**Sources Template Modify as Necessary**

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| **Document B:** Differentiated Sources for 1920’s group:  *The Ogden standard. [volume]* (Ogden City, Utah), 24 Jan. 1920. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn85058396/1920-01-24/ed-1/seq-16/>>  **“Sane- But Locked Up for Months With Lunatics”**  **January 1920**  Anybody who has ever visited an insane asylum or has seen the faces at the window of a ***madhouse*** or has read Charles Read’s powerful novel “Hard Cash,” dealing with the insane will wonder how a sane person can be locked up for a year and a half with lunatics and still retain her balance of mind. But Elizabeth Boyle O’Reilly had endured the ordeal and is still sane. Miss O’Reilly narrated her distressing experiences in an interview as follows:  “I had done war, work abroad, and some of my experiences seemed beyond belief as I told them to my friends in Boston who had never heard the sound of shot and shell nor seen the miseries of a field hospital. Particularly, I think some of my experiences with German spies aroused their incredulity- and *the first thing I knew I was in an automobile and on my way to a private asylum in a Massachusetts* town near Boston.  For eighteen long, miserable months I was confined in that private ***madhouse.*** Fortunately, I had read Charles Read’s stirring novel of ***madhouse*** life, and as I drove up to the square gray house I recalled his words, ‘Chained sane among the insane! *Who can paint the agonized soul in a mental situation so ghastly?* Think of it, men and women. It may be your turn tomorrow.’  I knew that I was sane, but that nobody would believe it. The very fact that I was entering an asylum for ***diseased minds*** was proof enough to doctors, nurses, attendants, patients, visitors, to everybody, of course, my mind was diseased. I realized that ***the slightest unusual gesture, peculiarity of voice, inclination of the head, glance of the eye, eccentricity of word or action would be hailed as the stigma of insanity.*** I determined that whatever befell me I would never lose my self-control. I knew that if I did, I would give my jailers the opportunity to register me as violently crazy. I made a vow as I entered that awful building that I would be cool, controlled, watchful. By keeping this vow, I saved my sanity and perhaps my life.  I was led into a large hall where a big ferocious-looking woman met me, not as a gentlewoman should be met, but as a keeper of a dog kennel would meet a new dog. Glancing at the memorandum concerning my supposed delusion she looked at me sharply and said, ‘You thought you were being shadowed in Paris,’ and then, with a sneer, added, ‘I am as crazy against German spies as you are.’  A loud guffaw greeted this cruel joke from a group of coarse-looking, ill-mannered men and women. They were the attendants. But while I realized what a contemptible thing it was for the matron to take advantage of a helpless and supposedly feeble-minded new arrival to make a joke on the patient’s supposed delusion, yet I realized that here was my first test of my own sanity and self-control. I did not stare at her. I did not resent the brutal jest. I made no comment. I smiled very faintly and bowed slightly with dignity, realizing the wicked irony of the situation.    For the first two months I lived in a small room almost like the life of one of the Siamese twins. Not for a moment was I permitted to be alone. I am a small woman, and they picked out for me as my keeper a huge nurse. If I ventured to move an inch from her side, she roared at me with the voice of a bull. She made my days miserable by this close and coarse association. With her I must share my meals, my room and even my scant allotment of oxygen to breathe, for the windows were never allowed to be widely opened. If, wearied of her perspiring bulk, I moved further away from her on the veranda or on the narrow path where we walked, she would scream at me, ‘Come back here beside me or I’ll make you sorry for it.’    Before closing this awful chapter of my life, let me say that I have related the chief incidents of my relatives’ horrible mistake for the benefit of others who may be threatened with the same fate. *The greatest peril is the reiterated statement, ‘You are insane.’ The brain may reel before this suggestion*. The reason may fall at last before it. **I believe there should be legislation which would require a public hearing of every person charged with insanity.”** |

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| **Document C:** Differentiated Sources for 1930’s Group:  *Here I am in an insane asylum, 1936*. OSH Museum. (2018, March 3). Retrieved April 2, 2022, from https://oshmuseum.org/here-i-am-in-an-insane-asylum-1936/  *Evening star. [volume]* (Washington, D.C.), 20 Nov. 1936. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn83045462/1936-11-20/ed-1/seq-2/>>  **Here I Am in an Insane Asylum, 1936**  The following is an account published in the Sunday Oregonian June 14, 1936.  The piece was co-written by a staff reporter and a patient at the Oregon State Hospital.  It offers a unique first-hand perspective of hospital life.  By James R. Robblett as told to Paul Hauser  Here I am in an insane asylum, *the place some people refer to as the bughouse*.  The surprising thing is that I don’t feel too badly about it.  I came here not too willingly and, though I look forward hopefully to the day when I can walk forth again entirely free, it isn’t as bad as it’s cracked up to be.  It’s no bed of roses, either.  I probably needed to come here. **I was in a hopeless, discouraged state of mind.  It was a temporary insanity, I suppose, brought on by several factors.**  *I had been working too hard, doing brain work and not getting sufficient exercise. I had lived in a small room, cramped and low-ceilinged.  I imagine I had a case of claustrophobia, the maddening feeling of being walled in on all sides, to help the breakdown along*.  If I could have left town for a week or so I might have recovered, but *I was in an intensely nervous condition and my relatives and friends didn’t know how to help me much.*  Finally it was decided that I should be sent to the state hospital.  My relatives, knowing no other course, arranged a commitment.  The man in the white apron took my grip and led me into the doctor’s office.  The first thing they told me to do there was to empty my pockets.  I did, leaving my money and everything else I had in my clothes on the table there.  I suppose they’re keeping it for me.  I remember I forgot 90 cents that I had in my watch pocket and found a few minutes after when I stripped for a bath.  When patients are first admitted they are given a bath and placed in bed to await the attending physician’s visit.  It is his duty to get acquainted and being a mental examination, which may or may not require several contacts in order to arrive at a definite conclusion and a possible diagnosis.  They gave me the usual medical tests that first day as they do every entering patient.  I remember I fainted when they gave me a blood test.   I was weak and tired and they had me stand up for the test.  When the nurse jammed the needle in my arm I fainted dead away.  It was just like the lights had gone out suddenly.  I had never fainted before in my life.  Then there is another test to determine whether the patient is syphilitic, as many are here.  **Patients not too far gone with syphilis are given the malarial treatment.**  The malaria germs are injected into the patient’s blood, giving him a malarial fever that kills the spirochetes, the parasitical causes of syphilis.  Right now, four or five patients on the ward are in bed with malaria.  They put me in a corner room in ward C, the receiving ward. Every patient that comes to the hospital goes first to Ward C.  It is an observation ward and, according to hospital gossip, the second best ward in the institution.  Like this one, ward D, is light and airy, almost like a well-regulated but not too fancy hotel.  *In ward C you are apt to see the whole gamut of insanity.*  Some of the patients there are violently insane and even dangerous, but they are locked in.  Some of them scream, but you soon become accustomed to that.  Some talk incessantly, often choosing nighttime for their loudest tirades.  The rules are less strict in ward C than in any other ward.  Because it is an observation ward, the patient is allowed a good deal of rope to find himself.  I went to bed.  My room was small, but very clean and tidy; very much like a room in any hospital except that *the windows were barred.*    Brain Operation Described, 1936.  A woman, aged 63. Chief complaint, *nervousness, insomnia, depression of spirits, anxiety and insecurity getting progressively worse for a year. She had always been high strung, emotional and easily fatigued, a meticulous housekeeper, with several previous breakdowns.* For 10 years she had taken sedatives to fall asleep. She was unable to adjust herself to the idea of getting old, became progressively more agitated, tense, and emotional. During the examination she was wringing her hands, moving about in bed and trying to get out.    **Four hours after the operation** she greeted the physician in a calm voice, holding out her hand and declaring that she felt much better. The next day the following conversation was carried out:  Doctor: “Do you have any of your old fears?”  Patient: “No.”  Doctor: “What were you afraid of?”  Patient: “I don’t know. I seem to forget.”  Doctor: “Do you remember being upset when you came here?”  Patient: “Yes, I was quite upset, wasn’t I?”  Doctor: “What was it all about?”  Patient: “I don’t know. I seem to have forgotten. It doesn’t seem important now.”  **Doctors Freeman and Watts stress the statement that they make no claims whatsoever to having a cure for any mental diseases.** They apparently have been able to relieve some of the common symptoms associated with the earlier stages of various mental disorders.  The prefrontal lobe, according to psychologists, seems to be fundamentally concerned with inhibitions, the result of stored-up experience, which certainly is of primary importance in intelligence. Now, to destroy the pre-frontal lobes to get rid of undesirable conditions would be something like smashing a motor to get rid of a defective spark plug.  **Exactly what happens is not very clear. The operation, the surgeons admit, is still empirical. It must be judged not from theory but from results. Actually, they work in the dark.**    A drawing from Dr. Walter Freeman’s book, Psychosurgery in the Treatment of Mental Disorders and Intractable Pain, shows his icepick-inspired transorbital lobotomy instrument. |
| **Document D:** Differentiated Sources for 1960’s Group:  Seeman, M. V. (2002, February 1). *Personal accounts: An account of multiple psychiatric hospitalizations in the 1960s*. Psychiatry Online. Retrieved April 2, 2022, from https://ps.psychiatryonline.org/doi/10.1176/appi.ps.53.2.151  **Personal Accounts: An Account of Multiple Psychiatric Hospitalizations in the 1960s**  "It was the beginning of the summer of 1962. I was 21 and this was my first mental hospital. I remember a mass of big, dark buildings, which I christened Big Keepers. I was taken into a room with a tub, washed, and put to bed. The floor was locked. It was clean; the bed linen was changed every day by the patients; those of us who could do it made the beds of those who were too ill. We were a ward of women; we all wore identical cotton dresses.  "There were no regular activities; we sat around playing cards or sleeping on the common room couch. Some people had hot tub treatments. Some had shock treatments. Some were put into 'packs' for calming down or for bad behavior: they were stripped naked, given a shot in the buttock, wrapped like mummies in wet sheets, and tied to a bed. Because there wasn't much to do, we often got into riots. Whenever there was a riot, the bells would ring and the nurses' aides would come running. The worst punishment was being sent to a floor that was worse than ours.  "One thing I really remember was a weekly Women's Auxiliary tea. They served it in real, delicate, china teacups and poured it from a silver pot, and we had doughnuts or cookies with it. *The women played games with us and talked to us and treated us like human beings."*  **Countyville**  "Before long, I was back in a hospital, a state hospital that I will call Countyville. It was huge. Each county of the state had its own building there, and you were sent to the building of the county you came from. *Practically everyone in the state who had mental problems and who could not afford private care was sent there.*  "I was in the county building known as the P building. It was barren and old and dark, like a prison. I was taken to a locked ward; *the floor and walls were made of cement, and in the middle of the floors was a gully of drains for trash and water*. Around the sides were a few hard benches. Near the entrance was a very small visitors' room with a few chairs in it. At the end of the hall was a nurses' desk. T**here was a separate room where shock treatments were administered, in full view of everyone, with no anesthetic, on a wooden table. The common room was small and filthy.**  "The air was stifling, and there was no air-conditioning. The food was essentially the same every day: chocolate milk, stale, hard bread, collard greens, and maybe pork of some kind. In the evenings, we usually had hard, stale cornbread. I remember once having hot dogs and beans for lunch."  In this account Ms. K describes a particular decade of North American psychiatry, during which patients were warehoused in large, cavernous buildings. Wards were segregated by sex. Identically uniformed patients were herded into dormitories and lockstepped into token economy routines. **Popular treatments were sleep therapy, hot bath immersion, wet packs, insulin therapy, sodium amytal interviews, gestalt groups, psychodrama, and primal scream therapy.** As it has turned out, all of these therapies were passing vogues and are no longer commonly practiced. In this aspect, Ms. K's story teaches us a sobering lesson—that **fervently held beliefs in the effectiveness of specific therapeutic interventions are subject to change.** |

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| **Document E:** Differentiated Sources for Today’s Group:  Balingit, M. (2022, April 1). *'A cry for help': CDC warns of a steep decline in Teen Mental Health*. The Washington Post. Retrieved April 2, 2022, from https://www.washingtonpost.com/education/2022/03/31/student-mental-health-decline-cdc/  Terlizzi EP, Norris T. Mental health treatment among adults: United States, 2020. NCHS Data Brief, no 419. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: [https://dx.doi.org/10.15620/cdc:110593external icon](https://dx.doi.org/10.15620/cdc:110593).  **Today’s State of the Mental Health Crisis:**  The Centers for Disease Control and Prevention is warning of an accelerating mental health crisis among adolescents, with **more than 4 in 10 teens reporting that they feel “persistently sad or hopeless,” and 1 in 5 saying they have contemplated suicide, according to the results of a survey published Thursday.**  “These data echo a cry for help,” said Debra Houry, a deputy director at the CDC. “The COVID-19 pandemic has created traumatic stressors that have the potential to further erode students’ mental well-being.”  The findings draw on a survey of a nationally representative sample of 7,700 teens conducted in the first six months of 2021, when they were in the midst of their first full pandemic school year. They were questioned on a range of topics, including their mental health, alcohol and drug use, and whether they had encountered violence at home or at school. They were also asked about whether they had encountered racism.  Although young people were spared the brunt of the virus — falling ill and dying at much lower rates than older people — they might still pay a steep price for the pandemic, having come of age while weathering isolation, uncertainty, economic turmoil and, for many, grief.  In a news conference, Kathleen A. Ethier, head of the CDC’s division of adolescent and school health, said the survey results underscored the vulnerability of certain students, including LGBTQ youth and students who reported being treated unfairly because of their race. **And female students are far worse off than their male peers.**  **“All students were impacted by the pandemic, but not all students were impacted equally,” Ethier said.**  It’s not the first time officials have warned of a mental health crisis among teens. In October, the American Academy of Pediatrics declared a [national emergency in child and adolescent mental health](https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/), saying that its members were “caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities.”  Concerns about adolescent mental health were rising before the pandemic: Teens had been reporting poor mental health at higher rates. Between 2009 and 2019, the percentage of teens who [reported having “persistent feelings of sadness or hopelessness”](https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/dash-mental-health.pdf) rose from 26 percent to 37 percent. In 2021, the figure rose to 44 percent.  The survey results also underscore the particular vulnerability of LGBTQ students, who reported higher rates of suicide attempts and poor mental health.**Nearly half of gay, lesbian and bisexual teens said they had contemplated suicide during the pandemic, compared with 14 percent of their heterosexual peers.**  Girls, too, reported faring worse than boys. **They were twice as likely to report poor mental health. More than 1 in 4 girls reported that they had seriously contemplated attempting suicide during the pandemic, twice the rate of boys.** They also reported higher rates of drinking and tobacco use than boys.  And, for the first time, the CDC asked teens whether they believed that they had ever been treated unfairly or badly at school because of their race or ethnicity. **Asian American students reported the highest levels of racist encounters, with 64 percent answering affirmatively, followed by Black students and multiracial students, about 55 percent of whom reported racism.**  Students who said they had encountered racism at school reported higher rates of poor mental health and were more likely to report having a physical, mental or emotional problem that made it difficult for them to concentrate.  The study also shed light on household stresses. One in 10 teens reported being physically abused at home, and more than half reported emotional abuse, including being insulted, put down or sworn at.  The survey also revealed that students who felt connected at school fared far better than those who did not. Teens who said they felt “close to people at school” were far less likely to report having attempted or thought about attempting suicide, and they were far less likely to report poor mental health than those who did not feel connected at school. The same held true for teens who felt connected virtually to friends, family members and clubs.  “Comprehensive strategies that improve connections with others at home, in the community, and at school might foster improved mental health among youths during and after the pandemic,” the report concluded. |
| **Document E:** Opening Source  Tabler, D. (2021, September 14). *125 reasons you'll get sent to the lunatic asylum*. Appalachian History. Retrieved April 10, 2022, from https://www.appalachianhistory.net/2008/12/125-reasons-youll-get-sent-to-lunatic.html  Reasons you’ll get sent to the asylum:  **REASONS FOR ADMISSION**  WEST VIRGINIA HOSPITAL FOR THE INSANE (WESTON)  OCTOBER 22, 1864 to DECEMBER 12, 1889    Amenorrhea  **Asthma**  Bad company  **Bad habits & political excitement**  Bad whiskey  Bite of a rattle snake  Bloody flux  Brain fever  Business nerves  Carbonic acid gas  Carbuncle  Cerebral softening  **Cold**  Congestion of brain  Constitutional  Crime  Death of sons in the war  Decoyed into the army  Desertion by husband  Diptheria  **Disappointed affection**  Disappointed love  Disappointment  Dissipation of nerves  Dissolute habits  **Dog bite**  Domestic affliction  Domestic trouble  Douby about mother’s ancestors  Dropsy  Effusion on the brain  Egotism  Epileptic fits  Excessive sexual abuse  Excitement as officer  Explosion of shell nearby  Exposure & hereditary  Exposure & quackery  Exposure in army  Fall from horse  False confinement  Feebleness of intellect  Fell from horse  ***Female disease***  Fever  Fever & loss of law suit  Fever & nerved  Fighting fire  Fits & desertion of husband  Gastritis  Gathering in the head  Greediness  Grief  Gunshot wound  Hard study  Hereditary predisposition  Ill treatment by husband  ***Imaginary female trouble***  Immoral life  Imprisonment  Indigestion  Intemperance  Jealousy  Jealousy & religion  Kick of horse  Kicked in the head by a horse  Laziness  Liver and social disease  Loss of arm  Marriage of son  Syphillis  Medicine to prevent conception (Birth Control)  Menstrual deranged  Mental excitement  Milk fever  Moral sanity  Novel reading  Nymphomania  Opium habit  Over action on the mind  Over heat  ***Over study of religion***  Over taxing mental powers.  Parents were cousins  Pecuniary losses: worms  Periodical fits  Political excitement  Politics  Puerperal  ***Religious enthusiasm***  Religious excitement  Remorse  Rumor of husband’s murder or desertion  Salvation army  Scarlatina  Seduction & disappointment  Self abuse  Severe labor  Sexual abuse and stimulants  Sexual derangement  Shooting of daughter  Smallpox  Snuff (Chewing tobacco)  Snuff eating for two years  Softening of the brain  Spinal irritation  Sun stroke  Sunstroke  Superstition  Suppression of menses  Tobacco & masturbation: hysteria  The war  ***Time of life***  Trouble  Uterine derangement  Venereal excesses  Vicious vices in early life  ***Women***  Women trouble  Young lady & fear |