



# Erving Goffman's *Asylums* and Institutional Culture in the Mid-twentieth-century United States

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Sociologist Erving Goffman based his seminal work *Asylums* (1961) on a year of field research at St. Elizabeths Hospital in Washington, DC. Goffman described the mental hospital as a “total institution,” in which regimentation dominated every aspect of daily life and patients were denied even the most basic means of self-expression; rather than promote recovery, such conditions produced the sorts of disordered behavior for which men and women were ostensibly admitted. A closer look at the changes transforming St. Elizabeths around the time of Goffman’s research reveals a far richer portrait of institutional culture. Group therapy, psychodrama, art and dance therapy, patient newspapers, and patient self-government—each of which debuted at the hospital in the 1940s and 1950s—provided novel opportunities for men and women to make themselves heard and to take their fate into their own hands. While these initiatives did not reach all of the patients at St. Elizabeths, surviving documentation suggests that those who participated found their involvement rewarding and empowering. Goffman explicitly set out to describe “the social world of the hospital inmate.” His failure to appreciate fully the capacities of his subjects, however, appears to have led him to underestimate the importance of these developments.

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Originally published in 1961, Erving Goffman’s *Asylums* remains a classic in the sociology of mental health care.<sup>1</sup> Over the course of four thematically linked essays, Goffman argued that the large-scale mental hospital is best understood as a “total institution,” akin to a prison or concentration camp. Much of the apparently bizarre behavior on display in such places, he maintained, can be understood as a reasonable response to an authoritarian social environment in which individuals are deprived of the most basic means of self-definition. Initially received as an insightful, if idiosyncratic, depiction of life in a mental hospital, *Asylums* has remained continuously in print since it first appeared. Few strictly academic studies have enjoyed such extensive readership, influencing popular culture and public policy alike.<sup>2,3</sup>

As an account of institutional culture, however, *Asylums* remains woefully incomplete. Goffman based much of his analysis on a year of fieldwork at St. Elizabeths Hospital, a leading federal psychiatric facility in Washington, DC.\*<sup>4</sup> In this essay, I draw upon the writings of patients and staff at St. Elizabeths, as well as coverage of the hospital in the

popular press, to reveal another side of patient life during the period of Goffman’s research. Goffman emphasized the casual depredations and systematic indignities that men and women at St. Elizabeths endured—challenges more likely to produce bizarre behavior than promote individual recovery. In the process, however, he neglected evidence of the fundamental changes occurring around him. In the sections that follow, I briefly review the origins of Goffman’s ideas and the portrait of institutional culture that emerged from his work. I then examine several critical developments at St. Elizabeths Hospital at midcentury. For Goffman, innovations such as group therapy, art and dance therapy, institutional newspapers, and patient self-government became problems to be explained away rather than developments worthy of consideration in their own right. I conclude with remarks on why Goffman’s account might have been so limited, suggesting that he ultimately failed to appreciate fully the subjective position of those about whom he wrote.

While the precise origin of Goffman’s interest in the mental hospital remains obscure, he launched his project at a time when collaborations among physicians and social scientists were becoming increasingly common. A series of journalistic

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\* During the Civil War, physically injured soldiers convalescing at what was then known as the Government Hospital for the Insane were reluctant to associate themselves with an asylum for the mentally ill. Instead, they began referring to the hospital by the name of the colonial land tract on which it was situated. Soon administrators joined them in referring to the *St. Elizabeth Hospital* or *St. Elizabeth’s*, and an act of Congress officially changed the name to *St. Elizabeths Hospital* in 1916. Here I follow this somewhat counter-intuitive formulation (*St. Elizabeths* rather than *St. Elizabeth’s*), which appears throughout the subsequent historical record.

exposés in the late 1940s had prompted psychiatrists to reconsider the negative effects of long-term hospitalization, particularly under the brutal conditions that dominated many state institutions during the war.<sup>5,6</sup> Social scientists began examining psychiatric facilities in part to study the linkages between individual behavior and organizational structure and process.<sup>7–11</sup> The image of the concentration camp, coupled with the Cold War preoccupation with human behavior under totalitarianism, lent particular salience to this work, which attracted funding from the newly established National Institute of Mental Health. Shortly after completing his doctoral thesis in 1954, Goffman joined the institute's staff on a two-year fellowship. After some preliminary studies at the Bethesda campus, he proposed a year of fieldwork as a participant-observer at St. Elizabeths.<sup>12</sup> Originally established to care for members of the U.S. military and residents of the District of Columbia, the hospital held more than 7000 patients by the mid-1950s, though its military mission had ended a decade earlier. While most patients remained for a matter of weeks or months, those who failed to recover might easily pass the rest of their lives there.<sup>13</sup> Physicians at St. Elizabeths had been following developments at the intersection of psychiatry and the social sciences closely, and had been working to recruit a social or behavioral scientist to study organizational efficiency and therapeutic outcomes well before Goffman's proposal.<sup>14,15</sup> During his early talks with the administration, Goffman went out of his way to specify that he must be "free to report [his findings] honestly, completely, and without fear of censorship," suggesting that he likely intended from the outset to produce a wide-ranging critique.<sup>16</sup> At the hospital, Goffman worked unobtrusively as an aide to the athletic director. While he did not carry keys, he was free to wander the wards at will, and only a handful of administrators knew his actual role.<sup>1,17</sup>

Goffman's observations provided the basis for his account of a highly impoverished form of institutional culture. Men and women admitted to the hospital underwent a process of "mortification," in which they were "dispossessed" of their "civilian selves" and forced to adopt a new self-understanding as mental patients. Patients endured countless minor indignities, forced to adjust to surveillance and regimentation as dominant facts of daily life. They responded in part by developing a pattern of "secondary adjustments"—individual strategies involving means or ends at odds with official codes of conduct. Secondary adjustments could be as simple as banging a cup on the table or as sophisticated as a small-scale business involving sales of candy and cigarettes. These strategies allowed patients to retain a degree of autonomy, but they also undermined the possibility of forming any sort of authentic community. Goffman acknowledged such "solidarizing tendencies" at work, at times strong enough to enable moments of protest. Nevertheless, he found little evidence of meaningful social bonds among patients. Instead, patients remained so preoccupied with creating distance between themselves and the institution's totalizing climate

that even the hospital's "collective ceremonies"—musical performances, holiday parties, religious services, and sporting events—failed to unite them in any sort of substantive manner. "A total institution perhaps needs [such rituals] because it is something more than a formal organization," Goffman wrote, "but its ceremonies are often pious and flat, perhaps because it is something less than a community."<sup>1</sup>

A close reexamination of life at St. Elizabeths reveals a far richer and more dynamic patient culture than *Asylums* would intimate. An expressive and participatory therapeutic environment took hold on many of its wards in the late 1940s, followed by racial integration and the introduction of psychotropic drugs in the following decade.<sup>13</sup> With the introduction of group therapy and psychodrama, patients began to see one another as a resource in their recovery. Those who embraced art and dance therapy discovered new modes of self-expression, achieving recognition and support from their peers. Patients also established two intramural newspapers around this time, providing a running commentary on institutional life and giving voice to the community's shared concerns. The spontaneous emergence of ward-based patient self-government underscores the degree to which men and women at the hospital played an active role in the transformation of the world in which they lived. Most public psychiatric institutions of this period remained highly restrictive facilities. Even at St. Elizabeths, these opportunities were not equally available to all patients, and we must resist any impulse toward romanticization that such developments might inspire. Nevertheless, Goffman appears to have systematically underappreciated the extent to which they contributed to a critical, self-reflective, and semi-autonomous form of patient culture.

Originally hailed as a more practical alternative to individual psychotherapy in the institutional setting, group therapy placed a new emphasis on personal self-expression, shared experience, and active participation in one's improvement and recovery. Officials at St. Elizabeths initially took inspiration from émigré New York physician Jacob Moreno's pioneering work in "psychodrama"—a combination of role play and interpersonal therapy developed in the 1930s—as well as strategies developed by British military psychiatrists during the war.<sup>13,18</sup> Hospital workers first employed Moreno's techniques with servicemen to prepare them for the challenges that they would face upon discharge; within a few years, the workers had broadened their approach to reach a wider array of patients.<sup>19,20</sup> Around the same time, psychiatrist Joseph Abrahams began holding sessions for men admitted to the hospital's forensic division. In Abraham's "group interactive" approach, these patients provided the starting point for discussion as well as feedback and advice to their peers.<sup>21,22</sup> By 1958, an internal survey found 28 groups of various sorts meeting at the hospital.<sup>23</sup> While the content of the sessions varied, patients consistently determined the path that each session would follow.

Recognition of the peer group as a therapeutic resource helped create lateral social bonds among patients, many of whom found group therapy both beneficial and empowering. “I found that many of the patients understood and shared my own feelings of depression, anxiety, and despair,” one participant wrote. “I would certainly not discount the suggestions of fellow patients who have been through one or more bouts of mental or emotional illness.”<sup>24</sup> At a time when psychoanalytic ideas suffused popular culture, many patients welcomed the opportunity to meet with their peers and discuss their problems on an egalitarian basis. This is a far cry from Goffman’s description of group therapy as “small-group indoctrination methods,” in which physicians sought to break down their patients’ native worldview and rebuild it in a fashion consistent with their own understanding of human nature.<sup>1</sup> Indeed, group therapy represented a distinct departure from the hierarchical model that had previously dominated patient care.

The shift toward an expressive culture at St. Elizabeths found particularly strong articulation in dance and art therapy. Professional dancer Marian Chace and artist Prentiss Taylor joined the psychotherapeutic staff in the 1940s.<sup>25,26</sup> Though their efforts reached only a small number of patients, these sessions provided important opportunities for self-expression and achievement. “When I dance,” explained one patient to a visiting journalist, “I’m somebody.”<sup>27</sup> Those who participated in art therapy similarly took pride in their work.<sup>28</sup> Psychodrama and dance therapy figured prominently in a 1955 photo essay on St. Elizabeths in *Look* magazine.<sup>29,30</sup> When the author solicited feedback, patients proved more than willing to share their thoughts. “Since you called the article ‘The Mentally Ill Tell Their Own Story,’ then let ‘The Mentally Ill Give Their Own Criticisms,’ ” wrote a group of Chace’s patients. “As a group we feel [that the] story made interesting reading and no doubt satisfied the curiosity of the outside public, but from our standpoint fell short of its goal.”<sup>31</sup>

Self-expression took more concrete form in the two institutional newspapers that patients established at midcentury. Thirty years earlier, officials had created an intramural publication known as the *Sun Dial*, but they had difficulty soliciting enough contributions to keep it in print.<sup>13</sup> By contrast, the *Elizabethan* and *Howard Hall Journal*, both of which appeared in the 1940s, emerged primarily from the energies and interests of the patients themselves. The *Elizabethan*’s masthead identified it as “a paper by and for the patients,” while the editors of the *Howard Hall Journal*, which served those in the hospital’s forensic division, proudly proclaimed its mission to be one of “mutual encouragement and rehabilitation.”<sup>32,33</sup>

For many contributors to these papers, their submissions represented an opportunity to articulate a shared identity built around psychological impairment. Some used prose to make sense of their struggles. “I am a mental patient,” one man wrote, “and when I yell I am not screaming at

you personally—I am crying out at the world.”<sup>34</sup> Others used poetry to articulate their feelings of estrangement, at times experimenting with formal techniques in ways that echoed the phenomenology of psychosis.<sup>35</sup> Contributors also reported on the ward parties, book discussions, holiday celebrations, and performances that sustained the institution’s informal social networks. One woman related her experience seeing *The Snake Pit* during a visit downtown in 1948; at the time, this widely discussed film was introducing audiences to the grim conditions found in many of the nation’s mental hospitals. “I felt right at home, and it was my first remark as soon as I got seated,” she reported. “I was hushed up after that remark.” For others, the film became a reference point for discussions of hospital conditions. “Some people have said to me: The lady who wrote ‘The Snake Pit’ was here on ward 8. I replied: Indeed, she was not! Even here on ward 8, no one is subjected to such treatment at St. E’s!”<sup>36</sup>

Patients frequently used the *Elizabethan* and *Howard Hall Journal* to critique the institutional policies governing their lives. Those who remained confined to their wards joked that “psychiatrists are prejudiced against sunshine and wide open spaces.”<sup>37</sup> Nevertheless, the denial of one’s liberty for long periods could be deeply demoralizing.<sup>38</sup> “I live in a place where they pray for the dead / and bury the living,” one patient wrote. “From our coffins with glass windows / We look out, starving for the right to live.”<sup>39</sup> Some protested seemingly arbitrary hospital policies such as the ban on viewing one’s own medical record, while others focused on the loss of rights involved in civil commitment.<sup>40</sup> “Isn’t that some bunk, by the way,” complained another man. “Not allowing us to vote. Look at some of the nuts outside who can’t distinguish a Democrat or a Republican from a Unitarian.”<sup>41</sup>

While the patient-editors of the *Elizabethan* and *Howard Hall Journal* charted a fine line between freedom of expression and administrative control, these newspapers at least partially represented the perspective of an autonomous patient community. To the extent that censorship existed at the *Elizabethan*, it appears to have emerged from a tacit agreement (between the patients who ran the paper and the staff who oversaw its production) to avoid controversial topics rather than from any explicit dictum from hospital administrators.<sup>42</sup> The *Howard Hall Journal* faced similar, albeit more intense, pressures.<sup>13</sup> Goffman identified these newspapers as “house organs,” emphasizing the ways in which they implicitly served institutional functions.<sup>1</sup> Others, however, have been less than fully convinced by Goffman’s account. Literary scholar Benjamin Reiss has identified a “public transcript” of official asylum ideology in these papers as well as a “hidden transcript” providing occasional insight into patient experience.<sup>43</sup> Even Goffman recognized that his characterization might not tell the whole story. “[I]nmates . . . introduce whatever open criticism of the institution the censors will permit,” he acknowledged. “[T]hey

add to this by means of oblique or veiled writing, or pointed cartoons[.]”<sup>1</sup> While the *Elizabethan* and *Howard Hall Journal* may not have depicted daily life at the hospital in a transparent and uncomplicated manner, they nevertheless reveal a patient culture far richer than Goffman’s account would suggest.

The spontaneous emergence of patient government provides especially compelling evidence that men and women at St. Elizabeths thought of themselves as members of an autonomous community. When officials set up weekly ward meetings to address common problems in Howard Hall in the 1940s, patients responded with unexpected enthusiasm, electing officers and adopting parliamentary procedure.<sup>44</sup> The group quickly evolved into the Patients’ Administrative Group, consisting of an executive committee and delegates selected by each of the wards.<sup>45</sup> Within a few years, similar developments transpired in the hospital’s non-forensic divisions. By 1956, physician-administrator Jay Hoffman reported that a “number of . . . patient government groups have been spontaneously organized on several services.” Hoffman identified a dozen such entities, including “the ‘daddy’ of all such groups—those in Howard Hall.”<sup>46</sup>

While patient government necessarily operated within the hospital’s administrative purview, it nevertheless gave many men and women a sense of accountability to one another rather than to an inscrutable bureaucratic regime. For Goffman, patient government represented little more than a novel way for officials to extend their control. “[I]nmates are given the privilege of spending some time in a relatively ‘unstructured’ or equalitarian milieu, and even the right to voice complaints,” he noted. “In return they are expected to become less loyal to the counter-mores and more receptive to the ideal-for-self that the staff defines for them.”<sup>1</sup> Yet those involved in patient government seem to have found the experience genuinely empowering. Following the organization of a patients’ council on one ward, a nurse familiar with the group discerned an increased sense of confidence and responsibility among them as well as a greater feeling of dignity and self-respect.<sup>47</sup> While the forms of personhood encouraged by self-government certainly resonated with the goals of the medical staff, they also reflected the efforts and aspirations of the patients themselves.

Patient self-government reached its apogee at St. Elizabeths in the late 1950s. Within a year of Goffman’s departure, men and women at the hospital formed the Patients’ Federation, which represented all of the institution’s wards. By 1958, many were presenting their requests for privileges to a board of their peers, who subsequently made recommendations to the medical staff.<sup>48–52</sup> On most wards, organized self-government gradually became subsumed within the emerging concept of the therapeutic community. In the hospital’s forensic division, however, patient self-government remained strong. During the 1960s, men in the new John Howard Pavilion lobbied successfully for a parole ward, more permissive visiting regulations, and a circulating library; they

also helped create the Legal Assistance Pilot Project to serve all patients.<sup>13,45</sup> Though a liberalizing trend was already well under way, it is unlikely that these patients would have achieved quite so many gains if they had not been represented by such a well-organized group.

Given the richness of institutional culture documented here, how can we explain the version elaborated by Goffman? The answer, perhaps, lies in *Asylums* being less an account of a particular hospital and its patients than an ethnography of the total institution concept.<sup>53</sup> By emphasizing similarities across such facilities as prisons, concentration camps, monasteries, and mental hospitals, Goffman painted a damning portrait of institutional power that called the very moral legitimacy of institutional psychiatry into question.<sup>54,55</sup> The problem with the mental hospital, Goffman maintained, had less to do with material deprivation or inefficient communication than it did with the fundamental processes at work in such a facility—the breakdown and coercive reconstruction of the self. As we have seen, Goffman was not unaware of such enterprises as institutional newspapers and patient self-government. To his eye, however, the authoritarian elements of the asylum were all-consuming. Any negotiation or search for common purpose was to be interpreted as collusion.<sup>1</sup>

And yet, nowhere in Goffman’s account do we hear directly from patients themselves. While he set out to examine “the social world of the hospital inmate,” it remains unclear whether Goffman ever conducted the sorts of detailed interviews that we might anticipate as part of a systematic ethnographic undertaking.<sup>1</sup> No indication of such interviews appears in his text, and Goffman’s comments on his methodology remain incomplete at best.<sup>2,56,57</sup> Goffman argued that his work stood on its own merits, declining to respond to criticisms after its publication. The absence of a detailed exploration of patient subjectivity is particularly striking in view of the immediate biographical context. According to Jordan Scher, a psychiatrist who worked alongside Goffman at the National Institute of Mental Health, Goffman’s wife, Angelica Schuyler Goffman, attempted suicide and was hospitalized at least once during their time in Washington, DC.<sup>58</sup> Less than a decade later, she succeeded in taking her own life.<sup>59</sup> Because Goffman’s personal papers remain unavailable, it is impossible to know exactly how these events informed his approach to the topic.<sup>60</sup> In a later essay, however, Goffman adopted a more sympathetic stance on mental illness—particularly with respect to its impact on the family of the impaired individual.<sup>61,62</sup>

These limitations do not entirely undercut Goffman’s argument. The sources on which the preceding analysis has relied do not represent an unfiltered window into patient life. Those whose experience resonated most strongly with Goffman’s account would have been unlikely to participate in art and dance therapy or to contribute to the *Elizabethan* or *Howard Hall Journal*. Even among those who engaged in these activities, dissatisfaction with the hospital regime was not uncommon. In addition, St. Elizabeths was a large,

heterogeneous institution. The innovations documented here had a greater impact on wards for acutely ill men and women than they did on wards for those who had lived for months or years at the facility without improvement. St. Elizabeths historically spent more money per patient than nearly any other hospital in the country; men and women at other institutions lacked many of the resources that patients there enjoyed.<sup>63</sup> Even at St. Elizabeths, life on some back wards likely involved the sorts of brutality and poor material conditions that most officials would have attributed to a prior era. “I have seen mental patients from good wards give a well-advertised, public stage performance of conditions which presumably used to prevail in backward mental hospitals,” Goffman wrote. “A few buildings away from where the audience sat, equally bad conditions could be observed in the flesh.”<sup>1</sup>

Within a few years of its publication, *Asylums* became a key text in the emerging anti-psychiatry movement of the 1960s.<sup>64,65</sup> It also inspired a generation of community psychiatrists, and remains a common point of reference in discussions of institutional care today.<sup>66</sup> In this essay, I have called attention to some of the limitations of Goffman’s work as an empirical description of patient life at St. Elizabeths Hospital at midcentury. Goffman failed to appreciate fully the changes that were transpiring around him, and systematically underestimated the contributions of patients to a complex and multifaceted institutional culture. The absence of a meaningful patient perspective necessarily renders his account incomplete. A more sustained analysis may have disclosed models of patient activism relevant for the consumer/survivor/ex-patient movement in the years that followed.<sup>67</sup> Given the paucity of effective community models that marked the subsequent half-century of U.S. mental health policy, it is perhaps not surprising that Goffman could not envision an alternative to the institution he depicted.<sup>1</sup> We are left to wonder, though, how his conclusions might have differed if he had attended more fully to the capacities of those whose world he set out to describe.

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\* The *St. Elizabeths Bulletin* appeared intermittently from 1957 to 1960 and then again in 1965. It was an internal publication centered on group work at the hospital and should not be confused with the *Bulletin of the Government Hospital for the Insane*, which officials published at intervals from 1909 to 1913 and then again in 1930–31 as the *Bulletin of St. Elizabeths Hospital*. Both publications are available in the Special Collections Room of the Health Sciences Library at St. Elizabeths Hospital, Washington, DC.

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\* The *Elizabethan Anthology* is a collection of works that originally appeared in the hospital's two patient newspapers during the 1940s. It is available in the collections of the National Library of Medicine (Bethesda, Maryland) and the Library of Congress (Washington, DC). Copies of the *Elizabethan* and *Howard Hall Journal* (later renamed the *John Howard Journal*) are available at various sites in Washington, DC, including the Washingtoniana Division of the Martin Luther King, Jr. Memorial Library, the Winfred Overholser papers at the Library of Congress, and the Health Sciences Library at St. Elizabeths Hospital. Whenever possible, I have provided complete citations for each item. Many pieces lack authors or titles, however, and some archival holdings are only clippings that do not include the volume and number of the edition in which an article appeared. When only the authors' initials are provided (a common occurrence), I have reported them according to standard medical format. Thus, the initial representing the author's surname appears first, followed by initials representing his or her given and middle names.