

Snapshots:

Three Women and Psychiatry, 1920-1935

by Megan J. Davies

What I have to offer are a handful of snapshots, a set of female experiences. The three women whose histories I tell were for a period in their lives patients at the New Westminster Insane Asylum (or Essondale Provincial Mental Hospital) in British Columbia.¹ I think of these histories as snapshots because my research caught these women in a manner not unlike a camera, at a specific moment — a time during which they were isolated from work, family and friends, their lives framed by the walls of the asylum. The ward notes, personal histories and patient interviews which I found in the case files of these women suggest some tentative ideas about differing circumstances which brought women into the asylum as patients, and how doctors and female patients themselves shaped their experiences as part of New Westminster and Essondale between 1920 and 1935.

"All the trouble with me [is] that I am run down and need some fresh milk, about four cups a day." That was how Nellie expressed her needs in May of 1920 when she entered New Westminster for the third time. The doctors, however, described Nellie as unkempt and slovenly, noting the local police had submitted a report which claimed she had been in an "unsatisfactory mental condition" since her husband had signed her discharge form seventeen months previously.

Nellie's case files indicate that this difference of opinion between physician and patient as to why Nellie was in the asylum, was an issue throughout her time at New Westminster and Essondale. Nellie's doctors placed a good deal of importance on politeness, tidiness and their patient's willingness to co-operate with the asylum staff. Eight different physicians treated Nellie over the twenty-three year period which covered her three visits to the asylum, yet their viewpoint remained consistent; Nellie was an unhelpful patient. In her doctor's eyes, Nellie's lack of interest in her personal appearance and her sur-

roundings, her periodic refusal to eat, and her constant demands to go home, indicated a lack of insight into her own condition. And insight — which appears to have meant acceptance of the doctor's diagnosis — was a necessary indication of a patient's well-being. Clearly, Nellie's doctors saw their patient, in her late twenties at the time of her first admission, as a sick woman who was incapable of maintaining herself outside the asylum. They did not acknowledge that Nellie's numerous pregnancies, her husband's periodic desertions, and the fact that her children had been placed in an orphanage might have affected her mental well-being.

In contrast to her physicians, Nellie perceived the asylum as both a punishment and a refuge. The asylum was, at different times, for Nellie, an option when she had nowhere else to live, a prison that kept her from home and children and, quite possibly, a safe place away from a brutal husband. New Westminster was also the place where she died of tuberculosis in 1938.

Nellie's case illustrates the role which asylums played in policing marginal women and the different uses which female patients themselves might have made of the institution. It is clear from Nellie's file that her power to control her experience as a patient was extremely limited. Nellie's failure to behave as her physicians believed she should can be interpreted as attempts to control or manipulate her situation. But as a poor woman with little education, Nellie was clearly vulnerable in the face of the medical assessment of her sanity.

What is interesting, however, is that class, a lack of education, and a reputation as a poor provider did not stop Nellie's husband from obtaining her release. Both in 1916 and in 1918 he defied medical opinion, circumvented institutional bureaucracy, and signed Nellie out of the asylum. Nellie's husband's ability to bargain with New Westminster and Esson-

dale suggests that a male 'ally' outside the asylum was an effective tool in obtaining a patient's release and that the most useful ally was probably a husband. Perhaps when Nellie addressed her doctor as "husband" in July of 1921 she was not being "extremely delusional," as described in her ward notes, but was making what was for her a logical connection between two figures of male power.

Jeanne's case file presents a somewhat different patient-doctor relationship. Evidently Jeanne, who entered New Westminster as a young single woman in 1929 and remained there for fifteen months, had a closer and possibly more egalitarian relationship with the two doctors who treated her. This patient-doctor bond was characterized by a somewhat sympathetic paternalism on the part of the physicians, and Jeanne's articulate expression of both her needs and the institution's shortcomings. The difference between Nellie's and Jeanne's cases in this respect may indicate that class, educational background, and a willingness to acquiesce in treatment, influenced the kind of care a woman received at New Westminster. It is clear from Jeanne's own letters that she was well educated, eager to be cured and had some knowledge of psychological theory.

Jeanne's familiarity with psychological tenets may have allowed her to influence to some extent her treatment. In October, following what was described as a lengthy patient interview, her doctor noted that, in light of Jeanne's progress in the asylum, "it is felt that were she placed in a suitable environment she would get along fairly well on the outside." What is interesting is that her need for a quiet, non-institutional setting in which to regain her health had been a constant theme in Jeanne's correspondence with her physicians. Nine days after her admission, Jeanne had requested a place away from "these 'goofy' patients in the daytime, their yells at night, and some religious maniac shouting to Christ." Simi-

larly, Jeanne wrote a postscript to a letter written shortly after her admission: "It also makes me sick to think of wasting all the beautiful summer when I could take the whole Sunday anytime to go down to the sea and swim...in my opinion it would do me a lot more good. (A game of football is also in my line.)"

Another theme within Jeanne's letters is her insistence that her emotional troubles were rooted in an unhappy childhood, "Either before I was born or when a young child, most of the harm was done." Again, the medical reaction to Jeanne's thoughts about her emotional well-being was more sympathetic than in Nellie's case. In response to Jeanne's feeling "that her own people have no sympathy or consideration for her," her doctor acknowledged that this might well be true. And significantly, when Jeanne was discharged from New Westminster, she left to work for a farmer's wife in Alberta — an idea which she herself had discussed in a letter written following her October interview.

Whereas Jeanne and Nellie are relatively young women, Agnes provides an illustration of an older woman's experience at New Westminster. Sixty-six years of age and a widow with limited financial resources, Agnes entered the asylum at a time when her family support system faltered. In January of 1921 Agnes' daughter was out of town, and her niece was tired of dealing with her aunt's extravagant propensity for buying dry goods and pieces of furniture at various Vancouver shops, then forgetting about her purchases. Somehow Agnes ended up in jail and from there was committed. She spent fifteen months in the asylum.

When she was admitted to New Westminster, doctors described Agnes as "dishevelled" and "most talkative." Unlike the cases of Jeanne and Nellie, this was the only reference to Agnes' appearance, although her physical health was an ongoing concern. Another theme that emerges from the ward notes is that asylum staff and doctors considered Agnes a troublemaker; not only did Agnes continue to demand that she be released, but at one point she enlisted the other patients on G Ward in her flight for freedom. Only nine days after Agnes' admission to New Westminster, her doctor noted of his patient: "She is a great talker among the other patients and often times may be seen kissing them and telling them they should not be in this institution and seeking sympathy also for herself. In this way she caused a great unrest with some of the patients."

Agnes' role as leader of G Ward's

rebellion was cut short by her transfer to A Ward on February 3rd. Yet what can be perceived as a personal campaign for her release continued for the next few months. On February 11th the ward notes tell us that Agnes threatened legal action against those responsible for her detention, arguing that there was no reason for her to be in an asylum. One month later Agnes complained that the ward staff had beaten her: the doctor noted that he found one small bruise on her arm. And with few fellow patients to converse with, Agnes continued to write numerous letters to family and friends, telling them that she had been committed to the asylum when she ridiculed her niece's use of a Ouija Board and that she was not insane. Agnes was eventually discharged on April 7th, 1922, leaving New Westminster to live with family on the prairies. The result of her treatment: unimproved. Her diagnosis: paranoia.

Perhaps the most interesting theme to emerge during my preliminary research is the women's efforts to assert themselves and present their own ideas about their mental well-being. But how much did Agnes' stubborn persistence contribute to her eventual release? Or was her denial of insanity and campaign for freedom only important to Agnes in a personal context? As in the cases of Nellie and Jeanne, it is difficult at this point to assess if either co-operation or rebellion had a real effect in the face of medical authority and institutional bureaucracy. Yet Nellie, Jeanne and Agnes do illustrate that the women's own notions often contradicted or re-interpreted medical opinion. As more patient-centred studies of women's experiences of mental health institutions are undertaken, and we gather more snapshots from which to work, then we shall see more clearly the roles which women have played as patients within Canadian psychiatry.

All the material used for this article is taken from patient case files from the New Westminster Insane Asylum and the Essondale Provincial Mental Hospital in British Columbia and is located in the Provincial Archives of British Columbia. While the women whom I discuss were patients at the asylum during the 1920s and 1930s, their names are not those used in this article. I would like to thank Linda-Anne Lambert, Dr. J.A. Higenbottam and Dr. Ray Ancill of Riverview Hospital, B.C. and Lesley Mobbs of the P.A.B.C. for allowing me access to the patient files.

Woman Held For Most of Life Wasn't Unsound*

An 82-year-old woman who officials say never belonged in an institution will be released after nearly six decades in a mental hospital, a state official said yesterday.

Blanche Moore will be transferred to a nursing home from the Western State Hospital within a month, said Marion Campbell, spokesman for the state Department of Mental Health, Mental Retardation and Substance Abuse Services.

"There were so many here that didn't need to be here," said Allison Bell, who heads the team of social workers who put Miss Moore's name on a waiting list at a small nursing home in South Boston.

"I want to get away from this old place," Miss Moore told the Washington Post.

Her records include the admission interview she had with a psychiatrist at the hospital in September, 1929. She was being transferred from what was then called the State Colony for Epileptics and Feeble-Minded in Lynchburg, where she had been sent by her family as a teen-ager.

In the admission interview, Miss Moore — then 24 — acknowledged experiencing "nervous spells" since she was about 14, when her grandmother died, but she generally answered questions reasonably. She grew up on her grandparents' farm after her parents had died when she was a child.

The psychiatrist asked her to explain the difference between a cow and a horse.

"You milk a cow, and you can't milk a horse," she replied, adding, "You are not making as big a fool out of me as you think."

The diagnosis was "psychosis, equivalent of epilepsy."

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