The evolution from mechanical restraint to moral treatment in Victorian madhouses

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Abstract

In the 19th century, mental asylums (previously known as madhouses) underwent reforms to improve the quality of care for the mentally ill. Mechanical restraint was the most common form of patient management in asylums and was justified by many. William Tuke, Robert Gardiner Hill and John Conolly championed the philosophy of moral treatment and applied their practices in their own asylums. Positive results contributed to legislation resulting in humane treatment being used in novel asylums. Despite these changes, moral treatment wasn't sustainable as there was severe overcrowding, leading to poor levels of care. The rise and fall of moral treatment is argued to have paved the way for modern psychiatric treatments, yet its morality has been questioned by critics such as Michel Foucault.

Introduction

During the Victorian era, there was little understanding of mental illnesses and physical treatment was seen as the only option. Robert Gardiner Hills and John Conolly were pioneers of asylum treatment and both implemented non-restraint to control patients.[1] This new philosophy was known as moral treatment, meaning the decrease in use of mechanical restraints and implementation of less physical practices such as work therapy.[2] Allowing patients to make their own choices aided their prognosis. However, overcrowded asylums struggled to contain their patients, leading to moral treatment being phased out. This discussion will explore the failure of physical restraint in mental asylums, leading onto the rise and downfall of moral treatment.

Method

PubMed was used to collate papers on the history of moral treatment, with inclusion criteria being specific to the use of mechanical restraint and the use of moral treatment. Works published in 1967, 1983 and 1996 were used due to the lack of modern data on the matter.

Restraint

Mechanical restraint involved using straightjackets, fingerless gloves, chains, and muffs to control patients who were manic, aggressive or suicidal.[3] This restricted movement, thus decreasing harm done by patients to themselves and others. Mechanical restraints were prominent before the turn of the 19th century. However, as the century progressed, people realised the harm to patients from physical restraints such as pressure sores and nerve damage.[4]

> *The poor understanding of managing mental illnesses meant it was deemed safer to constantly restrain patients to protect themselves and others. Whilst seen by some as a necessity, other critics claimed restraints "brutalized and demoralized" patients.*[5]

Hill and Conolly championed the abolishment of mechanical restraint. By the 1840s, both had abolished mechanical restraint in their asylums. However, seclusion, also known as solitary confinement, was a practice Hill supported but Conolly opposed. Hill wrote "solitary confinement, as a means of control, may be successfully and usefully dispensed" so long as "practised attendants and vigilant superintendence" are put into place.[3] He claimed this method of treatment is as effective as mechanical restraint. However, Hill acknowledged a case regarding long term seclusion presented by his successor as house surgeon, William Smith, proving "seclusion didn't prevent violent episodes" and therefore wasn't necessary, as

patients are unpredictable.[3] The change in policy and abolishment set an example for larger asylums (e.g. Hanwell) to also practice non-restraint and non-seclusion.[3]

Moral treatment and non-restraint

Changing attitudes towards mechanical restraint allowed alternative ideas to be implemented, including work focussed on developing moral strength and rationality.

> *William Tuke paved the way for developments in treatment through founding the first hospital focussing on the healing of the mind.*[6]

Moral treatment was the combination of non-restraint and acts that activate the mind such as strenuous labour and exercise.[2]

Conolly and Hill set out to abolish all forms of mechanical restraints in asylums nationwide. Alongside the policies of non-restraint and patient surveillance, a regime of "disciplined work and exercise to stimulate the mind, tire the body and foster self-control" was implemented.[7] The Lincoln Asylum reported 647 cases of manual restraint in 1834, but by 1838, there were zero cases, supporting the argument for moral treatment.[7] However, with increasing non-restraint policies the use of seclusion also increased.

Legislation

The County Asylums Act of 1808 encouraged counties to construct asylums for those with mental illnesses. By 1827 nine overcrowded and struggling asylums had been built, with most still being housed in workhouses or prisons.[8,9] This resulted in poorer quality care for patients. The 1834 Poor Law Act stated workhouse inhabitants must be sent to newly built establishments, specific to their needs, allowing for tailored patient care. The Lunacy Act of 1890, repealed the 1808 Act and laid down the foundations for mental health legislation, making it obligatory for the county commissioners to maintain institutions for the mentally ill.[10]

Downfall of moral treatment

By the end of the 19th century the push for moral treatment failed, with overcrowding and underfunding resulting in asylums being unable to cope. From 1827 to 1930 asylum inmates increased by 635%.[11]

New forms of managing asylums were practiced, such as sedation using morphine and increased surveillance. Conolly promoted this idea, with rooms designed to promote "calming, non-punitive seclusion", with inspection plates for efficient and effective surveillance.[3]

Moral treatment was a philosophy that improved patient care and paved the way for modern psychiatric treatment. Despite this,

> *Michel Foucault criticises moral treatment as still being a form of oppression, but rather moral in nature, as opposed to the physical.*[12]

Conclusion

The fundamental change from mechanical restraint to moral treatment raised awareness of more humane methods of psychiatric care. Legislation changes improved patient care and laid down the foundation for modern day psychiatry.

Factors such as overcrowding, underfunding and inefficient asylum use led to the downfall of moral treatment. Staff were overwhelmed and resorted to mechanical or medicative restraints to regain control.

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