Asylum tourism
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In the 19th century, travelers visited asylums to admire the institutions’ architecture and grounds.

BY JENNIFER L. BAZAR, PHD, AND JEREMY T. BURMAN, MA

Alongside mentions of monuments, churches and historical sites, a 19th-century tourist in New York might have found this recommendation in his or her guidebook: Visit the Bloomingdale Asylum for the Insane, in the Morningside Heights neighborhood of Manhattan (on the grounds of what is now Columbia University).

“The approach to the Asylum from the southern entrance … is highly pleasing,” reads the 1880 guide “Miller’s New York As It Is.” The author continues, “The sudden opening of the view, the extent of the grounds, the various avenues gracefully winding through so large a lawn. … The central building … is always open to visitors, and the view from the top of it being the most extensive and beautiful of any in the vicinity of the city, is well worthy of their attention” (Miller, 1880, p. 46-47).

Recommended a visit to a mental hospital might seem surprising to modern readers, but this was not unusual at the time. In fact, the “asylum tourism” of the late 1800s was less voyeuristic than its earlier incarnations. The patients — sometimes including the powerless wives of jealous or bored aristocrats — had often been treated like animals, housed in institutions that were little more than human zoos. (It cost only a shilling to see “the beasts” rave at Bedlam, as the Bethlem Royal Hospital in London, England, was then known.)

Following the rise in the 19th century of “moral treatment,” insanity came increasingly to be recognized as a curable disease. It was argued that, because this disease was caused by the draining away of one’s mental energy, the “mentally ill” (as “the insane” ultimately came to be called) needed only a few things to recover: rest, meaningful employment, appropriate amusements, hygienic conditions and kindness. New asylums for treating insanity were therefore built for that purpose. Every element of the buildings, both inside and out, was considered an integral part of treatment (see Yanni, 2007).

The shift in treatment

This new philosophy — cure rather than incarcerate — spread quickly. Throughout the 1800s, institutions opened in large numbers across the Western world. And with this change also came a change in tourism: a shift from viewing the insane to viewing their asylums.

The attraction of the asylum shifted from witnessing the “bedlam” of a human zoo to admiring the material side effects of this shift toward treatment: beautiful gardens, manicured lawns, interesting architecture and proportions that rivaled most cities’ greatest wonders. In short, the change in thinking about insanity made the change in asylum tourism possible.

The timing for this was good. Before the 19th century, long-distance travel was an expensive privilege reserved for the upper class. With the dawn of the 1800s came the railroad, improvements to roadways and the emergence of the steamship industry, making travel faster, cheaper and easier.

These new travelers relied on guidebooks to learn about the history, customs and attractions of their destinations. Guidebooks like “Miller’s New York” offered detailed railway itineraries indicating highlights that could be seen from the windows of the train as well as the attractions at each of the stops, such as the Bloomingdale Asylum.

Private institutions such as Bloomingdale did not garner all of the attention. A similar entry in “The Englishman’s Illustrated Guide Book to the United States and Canada,” also published in 1880, recommended that tourists visit the nearby publicly funded New York Asylum for the Insane: “A visit to this Institution will well repay the

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tourist or philanthropist. The scenery in the vicinity is very beautiful,” assured the guide (Anonymous, 1880, p. 27; see similarly Staveley, 1849, p. 11).

This change in tourism received mixed support from asylum superintendents. They didn’t all encourage it — some found that the tourists distracted staff from the patients in their care. Yet others did include visiting hours in their annual reports, which in turn were often printed in the local newspaper. And still others posted their hours on signs.

Janet Miron, author of the 2011 book “Prisons, Asylums and the Public,” has argued that, for asylum administrators, encouraging tourism became a way to gain the public’s confidence. It also discouraged skepticism regarding treatment and helped address the social stigma surrounding insanity. Current anti-stigma campaigns do something similar, although with “mental health” rather than “mental illness.”

Like the 19th-century asylums made more accessible by technological change, leading present-day mental health centers are becoming increasingly integrated with their neighboring communities. Two such examples are the the newly opened Worcester Recovery Center and Hospital in Worcester, Mass., and the renovations in progress at the Centre for Addiction and Mental Health in Toronto. Such facilities are returning to the idea that beautiful buildings and manicured grounds present a welcoming, healthful face (see Sachs, 1999). But a move toward openness, on its own, is not sufficient. Some mental health centers have adopted the “moral treatment” philosophy of meaningful work, and some now even make it possible for patients to display and sell their artwork or handicrafts. Most,
though, have also forgotten that this was once itself an integral form of treatment. And it was associated with a shift worth preserving: patients visited, not viewed.

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References

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