

Microhistory as Ethnographic Exploration: Letters from an 17thc. Asylum

By Molly Paechter

Introduction

'It is common to compare the appointments of [mental asylums] in the present day very favourably with those of the past. Perhaps too much is said of this.'

(Elizabeth Naish Capper, patient at the Retreat, 1878)

Microhistory – close reading of a document with a view to imagine the circumstances and world views of a different time – naturally goes hand in hand with the anthropological method of ethnography. Carlo Ginzburg, a key advocate for microhistory, likens the praxis to the dilation of a camera lens; 'by narrowing the scope of our inquiry, we hope to understand more' (Ginzburg, 2005: 665). Ginzburg's approach is heavily influenced by Eduardo Grendi's notion of 'The Exceptional Normal' – the idea that one might approach an archive looking for 'outliers', people who went against the grain of their time, giving us insight into an individual's worldview – if time was a culture, we could see 'the natives' point of view' (Ginzburg, 1993: 33).

My search for 'The Exceptional Normal' brought me to the archives of an influential mental asylum founded in the late 16th century by Quakers in York – *The Retreat*. *The Retreat* was founded in 1792 by friends of Hannah Mills, a 42-year-old Quaker woman who had been placed in York Asylum following the death of her husband. Friends tried on countless occasions to visit her but were constantly refused entry. Just two months after being admitted, Hannah died unexpectedly. Her friends believed that she was treated inhumanely in the asylum – shackled and beaten – and that this had eventually led to her death. Her friends set up *The Retreat* as a direct response – vowing to offer humane care within an environment that valued their wellbeing and their lives (The Retreat, 2020).

Nearly ninety years after *The Retreat* opened, in 1878 – Elizabeth Naish Capper wrote a letter to a friend, M.R., detailing her four month stay as an in-patient, two years prior. Elizabeth wrote the letter after a conversation with M.R. in London. Their conversation was cut short, so it was continued by Elizabeth in the form of this lengthy 36-page letter. In this letter Elizabeth is extremely critical of her, and others', treatment at *The Retreat* and hopes that this letter will 'Enlighten Friends' who she believes to be under 'delusion' of the environment there (Capper, 1878: 1). Elizabeth, surprised that she had managed to write so much on the topic, kept a copy of the letter, and it is this copy that I have here today (Capper, 1878: 35).

The letter was sent into *The Retreat's* archive in 1965 by Elizabeth's great-niece

Mary. Mary describes Elizabeth as being 'much loved and respected in our large family and I believe in the Society of Friends' (Capper, 1965: 2). Reading Elizabeth's letter is enjoyable and – although she is reporting on abhorrent treatment of people- she is animated and fiercely present within the text, frequently using punctuation to emphasise points and to be sarcastic. The ethnographic analysis of this document takes two directions. Firstly, I will investigate the things that Elizabeth deems most important – the reasons for writing the letter which questions The Retreat's place in psychiatric history. Secondly, I will investigate the things that Elizabeth does not make explicit – the examples of social relations that she uses to back up the primary points and ponder over what this tells us about her individual world view.

Background and Part One: Remembering and Silencing

Elizabeth frequently refers to the environment as a key factor of the 'wretchedness' of The Retreat. She paints a picture of a crowded, smelly building; even being within its walls was 'exhausting'. Few patients were allowed outdoors, and anyone with the privilege to was met with :

'air charged with the flying soot inseparable from the neighbourhood of a large city, often scented strongly with gas made on the premises'

(Capper, 1878: 2)

At first, patients seem to be just another part of the gloomy architecture of the place, blending in like 'slow moving corpses.' Elizabeth later suggests that their demeanour was in part due to the nature of the environment and the treatment they received there (Capper, 1878:6).

Elizabeth goes on to address the 'medicine' that patients are required to take. She describes a 'nightly draught' which she was forced to ingest;

'The anguish caused by it to both stomach and head was indescribable... the sleep produced by it wretched and unnatural. The effect gradually destroyed my energies.' (Capper, 1878: 3)

Later, she describes the tangible effects of the medicine on patients' bodies;

'Several bore marks of injury from the strong nightly draught, which caused brown spots.'

The spots became permanent eventually, the thickness of the marks on one's skin was a sign on how long you had been living at *The Retreat* (Capper, 1878: 4). Finally, Elizabeth tells us of 'doubtless restraint' routinely used in a 'rough' and 'cruel' manner (Capper: 1878, 7). One example described in detail is of a 'Mrs. R'; a clever young woman who seemed bored and restless most of the time, often muttering under her breath that she longed for a task to give her purpose. Mrs. R once took a walk out into the garden without permission and was fiercely punished – she was removed to a part of the building known as 'No. 5' – Elizabeth had heard rumours about what happened down there, but her fears were not confirmed until Mrs. R returned to the regular quarters just a few weeks later.

'I was greatly shocked at the change in her appearance. What could have been done to her in those few weeks I have no idea. I should not have recognised her by face or by manner, both were so changed. Years do not often make such a painful alteration.' She entered 'No. 5' a 'fine young woman, in the bloom of her beauty, spritely' now 'her carriage listless and weary, she looked old and feeble.'

She had marks on her face from being hit, but the marks left on her spirit lasted longer (Capper, 1878: 7-8).

These conditions, however harrowing, seem to fit in with common perceptions and ideas about mental asylums at the time. However, they gain more significance if we examine *The Retreat's* place in psychiatric history and its role in re-shaping attitudes towards mental health care. *The Retreat* dabbled in different forms of treatment in the first few years on opening, including 'heroic treatment' which dominated psychiatry at the time. Heroic treatment was born of a blend of classical science and medieval cosmology. The practice focused on the idea that mental disorder arose from an unbalance of blood, phlegm, and yellow and black bile in the body. Treatments consisted of practices such as bloodletting and purging (Cherry, 2013:398) Hand in hand with the physical treatments, there was a general idea that the focus of psychiatry was not to awaken logic within a person, but to subdue their unsavoury behaviour at any cost (Cherry, 2013: 396).

It was decided through 'experiment and common sense' that 'moral treatment' was the most effective way forwards for *The Retreat* (Cherry, 2013: 398.) Moral treatment started in the basics – good food, clean living conditions and lots of time outside. A key focus is finding meaningful work for ill people whether it be intellectual, manual, or religious. Crucially, a good relationship between nurses, doctors and patients must be maintained, and the use of restraint or force used only for the safety of the patients or others (Cherry, 2013: 398-9). A specific treatment that could be

prescribed was the creation of a 'family atmosphere' (Cherry, 2013: 399). It cannot be underestimated the uniqueness of this approach in psychiatry at the time. *The Retreat* boasted huge recovery rates and soon became the example for how a mental asylum should operate (Cherry, 2013:400). *The Retreat's* influence protruded globally and temporally - many of the community-based treatments we have nowadays can be theoretically traced back to ideas formed there.

Moral treatment has received significant criticism of late – it was dubbed 'moral imprisonment' by Foucault (Cherry, 2013: 402). What concerns us is not an evaluation of treatment, but an investigation into Elizabeth's account and how it differs from psychiatry's collective memory of *The Retreat*. Bringing light to this account compels us to ask questions about the real history of an institution which acutely informed the psychiatric practice of today. Elizabeth's account offers a unique perspective on voices which have been routinely silenced in the field of psychiatry and– the gap between her experience and how *The Retreat* is remembered shines a damning light on this silencing.

Part Two: Elizabeth's Worldview

This next part of the investigation focuses more on Elizabeth's specific world view. Not only are there things that can be gained anthropologically from this acute investigation, but it also helps us understand the assertions made through an analysis of her criticisms of *The Retreat*. Throughout her criticism, we see

Elizabeth's encounters with others play out – characters are important for her. Through her descriptions of the people around her, we begin to understand that for Elizabeth, there is a clear distinction between patients and staff – and this manifests in the sympathies felt towards them.

'Othering' offers an interesting gateway into Elizabeth's understanding of her world. Johannes Fabian reflects on anthropology, 'Awkward and faddish as it may sound, othering expresses the insight that the other is never simply given, never just found or encountered, but *made*.' (Fabian: 1990, 755). This statement was born out of anthropology's crisis about representation, but I think the insight works well here too, we can understand that Elizabeth's notion of the 'other' is *made*, and thus is much more revelatory than it may seem at first.

Elizabeth is extremely sympathetic to the patients at The Retreat. She states that 'Every oppressed and helpless fellow-being claims our sympathy and interest' (Capper, 2013: 17) It is clear that she believes most patients' condition is inherently tied to the environment in which they are kept and the treatment which they are subject to. This could be attributed to her own experience – she came to live at The Retreat as she only came for help with insomnia, she left psychically disabled from the medication she had to take and emotionally troubled due to the things she witnessed (Capper, 1878: 22). Throughout her account is an underlying belief that the people there have just lost their way, and that proper fresh air and companionship will 'return' people to their real and whole selves. Again, this is closely tied to her own

experience – her only way to recover was to be removed from The Retreat and spend time somewhere with an abundance of fresh air and kindness (Capper, 1878: 13).

Her sympathy extends to others in *The Retreat* – outwith her personal experience. She speaks of two elderly women whom she sees treated badly by the staff. Upon expressing sympathy for the women to the staff members responsible, Elizabeth is quickly quietened– these women said wicked things – they were unworthy of sympathy! Elizabeth writes

'It may be that they had never been more to blame than those who mocked them'
(Capper, 1878: 17.)

She addresses their age as well, stating

'They had once had power to demand respect from others; and treated as they now were, or are, without any hope for redress – never asked what they like, or how they feel, laughed at when they complain...what wonder that with clouded or distorted minds, with a bitter sense of wrong and a confused memory of happier days...what wonder that the sound was so often heard of mutter curses'
(Capper 1878: 17)

She goes on to make a poignant observation,

'If people are sufficiently demented to need such restraints, they ought not to be treated as animals, or punished as if they were responsible for their conduct'
(Capper, 1878: 17).

Elizabeth's sympathy is not afforded to those with a position of power within the institute. After outlining her three main

qualms with *The Retreat* as discussed in Part One, she saves her *most* profound disgust for the girls employed to do house work at the centre

“(there is) no-one to speak to but servant girls of a very inferior class...whose habitual talk among themselves was a very low kind of love nonsense and some of whose private reading, kept where I could see it, was of a description sold only in disreputable shops...the girls amuse themselves with the sad things they have to witness, paying little or no respect to age and infirmity’
(Capper, 1878: 4.)

The only instance of direct confrontation is with Dr Baker, where Elizabeth’s directly address her personal feeling about her treatment at *The Retreat*

‘I told him that I believed what he meant by ‘better’ was a nearer approach to that subdued and helpless condition below the power of complaint...He said nothing, but looked as if what I said was truth’
(Capper, 1878: 12).

It cannot really be ascertained what Dr Baker actually thought when he was confronted by Elizabeth, but her description of his response gives us a good impression of her view of ‘us’ versus ‘them’ when it came to staff at the institute.

Upon first reading, we might attribute Elizabeth’s sympathy for patients to her own personal experience and goodwill. Reading further about Quakers, we can see that the Quaker idea of the ‘light within’ might offer a more substantial interpretation. Quakers believe that there is a God within each person, ‘An indwelling power whose expression should not be hindered by any form of physical or mental oppression... even the most severely afflicted of the mentally ill retain some spark of that light’ (Cherry, 2013: 297).

However, this is called into question when we review Elizabeth’s conflict with staff in the institute. Why is sympathy afforded to those who do not possess ‘mental power’, but not to those born of a lower class? Surely if the light within principle holds, she would bare sympathy for the women employed to work at *The Retreat*. Further exploration into what she said about the patients could resolve this. We might come back to her sympathy expressed towards the two elderly women, her anger at their behaviour intensifies when she exclaims ‘They had once had the power to demand respect from others.’ We can begin to understand her perception on the world as perhaps in terms of status rather than that of religious integrity. But again, this directly opposes how we remember Quakers of the 1800’s – as people who strive for an egalitarian society, without status or power. Elizabeth demonstrates her commitment to egalitarian society throughout her letter - apart from the two instances detailed above. An example of this is her recommendation that a man and a woman should share the responsibility of running the institute ‘better both’ (Capper, 1878:4)

So, what does this analysis mean for our investigation? Either Elizabeth is the ‘Exceptional Normal’, a Quaker woman who did not wholly adhere to the beliefs that history presumes she would have, or our idea of Quakerism at the time is not correct. If we begin to fully accept that our idea of Quakerism is not whole, this gives a power to interpret the reasons why *The Retreat* was so mis-remembered. Here we

have shown how analysis of an individual's worldview can deepen the understanding of the content found in a document written by them.

Conclusion

So, have we found 'The Exceptional Normal'? I hate to say it, but I am not sure. Elizabeth's account certainly goes against the grain of psychiatry's collective remembering of *The Retreat*, revealing abuses and attitudes within the institution which have been silenced to history – if nothing else, this has made the investigation worth it's while ten times over. However, I am not confident to ascertain whether or not Elizabeth and M.R.'s correspondence reflects a particularly exceptional worldview at the time; the evidence of abuse in *The Retreat* points to the fact that perhaps our understanding of Quaker practice might be quite wrong. So, with this understanding missing, it is hard to brand their outlook as 'exceptional' or 'unexceptional'. I think I can say that it is exceptional in comparison to our understandings of Quakerism at the time.

What I am sure about, is that this piece of writing shows an honest anthropological venture into the practice of Microhistory – complete with every uncertainty. Part One shows how we can examine documents to shine a light on events that might go against our collective ideas of a place and its past. Recognising silences gives us a starting point for analysing how our past influences our present. Part Two exemplifies the value added by a specifically ethnographic approach to microhistory.

With *The Retreat's* legacy so present in psychiatry today, I would like to finally bring your attention to Elizabeth's warning quoted at the beginning of this essay;

'It is common to compare the appointments of [mental asylums] in the present day very favourably with those of the past. Perhaps too much is said of this.'

She reminds us that we should not rejoice in bad treatment, just because it is better than the treatment of the past. We must always be vigilant when it comes to social responsibility – personally, I believe that in the interests of preserving 'The Exceptional Normal' now, and throughout the rest of time – we must listen to, celebrate and preserve the voices which seem the most outlandish, the weirdest and the most *exceptional*.

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