

Video #2 – Moral Treatment Script

If you were to be admitted to a mental health centre today, you would expect certain treatments – perhaps medications and psychotherapy or, for more acute cases, electroconvulsive therapy. However, 150 years ago, your treatment would have looked more like a long list of household chores: doing laundry, making and mending clothes, tending to the fields, and doing handiwork and or general maintenance.

I'm John Leclair, and this is "Keys to Our Past." Please, join me on this voyage of discovery as we explore the history of mental health care in Canada, through the different treatments used to heal the mind.

Hello, welcome to my study. Mental health treatment in the nineteenth century focused around what was known as "moral treatment." Moral treatment was a philosophy that emphasized how the environment around us could impact our health and how, in turn, what we did in that environment on a daily basis could also play a role in our health. The Canadian variation of moral treatment was an adaptation of influences stemming particularly from Philippe Pinel in France, the Tuke family in England, and others throughout the British Isles and the United States. Though, Canadian asylums placed more emphasis on the environmental components than their European counterparts. This meant that the asylum building itself – its design, the view from the windows, and the grounds it sat on – were all specifically chosen for the perceived health properties inherent in the beautiful scenery, fresh air, and extensive gardens.

The arrangements of the buildings were gendered. Whatever the exact architectural design, an invisible line could be drawn down the middle building, with male patients on one side and female patients on the other. This division of the sexes extended further, to the very notions of how their treatment would look. The activities and labour assigned to patients as part of moral treatment were intended to reflect the social and occupational roles of a hard-working, contributing community member. Men would typically be outside during the day, working either on the farm or in construction projects - while women would be indoors cleaning the wards, running the laundry, or sewing clothing. Recreation time was also dictated with an emphasis on gender-specific walking parties, group sports, and weekly religious services. Since the activities were considered critical components of moral treatment, refusal to "work" was interpreted as non-compliance and could delay someone's discharge.

Obviously, the practices of moral treatment also served practical and political purposes. By not paying patients for their labour, newly founded asylums could operate with fewer staff, move in the direction of becoming self-sufficient, and keep costs low. This is probably why the practices continued long after moral treatment itself was abandoned at the turn of the twentieth century. With the rise of the patient rights movement in the mid-twentieth century and changing attitudes towards the location of mental health treatment, free patient labour was increasingly replaced with paid staff, farmlands were sold off, and the routine of institutionalization took on a different look.

But the concepts inherent in moral treatment never faded away completely. Ideas of “work” as a form of skill development are still found in the practices of occupational and recreational therapy today. Many contemporary mental health centres offer access to spiritual, educational, and vocational services, craft and art-based programs, and purposefully designed recreational offerings. Woodworking, sewing, cooking, and gardening programs echo the older traditions of the original asylums. Today, however, these are often framed less as a means of costs savings and more as an opportunity for patients or clients to develop their own interests, explore their creativity, and - in complete contrast to moral treatment - make a modest income. The programs also tend to be framed as optional today - however, they are still viewed as key components of the contemporary treatment regime and the recovery process. We could argue that the idea of “activity as treatment” has never really gone away; it has just changed over the years.

To sum up our discussion in the study I’d love for you to take away these three key points. Number one, moral treatment is the use of one’s environment and activities as a means of therapy; secondly, gender determined the activities that a patient would be assigned under moral treatment; and lastly, many of the ideas that formed moral treatment can still be seen in mental health care today. Thanks for visiting my study, join me next time on “Keys to Our Past” as we continue our discussion of the history of mental health care in Canada.