentally ill is significant to understanding why America saw the tremendous rise of the mental asylum. How and why were these structures built? What were the ideological underpinnings of the asylum? The therapeutic value of space and structure are surveyed in this chapter.

This topic bleeds into the third chapter, which is designed as a case study of Saint Elizabeths Hospital, located in Washington D.C.. This hospital was known for its enlightened architectural design and humane treatment of the mentally ill. Officially opened in 1855, Saint Elizabeths Hospital became a novel example of holistic and therapeutic treatment that would influence the nation's medical ideals.⁶ This chapter explains the establishment of this hospital, which was largely realized by the efforts of Dorothea Dix. The hospital's principles were critical for the healing capacities of the patients. This hospital would radicalize and revolutionize American asylums built during this era.

Fast forwarding through time, the fourth chapter traverses through the different uses of dance and movement in the American asylum. How has dance been used in asylums since the mental institution's initial popularity? I investigate some early developments of dance being used as a therapeutic activity from the mid-nineteenth century up until the mid-twentieth century. Dance has been used as an entertaining activity since antiquity. Learning more about its curative effects on people with mental illness brings dance into a new, psychological realm. I also examine the theoretical beginnings of dance/movement therapy, biographical accounts of the pioneering force of dance/movement therapy at Saint Elizabeths Hospital, Marian Chace, and the therapeutic underpinnings of dance itself.

The fifth chapter is designed to take a critical look at the historical intersections of dance/movement therapy and the American asylum and how both are regarded today. With the medical advancements that have occurred since the asylum was first established in America, we have seen vast improvements as well as degradations in our mental health care system. It is

⁶ Otto, *St. Elizabeths*, 1.

imperative to look at how both the therapies and the mental hospital have changed in the last two centuries. In doing so, we can begin to understand the product of history that is the present; how do we view mental illness and why do we view it the way we do? Why have views of dance changed? The difference between treatment and cure becomes much more stark in this chapter. I argue in this chapter that holistic healing is imperative to living life fully. Losing touch of embodiment has permeated and has devalued the way we understand holistic healing.

To conclude, this project aims to gain a more multidisciplinary perspective on the history of healing. Through this multidisciplinary angle, one accesses a robust arrangement of information that is more comprehensive than one that doesn't use this approach. The many lenses used in this project prove important in understanding the historical systems that envelop healing, psychology, dance, and institutionalization.

Chapter One

The Embodiment of Madness

“Human beings are embodied subjectivities and any analysis of the relation of the self to the world has to begin from the fundamental fact that we are embodied. The body is not simply a house for the mind, rather it is through our lived experience of our bodies that we perceive of, are informed by and interact with the world.”
—Helena Thomas, *The Body, Dance and Cultural Theory*

“If changes in culture and society can change human experience, then there is a point in challenging existing structures in order to liberate those who are oppressed or marginalised, and this struggle is a practical social one rather than just an intellectual exercise.”
—Simon Malpas, *The Postmodern*

Paracelsus (1493-1541), renowned European physician and writer on medicine during the sixteenth century, was well ahead of his time as a part of the medical community:

In nature there are not only diseases which afflict our body and our health, but many others which deprive us of sound reason, and these are the most serious. While speaking about the natural diseases and observing to what extent and how seriously they afflict various parts of our body, we must not forget to explain the origin of the diseases which deprive man of reason, as we know from experience that they develop out of man’s disposition. The present-day clergy of Europe attribute such diseases to ghostly beings and threefold spirits; we are not inclined to believe them. For nature proves that such statements by earthly gods are quite incorrect and, as we shall explain in these chapters, that nature is the sole origin of diseases.⁷

Paracelsus, whose medical ideals were often shunned until centuries later, portrays a genuine curiosity of the body and the mind and their potential diseases. Rejecting common notions of Divine power and control, he recognizes the autonomy of both body and mind and their

⁷ Paracelsus, *Four Treatises of Theophrastus Von Hohenheim Called Paracelsus* (Baltimore, MD: Johns Hopkins Press, 1941), 1: 142.

relationship to good health. He shows us that mental illnesses, which “deprive us of sound reason,” referring to “madness” or “insanity,” have been an anomaly to physicians since antiquity. Debates on what insanity stems from have consumed medical communities since their establishment.

The body, the tangible being in which we experience the world, is a remarkable figure that constitutes our health. Historically, health has remained a substantial part of society, communities, and the relationship we have with our bodies.⁸ Paracelsus illustrates the ways in which diseases were believed to afflict the physical body. Bodily illnesses have been taken seriously because their symptoms are physically visible. Conversely, the mind has not often been conceived of as a part of the composition of the body and this dissonance of knowledge about the mind creates an imbalance concerning approaches to mending an “ill” mind. This can offer explanations as to why medicine previously focused primarily upon the body as opposed to the mind for much of the history of medicine.

People generally identified madness by the way the mad behaved. Madness could be read in the face, in rolling, unfocused eyes, twisted features, vacant stares, but also on the body more generally. Jerks and twitches, an impaired or unusual gait, strange motions of the body, obsessive actions, such as a frantic, ceaseless wringing or washing of hands, could mark the disturbed in mind.⁹

What remains fascinating about this fact is that only through actions of the body could one sense some form of deviance. Only can the body signify abnormality.

⁸ Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2nd ed. (Cambridge, UK: Cambridge University Press, 2010), 11.

⁹ Lindemann, *Medicine and Society*, 42.

Amid the beginnings of the Enlightenment era, social conceptions of mental illness sought to obscure the human body and mind in the vast world of divinity.¹⁰ Religion acted as a transparent excuse to label people “deviant.” Before the height of the Enlightenment, we were tied to deity and this was the only connection to personal identity; seemingly, we were God’s disciples.¹¹ To “enlighten” even suggests the idea of light, which is historically a religious notion, especially in the West; Christ, the light of the world.¹² Human bodies and souls were bereft without the Divine and the authority of religious ideals. This was an entrapment of both the body and the mind, although religion tended to refer to the “mind” as the “soul.” It was not often one could take pride, or a sense of totality, in one’s individualism. There was a disassociation with the self because it belonged to a separate entity.

By the end of the Enlightenment era, we were in a time “of ‘secularization’, the process whereby religious observance became an option rather than a necessary dimension of social life.”¹³ This secularization assisted people within our society to attain greater or lesser degrees of autonomy. By distancing oneself from the confines of religion, one can slowly learn to truly understand oneself. This reintroduced the importance of both body and mind and the “emotional” body was gaining more value:

Slowly, but persistently, the importance of human emotions and strivings became a significant element to guiding intellectual thought, ultimately replacing the medieval belief that the revelations of deeper truths were beyond humans’ capabilities. Psychological processes became increasingly humanized; opportunities to study man as a biological rather than a purely spiritual organism permitted these processes to be considered a natural instead of a metaphysical science. Christianity had begun to lose its spirit and vitality; although the

¹⁰ John Robertson, *The Enlightenment: A Very Short Introduction* (Oxford, UK: Oxford University Press, 2015), 34.

¹¹ Andrew Scull, *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1981), 7.

¹² Robertson, *The Enlightenment*, 2.

¹³ Robertson, *The Enlightenment*, 15.

supernatural world still existed in people's minds, it had lost much of its power, increasingly ruled by static and rigid belief systems and symbols.¹⁴

The many intersections of religion, health, medicine, and conceptions of mind and body have complicated the many strategies of medical treatment. The historical transitions in the way we view the body has changed significantly in ways to aid the expansion and refinement of medical study, psychological study, and ethical concerns.

Similar in the intention to free the body and mind from religious and social restraints, René Descartes' (1596-1650) observation, "Cogito ergo sum," initiated the notion of the modern subject; questioning worldviews of almost every aspect of human experience. "By ridding himself of inherited ideas and prejudices," he allowed himself a body of thought unperturbed by the previous beliefs and opinions affiliated with the supernatural world.¹⁵ This therefore allowed him to create an open dialogue about the human experience that is not based on an external presence, such as the Divine, but rather from the human being itself. "With Descartes, we... witness the emergence of the subject, or in other words, of the Western subject, that is to say, the modern subject as such, the subject of modernity.' Prior to Descartes, the human subject tended to be conceived as the product of external forces and plans—usually those of a divine being—subjected to the tides of providence or fate."¹⁶ Breaking away from previous tradition, this basis of thought proved to be an important part of the many philosophical ideas that allowed people to understand and maintain their own identities.

¹⁴ Theodore Millon, *Masters of the Mind; Exploring the Story of Mental Illness from Ancient Times to the New Millennium*, comp. Seth D. Grossman and Sarah E. Meagher (Hoboken, NJ: John Wiley & Sons, n.d.), 67.

¹⁵ Simon Malpas, *The Postmodern* (Oxfordshire, UK: Taylor & Francis, 2005), 58.

¹⁶ Malpas, *The Postmodern*, 58.

In his statement of “*Cogito ergo sum*,” *I think, therefore I am*, he separates the mind and body while also describing their reciprocal relationship:

I had persuaded myself that there was nothing at all in the world: no sky, no earth, no minds or bodies; was I not, therefore, also persuaded that I did not exist? No indeed; I existed without doubt, by the fact that I was persuaded, or indeed by the mere fact that I thought at all... So that, after having thought carefully about it, and having scrupulously examined everything, one must then, in conclusion, take as assured the proposition: I am, I exist, is necessarily true, every time I express it or conceive of it in my mind.¹⁷

The Cartesian subject denotes different laws and functions to the body and the mind. The body has substance, but is limited in ability, while the mind has endless ability, but lacks true substance. This introduced the impression that, while both body and mind are individual components of the self, the mind exists just as much as the body does. We are confronted with the individuality of the Cartesian subject itself. With this reconceptualization of mind and body, ideas of health and illness changed. We transcended interpretations of health based on what qualified as valid components of the self. The body holds more of an indication of illness rather than the mind. While initially this may seem true, the mind is capable of illness. How did the medical community finally recognize this feature of illness? “Descartes’s separation of mind and body—known as Cartesian dualism—set the terms for much of medical thought about madness through the Enlightenment, and beyond.”¹⁸ Mental illness, unlike physical illness, was once believed to have no cure. Insanity was believed to come from either the devil or God’s punishment.¹⁹ Therefore, no cure could be found, except for harsh and invasive punishments,

¹⁷ Malpas, *The Postmodern*, 59

¹⁸ Allen Thiher, *Revels in Madness: Insanity in Medicine and Literature* (Ann Arbor, MI: University of Michigan Press, 1999), 93.

¹⁹ Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick, NJ: Rutgers University Press, 1964), 4.

such as exorcism. Most of these punishments were forced upon the body. The mind was not prioritized, meaning the relationship between mind and body had not yet been realized through the utilization of curative treatment. This “philosophy of madness” became reductive, ignoring a large component of who mentally ill people were.²⁰ While the Cartesian subject further confused the boundaries of mind and body, Descartes’s ideas eventually contributed to the treatment and care of the mentally ill. Giving more insight upon the mind, conceptions of the human being as ill or in good health became more clear. Madness now had a clearer origin.

During the time of Descartes, in early modern Europe, the mentally ill were, at best, “handled as if they were idlers, vagrants, or criminals. Most were subjected to punitive laws that rarely were administered humanely. Dangerous patients were restrained and kept in small rooms, or in a stall in a private house, both referred to as ‘lunatic boxes.’ The intent was to confine patients, isolate them, and render them essentially harmless.”²¹ Once rendered harmless, the state would express to the public that their duty was fulfilled; that they had accomplished their obligation to the safety of the public and the wellbeing of society. Essentially, they were ridding society of its impurities. In doing so, the importance of mental illness and intellectual thought regarding it fell to the wayside. Therefore, the treatment of these people did as well. Religious intent was still pervasive in authoritative activity based around social “impurities” such as mental illness.

With generalized beliefs that “insanity was caused by sin and that mentally ill individuals were therefore agents of the devil,”²² the field of medicine was apathetic to find a cure other than

²⁰ Thiher, *Revels in Madness*, 93.

²¹ Millon, *Masters of the Mind*, 82.

²² E. Fuller Torrey, *The Insanity Offense; How America's Failure to Treat the Seriously Mentally Ill Endangers Its Citizens* (New York, NY: W. W. Norton & Company, 2008), 195.

different, harsher forms of treatment. Before the mid-nineteenth century, most people with mental illness were ejected from their homes and ended up in prison-like facilities. “Clinicians in earlier centuries were convinced that the afflicted could be changed for the better by daily exposure of harsh treatment.”²³ The harsh conditions in these spaces for the mentally ill eliminated all chances for rehabilitation. As supernatural explanations of madness gradually receded, physicians in the eighteenth century began reforming treatment practices. This fell in line with the changing assumptions of what madness was and what its causes could potentially be. Eventually, by the late eighteenth century, physicians embraced the humanity of people with mental illness; these were people with bodies and minds who could eventually be cured.²⁴

The gradual transition of physicians and hospital superintendents treating those with mental illness humanely, which we can refer to as “humanism,” became progressively more accepted as conceptions of mental illness changed. Humanism views society “in terms of a recognition that human beings are the basis of knowledge and action, are inherently valuable and dignified, and have free will.”²⁵ This idea is pertinent to the treatment and care of the mentally ill. By the end of the eighteenth century, medical and psychological literature were introducing the idea that we encompassed alternative personal identities to our alleged “sacred bodies”; the body was becoming individualized. This changing point showed acceptance from both the public and the medical profession that mentally ill people, who encompass both bodies and minds, deserved humane treatment that will ameliorate their rehabilitation.

The level of care denoted to mentally ill people has fluctuated dramatically in the history of medicine. “The basic value of the individual—as opposed to the interests of the masses or the

²³ Millon, *Masters of the Mind*, 85.

²⁴ Millon, *Masters of the Mind*, 92.

²⁵ Malpas, *The Postmodern*, 33.

nation—was emphasized... The professions, medicine foremost among them, espoused the ethical value of individualism.”²⁶ It is a critical moment in history when medicine, especially psychology, began taking into account the value of morality and emotions in practice.

Ostensibly, the moral implications of medicine should always prove to be ethical and controlled as such. Ethical practices in the medical community change as time goes on and the movement of humanism was a vast improvement from previous traditions. Humanism was acknowledging the importance of the mind and its diseases; all in the “effort to create treatment environments that would be conducive to spontaneous or self-generated mental recovery.”²⁷ Not only were there developments of curative treatment but there were developments of fully understanding the body and mind through medical practices. These attempts to understand the human were not purely sterile and unemotional, rather they were based in morality and justice. The mentally ill, ignored and wounded for so many years, were finally receiving social recognition that would in turn transform their treatment.

In its origins, the field of medicine is based in the objective to heal:

The term ‘psychiatry’ comes from two Greek words which mean *mental healing*. It was only natural that the doctor should expect to find the cause of mental disease in the body, so the means of treated used at first were physical. Medicine, operations, diets and various other physical measures were employed, but not until more was learned about mental illness in general, its causes and its different manifestations, could much headway be made with any kind of treatment. The twentieth century has seen the general acceptance by both psychology and psychiatry of the ‘organismic theory,’ the doctrine that there is no separation between mind and body, that they are merely different aspects of the same organism. There is not a mind *in* a body, or a mind *and* a body, but a mind-body. We can fasten our attention upon either the one or the other, but whenever we are

²⁶ Szasz, *The Myth*, 54.

²⁷ Millon, *Masters of the Mind*, 92.

dealing with an actual human being we are dealing with a mind-body organism, and both aspects must be taken into account in understanding him.²⁸

This helps to explain the evolution of the mind-body. Western society has moved from beliefs that linked the self to a Divine entity to the understanding that there is both a mind and a body free from supernatural restraints. Within this change, the mind and body were understood to both have the capacity to be diseased, regardless of the origin of symptoms. We see a societal shift that saw the importance of religion in medicine slowly fade through secularization, while notions of power shifted to the individual. This resulted in changes of the treatment of the mentally ill, due to the gradual acceptance of the mentally ill person as a valuable being.

²⁸ Winfred Overholser and Winifred V. Richmond, *Handbook of Psychiatry* (Philadelphia, PA: J. B. Lippincott Company, 1947), 5.

Chapter Two

Liberation Found in Social [Re]forms

“Society’s reaction to the mentally ill has largely determined the way they are treated. All civilized societies have established standards of acceptable behavior and then devised ways of identifying and dealing with persons who deviate from these standards. But the norms have varied. The line between ‘sanity’ and ‘insanity,’ between ‘normal’ and abnormal,’ between ‘neurotic’ and ‘psychotic’ has been tenuous and changing. What has not changed much is the rejection of those who are mentally ill.”

—Norman Dain, *Concepts of Insanity in the United States*

The rising concern for the mentally ill and the apparent lack of space they were able to occupy meant for more advocacy for these indigent people. With the changing attitudes toward mental illness, gradually the treatment for these people transformed. The “liberators of the insane,” Philippe Pinel (1745-1826), based in France, and William Tuke (1732-1822), based in England, are two of the most prominent exponents of these transformations.²⁹

Pinel advocated and proposed that insanity could be treated and that asylums could be a curative, as opposed to a punitive, place.³⁰ Pinel, a physician and scholar, became well known for coining the term “moral treatment” or “moral management.” Moral treatment was a form of hospital care that sought to create a more healing and restorative atmosphere inside the mental hospital; establishing more fresh air and light in the building, enforcing the curative powers of nature, and strengthening the relationship between patient and physician.³¹ This treatment sought for the patients “to develop self-control under the guidance of paternalistic doctors.”³² Individual

²⁹ Yanni, *The Architecture*, 24; Millon, *Masters of the Mind*, 91.

³⁰ Yanni, *The Architecture*, 24.

³¹ Dain, *Concepts of Insanity*, 12, 13.

³² Yanni, *The Architecture*, 24.

autonomy as opposed to suppression was the objective of this treatment. Pinel served as the superintendent of Le Bicêtre and La Salpêtrière, two mental hospitals located in Paris. Pinel “took advantage of the French Revolutionary emphasis on individual freedom [and] was the most public of many in his time to demonstrate the success of humane treatment... He became enamored of the humanitarian reforms of the rampant enlightenment psychology of his day.”³³ He hoped to remove the physical and transparent chains that bound the mentally ill in the early nineteenth century. However, it is important to note that Pinel was also known for participating in and encouraging different types of mechanical restraint, such as straitjackets and leather muffs, as opposed to chains.³⁴ While his shift to different forms of restraint was not allowing full freedom to the patient, even this minute alteration was groundbreaking. Simply allowing the patients to walk around the hospital grounds was a revolutionary change.³⁵ Prior to the recognition and practice of moral treatment, facilities warehousing the mentally ill did not even question whether patients of mental illness could be cured or even treated. Medical professionals believed that if there was no apparent cure or treatment, even the attempt to find one was a waste of time.³⁶ This aligned with the changing conceptions of the origins of mental illness in the early modern era. If the origin was unknown, a cure was an impossibility. This is due to the fact that many people believed that mental illness was spurred by a demonic possession of the soul, and was therefore incurable. The systematic use of religion in medicine transitioned quickly, especially during the time of Pinel and moral treatment.

³³ Millon, *Masters of the Mind*, 94.

³⁴ Yanni, *The Architecture*, 24.

³⁵ Millon, *Masters of the Mind*, 95

³⁶ Millon, *Masters of the Mind*, 87.

William Tuke had very similar ideals. Before the turn of the nineteenth century, Tuke established the York Retreat, a small domicile based on humanitarian healing for mentally ill people in England.³⁷ “The term ‘retreat’ suggests a haven, a refuge from the ills of society. Medical practices such as feeding the patient well, maintaining bodily hygiene, encouraging sleep, and insisting on a daily regimen were required.”³⁸ These practices were based on the principle that an asylum should be symbolic of the home. The term “retreat” was used to infer that this healing space should be indicative of the ideal family.³⁹ Tuke was a member of the Society of Friends, also known as Quakerism, which helped tie his religious beliefs to his social reformative actions. Quakers at the time were vocal and active about prison reform, the abolition of slavery, and giving charity to the poor.⁴⁰ He saw the asylum as a “home” where patients and staff dined, lived, and worked together on a daily basis; trying to disassemble any resemblance of hierarchy. Similar to few mental institutions of the time, the building was constructed in the English countryside surrounded by beautiful, expansive lands. Many animals were placed on the premises, as it was believed that animals evoked a beneficial atmosphere for the patients.⁴¹ There were many gardens around the hospital and, architecturally, the buildings allowed lots of light and fresh air to flow in. “The York Retreat doctors eschewed harsh medical treatments such as bloodletting, emphasized comfort, encouraged outdoor activity, and insisted upon kindness toward their self-styled family members.”⁴² Physicians and superintendents at the York Retreat also encouraged farming, sewing, and reading. In fact, this mental institution was one of the

³⁷ Millon, *Masters of the Mind*, 92.

³⁸ Yanni, *The Architecture*, 27.

³⁹ Millon, *Masters of the Mind*, 92.

⁴⁰ Millon, *Masters of the Mind*, 92.

⁴¹ Yanni, *The Architecture*, 27.

⁴² Yanni, *The Architecture*, 29.

more labor-intensive institutions of the time.⁴³ Tuke, as well as many other physicians, believed that physical labor such as working on the farm, cutting wood, and cooking in the kitchen would help prepare the patients for life outside of the asylum. By working and participating in active practices, the patient would be undergoing therapeutic interventions while also equipping themselves to return to their communities.⁴⁴ Exercising the body was seen as curative. The physicality of these therapies is notable.⁴⁵ Not only were these activities physical, but they were communal. Many patients worked together, side by side, which invoked a sense of community not felt inside the hospital. Tuke believed that the resocialization of patients was one of the most important aspects of rehabilitation. He also believed that fresh air and views of nature were healing, particularly when working and spending time in nature.⁴⁶ In fact, if patients refused to work, they were subject to coercive cold water baths.⁴⁷ While practiced minimally, inhumane treatment was still employed in these radically “humane” institutions. This practice of labor-intensive work and physical punishments became increasingly rare by the mid-nineteenth century at the York Retreat. While paradoxical, some of the first enlightened mental asylums did practice invasive therapies and punishments, although eventually these traditions were replaced with much less punitive practices.⁴⁸

Both Tuke and Pinel helped introduce the theory of moral treatment to physicians and superintendents working at different mental hospitals across the Europe and America. Their

⁴³ William Matthew Marcil, *Occupational Therapy: What It Is and How It Works* (Clifton Park, NY: Thomson Delmar Learning, 2007), 17.

⁴⁴ Marcil, *Occupational Therapy*, 18.

⁴⁵ Gail S. Fidler and Jay W. Fidler, *Occupational Therapy: A Communication Process in Psychiatry* (New York, NY: Macmillan, 1963), 19.

⁴⁶ Yanni, *The Architecture*, 33.

⁴⁷ Yanni, *The Architecture*, 27.

⁴⁸ Yanni, *The Architecture*, 26.

impact is clear in the history of ethical care reformation for the people working with the mentally ill and for the people, themselves, living with mental illness. Although “many segments of the public showed a readiness to accept this view... forceful opposition arose within the medical community.”⁴⁹ This radical, new form of humane treatment ruptured the historical processes of medicine and healing. Coercive and invasive punishments were once viewed as mostly curative.⁵⁰ This shift of treatment was profound and the efforts of physicians like Tuke and Pinel forever changed the way the mentally ill were institutionalized and cared for.

While Pinel and Tuke were equally important in activating reformatory efforts to drastically change the way mentally ill people were treated, the focus of the American reform movement leads us to Dorothea Dix. She is historically one of the most significant American reformers of the mental health care movement due to the extensive and swift changes she was able to accomplish. For that reason, it is worth spending time to understand her story.

Dorothea Lynde Dix, born in 1802, was the pioneer of advocating and enforcing the rights and ethical care of mentally ill people in America. She grew up poor on a farm in Maine with a large family. Her mother was often in poor health due to depression and alcoholism and depended on Dorothea to raise her two other children.⁵¹ Her father, a traveling Methodist preacher, was rarely at home and also relied upon his daughter. However, when he found the time, he taught Dorothea how to read and write.⁵² This spurred her passion for learning and education. Meanwhile, Dorothea continued to be abandoned by her mother and other people in her family during her childhood. Many expectations were put upon her to run the household and

⁴⁹ Millon, *Masters of the Mind*, 99.

⁵⁰ Millon, *Masters of the Mind*, 85.

⁵¹ Otto, *St. Elizabeths*, 3.

⁵² Otto, *St. Elizabeths*, 3.

eventually, Dorothea decided to leave her family and live with her grandmother, and years later, her aunt. This is when she expressed a deep desire to teach children and start an enlightened school of her own.⁵³

After raising and caring for her siblings and ensuring they did not receive the same treatment she endured from her mother, she made the decision to spend the rest of her life bringing to light the problems in the education, prison, and hospital systems of America. She established a secondary school in Worcester, Massachusetts, in an abandoned building. She taught her pupils how to read and write and implemented moral and religious values in her teachings. She taught there for three years until she decided to move to Boston to further her education. There, she spent an extensive amount of time in libraries studying the rudiments and ethics of teaching, trying to maintain the level of clarity and nurture she assumed in her own classes. In Worcester, she established another secondary school where she taught children who were neglected and cruelly treated in the Boston public schools. Eventually, she started teaching classes primarily for young girls living in Boston because they were rarely able to take such classes elsewhere due to their gender.⁵⁴

Dix created opportunities for people who would otherwise not be able to find any. She explained her passion for her career in a letter to her friend Ann Heath: “What greater bliss than to look back on days spent in usefulness, in doing good to those around us. The duties of the teacher are neither few nor small, but they elevate the mind and give energy to the character. They shed light, like religion, on the darkest hours, and like faith they lead us to realms on

⁵³ Otto, *St. Elizabeths*, 3.

⁵⁴ Otto, *St. Elizabeths*, 3.

high.”⁵⁵ It is notable that Dix was such a profound scholar and teacher. People often tried to undermine her teachings and efforts because she was a woman.⁵⁶ Even her grandmother told her that her place was in the home. During this time, women were hardly able to receive an education, much less be able to teach. Thankfully, Dix had no desire to quit; she was resolved in her intent to help disadvantaged people. She would continue to teach and create spaces for deprived populations for the rest of her life.

Years later, in 1841, a clergyman, who heard of Dix’s accomplishments teaching children, asked her to teach Sunday school at the East Cambridge House of Corrections, an all-women’s prison.⁵⁷ After teaching her first session at the prison, she witnessed the stark inhumane treatment of the inmates. She also noticed that many of the women in this prison clearly had mental illnesses.⁵⁸ This sparked an adamant concern and interest in visiting a vast number of prisons in the state of Massachusetts, where she hoped to relinquish the pain and suffering forced upon these inmates. “She wanted to establish therapeutic hospitals, not places of custody, and she believed that moral treatment was as important as medical treatment, perhaps more so.”⁵⁹ She traveled for years, visiting and documenting more than five hundred different American institutions.⁶⁰ She wrote detailed accounts of how malnourished, dehydrated, and physically abused the inmates were.⁶¹ At the time, prisons were notorious for treating inmates like animals. These prisons and institutions were devoid of regulation and humane treatment.

⁵⁵ Charles M. Snyder, *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore* (Lexington, KY: University Press of Kentucky, 1975), 61, PDF.

⁵⁶ Millon, *Masters of the Mind*, 105.

⁵⁷ Otto, *St. Elizabeths*, 3.

⁵⁸ Otto, *St. Elizabeths*, 3.

⁵⁹ Dain, *Concepts of Insanity*, 171.

⁶⁰ Otto, *St. Elizabeths*, 3.

⁶¹ Millon, *Masters of the Mind*, 105.

Inmates were locked in solitary confinement, beaten, starved, used for anatomical experiments, and were largely viewed as undeserving of any care at all.⁶² They were not deserving to exist in society. Similar to the views held by most people in this era, mental illness and criminal activity seemingly had no cure.⁶³ If there was no cure, there was no valid reason for treatment.

However, these inmates were not all criminals. Many of these people had mental illnesses and diseases and were forced to live in prisons because they were deemed unfit to function in society.⁶⁴ This happened especially when families wanted a mentally ill family member expelled from their home. Many families did not know what to do with their sick relatives and during this time, mental hospitals were rare.⁶⁵ “In its origins, the mental hospital—irrespective of its medical roles—was primarily an institution designed... to assume functions that previously had been the responsibility of families. As the numbers of displaced and family-less people increased with industrialisation, so did the need for state care.”⁶⁶ Before the mental hospital was introduced to the greater public, these people, ejected from their homes and their families, sooner or later wound up in the local prison or jail.

Dix was the preeminent American reformer of the problems inside these institutions. Dix, as well as physicians of the time, believed that mentally ill people would heal much faster if they had secluded spaces designated to them.⁶⁷ These people needed a space where they could receive humane and ethical medical aid and psychological help. In 1843, after many years spent visiting different prisons, Dix prepared documents to present her accounts to the Massachusetts State

⁶² Otto, *St. Elizabeths*, 3.

⁶³ Millon, *Masters of the Mind*, 82.

⁶⁴ Otto, *Saint Elizabeths*, 25.

⁶⁵ Yanni, *The Architecture*, 5.

⁶⁶ Yanni, *The Architecture*, 5.

⁶⁷ Otto, *Saint Elizabeths*, 25.

Legislature to change the treatment of patients inside the Worcester hospital, as well as request an expansion.⁶⁸ This was in effort to ensure more space for the patients and much cleaner and safer conditions. Here, Dix explained the tragedies she witnessed during her travels;

I tell what I have seen—painful and as shocking as the details often are—that from them you may feel more deeply the imperative obligation which lies upon you to prevent the possibility of a repetition or continuance of such outrages upon humanity. If I inflict pain upon you, and move you to horror, it is to acquaint you with suffering which you have the power to alleviate, and make you hasten to the relief of the victims of legalized barbarity. I come to present the strong claims of suffering humanity.⁶⁹

Dix was unable to speak during the court hearings because she was a woman. Since women were not permitted to testify in courts during this time, Dix’s documentation and requests were read by male physicians who supported her.⁷⁰ Not only did women lack political power inside the courtroom during this time, but they were still unable to vote.⁷¹ While the support from male physicians gave some leverage to her claims, it was not quite enough. This could be a possible explanation as to why the response of the legislature was so apathetic. “Society resents any attack on its self-esteem,” Dix once said, critiquing the powerful for ignoring problems that do not affect them. By ridding our social strata of indigent, “othered” people, society then believes that it is more functional and pure. “Insanity was a product of inhumane conditions in society; hence, society should assume full responsibility for the care of its victims.”⁷² The bill Dix introduced, would vouch for the rights of these “victims,” ensuring that their place in society

⁶⁸ Otto, *St. Elizabeths*, 3.

⁶⁹ Greg Eghigian, ed., *From Madness to Mental Health: Psychiatric Disorder and Its Treatment in Western Civilization* (New Brunswick, NJ: Rutgers University Press, 2010), 117, PDF.

⁷⁰ Yanni, *The Architecture*, 52.

⁷¹ Millon, *Masters of the Mind*, 105.

⁷² Millon, *Masters of the Mind*, 105.

would remain and would allow for more rehabilitative spaces. The legislature took much time in responding to her concerns and in the meantime many people denounced Dix for her views.⁷³ Nevertheless, the bill passed, only after male doctors and physicians who agreed with Dix had become more vocal about their shared views.⁷⁴ Even though women lacked political power during this time, Dix is an example of a profound woman who was able to create change with a remarkable amount of resistance from the public. This marked the beginning of Dix's political activism to reform institutions and the quality of care happening within them.

By the end of 1845, she had visited more than a 300 county jails, 500 almshouses, and a large number of state penitentiaries across North America.⁷⁵ She had also helped establish six new mental facilities and influence change in the treatment of the mentally ill in numerous American hospitals and asylums. The word "asylum" comes from the Latin *asylum* "sanctuary" and Greek *asylon* "refuge." Historically this word comes with many meanings; "inviolable," "safe from violence," "safe or secure place," and "benevolent institution to shelter some class of persons."⁷⁶ In the context of institutions that provide for the mentally ill, this word indicates that someone who is in need of protection can find a space that allows for nonviolent care and safety. This is exactly what Dix worked toward in her lifetime of advocacy and political activism; creating safe spaces for people in urgent need. "Care, not cure, was the object—in fact if not the theory—of Dix's campaigns."⁷⁷ These spaces were built to enhance the healing process.

⁷³ Dain, *Concepts of Insanity*, 176.

⁷⁴ Dain, *Concepts of Insanity*, 175.

⁷⁵ Otto, *St. Elizabeths*, 3. Almshouses were charitable housing for the poor. While the main purpose of almshouses was to create homes for poor people, before the rise of the asylum, most mentally ill people would end up in almshouses as well.

⁷⁶ "asylum," in *Oxford English Dictionary*.

⁷⁷ Dain, *Concepts of Insanity*, 169.

In 1848, after traveling around the country fighting for the rights of patients and inmates in hospitals and prisons, a federal bill that Dix helped propose, to build the New Jersey Lunatic Asylum, was passed.⁷⁸ Dix spent a lot of time working with the architect of the asylum to ensure ethical conditions.⁷⁹ It was commonplace in the nineteenth century for social reformers, physicians and superintendents to all work together with the architect during the beginning stages of hospital construction.⁸⁰ This allowed for a more therapeutic design and a more well rounded structure, ensuring all parties were content with the design. These ethical conditions, including the foundations of therapeutic architectural plans and the assurance of moral treatment, rather than mechanisms of restraint, were implemented into the primary design of the mental hospital. Dix found it imperative that these institutions be small rather than large inasmuch as this would help provide individualized care.⁸¹ More hospitals were needed, not larger ones. Within this, Dix was cognizant of the fact that there were class differences between people coming into these hospitals. Working with hospital superintendents, she made sure to implement cost effective plans that would be able to support both the wealthy and the poor patients.⁸²

Dix was simultaneously working on a Congressional bill to acquire 350 acres of public land to build a federal mental institution in Washington, D.C., that would advocate and employ humanitarian values.⁸³ She presented it to Congress in 1848 and it was deferred. She tried a second time in 1849 and it was deferred once again.⁸⁴ Thankfully, her unwavering persistence to fight for the human rights of mentally ill people in America was finally recognized in 1852 when

⁷⁸ Otto, *St. Elizabeths*, 3.

⁷⁹ Yanni, *The Architecture*, 52.

⁸⁰ Yanni, *The Architecture*, 68.

⁸¹ Dain, *Concepts of Insanity*, 172.

⁸² Dain, *Concepts of Insanity*, 171.

⁸³ Thomas Otto, *Saint Elizabeths Hospital: Historic District* (Washington, DC: DC Preservation League), 4, PDF.

⁸⁴ Dain, *Concepts of Insanity*, 175.

her bill was passed. “Congress appropriated \$100,000 for the construction and furnishing of a mental hospital for the District.”⁸⁵ Finally, the hospital Dix had struggled to bring to life was underway. This marked the birth of a mental hospital that would constitute therapeutic and healing values through its architecture, psychiatric practices, and eventually, creative arts and occupational therapies.

⁸⁵ Otto, *St. Elizabeths*, 5.

Chapter Three

Saint Elizabeths Hospital; Nature and Structure as Healing

“The insane hospital, like so many other social institutions, was a microcosm of the values of society at large.”

—Carla Yanni, *The Architecture of Madness*

“Hospitals and asylums were locations where a wide variety of medical, social, cultural, religious, economic, and political forces converged; unique combinations of these influences determined what a hospital did.”

—Mary Lindemann, *Medicine and Society in Early Modern Europe*

Dorothea Dix and Dr. Charles Henry Nichols, the first superintendent of the prospective hospital, chose a site for the facility that was located well away from the nation’s capitol, on a hill overlooking the confluence of the Potomac and Anacostia Rivers.⁸⁶ This was a popular and highly recommended environment for mental hospitals to be built upon.⁸⁷ People at the time, particularly physicians and architects, William Tuke being a great example, believed that the environment we surround ourselves in influences human character and well-being.

The belief was that mental illness stemmed from situations in a person’s environment, such as overwork, marital problems, intemperance, jealousy, pride, and ‘above all, the pressures of an urban, industrial, and commercial civilization which was considered to be unnatural to the human organism.’ To cure mental illness, the affected individual had to be removed from the stressors in his or her regular life and into a controlled environment. The physical environment of a mental hospital was therefore crucial to its success.⁸⁸

⁸⁶ Otto, *Saint Elizabeths*, 5.

⁸⁷ Yanni, *The Architecture*, 9.

⁸⁸ Otto, *St. Elizabeths*, 21.

Mental illness was seen as originating from moral causes as opposed to mental or bodily basis. This meant that the new popularity of the asylum located them far away from cities. The remote atmosphere accelerated the healing and curative processes. “In the case of asylums, nineteenth-century thinkers clearly believed the environment could not only influence human behavior but also cure a disease... university builders, social reformers, park enthusiasts, and asylum doctors shared many values: that nature was curative, exercise therapeutic, and the city a source of vice.”⁸⁹ This hospital embraced those principles precisely.

Dix’s proposal catered to members of the army and navy and residents of the District of Columbia.⁹⁰ This hospital was highly important for Washington, D.C., because the other hospitals were crowded and patients with mental illness had nowhere else to go. Originally known as the U.S. Government Hospital for the Insane until 1916, the mission of Saint Elizabeths Hospital, as it was renamed, “was to provide the most humane care and enlightened curative treatment.”⁹¹ In fact, Saint Elizabeths was the pioneer of government-funded hospitals to engrave humanitarian care and therapeutic practice as their main incentive.⁹² Dix’s message of reform was especially profound for the time, as was the development and building of the hospital itself.

Dix and Nichols, working with physician and architect, Dr. Thomas Kirkbride, chose the location of Saint Elizabeths Hospital due to the philosophy of care lauded and developed in the

⁸⁹ Yanni, *The Architecture*, 9.

⁹⁰ Otto, *Saint Elizabeths*, 9.

⁹¹ Otto, *Saint Elizabeths*, 4. Originally called the U.S. Government Hospital for the Insane, the name of the hospital transitioned officially in 1916. During the civil war, soldiers were welcomed to the hospital to seek treatment of their wounds. Most of these soldiers were amputees. When soldiers would write home, they would not want their families to know they were at a hospital for the insane. Saint Elizabeths, the historic seventeenth-century name of the land, became a nickname in these letters. Congress made the change official in 1916. This is also why there is no apostrophe.

⁹² Otto, *Saint Elizabeths*, 4.

Kirkbride Plan. Dr. Thomas Kirkbride had served as superintendent of the Pennsylvania Hospital for the Insane from 1841 to 1883 and was a renowned architect concurrently.⁹³ Kirkbride understood, as a physician, the changes that were needed in the construction of new spaces for the mentally ill. These changes, denoted in the Kirkbride Plan, were applied in the establishment of Saint Elizabeths Hospital. The Kirkbride Plan, also known as the linear plan, was an architectural and environmental method of hospital design that was meant to enhance the healing process. The structural design of the hospital implemented the use of conjoining small pavilions into a shallow “V” shape (Figure 3).⁹⁴ This architectural structure of the building called for hundreds of windows that would allow for fresh air and sunlight, a rural location, surrounded by the suburban natural environment.⁹⁵ The Kirkbride Plan was highly regarded by medical and architectural communities during this time.

The environment was seen as essential to seeking a cure to mental illness in the Kirkbride Plan. Highly influenced by Pinel’s notion of “moral treatment,” another strategy of the plan called for the hospital to be located on a hill, to enhance the healing effects of the beautiful and varied landscapes, as opposed to flat, banal scenery.⁹⁶ Due to the remarkable location, the hospital had the capacity to support a large number of patients at one time, all the while enjoying the views of the surrounding environment and the structural therapeutic effects of the asylum itself.⁹⁷ This location was exactly that: 350 acres on a hill overlooking the Anacostia and Potomac Rivers, with forests, plenty of space for physical amusement, wonderful landscape

⁹³ Esther M. Sternberg, *Healing Spaces: The Science of Place and Well-Being* (Cambridge, MA: Belknap Press of Harvard University Press, n.d.), 231.

⁹⁴ Yanni, *The Architecture*, 5. This figure can be found on page 82.

⁹⁵ Yanni, *The Architecture*, 40.

⁹⁶ Yanni, *The Architecture*, 58.

⁹⁷ Otto, *Saint Elizabeths*, 5.

views, and the placement effectively far from the city center.⁹⁸ These landscapes would prove helpful in the coming years, providing resources such as agricultural land, water, building materials, and even fuel. These resources would help the hospital become completely self-sufficient for most of its history.⁹⁹ The introduction of occupational therapy eventually became a result of this.

With the chosen location for the hospital and the simultaneous holistic healing ideals of the Kirkbride Plan, “the evolution of care and mental health treatment at Saint Elizabeths is reflected in both the buildings and landscapes on campus.”¹⁰⁰ The healing tendencies of the land and buildings, and their symbiotic relationship, are propelled by the Kirkbride Plan and the way mental institutions were built in the nineteenth century. Kirkbride designed many other American asylums in the mid-nineteenth century; his architectural design became popular because of its therapeutic success in healing. Saint Elizabeths is a great example of how nature and architecture can affect one another. This decision to honor the importance of nature at the hospital became a critical part of therapeutic ideals used by physicians across America.¹⁰¹

Not only did architecture and the surrounding environment create a healing space, the treatments inside the hospital were enlightened and radical for the time. What remains so pertinent to these asylums built for the mentally ill is that these “therapeutic” and “healing” ideals were justifiably viewed as medicine during this era.¹⁰² Spending time in nature was a medical practice.

⁹⁸ Otto, *Saint Elizabeths*, 6.

⁹⁹ Otto, *Saint Elizabeths*, 6.

¹⁰⁰ Otto, *Saint Elizabeths*, 4.

¹⁰¹ Yanni, *The Architecture*, 68.

¹⁰² Yanni, *The Architecture*, 71.

A precursor of this notion was common in the nineteenth-century hospital design, but like everything else in the medicine of that era, which separated the mind and the body, features of the physical environment which supported a healthy mind were applied only to hospitals for the mentally ill... The location had to be out in the country; it also needed to be close enough to the city for easy access to amenities, especially railroads and a water supply; and it needed to have sweeping vistas.¹⁰³

All of these features of Saint Elizabeths Hospital would enhance the healing process intended by the activists of the reform movement. Not only were social reformers interested in how the environment could heal, but they were confident of the different programs used inside the hospital that were therapeutic.¹⁰⁴ Dix, a proponent of musical instruments, books, and other methods of entertainment, sent requests to an array of different asylums she had helped found to allocate funds specifically for the active therapeutic programs in progress.¹⁰⁵ Not only was Dix an advocate for creating safe spaces for people with mental illness, but she commended therapeutic programs and entertainment, which have developed and augmented over the history of Saint Elizabeths Hospital. The importance of hospital care was shown through the selection process of hospital staff. Nichols would be selective as to make sure he was building a community as opposed to simply hiring people as necessary.¹⁰⁶ All hospital staff would reside at the hospital, which is reminiscent of Tuke's hospital; creating a family as opposed to a hierarchical group of staff.

Between the late-nineteenth century and the mid-twentieth century, Saint Elizabeths Hospital changed in many ways. After the Civil War, when Dorothea Dix had served as a nurse, the hospital was used to care for many different types of people and not just people with mental

¹⁰³ Sternberg, *Healing Spaces*, 231.

¹⁰⁴ Dain, *Concepts of Insanity*, 171.

¹⁰⁵ Dain, *Concepts of Insanity*, 171.

¹⁰⁶ Otto, *St. Elizabeths*, 39.

illness; soldiers, particularly amputees, nurses, and the criminally insane.¹⁰⁷ With the constantly rising population of the hospital, there needed to be a vast expansion of buildings. Not only did this allow for more people to come to the hospital to receive treatment, but it altered the way in which treatment was implemented. Many of the new additions were smaller and home-like, tailored to people with different psychological diagnoses, almost like a type of classification. By the early twentieth century, there was need of another expansion. These expansions were built similarly with the ideals of Dr. Thomas Kirkbride's architecturally therapeutic plan. The last large expansion happened between 1932 and 1940, where nine large treatment buildings were built on the east campus.¹⁰⁸ This was during the peak of Saint Elizabeths' capacity and popularity. By 1940, Saint Elizabeths Hospital had over 7,000 patients on campus.¹⁰⁹

It was during this time that Saint Elizabeths began fully implementing different creative arts therapies into patients' daily regimens.¹¹⁰ The hospital began enforcing the importance of psychotherapy and its effects on mental illness.

Saint Elizabeths was the first mental hospital in the country to create a psychotherapy department and the first public mental hospital to be accredited to train medical interns. Saint Elizabeths also included a nursing school from 1894 to 1952. Over the years, the hospital was quick to take up pioneering treatments such as hydrotherapy, art therapy, psychodrama, dance therapy, and others."¹¹¹

Occupational therapies, such as gardening, farming, and agricultural activities, continued to be utilized to enforce the healing effects of nature and physical work; "occupation" of "occupational

¹⁰⁷ Otto, *Saint Elizabeths*, 26.

¹⁰⁸ Otto, *Saint Elizabeths*, 21.

¹⁰⁹ Otto, *Saint Elizabeths*, 25.

¹¹⁰ Otto, *Saint Elizabeths*, 29.

¹¹¹ Otto, *Saint Elizabeths*, 25.

therapy” does, in fact, refer to the term “work.”¹¹² While occupational therapy is reminiscent of labor, as critics such as Michel Foucault and Erving Goffman like to note, these therapies were used as a way to resocialize patients so that they could use these skills as their return to the outside world. Occupational therapies were implemented to enforce “self-sufficient colonies with vast gardens, working pastures, and laun’dries, developed not only to achieve economy but to establish useful therapeutic activities that would help patients return to normal life.”¹¹³ In doing so, patients would become more equipped to live life outside the asylum.

Known for its enlightened promotion of creative and new therapies, Saint Elizabeths Hospital was one of the first state hospitals to develop a program for hydrotherapy, the use of water to relieve pain as treatment; psychodrama, an individual therapy, similar to drama therapy, in which patients role play or act in a dramatic fashion to learn more about the self in a therapeutic technique; and pets, as a part of therapy.¹¹⁴ These therapies were deemed just as or more effective than chemical drugs or invasive therapies.

As a rule the moral treatment so called, that is the treatment through the mind by means of surroundings, diversions, and occupations is regarded as more potent than drugs in the treatment of the insane although medicines, especially when there is impairment of bodily health, are often an important adjunct to hospital care.¹¹⁵

Saint Elizabeths Hospital professionals were cognizant of the healing, curative effects of the arts. Considered as more potent than drugs, the arts were implemented into patients’ regimens and

¹¹² Marcil, *Occupational Therapy*, 17.

¹¹³ Millon, *Masters of the Mind*, 101.

¹¹⁴ Otto, *Saint Elizabeths*, 25.

¹¹⁵ Otto, *St. Elizabeths*, 115.

daily schedules.¹¹⁶ The early discovery of the importance of the arts at Saint Elizabeths Hospital would permanently change perceptions of health and healing inside the American institution.

¹¹⁶ Otto, *St. Elizabeths*, 115.

Chapter Four

Freedom Through Dance

“Dance... the divine expression of the human spirit through the medium of the body’s movement.”
—Isadora Duncan, *My Life*

“Man has made use of art forms—painting, writing, music, drama, and dance—as a means of communicating his inner feeling about himself and his environment, since the beginning of history.”
—Marian Chace, *Opening Doors Through Dance*

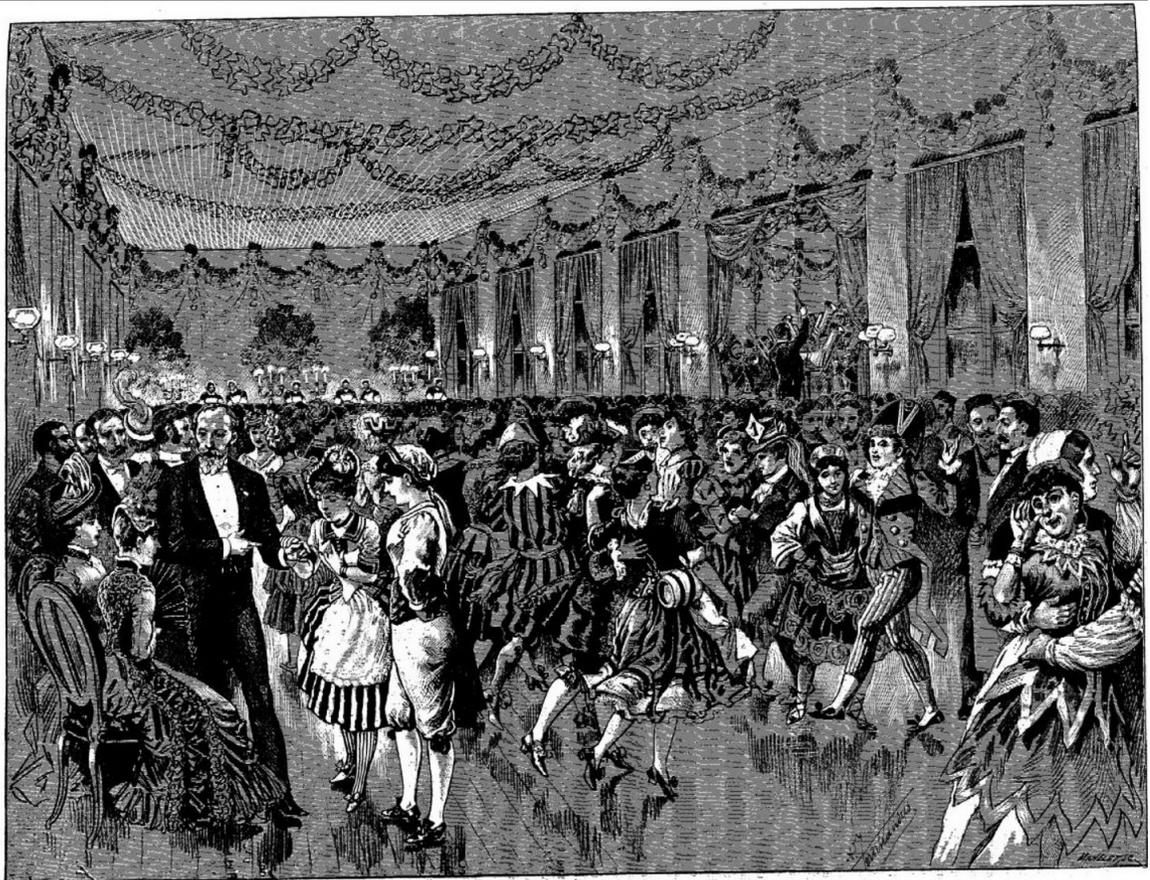


Figure 1— José Belon, *Le Bal Des Folles à l'Hôpital de Salpêtrière*, 1888¹¹⁷

¹¹⁷ Jose Belon, *Le Bal Des Folles à l'Hôpital de Salpêtrière*, 1888, illustration, <http://gallica.bnf.fr/ark:/12148/bpt6k5735544z/f13.item.r=mi%20car%C3%A4me.langFR.zoom>.

This painting depicts a grand ball, an event primarily for dance and musical entertainment, held at an insane asylum in the mid-nineteenth century. It is clearly a popularly attended event, filled with beautifully adorned gowns and decorations. La Salpêtrière, an all-women's mental institution, was known to put on these grand balls often for the patients residing there.¹¹⁸ They first transpired in the mid-nineteenth century and continued on for most of the hospital's history.¹¹⁹ This painting is depicting one of the first balls that occurred at La Salpêtrière, and it is known that many other asylums held grand dances for their patients as well. The roots of Philippe Pinel's ideals, who happened to be one of the superintendents of La Salpêtrière, after proposing the importance of "moral treatment," can be sensed here. Parties and dances were popular in the nineteenth century asylum.¹²⁰ "Their delusions forgotten, many of the patients whirled about in glee, which, though wild, did not exceed the bounds of common-sense propriety."¹²¹ Here, dance is being used as a therapeutic medium; a distraction to the torments of mental illness. William A. F. Browne, a significant physician and superintendent of Montrose Asylum in Edinburgh, commented on a journalistic piece that described the annual grand ball at La Salpêtrière¹²²:

'The idea of giving a ball in a lunatic asylum, may startle some of our mad doctors; but what think they of the following precedent. On the 7th instant, May 1835, the females of Salpêtrière were treated to a grand ball. The insane ladies themselves were entrusted with the getting up of the entertainment. They adorned the ballroom with festoons, garlands, and devices; and in the midst they crowned with immortelles, the bust of Pinel, the liberator of the insane from the old system of cruelty and terror. The dancing, it is said, went off with charming effect; the

¹¹⁸ William A. F. Browne, *What Asylums Were, Are, and Ought to Be* (Edinburgh, Scotland: Balfour and Jack, 1837), 218, PDF.

¹¹⁹ Browne, *What Asylums*, 218.

¹²⁰ Yanni, *The Architecture*, 75.

¹²¹ Yanni, *The Architecture*, 75: "Ball of Lunatics at the Asylum, Blackwell's Island," *Frank Leslie's Illustrated Newspaper*, December 9, 1865, 188.

¹²² Millon, *Masters of the Mind*, 102.

students, intern and extern, did the honours; and the festivity was kept up to an hour sufficiently advanced to satisfy all parties, who, to do them justice were indefatigable in their efforts to please and to be pleased. It should be added, that the gay scene, (which was appointed and arranged with the most serious object) has been generally attended with good results: it served admirably to fix and amuse the minds of the patients; and several who laboured under melancholia were much diverted for the time from their imaginary woes...’ Dancing, both as physical exercise, and as a recreation, has been introduced, and with excellent effects, into many well-regulated British asylums; and to speak from personal experience, were the foregoing account divested of some of the embellishments- the festoons and the immortelles- it would very correctly describe what takes place, and has for years taken place, once every week in the establishment under my care.¹²³

Here, Browne describes the importance of dance and its perceived effects on mentally ill patients. Later, he states that he “cannot speak so decidedly as to the introduction of dramatic representations as a means of cure.”¹²⁴ However, he was an active advocate of dance and drama as therapy in the asylum he directed, meaning he had faith in the curative features of dance.¹²⁵ This excerpt, coming from Browne’s novel, *What Asylums Were, Are, and Ought To Be*, written in 1837, can be found in the section labeled “What Asylums Ought To Be.” Browne was one of the few physicians of his time to encourage recreational activities for mental patients, particularly in the arts.¹²⁶ While Browne did not hold grand balls at the asylum he was the superintendant of, he did implement weekly dance practices into patients’ schedules.¹²⁷ Figure 2 portrays an example of this happening.

¹²³Browne, *What Asylums*, 218.

¹²⁴ Browne, *What Asylums*, 218.

¹²⁵ Millon, *Masters of the Mind*, 102.

¹²⁶ Millon, *Masters of the Mind*, 102.

¹²⁷ Browne, *What Asylums*, 218.



Dancing, Montrose Royal Asylum. Courtesy of Dundee University Archive Services.

Figure 2— An example of dancing at the Montrose Royal Asylum¹²⁸

Not only is this a testament to the social value and regard of dance itself, but it portrays the medical significance of dance. “The ‘lunatic balls’ vividly illustrate that insane patients were not isolated from one another. Such fraternizing among the inmates contrasted greatly with rules

¹²⁸ Kathryn Burtinshaw and John Burt, *Lunatics, Imbeciles, and Idiots: A History of Insanity in Nineteenth Century Britain and Ireland* (Barnsley, England: Pen and Sword History, 2017), 124, PDF.

guiding prisons.”¹²⁹ Not only was dance used as treatment, but it portrayed ways in which patients had relationships with one another. Dance made the asylum experience less punitive and more lively. In earlier eras, asylum superintendents, the pioneering forces of medicine, were aware of the healing effects brought out through dance.¹³⁰ As one of the the earliest instances of using dance as a therapeutic method in asylums, the historical roots of using dance as a source of healing become more clear. “One doctor explained that dancing is a favorite amusement among the patients wherever it is allowed; and we have been told by some of the Superintendents that patients will often control themselves for a whole week with a promise that they will be allowed the privilege of going to the next dance.”¹³¹ Social dancing, a popular social activity, continued to be used in asylums well into the twentieth century, particularly as a healing treatment for people living with mental illness. While this was occurring in Europe, dance was eventually used in American asylums as well.

By the mid-twentieth century, Saint Elizabeths Hospital had a program called “Dance for Communication.” This was led by Marian Chace (1896-1970), the leading founder of dance as therapy. Marian Chace started dancing due to a diving accident as a child, where her back was severely injured.¹³² Her doctor suggested dance as a form of physical therapy, and from there, dance began to consume her life. Chace expressed the genesis of her passion for dance in her journal; “I used dance for a creative outlet and as an aid for relaxing and strengthening my back

¹²⁹ Yanni, *The Architecture*, 76.

¹³⁰ Yanni, *The Architecture*, 75.

¹³¹ Yanni, *The Architecture*, 75.

¹³² Susan L. Sandel, Sharon Chaiklin, and Ann Lohn, eds., *Foundations of Dance/Movement Therapy: The Life and Work of Marian Chace* (Columbia, MD: Marian Chace Memorial Fund of the American Dance Therapy Association, 1993), 5.

muscles... I soon found that dance was my natural means of communication.”¹³³ This theme became the basis of her theory of dance as a healing art.

She studied at the Denishawn School, located in New York City, from 1923 to 1930, where she was trained in various dance techniques—Indian, Japanese, Algerian, Javanese and Egyptian—all of which were incorporated into the school’s curriculum.¹³⁴ Founded by Ruth St. Denis and Ted Shawn, The Denishawn School taught the techniques of the new modern dance movement, which was largely a reaction to the social and political climate of the time. The movement styles encouraged at Denishawn were largely personal; dancers at the school were prompted to explore their own individual style of movement.¹³⁵ The different cultural techniques were taught alongside the modern development of individual movement vocabulary. This helped Chace and other students at Denishawn create a personalized form of movement.

Dance, during the early twentieth century, was becoming more political. Topics concerning transgression and rebellion were popularly utilized to fuel dancers during this time.¹³⁶ In its origin, modern dance often served as a rebellion to the “established forms of the art.”¹³⁷ Modern dancers were reacting to the changes in society, which during this time was mainly focused on liberating the person and learning more about human behavior. Notably, modern dance was trying to express human emotions through movement.¹³⁸ Modern dancers of the time believed that, “it was not enough, however, to simply add emotional content to the movement. It was necessary to connect the personal expression of the dancer to more universal insight about

¹³³ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 6.

¹³⁴ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 7.

¹³⁵ Fran J. Levy, *Dance Movement Therapy: A Healing Art* (Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, 1988), 23.

¹³⁶ Levy, *Dance Movement*, 23.

¹³⁷ Levy, *Dance Movement*, 2.

¹³⁸ Levy, *Dance Movement*, 3.

the human condition.”¹³⁹ Not only was it an individual self-expression, but it was used to express universal emotion; a reaction to society and its values.

Rooted fully into these new ideals of movement, Chace began to use dance as a way to further explore the human body and mind. Chace had “furnished a background for the use of dance movement as a medium for group activity with people not predisposed to cooperative action with each other.”¹⁴⁰ This was an important moment in the history of dance; dance was no longer only seen as a rigid technique, rather it was also being viewed in more non-dance contexts.

In the 1930s, however, Chace was still interested in the artistic and choreographic growth she had found at Denishawn. The Denishawn School decided to open a branch in Washington, D.C., in 1930, and she became the co-director of this branch and taught many classes for varying age groups; from young adolescents to the elderly.¹⁴¹ Uncommon for the time, Chace allowed a few students to attend the classes, regardless of their abilities or disabilities, mental or physical.¹⁴² While Chace had not yet started understanding the therapeutic value of dance for people with mental illness, this was the spark to her passion. Between 1934 and 1936 she continued to teach at the school, although this is when she began focusing solely on group interactions as opposed to individual interactions.¹⁴³ She was beginning to understand that group interactions in dance and movement were much more effective than one-on-one teachings.

¹³⁹ Levy, *Dance Movement*, 2.

¹⁴⁰ Harris Chaiklin, ed., *Marian Chace: Her Papers* (Columbia, MD: American Dance Therapy Association, 1975), 52.

¹⁴¹ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 14.

¹⁴² Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 13.

¹⁴³ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 10.

Chace's passion for dance as a healing art is deeply embedded in the fact that Chace lived with a mental illness herself. In 1936, while dealing with strong bouts of depression, Chace attempted suicide.¹⁴⁴ "Depression, the underside of her artistic, creative nature,"¹⁴⁵ affected her adult life significantly. It shifted the way she viewed dance personally as well as communally. Dance became a healing medium for her. It is important to note that there is minimal literature explaining this part of her life and most of her biographers skim over this fact. Yet, this is when she began to notice the importance of dance as a nonverbal form of communication, particularly for people whose verbal and communicative capacities were limited.

Her reputation as a healer was circulating quickly. Not only was she getting recognition from the dance world, but she was slowly getting recognition from the medical community. The work she was doing became so profound that physicians and medical professionals began sending new students, their patients, to her classes.¹⁴⁶ In 1938, Chace began working at an orphanage, where many of the students had different diagnoses of mental illness. Dr. Winfred Overholser, the superintendent of Saint Elizabeths Hospital from 1937 until 1962, heard of Chace's work from a friend whose child was attending her classes.¹⁴⁷ Delighted by the therapeutic aspects Chace was incorporating into her dance practices, Dr. Overholser invited Chace to Saint Elizabeths Hospital to teach classes to the patients.¹⁴⁸

Dr. Overholser was known for supporting different programs and techniques that proved helpful for the patients at the hospital. Whether these programs were previously tested or not, Dr. Overholser tended to look at the raw results of these healing arts to choose between whether they

¹⁴⁴ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 10.

¹⁴⁵ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 10.

¹⁴⁶ Levy, *Dance Movement*, 23.

¹⁴⁷ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 11.

¹⁴⁸ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 16.

should be kept at the hospital or not.¹⁴⁹ He believed in the importance of the arts and their healing effect on the mental patient:

Music, games, sports, movies, parties and dances are all a part of the equipment of the modern hospital... All these things contribute to the treatment, and all have a part to play in helping the patient back to normality. He may not appreciate them at first, nor even notice them, but as he grows better they serve to remind him of the thousand and one things in the world outside that are waiting for him when he is again able to grasp and use them.¹⁵⁰

Dr. Overholser directed Chace to Dr. Roscoe Hall, the chief of the psychotherapy department at Saint Elizabeths. Chace was invited to Saint Elizabeths in 1942 as an American Red Cross volunteer and ended up staying for the majority of her adult life, quickly becoming a part of full-time staff.

As a Red Cross volunteer, she initially began working within the psychodrama department. This department was based on theatre and acting as therapy. Given that Chace was a dancer, the department chairs developed a regimented class that involved more dance and movement than acting.¹⁵¹ Working in tandem with the psychotherapy department, Dr. Hall became active in supporting Chace's classes. Chace later recalls the overwhelming amount of support she was bolstered with: "Dr. Hall, like Dr. Overholser, was very much interested in music, painting and all of the arts as a means of communication for patients... and they gave tremendous support to me as I began to work with a tool and technique never before attempted with the mentally ill in a hospital setting."¹⁵² "Dance for Communication," Chace's dance/movement therapy session, was based on rhythmic exercises that enforced a sense of

¹⁴⁹ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 17.

¹⁵⁰ Overholser and Richmond, *Handbook of Psychiatry*, 35.

¹⁵¹ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 16.

¹⁵² Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 16.

community and overall confidence in patients and it is this dance class that formally began what we now know as dance/movement therapy, though the term “dance therapy” would come later.¹⁵³ At the time it was known as “Dance for Communication.” These sessions were largely based on social dancing.¹⁵⁴ This is important to note, because social dancing was a common and popular social activity for people in the mid-twentieth century. Patients were excited to involve themselves in an activity that let them experience a sliver of the outside world from which they were so separated.

Compared to the previous uses of dance occurring inside asylums, Chace’s methods created a structured use of the medium. Within this structure, Chace was able to untangle and repurpose dance as a form of rehabilitation. Emanating from these previous uses of dance in mental institutions, such as the weekly dances or the grand balls, Chace emphasized the curative aspects of dance and movement. In her dance course, Chace asserted that group participation increased confidence and decreased loneliness in patients.¹⁵⁵ These sessions also allowed the patients to develop more of a relationship with one another. Time spent dancing was also time spent engaging in eye contact, rhythmic activity, and physical touch.¹⁵⁶ All of these aspects enhanced the healing process.

Much of the possibility of a mental patient’s return to health is dependent upon establishing a basis for mutual understanding with those who are closely associated with him. The dance sessions seem to be a meeting ground where the patients develop understanding of each other as people more freely than in many situations in a hospital setting.¹⁵⁷

¹⁵³ Levy, *Dance Movement*, 22.

¹⁵⁴ Levy, *Dance Movement*, 245.

¹⁵⁵ Chaiklin, *Marian Chace*, 10.

¹⁵⁶ Chaiklin, *Marian Chace*, 9.

¹⁵⁷ Chaiklin, *Marian Chace*, 59.

Chace emphasized the importance of how these dance sessions were meant to release tension and enforce relaxation as opposed to technical achievement, which was enforced by other dance technique classes. She also noted the importance of the patient to patient relationships and patient to caretaker relationships that were created and ameliorated in these dance classes; with respect to the latter, we see a gradual disappearance of the hierarchical structure of the asylum. With these barriers broken, patients and staff could develop relationships that formed out of natural curiosity as opposed to fear.

Chace always conducted her classes in a circular formation.¹⁵⁸ This allowed for patients to keep eye contact and physical cues to help them create a shared group rhythm.¹⁵⁹ The circular formation of the dance sessions also helped to create a feeling of community and confidence within the group. Chace, while trying to maintain the rhythm of the room and the movement, continually urged patients to take on the role of leading the group themselves.¹⁶⁰ Within this, Chace was slowly untangling the roots of hierarchy among the group. Chace explains how she executed this:

Again, the circular formation enables many of these patients to dance with others for short periods of time. In addition to aiding the feeling of unity in a group. The question is often asked as to whether dancing is a 'cure'. This is not the function of dance therapy. It is one of the ways in which people who are mentally ill can be with one another without too much fear of defeat. This in itself is relaxing, quite aside from the effects of body exercise. It is one of the ways in which patients can again begin to feel themselves a definite part of a group and so begin, in a small way, to function again in society.¹⁶¹

¹⁵⁸ Levy, *Dance Movement*, 29.

¹⁵⁹ Sandel, Chaiklin, and Lohn, *Foundations of Dance/Movement*, 28.

¹⁶⁰ Levy, *Dance Movement*, 29.

¹⁶¹ Chaiklin, *Marian Chace*, 61.

This, ideally, was Chace's main incentive for the inception of dance/movement therapy. She understood how difficult the resocialization process after living in mental institutions could be. This brought into question the idea of a "cure" as opposed to continual treatment. Emphasized by many therapies, the notion of cure is not the answer for most psychological problems and dance/movement therapy did not share this goal. Most immoral therapies such as electroshock therapy, which became quite popular during beginning of the twentieth century, were viewed as a quick fix to a much larger issue.¹⁶² These invasive therapies were even disapproved of by the superintendent of Saint Elizabeths, particularly Dr. Overholser.¹⁶³ Chace found that, instead of using the idea of a "cure," the gradual healing physical and psychological awareness brought to light from dance and movement was a stepping stone to a healthy return to society. Healing through dance is a gradual process.

Marian Chace was not one to write organized accounts of her dance/movement therapy practices and theories. While she tried, her efforts often failed. According to the work of Sharon Chaiklin and Claire Schmais, Chace's work can be split up into four different quadrants: *body action*, *symbolism*, *therapeutic movement relationship*, and *rhythmic group activity*.¹⁶⁴

Body action can be described simply as the symbiotic relationship between the musculature of the body and how it can portray emotions through movement and dance.¹⁶⁵ Through movement one can break the barriers set up inside the body that block emotional expression. Through body action, one learns about both body and mind and their active relationship.

¹⁶² Millon, *Masters of the Mind*, 223.

¹⁶³ Otto, *St. Elizabeths*, 278.

¹⁶⁴ Levy, *Dance Movement*, 25.

¹⁶⁵ Levy, *Dance Movement*, 25.

Symbolism, such as the use of imagery, play, enactment, and fantasy, is used to interpret emotions.¹⁶⁶ By physically recollecting memories and interacting with them, one is able to explore unconscious thoughts and impulses that help to relay repressed emotions. Through symbolism, one brings to life the unconscious.

The *therapeutic movement relationship* refers to the physically communicated acceptance and validation that occurs between the patient and the therapist.¹⁶⁷ These practices involve “mirroring” and “reflecting,” which help in body image and a recognition of the importance of the body and one’s decisions. Through this relationship, trust and communicative appreciation is built.

The *group rhythmic movement relationship* refers to the rhythmic relationship of patients that helped synthesize an organized method of communication.¹⁶⁸ Rhythm, being as contagious as it is, was a good tactic to ground the group, while also allowing for awareness of community. Through this relationship, one can find structure, rid of hierarchical values.

These dance practices strengthened physical contact, a sense of community, and overall relaxation within the patient. The establishment of dance inside asylums allowed the patient to understand their individual selves better. It also allowed for these patients to regain their autonomy. However, not only are they regaining a sense of their own agency, but they are sharing the experience with their cohorts; within this, they are able to find strength and power with their direct community, unaffected by the paternalistic systems employed by mental institutions. Another important aspect of dance/movement therapy is the nonverbal communication uncovered through the motion of the body. “Individuals who could learn to use

¹⁶⁶ Levy, *Dance Movement*, 25.

¹⁶⁷ Levy, *Dance Movement*, 25.

¹⁶⁸ Levy, *Dance Movement*, 26.

their bodies in assertive, confident, and competent ways, expressing feelings of independence and autonomy, would be able to more easily express such self-reliant behaviors and attitudes in other aspects of their lives.”¹⁶⁹ Chace noted that most people living at Saint Elizabeths Hospital were completely nonverbal. Their only chance for communication was through different types of creative arts practices and therapies. Without these outlets, there was no way for these patient to communicate.¹⁷⁰ Through movement, patients could express what they could not through words or social interactions. Chace believed that people, and particularly her patients, had a deep human desire to communicate.

She found through these practices that most patients, no matter how severe their psychological state, were easily accessible through movement, music, and rhythm. Because of the surprising ease of accessibility dance provides, patients felt included in the whole process. Another remarkable aspect of Chace’s work is that at no point did she force any patient to participate in anything they felt uncomfortable with. Chace even believed that the passive patients who would watch rather than participate were still abundantly more active than they thought they were. The activity of watching dance, Chace found, spurred a direct observed response in the body. In fact, Chace found that many patients who decided not to participate at the beginning of dance sessions would eventually find themselves dancing with the group by the end of the session. Whether these patients danced with the group in the circle or outside of it, the patient has still decided, on their own accord, to dance with the group. One particular patient learned to take advantage of her agency as a vessel to legitimize her own movement. Not only did she consciously make a decision to join the group, but she felt an overwhelming desire to do

¹⁶⁹ Levy, *Dance Movement*, 8.

¹⁷⁰ Nalini Prakash, interview by the author, Washington, DC, March 18, 2017.

so. Chace explains how this particular patient “helped [her] to remember always that the spectators are feeling the rhythm in their own musculatures and by doing so feel a part of the group.”¹⁷¹ Chace explained further that even the patients who chose to help play the phonograph must feel equally a part of the group as anyone else in the room. This communal sensation was one of the driving forces of “Dance for Communication.” Another important aspect of Chace’s technique, is that instead of being punitive to struggling students, Chace would empathize and offer support to those people. This was a new and rare concept for dance teachers. Chace saw her students as people; their needs, their desires, and their concerns.

Chace gave a voice to patients who did not know how to communicate. She understood the tension of the body and how the body's movement can explain and unveil the trauma a patient has experienced. While this can help the patient understand their own issues, it also allows the therapist to see what the issue is, where the tension exists, and how the body translates these problems through movement. It was a way in which patients could physically see and understand the meaning of their movement. Chace was also deeply talented at creating real relationships with the patients at the hospital. She achieved this through enacting equal amounts of patients and nurses dancing together.

Since dancing is as common to many people as talking, listening or walking, this form of relationship does not seem to confuse the patient as to the respective roles of patients and staff within the hospital... [There are] natural barriers between personnel and patients. It seems as difficult for the staff to see patients as people, as it does for the patients to see members of the staff as other than in a position of authority over them. The dance sessions seem to be a meeting ground where these barriers are less obvious than in many situations, and where understanding of each other as people may develop more freely.¹⁷²

¹⁷¹ Chaiklin, *Marian Chace*, 59.

¹⁷² Chaiklin, *Marian Chace*, 56.

Breaking traditional barriers within dance and within the mental hospital, Marian Chace was revolutionary in the way she changed the experience of the mentally ill living in asylums.

Marian Chace became the first professional, full-time dance/movement therapist in 1947, after working at Saint Elizabeths Hospital for five years.¹⁷³ In the early 1950s, Chace began to focus primarily on her career in dance therapy, decidedly leaving her life as a choreographer and head of a dance company. She trained many interns and nurses who worked with her at Saint Elizabeths, who later went on to become successful dance/movement therapists themselves.¹⁷⁴ Dance/movement therapy was officially recognized as a form of therapy. She became the president of the American Dance Therapy Association from 1966 to 1968 and had a foundation named after her, under ADTA's jurisdiction.¹⁷⁵ Chace, a remarkable token of humanistic and curative ideals, changed the field of creative arts therapy.

¹⁷³ Levy, *Dance Movement*, 23.

¹⁷⁴ Levy, *Dance Movement*, 23.

¹⁷⁵ Sharon Chaiklin, "Marian Chace: Dancer and Pioneer Dance Therapist," *American Dance Therapy Association*, <https://adta.org/marian-chace-biography/>.

Chapter Five

The Disembodiment of Healing

“I will dance, by Zeus!”
—Socrates, *Symposium*

“To dance is to experience one’s humanity as expanded rather than limited by the corporeal.”
—John G. Fox, *Marx, the Body, and Human Nature*

Working in tandem with the constantly changing conceptions of mental illness, the objectives of psychiatric hospitals and dance/movement therapy meet at an intersection. Up until the mid-twentieth century, they shared intentions to pursue forms of treatment that enhanced the process of healing. Instead of finding a cure as their most vital mission, they sought to employ different courses of treatment to care for the many people with different needs. With the resources they had at the time, they were trying with fervor to make life for mentally ill people more tolerable. Since then, dance/movement therapy and the mental hospital’s views of finding practical and beneficial forms of treatment, rather than finding a cure, have shifted. This change has ruptured the medical and psychiatric world as we know it and offers a new perspective from which we view mental illness and the rehabilitation processes deemed necessary.

In 1955, the world of psychiatry was introduced to a new medication that would change the lives of mentally ill people across America. This drug, chlorpromazine, popularly known as Thorazine, became the first ever antipsychotic medication that was effective in treating a vast

range of psychological diseases.¹⁷⁶ This drug was seen as a cure, a suppressant, of mental illness. It was the final solution to a problem that had inevitably persisted.¹⁷⁷ This drug would soon start to replace the treatment, both therapeutic and psychiatric, of mentally ill people.¹⁷⁸ It also had a severe effect upon the spaces, such as psychiatric facilities, that these people in need once had access to. These changes would inherently alter the treatments and rehabilitative practices occurring in these respective spaces.

By the 1950s and 1960s, it became common knowledge in American society that the mental hospital was an inhumane place that did not treat patients with the care that was once established in the early foundations of the asylum and its hospital care.¹⁷⁹ It was, in fact, true that the conditions of mental hospitals and asylums during this time had deteriorated well past what any of the social reformers had intended or anticipated. Mental hospitals had developed into “warehouses” that confined those with mental illness, retreating back to punitive exercises as opposed to curative and healing exercises.¹⁸⁰ This occurred due to many factors. Primarily, deterioration of humane care stemmed from overpopulation of mental hospitals.¹⁸¹ In 1870, the American population was more than 38 million people and by 1940, the population had risen to 142 million people.¹⁸² With the rise of the population came the rise of more mentally ill people in need of care. This is shown clearly in the limitations of capacity at most mental hospitals during the mid-twentieth century. These grandiose mental hospitals, most of which were built in the

¹⁷⁶ Stephen Ray Flora, *Taking America off Drugs: Why Behavioral Therapy Is More Effective for Treating ADHD, OCD, Depression, and Other Psychological Problems* (Albany, NY: State University of New York Press, 2007), 112.

¹⁷⁷ Flora, *Taking America*, 112.

¹⁷⁸ Flora, *Taking America*, 113.

¹⁷⁹ Flora, *Taking America*, 113.

¹⁸⁰ Torrey, *The Insanity*, 2.

¹⁸¹ Otto, *St. Elizabeths*, 232.

¹⁸² Torrey, *The Insanity*, 2.

late-nineteenth century when the population was much smaller, were not built to house the amount of people who were actually in need of treatment.¹⁸³ There was an utter limitation of capacity. Not only was the population growing, but the term “mental illness” was becoming more comprehensive. More people were “qualifying” as mentally ill, meaning that more people were authorized to move into these mental hospitals.¹⁸⁴ While many of these asylums underwent expansions, with the constant need of care, it was difficult to keep up with the continual growth of the population entering mental hospitals. This created a generalized public regard of mental institutions as largely unethical in their treatment, care, and therapeutic traditions. By the mid-twentieth century, this belief was mostly true. The quality of treatment of patients in mental hospitals was rapidly declining. The media would often publicize invasive therapies and overpopulated hospitals through photos in newspapers, which would quickly circulate. This negated the initial inception of the asylum, which was based in the humane treatment of mentally ill people, and now the asylum’s intentions had completely reversed.

Deinstitutionalization, the process whereby the vast majority of America's mentally ill patients were discharged from mental institutions, was spurred by a host of reasons; a huge component being the concerned public attitudes toward mental illness and its treatment.¹⁸⁵ The introduction of “successful” psychotropic medication made it clear that patients confined in mental hospitals could be set free, to be rehabilitated in their own communities.¹⁸⁶ In the 1960s up until the 1980s, U.S. presidents and politicians, particularly John F. Kennedy and Ronald Reagan, enforced policies that would take patients out of institutions and onto the streets; a

¹⁸³ Yanni, *The Architecture*, 137.

¹⁸⁴ Torrey, *The Insanity*, 1.

¹⁸⁵ Torrey, *The Insanity*, 42.

¹⁸⁶ Torrey, *The Insanity*, 42.

profound form of “resocialization.”¹⁸⁷ These policies were created in the effort to coincide with the general public’s fears about the state of America’s mental health care system. Between 1966 and 1984, three-quarters of the patients in mental institutions had to leave due to the immensity of deinstitutionalization.¹⁸⁸ While the intentions of both the mental institution and deinstitutionalization were virtuous, they both failed; first the mental hospital, and quickly thereafter, the efforts to dismantle the mental hospital.

The effects of deinstitutionalization were consequential. Immediately after deinstitutionalization took effect, America saw a stark rise in homelessness, incarceration, and violent crimes.¹⁸⁹ Among the homeless and incarcerated were high percentages of people living with mental illness. Once the mentally ill were moved from institutions to their communities, they were to seek out treatment at community based programs that ostensibly replaced treatment that was once accessible in the hospital.¹⁹⁰ With the lack of federal funding, most community based centers with creative arts therapists were employed by factors of “cost rather than expertise.”¹⁹¹ This means that the quality of these therapies, which were taught by people who were unequipped to do so, were not as potent as it could be. Many programs were truncated and reconstructed, which inherently affected the efficacy of these therapies.

Changing the spaces in which treatment occurred, such as the transition from mental institution to community outpatient centers, changed the design and functions of these treatments. These community outpatient facilities were sparse and limited at best and became

¹⁸⁷ Torrey, *The Insanity*, 42.

¹⁸⁸ Torrey, *The Insanity*, 3.

¹⁸⁹ Torrey, *The Insanity*, 2.

¹⁹⁰ Torrey, *The Insanity*, 2.

¹⁹¹ Elaine Feder and Bernard Feder, *The Expressive Arts Therapies* (Englewood Cliffs, NJ: Prentice-Hall, 1981), 237.

inaccessible to patients seeking help.¹⁹² What these outpatient facilities tried to adopt from the institutions was not as diverse or ample. These alterations in the design and placement of therapeutic treatment is critical in comprehending the relationship between groups of people, place and space, and public perception of the two. “To a great extent, the history of health in early modern society remains a story of the relationship of peoples to places. Since antiquity, people have been aware that health somehow hinges on location.”¹⁹³ With the changing locations of treatment services, accessibility became limited. Mental asylums built during the health care reform movement were primary, as well as pioneering, founders of the medical and psychiatric communities. Not only did the field of psychology emerge out of these asylums, but so did most effective therapies we use today, such as dance/movement therapy, including a myriad of other creative arts therapies, and even psychotherapy.¹⁹⁴ Ridding the community of these resources involved a shift of treatment options and accessibility.

Psychotropic medication has become completely intertwined with different therapies and that has changed the ways in which these therapies are designed.¹⁹⁵ Many people pursuing alternative therapeutic practices are concurrently taking medication and this is more than likely to change one’s experience of these therapies. Since increasingly more people can “qualify” as having a mental illness, more people are being prescribed with psychotropic medication, when often this is unwarranted and excessive. There is a difference, however, between people with critical mental illnesses who truly benefit from medication and those who do not need to take medication but qualify for them. Despite that, with medication adopting the full functions of

¹⁹² Torrey, *The Insanity*, 179.

¹⁹³ Lindemann, *Medicine and Society*, 216.

¹⁹⁴ Millon, *Masters of the Mind*, 86.

¹⁹⁵ Prakash, interview by the author.

previous treatment realized by these mental institutions, we continue to see a failure to recognize the mind's capabilities to mend problems through other, potentially bodily, practices. This "cure" takes over all possibility for healing in other capacities. In this way, the design of dance/movement therapy has changed significantly from the time of its founding. Arguably, creative arts therapies, even life itself, can be less accessible to someone who is heavily medicated. Depending on the accuracy of medical prescriptions and diagnoses, one's mind may or may not be clear enough to access the benefits provided by therapy. Medication can obscure our emotions. "Emotion gives meaning to life. What we think about things is not half so important in guiding our activities as what we *feel* about them. If feeling or emotion is dulled, life becomes unreal and meaningless."¹⁹⁶ It should be understood that medication separates the mind from the body; medication is a method of disembodiment. While medicated, it can be difficult to access the self, particularly if over-medicated. The purpose of creative arts therapies, particularly dance/movement therapy, is to learn *more* about the self, the body, and the mind. Another purpose is to watch the growth of each of these aspects of the person. Therefore, medication transforms the healing product of these therapies from potent to mild. The advantages of these therapies is that they view healing treatment as a development.

Healing is a process. This process can take any amount of time and one could argue that there is no end to it.¹⁹⁷ It is a continuous evolution. The longer one continues to practice these therapies, the more one learns about oneself and the more one can grow through their recovery. However, the introduction of medication halts this process. It reduces the importance of and discounts the very existence of these treatments. If a "cure" has been found, treatments like

¹⁹⁶ Shawn McNiff, *The Arts and Psychotherapy* (Springfield, IL: Charles C. Thomas Publisher, 1981), 131.

¹⁹⁷ Prakash, interview by the author.

dance/movement therapy serve no immediate purpose and this belief has been drawn out since Thorazine was first instituted. Contemporary views toward dance/movement therapy deem it unnecessary and nonessential. These beliefs are unjustified. Holistic healing and treatments are proven to be effective for many groups of people, however these forms of therapy have become degraded by social interpretations of “holistic health.” Now that medication is highly normalized, other forms of treatment, such as dance/movement therapy seem gratuitous. In spite of this belief, dance/movement therapy has proven to be successful with an array of different people; physically disabled people, mentally ill people, children, the elderly, and even people who just want to learn more about their bodies.

Current attitudes of “mental illness” have clearly changed since the nineteenth century. The term “mental illness” has become a blanket term for deviant people and deviant behavior.¹⁹⁸ However, contemporary society has reduced itself to the same processes once found in the mental health care system during Dorothea Dix’s time. Incarceration has largely replaced institutionalization.¹⁹⁹ A “cure”, otherwise known as medication, has replaced holistic treatment. There is an immediate reaction to medicate these people, instead of efforts to propose experiential healing practices. The desired effect of sedating deviance is now considered the norm. However, some psychiatrists argue that, “no pill on earth... will make anyone better; there are only pills that will make people *feel* better. Mental health... transcends symptomatology.”²⁰⁰ Within this, we see possible acceptance of other forms of treatment that attempt to strengthen the relationship between the mind and body, as opposed to break it. Psychopharmacology has transformed our expectations of health, both good and bad.

¹⁹⁸ Torrey and Miller, *The Invisible*, 301.

¹⁹⁹ Torrey, *The Insanity*, 128.

²⁰⁰ Feder and Feder, *The Expressive*, 216.

With the rise of the medication movement came the rise of psychotherapy. Together, they formed a coalition that eventually became the psychiatric norm. In our current society, if one has problems with their mental health, they are advised to see a psychiatrist who will in turn prescribe them medication. This is the expected agenda of the majority of psychiatrists. Meanwhile, dance/movement therapy became more fully developed with the practices of many influential psychologists, such as Carl Rogers, during the 1960s and 1970s. Rogers was a pioneer of the humanistic psychology movement.

Humanistic theory's major contribution is in its emphasis on the uniqueness of individuals, and on methods of releasing humanity's creative and expressive potential. In essence, this so-called 'third-force' in psychology seeks out the health and potential in the personality rather than pathology and weakness and in so doing opens the doors of expression to many different idioms — dance, drama, music, art, and so on.²⁰¹

This form of psychotherapy became accessible to conjoin with creative arts therapies, such as dance/movement therapy. In humanistic psychological theory, the emphasis of self-image and the creative potential of individuals allows for dance/movement therapy to use many of these concepts.²⁰² Dance/movement therapists were beginning to incorporate these psychoanalytic concepts into their work. Most dance/movement therapists today will use theories of both psychotherapists and dance/movement therapists in their theoretical approaches.²⁰³ By doing this, the combination of both psychotherapy and creative arts therapy working together creates a more productive understanding of self knowledge. The incorporation of psychoanalytic theories helps

²⁰¹ Levy, *Dance Movement*, 11.

²⁰² Millon, *Masters of the Mind*, 149; Levy, *Dance Movement*, 11.

²⁰³ Prakash, interview by the author.

elicit more exposure of the unconscious. While conceptions of and practices within dance/movement therapy have changed over time, so have our conceptions of dance.

The rising popularity and significance of the field of psychology brought the initiation of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The purpose of this catalogue is to diagnose and label people with their correct, personalized mental illness. The DSM holds a linear approach to psychology. “The publication of the *Diagnostic and Statistical Manual* (DSM-III) in 1980 marked a second revolution in thinking about mental illness. The promulgators of the DSM-III overthrew the broad, continuous, and vague concepts of dynamic psychiatry and reclaimed the categorical illnesses of asylum psychiatry.”²⁰⁴ In this vein, treatments based on rehabilitating mental illness were no longer focused on individuals or small groups but en masse.²⁰⁵ The labelling system of the DSM combined with the powerful forces of clinical psychology targets the vast majority of the American population in an effort to convince them of the plethora of mental illnesses they qualify for possessing.

Conversely, dance/movement therapies counter this approach to mental illness. Instead of depending on a manual that can attribute long lists of mental illnesses, dance/movement therapists rely on their experiential intuition. Because “the body does not lie,” dance/movement therapists can perceive personal narratives and needs through body movements and dance.²⁰⁶ The body tells personal stories and corporeal histories through symbolism. Do psychiatrists do this? Rather, psychiatrists and pharmacologists tend to diagnose, label, and mark the body and mind; this is an effort to stigmatize people as well as place people into categories.

²⁰⁴ Allan V. Horwitz, *Creating Mental Illness* (Chicago, IL: University of Chicago Press, 2002), 2.

²⁰⁵ Horwitz, *Creating Mental*, 4.

²⁰⁶ Prakash, interview by author.

By becoming labelled and marked by the categorization of the DSM and the profitability of psychiatrists, one tends to conform to that label. It becomes the definition of who we are. It offers a palatable explanation of the “abnormalities” of the mind and the body. In turn, getting prescribed with high doses of medication and now deemed “cured,” we are in the midst of appropriating normality. In doing so, we are now seen as in good health; we are normalized. “Today most of us view health as a good to be attained and preserved and pain as an evil to be feared and avoided. According to those who draw sharp distinctions between us and our ancestors, no such expectations existed in the early modern period.”²⁰⁷ Good health has become fetishized and highly desired. However, by ignoring who one truly is, mental illnesses and all, one is masking their true identity. By taking medication to “alleviate the ills” of life, one is obscuring the real aspects of the body and mind; one’s personality, one’s self, one’s body. “All of the arts in therapy must repossess the body if they are to actualize their healing powers fully. The denial of the body by conventional psychotherapeutic practices and mental health institutions is but symptomatic of the lack of mind/body integration within the society at large and within the lives of those who deliver mental health services.”²⁰⁸ Medication, known to dissociate one from their own body and mind, does not allow one to learn more about themselves. What creative arts therapies, like dance/movement therapy, offer is personal inquiries and personal practices that one does not have the opportunity to explore when medication predicates all other sources of healing.

²⁰⁷ Lindemann, *Medicine and Society*, 280.

²⁰⁸ McNiff, *The Arts*, 110.

Through dance, movement, and action, one gains self knowledge that empowers the self. Especially for the mentally ill, these practices locate agency and empowerment in the self and provide tools to aid one in managing life. Similar to Chace's views, dance has many goals:

The goal... is not victory over one's body at all. ... It is unity: the regaining, for those brief moments for which it lasts, of perfect immediacy between body and mind. The point... is to limit, and even to close, the distance between self and body... [and to enjoy] that absolute freeing sense of ontological unity that can only occur when mind and body are wholly in sync with each other, when intention is translated into effect seemingly without effort or intervening formulation of means or method... moments of ontological synchronizations.

Learning about the self, which can be called body knowledge, body intelligence, or self knowledge, is incomplete when medicated.²⁰⁹ Body knowledge is achieved through therapeutic interventions, such as movement and dance, incorporated with the continuous practice of the two. Dance, when the body and mind flow seamlessly together, allows us to learn from what the body and mind offer each other. Some contemporary scholars of medicine believe that "healing should be situated within a larger framework they term 'bodywork' that 'investigate[s] the relationship between the work we consider medicine and the broader category of attending to the human body.'²¹⁰ While medication can be remarkably helpful for some people, it is crucial to retain attention upon the body itself as well as the mind. The human body can get neglected while medicine focuses primarily on the mind. The body, a mortal being, is often feared; the body's potential for becoming diseased or in pain causes us to "constantly estrange ourselves

²⁰⁹ Body knowledge or body intelligence is something I use to refer to the act of learning physically. Self knowledge and self understanding are both parts of what body knowledge is. These terms will be used sparingly throughout the rest of the project.

²¹⁰ Lindemann, *Medicine and Society*, 236.

from it.”²¹¹ The body and mind are inconceivably one entity. It is important to reconnect our minds with our physical bodies.

The body is equally as important as the mind and can help us learn more about ourselves. “Medicine and psychotherapy developed as forms of treatment, with the former focusing on the body and the latter focusing on the mind. Psychotherapeutic treatment approaches were almost entirely verbal and non-active.”²¹² Combining the uses of therapeutic mediums that direct healing toward both the body and mind should be conceived as the most effective method of healing and rehabilitation. The alliance between consciousness and physical awareness should be established in efforts of healing. “The fundamental inspiration of the arts in therapy, both positively and negatively, is the realization that *we create our lives*.”²¹³ Human beings physically construct their life experiences. Within this, it is with personal volition to reap the benefits of life; learning about your body, your mind, and your self. While modern psychotherapies tend to focus more on the mind and the unconscious, it is equally as important to regard the body and its unconscious movements.

The position of dance/movement therapists and psychiatrists differ tremendously. Regarding the dance theories of Marian Chace, dance/movement therapists see themselves as facilitators or guides. They are not teachers and they do not enforce strict structural elements to their classes.²¹⁴ Rather, their “definition,” although such a structured word is perhaps unwarranted, of dance is left up to the mover themselves. The therapist encourages the patient to dance the way that they want to; regardless of what the patient is doing, their dance has been

²¹¹ McNiff, *The Arts*, 113.

²¹² Levy, *Dance Movement*, 15.

²¹³ McNiff, *The Arts*, 131.

²¹⁴ Prakash, interview by the author.

defined for them, by them.²¹⁵ Through this defined dance, the patient can pursue any movement they desire. Dance and movement, vessels of agency, provide more space for opportunity and growth. Regardless of who you are, whether you are “ill” or not, your age, your ability or disability, you can partake in dance. Not only is dance open to anybody, but it is not coercive or forced upon someone. While there are processes of further understanding particular mental illnesses by analyzing the body, the process is not one that labels and degrades; rather, in the fleeting moment of dance, dance/movement therapists must try to uncover physical language to “probe beneath the surface.”²¹⁶ The structure of dance/movement therapy is to induce growth, not to shut somebody down; the mind, self, and body are invited to learn and evolve from one another. Through this, one can begin to see how potentially we can adopt some factors of the facilitative aspects of dance/movement therapists ourselves. In doing so, one is remaining a guide upon one’s own life.

So, where have we, as a society, gone wrong? How have we forgotten about the epidemic that is mental illness? Historically, mental health care has gone through vast developments that both benefitted and failed mentally ill people. With its downfalls and improvements, it is clear that in times of strife, enhancement and betterment of past failures becomes a social objective. When the communities of mental health care were practically invisible, social reformers, like Dorothea Dix, spent their lives rebuilding those communities. When those communities, once again, slowly decayed, new action to ameliorate these conditions was realized. “Humans adapt remarkably well to a disaster as long as the disaster occurs over a long period of time.”²¹⁷ And while these changes have developed over centuries, this disaster has only permeated. It is

²¹⁵ Prakash, interview by the author.

²¹⁶ Feder and Feder, *The Expressive*, 166.

²¹⁷ Torrey and Miller, *The Invisible*, 300.

difficult to find a solution to a societal problem when it is considered cured. But it should be argued that this epidemic is far from cured, rather it is only suppressed.

While society has attempted to make life better for people with mental illness, the lives of these people are still arduous. “Of all the burdens borne by mentally ill individuals, stigma is one of the heaviest. It affects opportunities for employment, housing, and social relations and becomes a scarlet letter that all mentally ill persons must carry.”²¹⁸ This scarlet letter makes it remarkably difficult to live in a society that does not even begin to adequately provide specific resources for these people seeking help. Stigma affects many marginalized populations, but when marginalized groups of people exist in enclosed spaces, such as the mental hospital, their stigma is confined to that space. When mentally ill people are not in these enclosed spaces, their stigma escalates. It is imperative to introduce the notion of community inside society. Changing the historic and systematic uses of stigma is difficult.

For people... to care about one another... we have to change the understanding we have of our own bodies. We will never experience the difference of others until we acknowledge the bodily insufficiencies in ourselves. Civic compassion issues from that physical awareness of a lack in ourselves, not from sheer goodwill or political rectitude... If there is a place for faith in mobilising the powers of civilization against those of domination, it lies exactly in accepting what the solitude or separation and passivity of the body seeks to avoid.²¹⁹

Only by truly understanding oneself can one begin to understand those of whom who live with perpetual forms of stigma. We must confront this stigma directly to dismantle further marginalization of this population. Retaining stigma will only encourage the lack of spaces and

²¹⁸ Torrey, *The Insanity*, 164.

²¹⁹ John G. Fox, *Marx, the Body, and Human Nature* (New York, NY: Palgrave Macmillan, 2015), 229.

treatments that currently exist. The reality and physicality of people living with mental illness cannot be suppressed any longer.

Conclusion

The goal of this project was to tell a story that has never been told before. Initially interested in the impossibility of healing inside mental institutions, I have found much more optimistic evidence primarily through the creative arts therapies. Through my research, I have begun to understand how society's values imprint themselves on the physical body. By doing this, embodiment becomes increasingly difficult. Why do we prioritize the functionality of society when we should prioritize uplifting marginalized populations? Instead of suppressing these people, we should recognize their importance to who we are as a society. I believe that through practicing embodiment, we learn to live our lives through our bodies; through physical sensations, movements, and action, we create the capacity to empower the body. Through physical action, we learn to pursue reformative action that brings justice to the people who deserve it.

The act of ridding society of mentally ill people is comparable to the ways in which we have become disembodied. Taking marginalized people out of society creates a ploy that society has no impurities. Similar to this, medicine makes us believe that our impurities have been eradicated. These systems should be altered. Recognition of who society is as a whole is the only method to accept the importance of all the components that make society what it is. In this vein, while accepting society and all of its components, one can begin to reflect this in oneself. The body has become a reflection of the values of society. Autonomy is hard to find when values of body and mind remain negligible. Marginalized people, such as the mentally ill, deserve to feel

human. The recognition of humanity in people who have been routinely subjugated helps this process. This can offer insight to the reasons why we have become disembodied.

Through failures, one perseveres. We see this in the history of mental illness and the American institution. But this is not occurring now, when there is blatant proof of systematic failures in the mental health care system. How do we rise up and persevere? How do we protect the people who need it most? In our day and age, it is seeming to be exceedingly difficult to initiate change. We must empower people through physical practices which will in turn give them tools to persevere themselves. Physical practices are the key to understanding ourselves and becoming empathetic to others. Physical practices are key to initiating change.

Afterword

So, how did I get here? I ask this question thinking of personal histories. As most things are in life, this project is personal. It is personal as a dancer, as a student, and as an activist. I found dance at a late age during a time in my life when I was dealing with mental health problems. Dance became the only way I felt comfortable dealing with these problems; how I learned about myself, both my mind and my body, and how their relationship grew through dance and movement. For the first time, this was my opportunity to honestly and openly express my grievances, anger, happiness, joy. Dance was a momentous discovery. It allowed me to find and examine my own thoughts and feelings instead of having someone else point them out for me. It gave me the autonomy to locate my issues and confront them. Having dance as a release has changed the way I live my life. Because dance and movement have had such a profound affect on my life and the relationship I have with my body, I wanted to learn more about the reasons why dance is therapeutic.

Eventually, I came to the decision to attend college to educate myself in the world of movement and healing. I have spent my undergraduate years examining how bodies heal, particularly through movement. Through explorations in music, dance, nature, psychology, and sound, I have learned much about how different bodies are able to heal in different ways; I have had the opportunity to think about and study the beneficial therapies, techniques, and personal practices that help bodies and minds heal. I was able to create my own multidisciplinary major,

combining the studies of dance, music, and psychology; my passion for the powerful and healing aspects of dance has been a driving force in my academic career.

Soon my curiosity took me to look at the different healing techniques and spaces that help me understand the world of creative arts therapies. I am interested in the methods of dance as being therapeutic to people, even myself, but particularly people who are living with mental illness or physical disability. We can speculate as to how dance can be healing; gaining endorphins, recognizing emotions through movement, participation in your community, learning more about your body, expressing yourself, gaining new skills, etc. however I wanted to learn more about the history of dance and movement and its implications inside the realm of mental health. These aspects of movement can help in the process of holistic healing. Through these aspects of dance, I was compelled to understand the issues surrounding therapeutic dance techniques and applying them to the process of healing. I wanted to look at bodies and how they heal in different spaces. Healing is a complicated and difficult task and the spaces in which we grow and learn tend to be disciplined, structured, and paternalistic institutions. These institutions make it difficult to heal. I wanted to dig deep into the historical roots of dance and psychology to understand where they possibly intersect. Taking these aspects of our disciplined lives and trying to untangle them helps us recognize the aspects of our lives that free us from control. Finding autonomy through movement is one of those facets.

Dance is important to me because it is such a fluid and innate part of human nature. The yearning for movement is fundamentally human. I see the potential for movement and dance in almost everything I do. At Bard, I have created communities through dance. I have learned more about my identity through dance. I have become more confident in myself through dance. I have

struggled through dance. I have solved problems through dance. I stay functional through dance. It is for these reasons that I encourage others to pursue dance. It for these reasons that I have faith in dance. It is for these reasons that I am who I am. Just as being physical helps one learn more about the self and just as in doing so one is attempting to physically create who they are, I find that I have done the same in my life. Being an embodied, empathic, and emotional person stems from the fact that I am a dancer and a mover. Embodiment is power through movement and power through movement is living life fully.

Glossary

Names appear in chronological order of their placement in the project.

Paracelsus (1493-1541) German-Swiss physician and alchemist who, although not most notable for this fact, rejected the traditional methodologies and ideologies of science. He did this by writing plentifully on how the planets, the stars and the Divine did not have any real scientific hold over the human body. This was rather radical for the time. He was also a proponent of the healing effects of nature. Adamant in his philosophies, he contributed heavily to the medical world: the rise of psychiatric treatment, chemical medicine, and psychological healing science.²²⁰

René Descartes (1596-1650) French mathematician, philosopher, and scientist who greatly contributed to early scientific method and philosophical thought of mind and body. He believed the body and mind to operate like a machine. He also believed that the mind and body were intrinsically united. While there are material distinctions between the two personae, he believed that they both worked with one another to function fully. He also wrote on how the mind has control over the body. Descartes has written philosophies on much more than mentioned; for example he has written on deductive reasoning, metaphysics, analytic geometry, moral psychology, the human body, and human nature.²²¹

Philippe Pinel (1745-1826) French physician and social reformer who pioneered the movement of humane treatment of the mentally ill. He coined the term “moral treatment” or “traitement morale” which became the norm for most asylums during the early-nineteenth century. “Moral treatment” referred to using different therapies and activities to care for mental patients as opposed to the historically punitive practices. He emphasized the importance of making relationships and friendships with the patients. He is known to liberate the mentally ill from the

²²⁰ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

²²¹ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

physical chains they were confined to. He later became superintendent of Le Bicetre and La Salpetriere, two mental asylums located in Paris.²²²

William Tuke (1732-1822) English, Quaker tea merchant and humanitarian who established the York Retreat in 1797, a residential asylum meant to employ humane treatment, similar to the ideology of “moral treatment”. This refuge, very reminiscent of the home and familial life, was located in a rural area and was rid of hierarchical values found in other asylums. The York Retreat implemented therapeutic practices through occupational therapy and entertainment that exercised both the body and the mind.²²³

Dorothea Dix (1802-1887) American educator, social reformer, and humanitarian who spent her life advocating for the human rights of mentally ill people across America. In her early years, she had a career as a teacher, providing children with the rudiments of the natural sciences and ethical living. Later, shocked by the conditions inside prisons and the treatment of mentally ill people, who were largely incarcerated during this time, she travelled around America documenting the unethical conditions she witnessed. Through efforts to reform these institutions, she successfully passed legislation to ameliorate conditions of hospitals, prisons, and other institutions, while even founding new asylums herself. She is known as the pioneer of founding most mental asylums, who practiced humane treatment, during the nineteenth century.²²⁴

Thomas Kirkbride (1809-1883) American psychiatrist and architect who contributed heavily to the architectural planning of mental asylums in the nineteenth century with his inception of the Kirkbride Plan. He was a proponent of “moral treatment” which he implemented into the design of hospitals he built. The designs of these hospitals ensured fresh air and light and highlighted the important healing aspects of the environment and nature, which were elements of “moral treatment.” He later served as superintendent of the Pennsylvania Hospital for the Insane in

²²² *Encyclopaedia Britannica*, <https://www.britannica.com/>.

²²³ Millon, *Masters of the Mind*, 149

²²⁴ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

1841. At the hospital, he enforced the ethics of humane treatment, eliminating mechanical restraint and introducing a plethora of therapeutic and educational activities.²²⁵

Charles Henry Nichols (1820-1889) American psychiatrist who was the first superintendent of the Government Hospital for the Insane, otherwise known as Saint Elizabeths Hospital, in Washington, D.C.. He was selected for this position by both Thomas Kirkbride and Dorothea Dix. Nichols contributed to the site plan and architectural plan of the hospital. He held relatively similar views to Dix, in terms of humane treatment, while offering therapeutic interventions.²²⁶

Marian Chace (1896-1970) American dancer who pioneered the underpinning theories of dance/movement therapy. She introduced the idea that dance and movement could be therapeutic. Before she proposed this notion, she was a dancer at the Denishawn School. She worked as a Red Cross volunteer at Saint Elizabeths Hospital in the early 1940s. Her dance course that she taught at the hospital was called “Dance for Communication.” This would become what we now know as dance/movement therapy. Chace is famous for her emphasis on *body action, symbolism, therapeutic movement relationship, and rhythmic group activity*. All of these aspects of her dance classes were meant to help resocialize the mentally ill patient.²²⁷

Ruth St. Denis (1879-1968) American contemporary dancer who influenced the modern dance field. Growing up practicing many different forms of dance technique, St. Denis was known for the plethora of non-Western dance and art forms in her performances. In 1914 she married Ted Shawn, her dance partner. They founded the Denishawn School together in Los Angeles, later opening branches in both New York City and Washington, D.C.. St. Denis believed that there was more meaning to dance than just the performative aspects and this influenced how she conducted her dance classes at Denishawn.²²⁸

²²⁵ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

²²⁶ Yanni, *The Architecture*, 67.

²²⁷ Levy, *Dance Movement*, 15.

²²⁸ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

Ted Shawn (1891-1972) American contemporary dancer who cofounded the Denishawn School and influenced the field of dance with his masculine dance technique. He founded the Denishawn School with Ruth St. Denis, his wife, in 1915.²²⁹

Winfred Overholser (1892-1964) American physician who served as superintendent of Saint Elizabeths Hospital. He was appointed in 1937 and retired in 1962. He oversaw vast expansions of the hospital due to overcrowding. During his time at the hospital, he introduced a plethora of advancements in therapy. Despite the popularity of the lobotomy and electroshock therapy, Dr. Overholser resisted having these procedures occur at the hospital. He was a proponent of occupational therapies, psychodrama, dance/movement therapy, physical activities, art activities, farming, and more. He was a proponent of Marian Chace's work at the hospital. He also believed it to be very important to teach the greater public about the realities of mental illness; trying to dismantle the stigma surrounding it.²³⁰

Roscoe Hall (1888-1961) American psychologist who was the clinical director of the psychotherapy department at Saint Elizabeths in the mid-twentieth century. He was a proponent of Marian Chace's work at the hospital.²³¹

²²⁹ *Encyclopaedia Britannica*, <https://www.britannica.com/>.

²³⁰ Otto, *St. Elizabeths*, 291.

²³¹ Otto, *St. Elizabeths*, 291.

Appendix A

*March 18, 2017 9:00am
Saint Elizabeths Hospital West Campus Tour
2721 Martin Luther King Ave, SE
Washington, D.C.*

I had a surprisingly convenient and unique opportunity to visit the historic campus of Saint Elizabeths Hospital, a relic of my hometown that I have spent so much time learning about in the midst of writing this project. While browsing the internet, researching the history of the hospital, I stumbled upon a description of annual walking tours that occur on the historic west campus of the hospital. Since Saint Elizabeths Hospital is a National Historic Landmark, deemed so in 1990, the District of Columbia Preservation League (DCPL) gives annual walking tours for anyone who signs up. These tours have been occurring for a number of years. I was excited to get a close up look at the historic hospital that I had done so much research on. The tour was scheduled for the first day of my spring break at 9:00 am. There was no reason I could or should not go and I was ecstatic. I drove down to D.C. from Bard the night before the tour, got a good night's sleep, and woke up promptly to get to the hospital grounds, which was a 45 minute drive from where I was staying. It was rainy and cold, but rain or shine, I was determined to be present for this tour.

Upon visiting the Saint Elizabeths west campus on a gray, rainy day, I drove past a long row of the original 1852 brick wall that protected the hospital.²³² Remnants of construction and road work scattered the long, bumpy road leading to the entrance. Awaiting me ahead was a gate

²³² During the tour, we learned that these bricks had been produced on the campus in its early days. Since these bricks weren't quite sturdy enough, they stopped producing them and began buying them from a different manufacturer.

with a guard. As I neared the gate, the guard asked for my ID to make sure I was authorized from my previous background check they completed when I signed up for the tour. Once I was cleared, I was directed to a parking lot where, before I could park, my car was sniffed out by a detection dog. Since the campus is currently being assumed to function as offices for the Department of Homeland Security (DHS), all of this seemed to be standard procedure. Once again cleared, I parked and, with my pen and notepad under my arm, waited in the group of people who were also there for the tour. I began having small discussions with some surrounding people about why they were here and what they were excited about. I explained to many people that I was using Saint Elizabeths Hospital as a case study in my undergraduate thesis. Most people who heard I was doing this seemed apathetic at best. The topic may not be the most riveting to others, I admit, although it is to me.

Taking time to myself to look at the environment around me, I saw huge, uniform red brick buildings with beautifully embroidered metal railings surrounding the windows and the entrances. These adorned metal railings, that were decorated with floral patterns, were turning blue from overexposure to sunlight and rain. Each building looked almost identical and I could see many more past the structures closest to me. The vastness of this campus was impressionable and exceeded my initial expectations. These buildings emanated beauty, age, history, and care. I was now confronted with the intentional alliance between the man made structures and the natural environment surrounding it. It hadn't quite impacted me yet that I was standing on the campus of a hospital I had spent so much of my time studying.

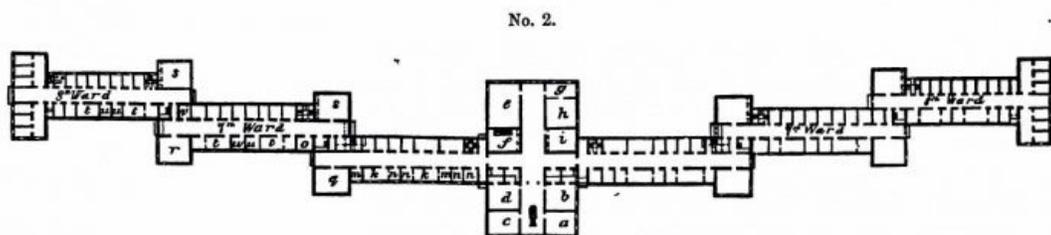
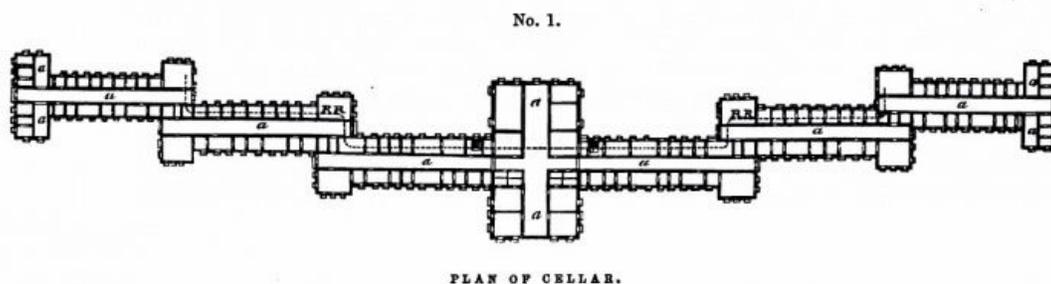
There were many more people than I expected to be on the tour; around fifty. We split up into two groups and started by discussing the architectural style of the gatehouse and a nearby

dilapidated greenhouse. Most of this style is Italian Gothic Revival, something I had no previous knowledge on. We were told that the west campus was 176 acres; the east campus is almost exactly that acreage as well. There was a lot of discussion about the difference between which campus was federally owned and which was owned by the District. The west campus is clearly federally owned, since the Department of Homeland Security is assuming its buildings and functions; once the construction is done, the official headquarters of the DHS will be established at this location. The historic east campus, which we did not have access to, is owned by the District. I am currently unaware of what is happening to the historic buildings of the east campus.

The new east campus building, built in 2010, has adopted all of the hospital activity that once occurred in the original historic campuses. With 500 patients, it is necessarily much smaller than the historic campuses. While it was not built in the same architectural style as the Kirkbride buildings, the architect kept in mind the importance of fresh air, lots of light, and large open spaces that stem from the foundations of moral treatment. Deinstitutionalization as well as the popularity of psychotropic drugs sincerely affected Saint Elizabeths Hospital just as it had affected many other mental asylums that were built during the reform movement of the nineteenth century. In fact, most original Kirkbride buildings were in the process of abandonment during this time. Saint Elizabeths Hospital remained a very popular and active hospital up until the 1960s and 1970s, when many patients were asked to leave due to severe federal budget cuts. By the 1990s, the entirety of the west campus was practically empty and unused. This was followed by the slow abandonment and consequent deterioration of the buildings.

In the very beginning of the hospital's establishment, we were told that Dorothea Dix was only able to acquire the land by assuaging the farmer who owned and ran an active farm on the land. While the farmer didn't want to sell the land, somehow Dix was able to convince him. This adds an additional inside look into the life Dix lead working hard to attain property rights for the hospital.

What is so significant about the architecture of Saint Elizabeths is its capacity to reflect the principles founded by Dix, Pinel, and the like. As Otto states, "Saint Elizabeths is a living example of how public attitudes and public policy shape the built environment and how the built environment can shape public attitude and public policy."²³³ Once walking around the campus, I could visualize what I had read about for so many months. It was clear to see that the different styles of buildings made visible the different forms of treatment implemented at the hospital. The first structure built was the linear plan created by Thomas Kirkbride:



²³³ Otto, *Saint Elizabeths*, 3.

Figure 3— *The Kirkbride Linear Plan*²³⁴

This plan ensured that all parts of the hospital would be well-lit and well-ventilated. Built in 1852, before air conditioning, proper heating or lighting, these windows became huge resources for the daily lives of patients and staff. The middle portion of the building became the administrative section, where the superintendent's office would be. Patients were housed all along the right and left corridors. The most afflicted patients were placed far away from the office of the superintendent. This was so that people who came to visit the hospital were not disrupted by the most rowdy of patients. It is clear that the hospital wanted to seem as functional and peaceful as it could, although in reality that was not necessarily true. What is so striking is that these corridors, built in a sharp “V” shape allowed for light both in the rooms and the hallways. There are more than 1,300 windows in this building alone. In a way, these windows were meant to humanize the building. During the time of this tour, this building was an active construction site. They had gutted the entire building, maintaining the original brick structure, preparing to build new offices for the DHS.

The other buildings scattered around the central hospital building were gradual expansions. As conceptions of and treatments of the mentally ill changed, so too did the buildings at Saint Elizabeths. It was imperative to build and design buildings that reflected the moral and ethical values espoused by modern medical treatment. These buildings outside of the central administrative building were organized to be close enough to be convenient but far enough to maintain the importance of the surrounding environment and nature. These uniform buildings were finite but also communal; individualized while remaining a part of a larger

²³⁴ "Original Kirkbride Plan 1854," Asylum Projects Reserve Preteritus, last modified August 17, 2011, http://www.asylumprojects.org/index.php?title=File:Original_Kirkbride_Plan_1854.jpg.

community. Similar to the intentions of the hospital, these expansions created an atmosphere of communal cottages as opposed to one single asylum. The campus is set up that way as well.

Walking around, this hospital appears to be a well working community, almost like a small town.

These buildings were perfectly structured around one another to infer that this space was a community that worked together. There was a church, a cafeteria, a theater, a library, and many more buildings that offer the perspective of a city within a city. With these smaller populations within the smaller cottage design, we see an indoor-outdoor relationship. There are strong relationships between the buildings to the surrounding environment, the buildings to the other buildings, and the connection between communal and individual living.

In this vein, walking around the campus, I was shocked at its sheer size. It felt like a self-sufficient town. It had all the amenities a town needs and its architecture was uniform. The DHS is taking over the campus, meaning that the campus will become privatized. Having the opportunity to walk around to experience a historical moment in D.C. is ruined. Saint Elizabeths' campus is also home to one of the best panoramic views of Washington. One can view the capitol, the Washington monument, the Cathedral University dome, and the entire national mall. With this privatization soon becoming official, access to this historic site will be considerably limited. Apparently city officials proposed turning the site into a college campus for American University, Howard University, or the University of the District of Columbia, however the DHS was chosen instead. Walking around the historical site, I felt like I was on Bard's campus, or another campus of a college. The fact that the site is becoming privatized is disappointing because there will be a lack of visibility of an historic landmark of D.C..

Demonstrating how self-sufficient the campus once was, we passed the original boiler room building next to an ice house. We also learned that during the early years of the hospital's life, most of the bricks were actually made on the campus. For good measure, they started to get their bricks made by another company since the bricks made at Saint Elizabeths weren't very strong.

While Saint Elizabeths Hospital's treatment of the mentally ill deteriorated equally as much as many other hospitals during deinstitutionalization, they continued to practice the many enlightened therapies that once were pioneered there. With such changes in the world, the small percentage of medical advancements taking place at the hospital were occurring alongside invasive therapies such as electroconvulsive therapy and lobotomies.²³⁵ However, Saint Elizabeths was remarkably adamant about continuing to pursue humane traditions like dance/movement therapy, music therapy, dramatherapy, art therapy, educational programs, chaplaincy programs, and recreational therapies.

These therapies are still very active at the hospital and most patients partake in these therapies. Most of these therapies are working congruently with psychotherapy and medication.²³⁶ Every single patient is on medication. Of Saint Elizabeths' population, many are heavily medicated and others can be overly medicated. Subsequently, the patients tend to be less present. While a mental hospital may be easier to function when the patients are all sedated, this changes the very existence of these people. Speaking with Nalini Prakash, a dance/movement therapist at Saint Elizabeths Hospital, I could tell that she was not thrilled by the use of medication at the hospital. Medication had a serious affect on the way the patients acted and reacted in the art

²³⁵ Joel Braslow, *Mentally Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley, CA: University of California Press, 1997), 99.

²³⁶ Nalini Prakash, interview by the author.

therapies practiced at the hospital. Prakash described the ways in which patients became integrated to the creative arts therapies once admitted to the hospital. When they first arrive they go through a series of assessments. In these assessments they are asked about different arts practices that they prefer; there is a choice between music, theater, art, and dance. Not every patient participates in these therapies although a large majority of the patients do.

Prakash also described the ways in which dance/movement therapy was implemented during Chace's time at the hospital. While the hospital now has a Therapeutic Learning Center where all creative arts therapy activities occur, Chace would have to visit every single communal living building. Chace would practice "Dance for Communication" inside each residential ward. The treatment differed from building to building because often buildings were designated for particular diagnoses or illnesses. With this in mind, one can understand how much more difficult it used to be to integrate these therapies at the hospital.

This visit to Saint Elizabeths Hospital was enlightening. I am so lucky to have been able to explore the campus with guided facilitators. I was given an inside perspective of what the campus and buildings are actually like. From reading descriptions on paper to physically being present on the campus as a witness to the architecture, nature, and beautiful views was very helpful for me to become embodied in this project. The physicality of my experiences during this project helped me remember why I was writing this project to begin with. Embodying the history of the hospital informed my experience of writing about the hospital and has changed the perspective I have of my hometown.

Appendix B

Using vocabulary from both Marian Chace and the critical descriptions of the experience of living in a mental institution, I have created a list of words that compare and contrast from one another. Thinking of the ways in which institutionalization can be restricting, the comparison of these descriptive words to the words used to describe dance show a direct contrast. Through this, dance can be seen as a rebellious act toward coercive, restraining experiences. When one is confined to a space, even a space whose intention to be therapeutic has failed, the capacity in which one can heal is limited. Through Marian Chace's practices, the opportunity to heal is reintroduced. The experience of living inside an asylum compared to the experience of movement and dance can be compared in this succinct list:

The body—mind—space when... ²³⁷

Institutionalized

static

stunted

silenced

closed

immobile

antisocial

Dancing

free

growing

communicative

open

mobile

social

²³⁷ All words in the “dancing” category have been taken directly from the writings of Marian Chace. Most of the words in the “institutionalized” category have been taken directly from the writings of asylum critics.

regimented

circular

tense

relaxed

fearful

non-judgmental

barriers

meeting ground

hierarchical

nonhierarchical

passive

active

devoid

expressive

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