

Roger Williams University

DOCS@RWU

---

Historic Preservation Theses

Architecture, Art, and Historic Preservation  
Theses and Projects

---

2013

## Abandoned to Functional: the Search for Historical Integrity in the Adaptive Reuses of Kirkbride State Mental Hospitals

Caitlin E. Merritt

Roger Williams University, cemerritt@gmail.com

Follow this and additional works at: [https://docs.rwu.edu/hp\\_theses](https://docs.rwu.edu/hp_theses)



Part of the [Historic Preservation and Conservation Commons](#)

---

### Recommended Citation

Merritt, Caitlin E., "Abandoned to Functional: the Search for Historical Integrity in the Adaptive Reuses of Kirkbride State Mental Hospitals" (2013). *Historic Preservation Theses*. 9.

[https://docs.rwu.edu/hp\\_theses/9](https://docs.rwu.edu/hp_theses/9)

This Thesis is brought to you for free and open access by the Architecture, Art, and Historic Preservation Theses and Projects at DOCS@RWU. It has been accepted for inclusion in Historic Preservation Theses by an authorized administrator of DOCS@RWU. For more information, please contact [mwu@rwu.edu](mailto:mwu@rwu.edu).

# **Abandoned to Functional:**

The Search for Historical Integrity in the Adaptive Reuses of  
Kirkbride State Mental Hospitals

Prepared By:

Caitlin E. Merritt  
Master of Science  
Historic Preservation  
School of Architecture, Art and Historic Preservation  
Roger Williams University  
Bristol, Rhode Island

May 2013

## SIGNATURES

ABANDONED TO FUNCTIONAL:  
THE SEARCH FOR HISTORICAL INTEGRITY IN THE ADAPTIVE REUSES OF  
KIRKBRIDE STATE MENTAL HOSPITALS

Author: \_\_\_\_\_  
Caitlin E. Merritt Date

Advisor: \_\_\_\_\_  
Hasan-Uddin Khan Date

Reader: \_\_\_\_\_  
Christopher Payne Date

Dean of SAAHP: \_\_\_\_\_  
Stephan White, AIA Date

## **ACKNOWLEDGMENTS**

Throughout the various stages of my thesis, I have received generous intellectual and educational guidance from my thesis advisor, Hasan-Uddin Khan, and my thesis reader, Christopher Payne. The whole thesis process, from researching to writing, was a learning experience. I owe an immense debt of gratitude to my thesis advisor, for his advice and guidance throughout my last semester of graduate school.

I would like to also thank Chris Payne for taking on the role as my reader. His knowledge and expertise on my topic provided insightful criticisms and comments that aided me in the writing and editing processes.

I would like to extend gratitude to my closet friend and colleague, Nina Caruso, whose encouraging words and optimism allowed me to persevere to the end.

Finally, I want to extend thanks to all those individuals at my case studies who let me access the buildings and ask questions.

## LIST OF FIGURES

Figure	Page
1.1 The Kirkbride Plan .....	10
2.1 The York Retreat Plan by J. Bevans .....	21
2.2 The York Retreat .....	21
2.3 Southeast view of Pennsylvania Hospital .....	22
2.4 Plan of Public Hospital .....	24
2.5 Plan of Friends Asylum .....	26
2.6 South Carolina Insane Asylum Plan .....	27
2.7 South Carolina Insane Asylum Front Elevation .....	28
2.8 Pennsylvania Hospital for the Insane .....	29
2.9 Pennsylvania Hospital for the Insane, first building Plan .....	30
2.10 Pennsylvania Hospital for the Insane, Department for the males Plan .....	30
2.11 Dr. Thomas S. Kirkbride .....	32
2.12 The Kirkbride Plan .....	40
2.13 Athens State Mental Hospital, historic postcard .....	47
2.14 Athens State Hospital Plan .....	48
2.15 Athens State Hospital, plan for the grounds .....	49
2.16 Lin Hall, Kennedy Art Museum .....	50
2.17 Weston State Hospital, front elevation .....	51
2.18 Plan for the grounds, Weston .....	52
2.19 Danvers State Hospital c. 1893 .....	53
2.20 Danvers State Hospital c. 2003 .....	54
4.1 Aerial of Weston State Hospital .....	74
4.2 Center Admin Buildings, Weston .....	75
4.3 Weston State Hospital c. 1900 .....	76
4.4 Trans-Allegheny Lunatic Asylum, front elevation .....	76
4.5 Blue Sandstone, Weston .....	77
4.6 Cornice Line and stepped pediment, Weston .....	78

4.7 Rosette Carving, Weston .....	79
4.8 Urn Shaped stone Finials, Weston .....	79
4.9 Wood Entrance and leaded glass fanlights and sidelights, Weston .....	80
4.10 Stenciling, Weston .....	80
4.11 Newel Post, Weston .....	81
4.12 Restored Ward, Weston .....	81
4.13 Current Building Use, Athens .....	82
4.14 Over hanging eaves and brackets, Athens .....	83
4.15 Former Center Administration Building, Athens .....	84
4.16 Paired, Round-headed windows .....	84
4.17 Athens State Hospital c. 1900 .....	85
4.18 Current Building footprint, The Ridges .....	86
4.19 Proposed Plan, The Ridges .....	86
4.20 Haerlin, Plan for the grounds of Athens State Hospital .....	87
4.21 Brick Staining, Athens .....	89
4.22 Water Damage, Athens .....	89
4.23 Overhanging eave deterioration, Athens .....	90
4.24 Roof Deterioration, Athens .....	90
4.25 Exterior Masonry Details, Athens .....	91
4.26 Security Grilles, Athens .....	91
4.27 Stair and Marble flooring, Kennedy Art Museum .....	92
4.28 Mosaic Flooring, Kennedy Art Museum .....	92
4.29 First Floor doorway, Kennedy Art Museum .....	92
4.30 Second Floor doorway, Kennedy Art Museum .....	92
4.31 Construction Date, Athens State Hospital .....	92
4.32 Demolition of Danvers State Hospital .....	94
4.33 Danvers State Hospital c. 2003 .....	94
4.34 Current Aerial View of Avalon Bay Communities at Danvers .....	94

## TABLE OF CONTENTS

TITLE PAGE .....	i
SIGNATURE PAGE .....	ii
ACKNOWLEDGEMENTS .....	iii
LIST OF FIGURES .....	iv
TABLE OF CONTENTS .....	vi
ABSTRACT .....	viii
CHAPTER	
1. INTRODUCTION .....	10
1.1 Introduction .....	10
1.2 Statement of the Problem .....	11
1.3 Background and Need .....	13
1.4 Purpose of the Study .....	14
1.5 Research Questions .....	14
1.6 Significance in the Field .....	14
1.7 Definitions .....	15
2. HISTORICAL BACKGROUND AND CASE STUDY DESCRIPTION .....	17
2.1 Introduction .....	17
2.2 Treatment of the Mentally Insane in the U.S. During the 18th and early 19th centuries .....	18
2.2.1 Moral Treatment .....	19
2.3 The Earliest American Lunatic Asylums .....	22
2.3.1 The Pennsylvania Hospital, Philadelphia, PA .....	22
2.3.2 Public Hospital, Williamsburg, VA .....	23
2.3.3 Friends Asylum, Frankfort, PA .....	25
2.3.4 South Carolina Insane Asylum, Columbia, SC .....	26
2.3.5 The Pennsylvania Hospital for the Insane, Philadelphia, PA .....	27
2.4 Doctor Thomas Kirkbride .....	31
2.4.1 Introduction .....	31
2.4.2 Doctor Thomas Kirkbride .....	32
2.4.2.1 Dorothea Dix .....	37
2.5 The Kirkbride Plan and its Healing Landscape .....	38

2.5.1 Introduction .....	38
2.5.2 The Kirkbride Plan .....	39
2.5.3 The Healing Landscape .....	42
2.5.4 The Architecture .....	43
2.5.5 The Downfall of the Asylum .....	45
2.6 Case Studies of Kirkbride Hospitals .....	46
2.6.1 Introduction .....	46
2.6.2 Athens State Hospital, Athens, OH .....	46
2.6.3 Weston State Hospital, Weston, WV .....	50
2.6.4 Danvers State Hospital, Danvers MA .....	53
2.7 Conclusion .....	54
 3. METHODOLOGY .....	 56
3.1 Introduction .....	56
3.2 Determining Authenticity Through Values and Integrity .....	56
3.2.1 Values Centered Preservation .....	56
3.2.2 Authenticity and Integrity .....	58
3.3 Methods .....	60
3.3.1 Introduction .....	60
3.3.2 The National Park Service's Definition of Historical Integrity .....	60
3.3.2.1 Location .....	61
3.3.2.2 Design .....	62
3.3.2.3 Setting .....	62
3.3.2.4 Materials .....	63
3.3.2.5 Workmanship .....	63
3.3.2.6 Feeling .....	64
3.3.2.7 Association .....	64
3.4 Data Collection and Procedures .....	65
3.4.1 Introduction .....	65
3.4.2 Off-Site Survey .....	66
3.4.3 On-Site Survey .....	67
3.5 Data Analysis .....	70
3.6 Conclusion .....	71
 4. RESULTS .....	 73
4.1 Introduction .....	73
4.2 Retention of Integrity: Weston .....	73
4.3 Potential Loss of Integrity: Athens .....	81
4.4 Loss of Integrity: Danvers .....	93
 5. DISCUSSION .....	 95



5.1 Discussion: Results .....	95
5.1.1 Result 1: The Retention of Historical Integrity: Weston .....	95
5.1.1.1 Recommendations .....	97
5.1.2 Result 2: The Potential Loss of Historical Integrity : Athens ....	97
5.1.2.1 Recommendations .....	98
5.1.3 Result 3: The Loss of Historical Integrity: Danvers .....	99
5.1.3.1 Recommendations .....	100
5.2 Limitations .....	100
5.3 Recommendations for Future Research .....	101
5.4 Conclusions .....	103
BIBLIOGRAPHY .....	104
APPENDICES .....	107
A: Master List of Kirkbride Hospitals .....	107

## **ABSTRACT**

**Purpose:** This thesis intends to understand historical integrity and how it plays a role in historic rehabilitation and adaptive reuse projects. More importantly, this study allows for a better understanding of the Kirkbride Plan as a particular building type that dominated state mental hospital design in between 1848-1890 and advanced the field of psychiatry. This study examines three adaptively reused Kirkbride hospitals Athens State Hospital, Athens, OH; Weston State Hospital, Weston, WV; and Danvers State Hospital Danvers MA. The three case studies were surveyed using the National Park Service seven aspects of historical integrity, to examine if historical integrity was preserved in the adaptive reuses.

**Results:** The results of this study strived to uncover the best adaptive reuse method that best preserves the historical integrity of Kirkbride hospitals. Three outcomes of the retention of historical integrity were revealed: The retention of historical integrity, the potential loss of historical integrity, and the loss of historical integrity.

## CHAPTER 1: INTRODUCTION

### 1.1 Introduction

From the mid to late nineteenth century, Dr. Thomas S. Kirkbride and several notable architects were responsible for the construction of over sixty-five state mental hospitals throughout the United States. The hospitals constructed were part of the first standardized design for mental hospitals, known as the Kirkbride Plan. The plan was developed by Dr. Kirkbride in 1848, and was based on the ideas of moral treatment<sup>1</sup> and environmental determinism<sup>2</sup>. Dr. Kirkbride incorporated these ideas in creating therapeutic architecture with healing landscapes. He designed “ . . . places of the soul where physical shapes, forms, spaces, and appearances provide a picture of reality that nourish human emotions and the self.”<sup>3</sup> Kirkbride’s design created a specific and unique building type, which is characterized by its “batwing” or V Shape linear floorplan, Victorian architecture, and orientation to the sun and natural environment (Figure 1.1).

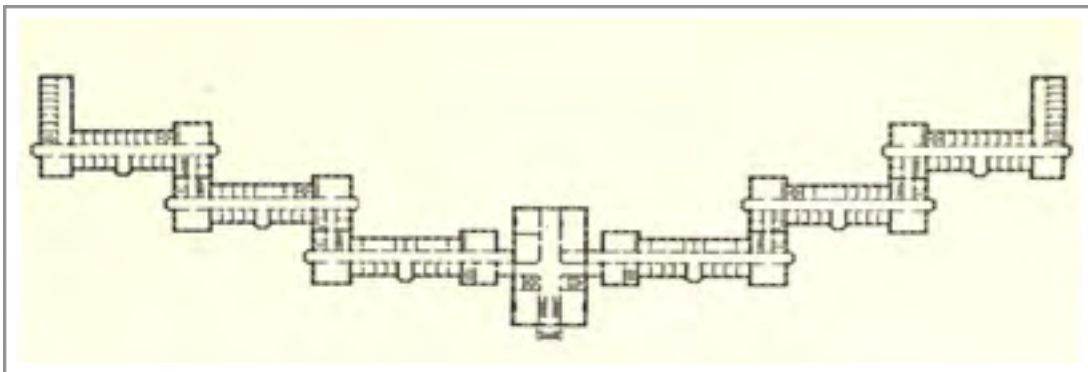


Figure 1.1 - The Kirkbride Plan, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, Vol. 2 (Philadelphia, Pennsylvania: Lippincott, 1880).

---

<sup>1</sup> Moral Treatment: Moral treatment was a therapeutic approach that emphasized faith and spiritual development, through acts of kindness and respect with structured daily routines for patients

<sup>2</sup> Environmental Determinism: the idea that the environment, including architecture shapes behavior

<sup>3</sup> Ronald and Bugni, Valerie Smith, "Symbolic Interaction Theory and Architecture," *Symbolic Interaction* 29, no. 2 (2006): 126.

## **1.2 Statement of Problem**

In the mid to late twentieth century, overcrowding and advances in modern medicine contributed to the downfall of the state mental institution. This downfall, left many of Kirkbride Hospitals abandoned and neglected and in danger of being lost forever. A solution to preventing the loss, is to find new uses for these culturally significant structures, through adaptive reuse.

Adaptive reuse is the reuse of a historic building for a purpose other than it was originally designed for. Unfortunately, not all adaptive reuses or plans for reuse, successfully preserve the historical integrity of any historic structure, not just Kirkbride buildings. The problem that is being addressed is, do the current methods of adaptively reusing Kirkbride buildings successfully preserve the historical integrity of the structure and site. The preservation of the historical integrity of a building maintains those important features that characterize a building as a certain type and illustrates its significance.

Determining new uses for Kirkbride buildings, propose challenges to preservationists, architects, engineers, and contractors. Many of these structures have deteriorated to a point where it may not be economically feasible to adaptively reuse. The combination of the affects of abandonment and hazardous building materials can pose economic challenges to contractors and architects. In addition to potentially being economically infeasible, there are four factors that make these buildings difficult to adaptively reuse: location, size, negative connotations associated with the buildings, and the interior arrangement of spaces.

The most difficult factor for redevelopment is the negative stigmas that are attached to these structures. On some occasions, these stigmas are used as leverage for demolition. Negative stigmas pose problems, not just in the reuse of institutional buildings, but sites that evoke negative emotions, such as Nazi Concentration Camps and battlefields. Buildings or sites that carry negative emotions are usually not preserved for architectural or aesthetic reasons, but instead for historical interest.<sup>4</sup> Kirkbride buildings are in a sense a “double edged sword” because they are buildings that carry both architectural and aesthetic value as well as historical importance, but also evoke negative emotions from its previous use. A Kirkbride building is an example of architecture, engineering, and craftsmanship of an era, not necessarily a reminder of its prior function.<sup>5</sup>

According to Carla Yanni, the linear Kirkbride plan was “ designed with such a level of specificity that they cannot be easily be modified to allow for other types of medical treatment. In fact, they cannot easily be adapted to any other purpose.”<sup>6</sup> Kirkbride hospitals have hundreds of tiny rooms with thick masonry load bearing walls. These buildings resist transformation. Thick load bearing walls make it more difficult to take down and remove walls to create larger spaces. Removing walls also can generate economic feasibility challenges and poses difficulties to create new room functions for an adaptive reuse. For these reasons, many Kirkbride hospitals have been

---

<sup>4</sup> Randolph Langenbach, "The Good and The Evil: The Preservation of Monuments with a Negative Symbolic Image," in *Changing Places: ReMaking Institutional Buildings*, 159-198 (Fredonia, New York: White Pine Press, 1992)162.

<sup>5</sup> Randolph Langenbach, "The Good and The Evil: The Preservation of Monuments with a Negative Symbolic Image," in *Changing Places: ReMaking Institutional Buildings*, 159-198 (Fredonia, New York: White Pine Press, 1992)191.

<sup>6</sup> Carla Yanni, *The Madness of Architecture: Insane Asylums in the United States* (Minneapolis, Minnesota: Universtiy of Minnesota Press, 2007), 150.

demolished or left to decay. The reuse of any large institutional structures, including Kirkbride buildings, have to be unique and creative in order to determine the best possible outcome for preserving the historical integrity of the structures.

### **1.3 Background and Need**

This study intends to uncover which adaptive reuse method best preserves the historical integrity of a Kirkbride hospital. Also, it will determine other factors and reasons that drove the particular new use, and if these factors contribute to the retention or lack of retention of historical integrity. The Kirkbride Plan was used as the standard of mental hospital design between 1848 and 1890, with a few later exceptions. My research has uncovered that around seventy Kirkbride Plan hospitals were constructed and designed by various architects in a myriad of architectural styles popular of the time.<sup>7</sup> Thirty- six have been completely demolished with only thirty-four, in some extent, still standing. Many of the demolitions have occurred within the last decade. Eleven are still being used as some form of mental or medical facility, however it is uncertain how intact the original Kirkbride buildings are.<sup>8</sup> Six have been partially demolished and are redeveloped or vacant. Eleven have been adaptively reused, but it is uncertain if the reuse schemes have preserved their Kirkbride characteristics or are just simply renovated. Of the remaining Kirkbride hospitals, six are vacant and fully intact, but are in danger of being lost. The Kirkbride building, as a building type, has become endangered of being lost.

---

<sup>7</sup> Caitlin Merritt, *Master List of Kirkbride Buildings Built*, (see appendix A).

<sup>8</sup> Appendix A.

## **1.4 Purpose of Study**

The purpose of this study is to better allow for a better understanding of historical integrity and how it plays a role in historic rehabilitation and adaptive reuse projects. More importantly, this study allows for a better understanding of the Kirkbride Plan as a particular building type that dominated state mental hospital design in between 1848-1890 and advanced the field of psychiatry.

## **1.5 Research Questions**

This study explored the following questions:

1. What characterizes the Kirkbride Plan as a “type”?
2. What needs to be retained to preserve the historic integrity of the Kirkbride State Mental Hospital plan?
3. Do the present adaptive reuse schemes successfully preserve the seven aspects historic integrity of Kirkbride Buildings?
  - a. What are the reasons why specific adaptive reuse schemes meet or do not meet all seven aspects of historic integrity?
  - b. What are key factors that drove successful reuses?
    - i. For example- Community support, rehabilitation tax credits, location of site in relationship to its reuse, etc.

## **1.6 Significance in the Field**

This study has both positive and significant benefits for the survival of Kirkbride buildings as well as the field of historic preservation. Too often than not, adaptive reuses of historic structures are carried out without any consideration to the impact to integrity. The disciplines of architecture and preservation often have conflicting ideas

and dissimilar goals and values, which create unnecessary feuds. This thesis will make suggestions and recommendations of what should be done and what should not be done in order to preserve the historic integrity of a building throughout an adaptive reuse project. The recommendations of this study can be translatable to an adaptive reuse project, especially large historic buildings that are challenging to reuse.

## **1.7 Definitions**

Historical Integrity: the authenticity of a property's historic identity, evidenced by the survival of the physical characteristics that existed during the property's prehistoric or historic period. Historic integrity is the composite of seven qualities:

- Location
- Design
- Setting
- Materials
- Workmanship
- Feeling
- Association<sup>9</sup>

Adaptive Reuse: The reuse of a historic or old building for a purpose other than it was originally designed for.

Character Defining Feature: "Character refers to all those visual aspects and physical features that comprise the appearance of every historic building. Character defining elements include the overall shape of the building, its materials, craftsmanship, decorative details, interior spaces and features, as well as the various aspects of its site and environment."<sup>10</sup>

---

<sup>9</sup> National Register Bulletin 15 part VIII: How to determine the historical integrity of a building.

<sup>10</sup> Lee Nelson, "Preservation Brief 17: Architectural Character- Identifying the Visual Aspects of Historic Buildings as an Aid to Preserving their Character," *National Park Service Preservation Briefs*, September 1988, <http://www.nps.gov/tps/how-to-preserve/briefs/17-architectural-character.htm> (accessed March 28, 2013).



Environmental Determinism: the idea that the environment, including architecture shapes behavior.<sup>11</sup>

Moral Treatment: Moral treatment was a therapeutic approach that emphasized faith and spiritual development, through acts of kindness and respect with structured daily routines for patients.<sup>12</sup>

Kirkbride State Mental Hospital Plan: The standard design for 19<sup>th</sup> century mental hospitals. They were developed by Dr. Thomas Kirkbride. The buildings are characterized by their “batwing” floorplan, Victorian architecture, and orientation to the sun and natural environment.

---

<sup>11</sup> Ronald and Bugni, Valerie Smith, "Symbolic Interaction Theory and Architecture," *Symbolic Interaction* 29, no. 2 (2006).

<sup>12</sup> Carla Yanni, *The Madness of Architecture: Insane Asylums in the United States* (Minneapolis, Minnesota: Universtiy of Minnesota Press, 2007).

## CHAPTER 2: HISTORICAL BACKGROUND AND CASE STUDY DESCRIPTION

### 2.1 Introduction

In the eighteenth and nineteenth centuries, one might easily find an expert who agreed that insanity existed, but it would have been difficult to find a single cohesive definition.<sup>13</sup> Doctors during that time could not agree on what caused insanity any more than they could define it. This lack of understanding of mental illness, initially categorized those, ill of mind, the same as criminals and the poor. It is not until buildings were constructed for the purpose of treating the mentally ill, that the disease was recognized as such.

Americans began to construct mental hospitals in the nineteenth century in the wake of social reform that was compelled by a sense of civic and religious duty. Mental hospitals were built with increasing speed as the nineteenth century progressed, and by the 1850s, the United States had developed its own centralized plan, known as the Kirkbride Plan. These new hospitals strived to reject the harsh and unkind treatment methods and the definitions of insanity used throughout the eighteenth century and earlier. New ideas from England and France influence the Kirkbride Plan and the treatments used on patients.

This chapter focuses on the ideas and early treatments of the insane, with the establishment of the earliest purpose built mental hospitals in the United States. It also looks at various European and American influences that change the treatment of the mentally ill.

---

<sup>13</sup> Carla Yanni, *The Madness of Architecture: Insane Asylums in the United States* (Minneapolis, Minnesota: University of Minnesota Press, 2007). Carla Yanni, *The Madness of Architecture: Insane Asylums in the United States* (Minneapolis, Minnesota: University of Minnesota Press, 2007)2.

## **2.2 Treatment of the Mentally Insane In the United States during the Eighteenth and Early Nineteenth Centuries**

The mentally insane during the eighteenth century were grouped among the criminals and the poor. The attitudes and practices towards social pariahs, like the mentally insane, were not considered a critical social problem. For much of the colonial period and during the early stages of the United States, the insane, poor, orphans, and criminals were not interpreted as a flaw in the citizen or society.<sup>14</sup> There were little to no programs of reform. At times communities excluded deviants and occasionally they were generous with the needy or poor. Unfortunately, the majority of the mentally insane and other social outcasts were treated poorly and sometimes cruelly.

The eighteenth century use of the term “poor” contained a plethora of conditions. The label included widows, orphans, the elderly, the sick, the disabled, and the mentally insane.<sup>15</sup> When colonists discussed the poor or legislated for them, it included those listed above without differentiation. “The fact of need, not the special circumstances which caused it, was the critical element in the definition.”<sup>16</sup> Occasionally, in the course of the colonial period, some assemblies passed laws for special groups of people like the mentally insane. But these laws were not concerned with any trait unique to the disease. Insanity was considered no different than any other disability; victims, unable to support themselves and live independently took a place in the same category as the

---

<sup>14</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, and Company, 1971), 3.

<sup>15</sup> Ibid, 4.

<sup>16</sup> Ibid, 4.

needy. To the public, the mentally insane were not individuals suffering from visions, delusions, or fears, but someone facing poverty.<sup>17</sup>

The mentally insane generally were left in the care of their families. Special buildings for the insane were not often built, and the ones that were erected were private facilities, intended for those who could afford them.<sup>18</sup> Doctors and religious officials in the eighteenth century defined cases of insanity as a lack of faith or possession of the devil.<sup>19</sup> When the mentally insane were not under the care of family members they often were poverty stricken and disruptively roaming the streets. In such cases, these individuals were sent to almshouses or prisons to be chained up or locked in cages.

### *2.2.1 Moral Treatment*

During the eighteenth century, Enlightenment, many social reformers sought to make changes to many of society's institutions: schools, colleges, prisons, hospitals, and mental asylums. The mental or insane asylum was a relatively new institution during the beginning of the nineteenth century and the organization and care of its patients resulted from the European idea of moral treatment. Moral treatment was a therapeutic approach that emphasized faith and spiritual development, through acts of kindness and respect with structured daily routines for patients.<sup>20</sup> The routines

---

<sup>17</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, and Company, 1971), 4.

<sup>18</sup> Ibid, 130.

<sup>19</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), 2-3.

<sup>20</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, and Company, 1971), 128.

consisted of daily worship, exercise, and occupational therapies, like farming, carpentry, sewing, and cooking.<sup>21</sup>

Researchers on the subject of moral treatment write that Dr. Philippe Pinel, a physician head of two asylums in Paris, began the moral treatment of patients in 1795.<sup>22</sup> Dr. Pinel removed chains and restraints on his patients and initiated humane care; treating his patients with kindness and respect.<sup>23</sup> Pinel believed that mental illness could be treated, and allowed his patients the freedom to walk around than be confined to their rooms. He stopped using harsh restraint measures such as chains. For those patients who needed restraints, Pinel used straitjackets and leather muffs.<sup>24</sup> His work led to later reform that would transform the asylum into a therapeutic community where doctors and patients lived together.<sup>25</sup>

In 1796, William Tuke, a Quaker merchant, opened the York Retreat in England. The building was designed by John Bevens, and later became an important and influential architectural model for American asylums, beginning with the Friends Asylum outside Philadelphia.<sup>26</sup> The mental patients at York Retreat were treated using kindness and respect in a family environment, rather than the harsh medical treatments for mental illness of the time. The York Retreat was a place where its patients could

---

<sup>21</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), 3.

<sup>22</sup> Ibid, 24.

<sup>23</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, Ohio: Ohio University Press, 2012) 7.

<sup>24</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), 24.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid, 27.

escape from the ills of society.

Patients were treated with

respect. Treatments involved

feeding the patients well,

encouraging proper hygiene

practices, and allowing for

ample amount of sleep. These

practices were combined with a

daily routine of activities to keep

the mind busy.<sup>27</sup> Tuke believed

that these practices towards the mentally ill could help them to eventually return to

normal society.

The York Retreat was built with the purpose to treat the mentally ill. It was a brick

structure that was built at the crest of a

hill. Its location within the landscape

allowed for excellent views of the

countryside and was not bound by walls

or fences. The hospital consisted of a

central structure with flanking wings

with double loaded corridors, lined with

single bedrooms (Figure 2.1 and 2.2).

The central building was used for

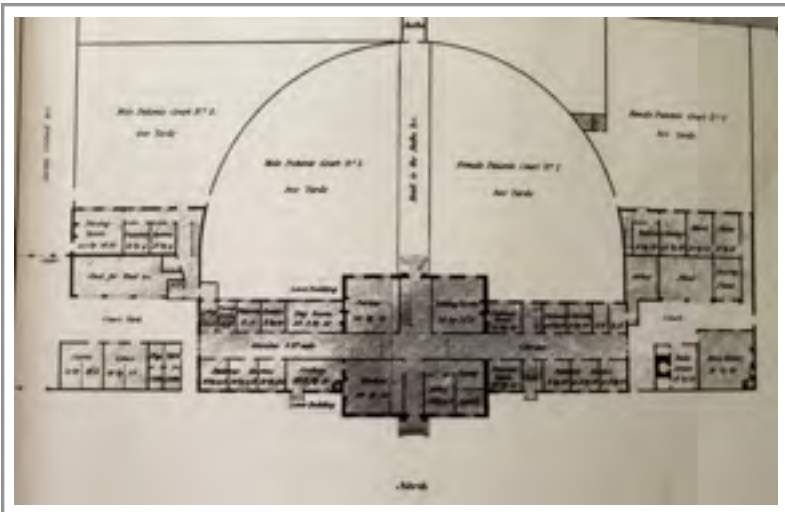


Figure 2.1- J. Bevens, Perspective View of the North Front of the York Retreat, England, 1796, source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007)



Figure 2.2 - J. Bevens, York Retreat Plan, source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007)

<sup>27</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), 27.

administration purposes and housed the superintendent's office and living quarters.<sup>28</sup>

Setback from the main two-story wings that were attached to the center, were more secured wards for the most violent patients. These wards are almost invisible in Figure 2.1, but can be seen more clearly in Figure 2.2. The setting of the Retreat was a country farmstead, instead of being in an urban area. The rear of the building contained airing courts (Figure 2.2) that was the home to small animals such as rabbits, seagulls, and chickens because it was believed that the interaction with these creatures would generate feelings of kindness within patients.<sup>29</sup>

## 2.3 The Earliest American Lunatic Asylums

### 2.3.1 *The Pennsylvania Hospital, Philadelphia, Pennsylvania*

In the mid-eighteenth century, some physicians and hospitals addressed a need to find a place of the mentally insane. In 1752, the Pennsylvania Hospital was founded in center city Philadelphia (Figure 2.3). The hospital was primarily a medical facility, but it housed a separate



Figure 2.3 - Southeast View of Pennsylvania Hospital 1755-1760, Mental patients were kept in the basement until 1841, when they were moved to a new hospital in west Philadelphia. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

custodial ward for mentally insane patients. The hospital building was constructed in

---

<sup>28</sup> Ibid.

<sup>29</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), 28.

stages. The first stage, finished in 1756, created a t-shaped structure. In 1796, a similar building was constructed; similar in design, to the west of the original building. This created an east and west wing. Later, between 1797-1805, a central building connected the two wings. The central building contained a foyer, grand staircase, a library, a steward's office, apothecary's shop, a parlor, and residences for the staff.<sup>30</sup> The second floor of the central building housed a maternity ward and third floor contained a three-hundred-seat operating theater, surmounted by a dome with a glass oculus to allow for natural light for the surgeons.<sup>31</sup> The patient wards consisted of continuous interior spaces, open wards on each side of the main central building.

The mental ward was located in the basement of the hospital and consisted of rows of cells. This was a small improvement from the treatments received in poor houses and prisons. The mentally ill were treated medically with common practices of the eighteenth century. The doctors attempted to deplete the patients' bodily systems by causing them to bleed, blister, or vomit. These harsh treatments were common because there was a lack of knowledge and understanding of the causes of insanity.<sup>32</sup>

### *2.3.2 Public Hospital, Williamsburg, Virginia*

The first purpose-built, freestanding hospital for the mentally insane was built in 1773 in Williamsburg, Virginia. In 1766, Governor Francis Fauquier declared that "it was the proper role of a "civilized Country" to care for those of unsound mind, [and put them in a place] where they could be "confined, maintained, and attended by able

---

<sup>30</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 30.

<sup>31</sup> Ibid, 30-31.

<sup>32</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 26.



Physicians.”<sup>33</sup> The hospital was designed by Philadelphia builder/architect Robert Smith and became known as Public Hospital.<sup>34</sup> The design of the structure did not have a specialized building plan (Figure 2.4):

Upon entering the building, visitors encountered a center hall, containing a stair and the keeper’s one-room apartment. Double-loaded corridors with single cells flanked the hall. The second and third stories resembled the first, although above the keeper’s apartment was a meeting room for the hospital’s directors. To either side of the thin building were airing courts with high walls. The unpretentious structure could easily be mistaken for a college, a town hall, or an orphan asylum.<sup>35</sup>

The lack of specificity in Williamsburg Public Hospital was common of that time and does not suggest any associations among its inhabitants; what the building was used for. The interior design of Public Hospital is different than other eighteenth century hospitals. It was a

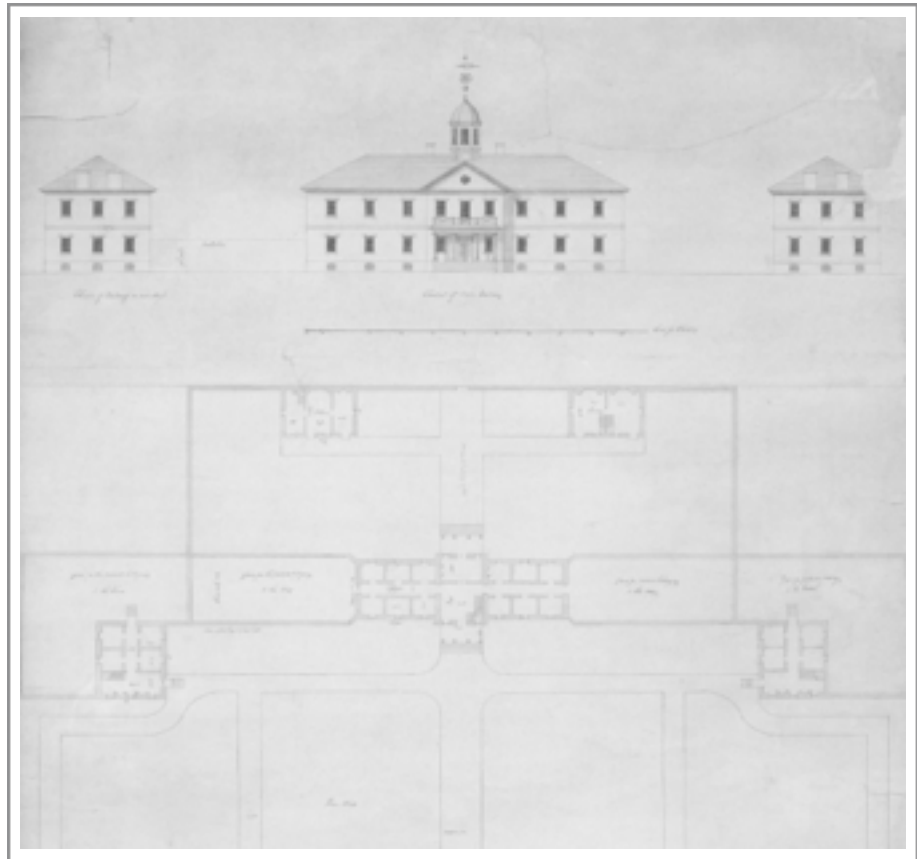


Figure 2.4 - Robert Smith, Public Hospital, Williamsburg, VA, Plan, 1771-1773. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

<sup>33</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 31.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

common trait among hospital design to have wards, long rooms with several patient beds, not small single rooms found in this early asylum. A combination of the two would later influence mental hospital design. Public Hospital was destroyed by a fire in 1885 and was later reconstructed in 1886.

### *2.3.3 Friends Asylum, Frankfort, Pennsylvania*

The Friends Asylum was founded in 1817 in Frankfort, Pennsylvania, which is located outside of Philadelphia. The practices of the asylum were based on William Tuke's York Retreat in England.<sup>36</sup> Tuke's grandson, Samuel corresponded with American Quakers about developing an asylum following his grandfather's methods. This new institution used the moral treatment approach instead of the common remedies to treat mental illness. The Friends Asylum treated its patients with respect and limited the use of harsh bodily treatments.<sup>37</sup> The building itself was a linear structure with a center building with two wings on either side along single loaded corridors (Figure 2.5). Male and female patients were separated, each housed in the wings. The central building contained male and female sitting rooms, a parlor, and office. The building plan was very basic but allowed for proper amounts of light and ventilation, which was considered important for psychological and bodily care.

---

<sup>36</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 33.

<sup>37</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 33.

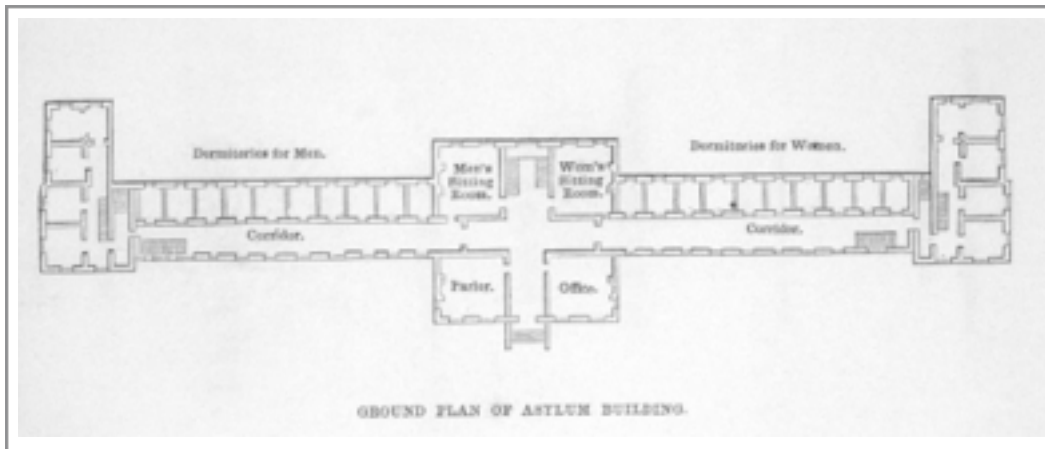


Figure 2.5 - Friends Asylum, Frankfort, PA, outside of Philadelphia. This private asylum was the first in America to use moral treatment methods. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

Entertainment was part of moral treatment as well. At the Friends Asylum, various forms of entertainment such as outdoor lawn games were incorporated into patients' daily routines. In addition to games, Friends Asylum offered occupational activities as a part of treatment. Gardening, farming, sewing, and much more were included in daily routines. These were used to keep patients' minds stimulated and active during the day, in order to control tantrums and as a method for returning to society.

#### 2.3.4 South Carolina Insane Asylum, Columbia, South Carolina

The South Carolina Insane Asylum opened its doors in 1828 and offered a therapeutic refuge based on the principles of moral treatment. The asylum admitted both paying and non-paying patients. Eventually, the wealthy stopped committing themselves and family members to the asylum because the patient population of the lower classes was the majority. The asylum was design by architect Robert Mills<sup>38</sup>, with

<sup>38</sup> Robert Mills (1781-1855) is famously known for designing the Washington Monument and is considered to be the first native-born American to become a professional architect.

a basic plan  
consisting of a two-  
and-half story  
structure with a  
central building  
flanked by wings  
that are at an  
obtuse angle

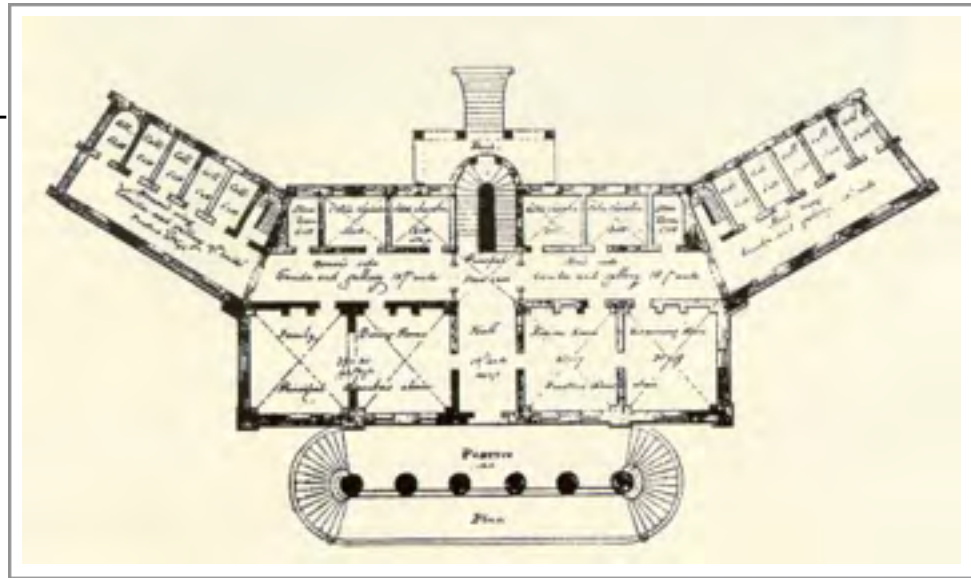


Figure 2.6 - Robert Mills, South Carolina Insane Asylum, Plan, 1821.  
Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007)

(Figure 2.6). Each wing

contained a single loaded

hallway lined with five, ten by six foot cells. Floors separated male and female patients

instead of by wings.<sup>39</sup> Mills incorporated an all-stone vaulted construction for

fireproofing. The exterior of the asylum contained many classical elements and

projected a Palladian importance (Figure 2.7). Redbrick and white stone trimmed the

building with six-columned Doric temple front surmounted by an attic and cupola;

rusticated arcade supported the north facing temple front. Flanking the arcade and

porch, are curved staircases.

<sup>39</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 36.



Figure 2.7 - Robert Mills, South Carolina Insane Asylum, Front Elevation. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

### 2.3.5 The Pennsylvania Hospital for the Insane, Philadelphia, Pennsylvania

The Pennsylvania Hospital for the Insane was a private institution that was completed in 1841. The hospital was built in partnership with Pennsylvania Hospital in center city Philadelphia to house mentally insane patients. This purpose built structure was located west of the city, in what used to be a mixed rural and industrial area. English architect Isaac Holden<sup>40</sup> designed the hospital, however, Holden fell ill and could not finish the project. He left the half constructed hospital to be finished by architect Samuel Sloan.<sup>41</sup>

<sup>40</sup> Issac Holden - British born architect who practiced in Philadelphia

<sup>41</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 38-39.

Samuel Sloan (1815-1884) was a Philadelphia-based architect. He specialized in Italianate villas and country homes, churches, and institutional buildings. His most famous buildings: octagonal mansions "Longwood" in Natchez, MS.

The hospital had a U-shape design with a central administration building with two flanking wards with pavilions that were set back. The central building and its flanking pavilions were topped with lanterns and represented elements of the Greek Revival style (Figure 2.8). It also included two fully detached, one story, U-shaped buildings made of stone, used as refractory wards for the most violent, disturbed, and noisy patients (Figure 2.9). In addition to being separate from the main hospital, it included a walled outdoor courtyard. This separated the most dangerous patients from wandering free around the hospital grounds and possibly inflicting harm on other patients or hospital staff.<sup>42</sup>



Figure 2.8 - Isaac Holden and Samuel Sloan, Pennsylvania Hospital for the Insane, west Philadelphia, 1841. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

Many years later in 1856, Sloan was commissioned once again to design a second hospital for the insane on the same site that would house only male patients (Figure 2.9). The original hospital remained as the women's department. This new building was similar in design but larger. The hospital had a central building with flanking

---

<sup>42</sup> Ibid, 39.



perpendicular wings, and courtyards. The Pennsylvania Hospital for the Insane shows the close relationship between the open outdoor spaces and therapy for its patients, and first implemented Dr. Thomas Kirkbride's architecture guidelines.<sup>43</sup>

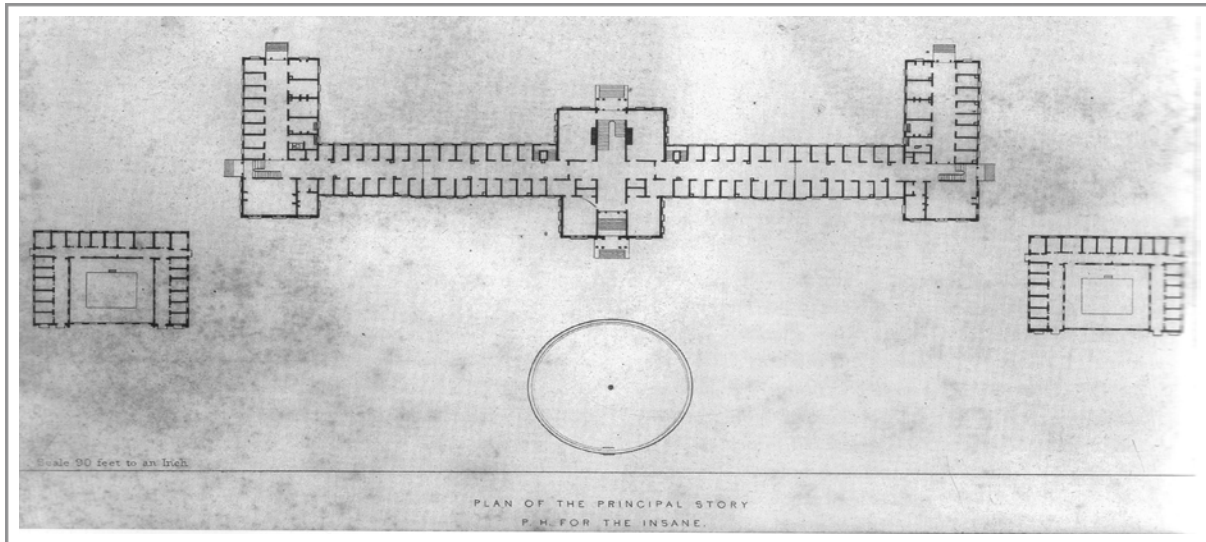


Figure 2.9 - Holden and Sloan, Pennsylvania Hospital for the Insane, first building, Plan, 1841. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

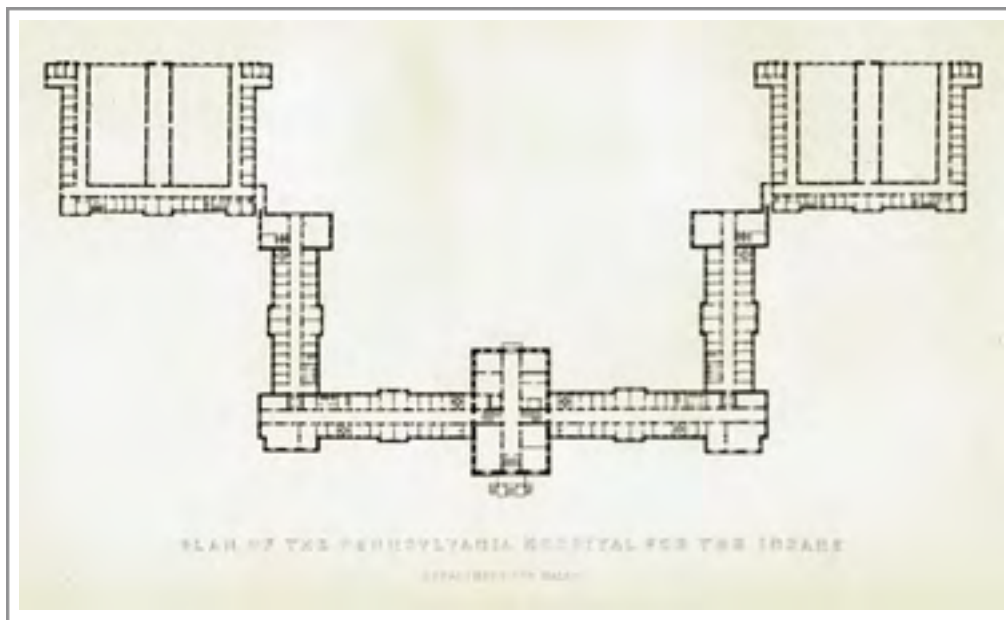


Figure 2.10 - Sloan with Kirkbride, Pennsylvania Hospital for the Insane, Department for Males, Plan, 1856. Source: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007).

<sup>43</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 73.

## 2.4 Doctor Thomas Kirkbride

### 2.4.1 Introduction

Doctors in the United States in the 19<sup>th</sup> century began to accept the principle that the mentally insane needed a change of environment and asylums provided that. With the rise of moral treatment, there also was the rise of environmental determinism.<sup>44</sup> Research on this topic suggests that architecture and arrangement of rooms combined with fresh air and a pleasant and relaxing environment could cure cases of insanity. The theory of a cure through architecture and environment, lead to the constructions of hundreds of state funded and operated mental asylums throughout the nineteenth century.

Smith and Bugni wrote that “. . . designed physical buildings, places, and objects act as agents to shape our thoughts and actions.”<sup>45</sup> Nineteenth century physicians believed this to be true for the improvement of patient behaviors. This theory was taken into consideration in the construction of new state mental hospitals. The architectural design and the landscapes surrounding the hospitals were considered important tools towards curability. According to author Carla Yanni, there was no reason to spend state funds on a building that was not in an ideal and beautiful location, because the natural environment was essential to the cure.<sup>46</sup> The beautiful locations of the mental hospitals

---

<sup>44</sup> Ibid, 8.

<sup>45</sup> Ronald Smith and Valerie Bugni, “Symbolic Interaction Theory and Architecture,” *Symbolic Interaction* 29 (2006), 124

<sup>46</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 34.



were part of the concept that a change of environment, would bring about an improved psychological state.<sup>47</sup>

#### 2.4.2 Doctor Thomas S. Kirkbride

Thomas Story Kirkbride was born into a Quaker family July 31, 1809, in Bucks County, Pennsylvania (Figure 2.11).<sup>48</sup> His Quaker upbringing and general nature of wanting to help people, lead Kirkbride to a career in medicine. In 1828, at the age of eighteen, Kirkbride began private medical studies

with Dr. Nicholas Belleville, of Trenton, New Jersey. Under the instruction of Dr. Belleville, Kirkbride learned many common medical treatments of the nineteenth century such as blood letting.<sup>49</sup> Kirkbride took his experiences with Dr. Belleville with him to medical school at the University of Pennsylvania and graduated in 1832.

Upon leaving medical school, he considered applying for residency at the Pennsylvania Hospital, but knew that several of

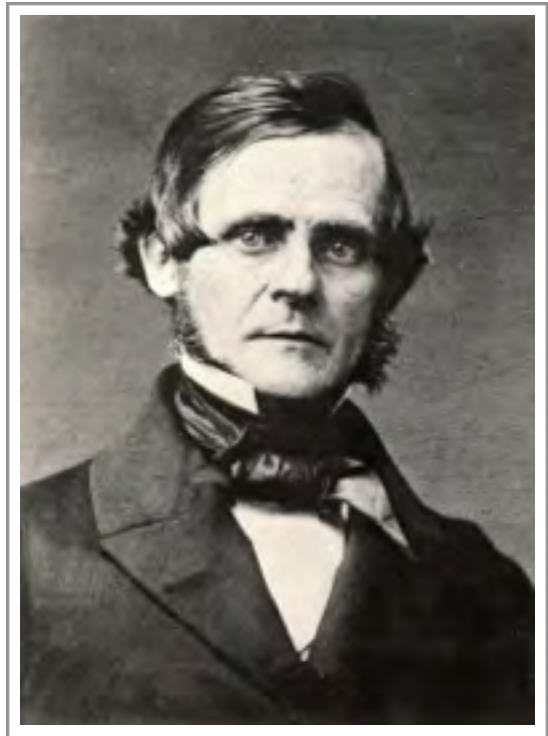


Figure 2.11 - Dr. Thomas Story Kirkbride (1809-1883)

his close friends were also applying. Kirkbride's uncle, Joseph Jenks was a member of the Board of Managers of the Friends' Asylum, and wrote to him that the asylum was

---

<sup>47</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 35.

<sup>48</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 3.

<sup>49</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company), 1947, 14-16.

going through some changes and mentioned that Kirkbride should consider becoming the resident physician.<sup>50</sup> Kirkbride accepted the position of resident physician at Friends' Asylum in Frankfort, Pennsylvania. During his residency, Kirkbride was exposed to moral treatment methods of the mentally ill.

When Kirkbride arrived at Friends, it already had nearly two decades of operation. The asylum provided warmth, good ventilation, and private rooms for its patients. In addition, it attempted to provide occupation and amusement and it was located in the countryside, away from the stresses of urban life. Kirkbride was the first resident physician at Friends. He remained there for one year, but the treatments that he witnessed, later became the foundations of his later contribution to the field of psychiatry.

In 1833, Kirkbride began his residency at Pennsylvania Hospital (Figure 2.3). He found himself in charge of the care of the insane. Patients suffering from mental illness were kept in the basement ward of Pennsylvania Hospital. Kirkbride found it to have less than desirable conditions. The ward was overcrowded and men and women with all sorts of mental illness, kept in close quarters in unheated rooms. The overcrowding resulted from patients residing in the hospital for several decades. In addition, overcrowding led to too much idleness, restraint, and the deprivation of niceties. As a result there was increased noise, mischief, and complaints from doctors on upper hospital floors.<sup>51</sup> These conditions posed challenges to Kirkbride in the management of the ward.

---

<sup>50</sup> Ibid, 24.

<sup>51</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 26.

Bond wrote:

Although the overcrowding, the lack of proper heating, the too frequent restraints, the lack of the ordinary amenities of table, such as knives and forks, and the lack of proper supervision altogether justified criticisms leveled at the conditions under the mental patients lived, it must be realized that these conditions were extraordinarily good in comparison with those generally prevailing in Pennsylvania and the other states.

In Pennsylvania in the 1830's there was no provision for any medical treatment for anyone sick in mind who could not pay the cost of care in the corporate private hospitals. There was only the jail or the poorhouse.<sup>52</sup>

Kirkbride's residency ended after a year of trying to create order and management in a failed system and could not fully change the conditions he witnessed. Kirkbride did not envision himself in the field of mental health. He had ambitions of being a surgeon, and in 1835, he opened his own private practice. His private practice only lasted until 1840. The managers of Pennsylvania Hospital were nearly finished with new a building on a west Philadelphia farm to give mental patients the space they needed.<sup>53</sup> The attending surgeon, was leaving his post, and recommended Kirkbride for the job.

Kirkbride was aware that this opening was a wonderful opportunity, however he decided against it. He believed that he could provide better care if he was in charge of this new hospital, as Superintendent. This opportunity allowed Kirkbride run a new institution and develop new forms of management. In 1840, he and his family moved into an old mansion on the grounds of the new Pennsylvania Hospital for the Insane.

---

<sup>52</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947) 29.

<sup>53</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 35.

Kirkbride's experiences at the Friends' Asylum and at Pennsylvania Hospital influenced his practices and methods of treatment and organization at the new private Pennsylvania Hospital for the Insane. To prepare further for his role as superintendent, Kirkbride visited some other general hospitals in the New England area that had freestanding buildings built to house mental patients. Initially, these hospitals started as general medical facilities located within the city limits and later established separate buildings for mental patients away from the city.

Kirkbride first visited Bloomingham Asylum, located on a hill seven miles outside New York City. The residing superintendent was Dr. Wilson. Kirkbride found about fifteen or twenty patients were "under treatment", which consisted of purgatives, blisters, and baths. In addition to the treatments, he witnessed the use of restraint in the form of wristbands, muffs, and chains. The recreation areas consisted of a ninepin bowling alley, a seesaw, and several rocking chairs. The hospital had a population of 130 patients with eleven men and nine women attendants.<sup>54</sup>

At McLean Hospital, just outside Boston, in Brockton, Massachusetts, Kirkbride witnessed the most comfortable furnishing of all rooms and halls with excellent occupational and recreational facilities.<sup>55</sup> At the Hartford Retreat in Connecticut, a third of the patients were "under treatment" which included regular doses of cerium or opium. And the recreation facilities were sub-pare.<sup>56</sup>

---

<sup>54</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 38-39.

<sup>55</sup> *Ibid*, 39.

<sup>56</sup> *Ibid*, 39.

Kirkbride was most impressed at the practices at Worcester State Hospital, under the guidance of Superintendent Dr. Samuel Woodward. Dr. Woodward favored outdoor exercise. He encouraged the patients to take long walks outdoors or farm in the garden. Woodward did not use high fences, believing that it provided a temptation for patients to climb. Instead he trusted that they would not run away.<sup>57</sup>

Kirkbride compared his previous experiences and his trips to other mental hospitals. He showed a reverent respect for the experiments that he had witnessed, but was determined to go his own way, with the understanding that there was room for new ideas to grow. He also, acknowledged that there were local customs and advantages, which would influence his new project. At this time, the causes and medical treatments of mental illness were conjecture and experiments. There were no specialists in mental illness but only general medical practitioners.<sup>58</sup> Mental illness was treated just like any other disease. Kirkbride recognized that mental illness was different than other diseases, and needed to be treated as such. Kirkbride favored moral treatment methods at his hospital. He believed that a structured daily schedule that included, prayer, exercise, and employment would help keep the minds of the mentally ill busy and allow for rehabilitation.

Kirkbride's work as the superintendent at the Pennsylvania Hospital for the Insane, lead to him becoming a founding member of the Association of Medical Superintendents of American Institutions of the Insane (AMSAIL) in 1844, which later became the American Psychiatric Association. The AMSAIL consisted of twelve

---

<sup>57</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 39-40.

<sup>58</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 39-40.

members, among them was Dr. Samuel Woodward from Worcester State Hospital, that Kirkbride once visited. The AMSAII's members' goal was to legitimize the field of psychiatry by establishing committees on "the causes and prevention," "postmortem examinations," "the prevention of suicide," and "the organization of hospitals and a manual for attendants."

*2.4.2.1 Dorothea Dix.* Dorothea Dix was a former schoolteacher and reformer whose goal was to help the conditions and treatment of the mentally insane. During the 1840s, she conducted visits to jails and poorhouses, finding the insane chained to walls in rooms with no heat. These people were neglected and treated with disrespect. She urged policy makers and government officials that those who are poor and mentally ill, end up in jails and poorhouses that do not provide the care they need. Dix promoted the economic benefits to society of building therapeutic hospitals: "If the insane could be cured, and it was widely believed that they would be, it would cost the state less to support them for a short time in a hospital than to pay for them to reside for a lifetime in an almshouse."<sup>59</sup>

Dorothea became friends with Kirkbride and the other members of the AMSAII. She used their knowledge and listened to their advice concerning the establishment of state mental hospitals. Her work brought the unfair treatment of the mentally insane to the public and contributed to the construction of state run mental hospitals. The first state mental hospital that was constructed as a result of her efforts was Trenton State Mental Hospital, in New Jersey, in 1848

---

<sup>59</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 52.

## 2.5 The Kirkbride Plan and its Healing Landscape

### 2.5.1 Introduction

By 1851, Kirkbride was considered an expert on all elements of moral treatment and hospital management. He “supervised a high profile hospital, advised many doctors, and influenced the architectural guidelines that were published” by the AMSAII. In 1854, Kirkbride wrote a book outlining his methods of treatments, organization, and architectural guidelines, called *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*. His book was widely accepted by the AMSAII. Kirkbride was the “single most important nineteenth-century psychiatrist when it came to matters of architecture.”<sup>60</sup> Kirkbride influenced a widely accepted, standard of design for mental hospitals, known as the Kirkbride Plan.

Many of the mental hospitals built between 1848 and 1890 followed the Kirkbride Plan for State Mental Hospitals. Kirkbride’s book contained everything necessary for the construction of a mental hospital; from the selection of a site, room size, and drainage to ventilation. In addition, it encouraged a set of detailed standards that influenced the construction and operations of the American Mental Hospital.

Dr. Kirkbride believed that the asylum was the best place for the mentally ill. Dr. Kirkbride wrote in his book:

Most other diseases may be managed at home. Even with the most indigent, when laboring under ordinary sickness, the aid of the benevolent may supply all their wants, and furnish everything requisite for their comfort and recovery at their own humble abodes. It is not so, with insanity; for while all cases need not leave home, the universal experience is, that a large majority of them can be treated most successfully among strangers, and very

---

<sup>60</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 38.

generally, only in institutions specially provided for this class of disease.<sup>61</sup>

Kirkbride was trying to distinguish between insanity and or medical disorders that could be treated at home. His institutional design created in sense a home away from home. His design of hospitals for the insane was specific because the layout and form of the building supposedly helped with curing mental illness.

### 2.5.2 *The Kirkbride Plan*

Kirkbride believed that insanity could be cured and that patients were capable of rational behavior if they were treated with a system of routines in a restful and supportive setting.<sup>62</sup> The therapeutic nature of treatment was achieved through building design and the natural environment. Researchers in the field of architectural sociology write that the built and natural environment, “. . . should be places of the soul where physical shapes, forms, spaces, and appearances provide a picture of reality that nourish human emotions and the self.”<sup>63</sup> Kirkbride believed in a similar idea and incorporated it into his hospital design.

Kirkbride favored the linear plan for his design (Figure 2.12). The Kirkbride plan was a bilaterally symmetrical building that consisted of short wards that created pavilions no higher than 3 stories. He preferred short wards with an unfettered view of the surrounding landscape and allowed for cross ventilation.<sup>64</sup> There was a central

---

<sup>61</sup> Dr. Thomas Story Kirkbride, *On the Contruction, Organization, and General Arrangements of Hospitals for the Insane*, Vol. 2 (Philadelphia, Pennsylvannis: Lippincott, 1880), 17-18.

<sup>62</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012), 7.

<sup>63</sup> Ronald Smith and Valerie Bugni, “Symbolic Interaction Theory and Architecture,” *Symbolic Interaction* 29 (2006), 126.

<sup>64</sup> Lawrence A. Osborn, “From Beauty to Despair: The Rise and Fall of the American State Mental Hospital,” *Psychiatr Q*, 2009: 222-223.



building with flanking pavilions set back, *en echelon*, like a row of geese in flight. This gave the plan a distinctive V-shape, which also allowed cross ventilation of air. The form of the buildings allowed for the principal landscape views for all patients, which generally was not the case in other hospital designs.<sup>65</sup> Architectural historians agree that this distinctive V-shape design is purely a characteristic of the Kirkbride plan and what ultimately defines it.

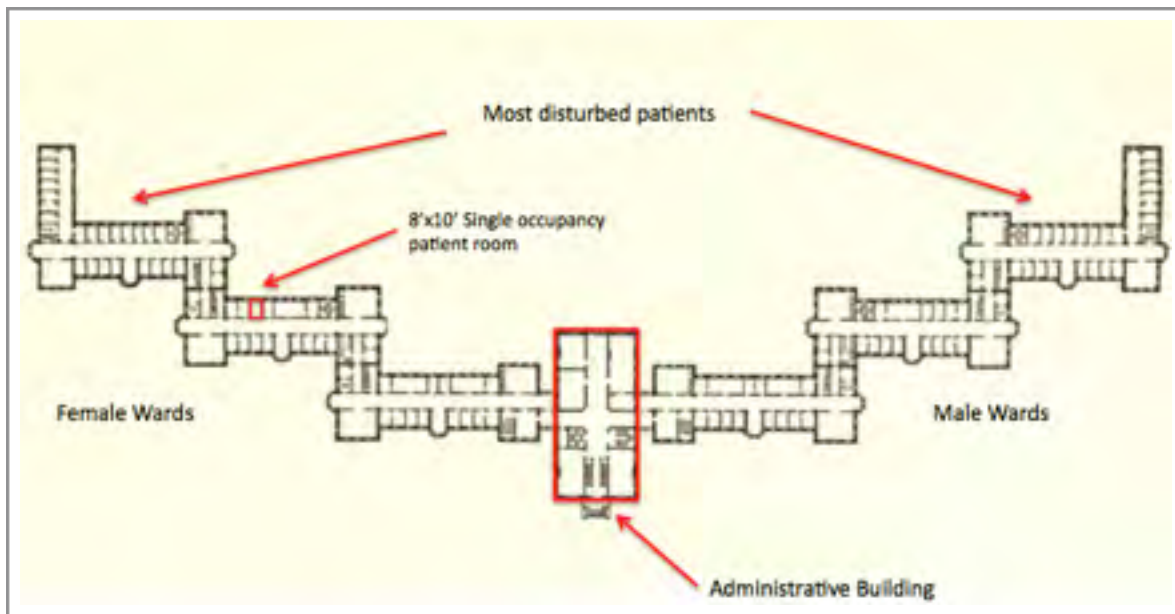


Figure 2.12 - The Kirkbride Plan

The entire building was spacious. The center building was more imposing than the others and housed administrative offices, visiting family parlors, the chapel, and the apartment for the superintendent and his family.<sup>66</sup> The setback of the pavilions was in a scheme that would assist in placing the patients according to severity of disease. The loudest and most disruptive further away from the central administrative building, in

<sup>65</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 58.

<sup>66</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007) 60.

what were known as the back-wards.<sup>67</sup> Physicians believed that the presence of more agitated patients had a negative effect on other patients. Also, each ward was enough out of line with each other so that fresh air could reach it from all sides.<sup>68</sup>

Room arrangement and size was a crucial detail in the designing of the plan. Kirkbride outlined the appropriate size for rooms in his book. All patient wards consisted of twelve-foot ceilings with sixteen-foot ceilings in the administrative building.<sup>69</sup> The hospital corridors were expected to be at least twelve to sixteen feet wide. The spacious rooms and hallways along with the large and copious amounts of windows, allowed for ventilation. Patient rooms were kept small. They were single rooms and the size prevented creating double occupancy, which could lead to overcrowding. Kirkbride explains his reasoning for single occupancy rooms:

The single chambers for patients should be made as large as can be well brought about, provided their dimensions are not so great as to lead to two patients being placed in the same room, which ought not to be allowed. Nine feet front by eleven feet deep will probably be adopted as the best size, although eight by ten is admissible, and has the advantage that when not larger than this, two patients are not likely to be put into one room. If the rooms are larger, this is almost certain to be done whenever a hospital becomes crowded, and it is really neither proper or safe, to have two insane patients sleep in the same room . . . .<sup>70</sup>

---

<sup>67</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012) 67.

<sup>68</sup> Earl D. Bond M.D, *Dr. Kirkbride and His Mental Hospital*, (Philadelphia: J.B. Lippincott Company, 1947), 99.

<sup>69</sup> Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincott, 1880) 65.

<sup>70</sup> Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincott, 1880) 65.

### 2.5.3 The Healing Landscape

Insanity at one time was believed to be caused by social and psychological stresses combined with the disorder of urban areas.<sup>71</sup> For this reason, Kirkbride hospitals were built in rural landscapes and carried with them a vast amount of land. Land was needed for the therapeutic process. According to Kirkbride, the location of a hospital site should be located in the country within two miles from a town of reasonable size. A town of reasonable size had a small population to moderate population. Access to good roads and proximity to railroads was also important for supply delivery. In his book, Kirkbride insisted that, “. . . the grounds about the building should be highly improved and tastefully ornamented.”<sup>72</sup>

The landscape and grounds surrounding Kirkbride state mental hospitals was just as important as the building itself. According to Ziff, “parklike settings and thriving agricultural operations were a hallmark of Kirkbride-style asylums in the nineteenth century.”<sup>73</sup> Moral treatment methods of occupational therapies needed land. Many of these state mental hospitals were self-sustaining communities. They produced a large percentage of the hospitals food, in some cases vegetables and other produce grown at hospitals were sold to make a profit in the local towns and cities. There were cow barns for milking, fields for farming, and greenhouses for gardening. The patients worked, as

---

<sup>71</sup> Ronald Smith and Valerie Bugni, “Symbolic Interaction Theory and Architecture,” *Symbolic Interaction* 29 (2006),

<sup>72</sup> Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincott, 1880) 52-53.

<sup>73</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012) 143.

part of their therapy, with the natural environment.<sup>74</sup> Occupational therapies such as farming, gardening, cooking, baking, and others allowed for patients to keep their mind busy, while learning tasks that they could take with them if they ever left the hospital.

The grounds of the hospitals were considered to be idyllic park like spaces and gained popularity that attracted designs by landscape architects. The landscape architect Andrew Jackson Downing<sup>75</sup> designed the grounds at Trenton State Mental Hospital in Trenton, New Jersey. He created a park-like feel throughout the grounds. Landscape historian Kenneth Hawkins, noted that the earliest scenic and idyllic grounds of mental hospitals predate the great public park movement in the United States.<sup>76</sup>

#### 2.5.4 *The Architecture*

For the most part, state mental hospitals have been escaped from architectural historians, with notable exceptions, such as H.H Richardson<sup>77</sup>'s Buffalo State Mental Hospital in Buffalo New York (1870).<sup>78</sup> The sheer size, expense, and the visibility of these public funded projects demanded experienced and accomplished architects and other professionals. The Kirkbride plan became widely accepted and used as the canon for state mental hospital throughout the nineteenth century.

---

<sup>74</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 34-35.

<sup>75</sup> A.J. Downing (1815-1852) an American Landscape designer. Many scholars consider him to be the "Father of American Landscape Architecture" though some have bestowed that title to Frederick Law Olmsted.

<sup>76</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 35.

<sup>77</sup> H.H. Richardson (1838-1886) a prominent American Architect who designed buildings in Albany, Boston, Chicago, and other cities. He popularized the style Richardsonian Romanesque.

<sup>78</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 24.

Kirkbride hospitals were “. . . constructed of stone or brick . . .”.<sup>79</sup> Kirkbride plan hospitals all are unique in their exterior appearance, but maintained the interior arrangements that Kirkbride established. They are massive structures with beautiful and commanding architecture that can be haunting to onlookers. Kirkbride did not have a set standard on architectural decorations or exterior appearance of the hospitals. In his book, Kirkbride writes:

No desire to make a beautiful and picturesque exterior, should ever be allowed to interfere with the internal arrangements . . . It is, nevertheless, really important that the building be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit. A hospital for the insane should always be of this character, it should have a cheerful and comfortable appearance every thing repulsive and prison-like should be carefully avoided . . .<sup>80</sup>

Kirkbride plan hospitals all have a variety of architectural styles that were in “good taste” of the era. Many are examples of high Victorian architecture, including but not limited to Italianate, Gothic, Queen Anne, Second Empire, Italianate, and Greek revival. Many of these structures had notable architects as well, including H.H

---

<sup>79</sup> Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincott, 1880) 62.

<sup>80</sup> Ibid.

Richardson, John Notman<sup>81</sup>, Samuel Sloan, Calvert Vaux<sup>82</sup>, Thomas U. Walter<sup>83</sup>, and Frederick Clarke Withers.<sup>84</sup>

### 2.5.5 *The Downfall of the Asylum*

The growing population of the United States through the later part of the 19<sup>th</sup> century and early 20<sup>th</sup> century lead to an increased population of patients in state asylums. Asylums sometimes had a patient population three times larger than its occupancy. Kirkbride's plan called for a capacity of 250 to 500 patients maximum.<sup>85</sup> This resulting in overcrowding, which was something that Kirkbride was trying to avoid with his plan and the size and arrangements of rooms. Overcrowding made it more difficult to control daily regimens and routines and practicing moral treatment.<sup>86</sup> The idea that insanity could be cured through moral treatment and institutionalization began to change in the later part of the 19<sup>th</sup> century and early 20<sup>th</sup> century. Many patients failed to improve and recover from their affliction. More and more patients remained at asylums for decades and many lived out their lives there. Moral treatment turned into

---

<sup>81</sup> John Notman (1810-1865) Scottish-born American architect, who settled in Philadelphia. He is known for his churches and popularizing the Italianate style and the use of brownstone.

<sup>82</sup> Calvert Vaux (1824-1895) British-American architect and landscape designer. He is best known for co-designing New York's Central Park.

<sup>83</sup> Thomas U. Walter (1804-1887) was an American architect who was the fourth Architect of the Capitol, responsible for adding the north and south wings and the central dome that brought the U.S. Capitol building to essentially its modern appearance.

<sup>84</sup> Carla Yanni, "The Linear Plan for the Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62 (2003): 24-25.  
Frederick Clarke Withers (1828-1901) is a British architect in America known for his Gothic Revival church designs.

<sup>85</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007)

<sup>86</sup> Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatry Q*, 2009: 226.

custodial care. The idea of a curable architecture and environment turned out to be a fallacy.

With the rise of anti-psychotic medications and deinstitutionalization in the 1950s and 1960s, inpatient population decreased by eighty percent over the next thirty years.<sup>87</sup> In 1960, the Supreme Court ruled that institutionalizing should only be necessary as a last resort, if no other treatment options are beneficial. Many of the Kirkbride state hospitals slowly began to vacant wards. Few remained functioning hospitals, few have been reused for other purposes, and a majority of them are left vacant or have been demolished.

## **2.6 Case Studies of Kirkbride Hospitals**

### *2.6.1 Introduction*

This thesis focuses on three adaptive reuses of the Kirkbride State Mental Hospitals: Athens State Hospital, Weston State Hospital, and Danvers State Hospital.

### *2.6.2 Athens State Hospital, Athens, Ohio*

The Athens State Mental Hospital or the Athens Lunatic Asylum was built between 1867 and 1874 and was designed by the architect Levi T. Scofield in the Italianate style (Figure 2.13 and 2.14).<sup>88</sup> The hospital was constructed following the Kirkbride plan. It was Ohio's fifth Kirkbride state mental hospital. The architecture and design reflected its dedication to the standards of moral treatment. Like all Kirkbrides, it consisted of a central administration building with two long stepped-back wings with three levels, four in the center section. Male patients were kept in the east wing and

---

<sup>87</sup> Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatry Q*, 2009: 228.

<sup>88</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012) 64.

female patients in the west wing. The center section housed the superintendent's office and residence, as well as living quarters for nurses and orderlies. The structure consisted of a total of 544 rooms. There were 450 patients rooms, however the hospital was designed to accommodate 252 patients in single occupancy rooms with an additional 290 dormitory style rooms. Food traveled from the kitchens in the basement using a small railroad of pushcarts and lifted upstairs using dumbwaiters. The entire building was heated by six-coal fired steam boilers.



Figure 2.13 - Athens State Mental Hospital, Athens, Ohio, Built 1874.

It was constructed using bricks that were made on site, using clay from the region, by the old method of firing in beehive kilns. According to Ziff, "the building measured 853 feet long in a direct line over three-quarters of a mile. A large building in any location, for rural Athens the new asylum was massive, far greater in size and



scope than any building for a hundred miles or more in any direction.”<sup>89</sup> This imposing structure sits on top of a hill overlooking the Hocking River and facing towards that center of Athens and Ohio University. Hundreds of carpenters, craftsmen, masons, plasterers, laborers, and mosaic tile setters worked for six years to build Athens State Hospital and its interior spaces.

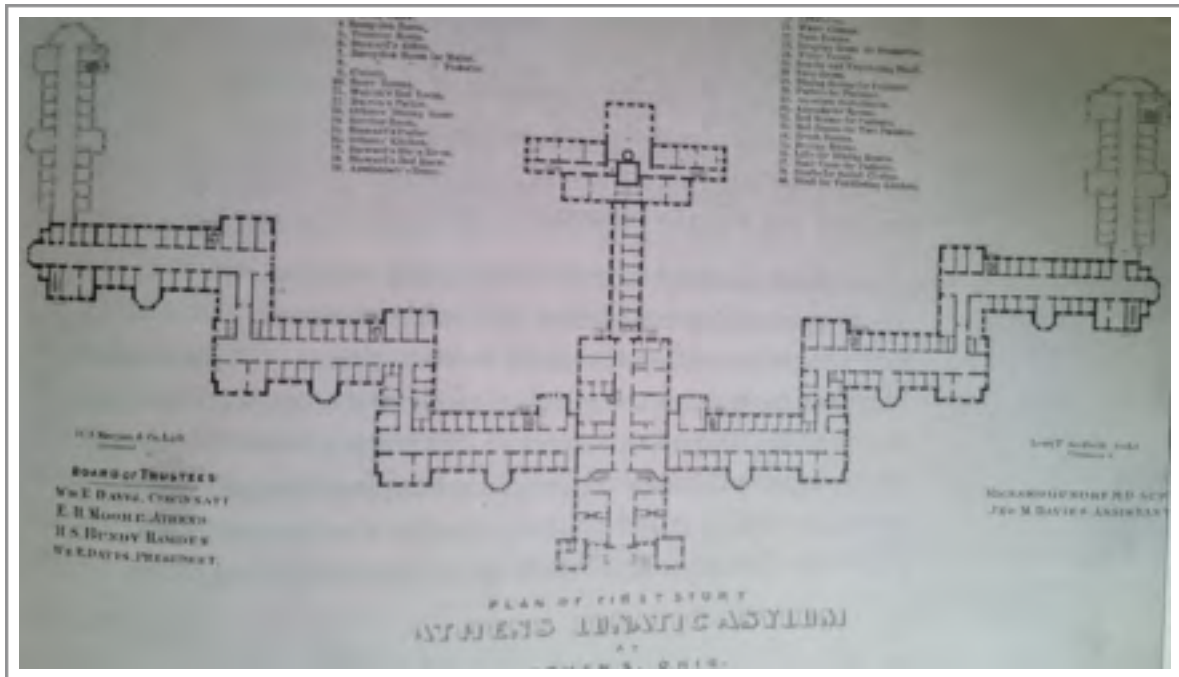


Figure 2.14 – Scofield, Athens State Hospital, Plan. Source: Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012).

The setting surrounding Athens State Hospital began with 150 acres and eventually encompassed over a thousand acres. The hospital sat above the Hocking River among hills and meadows. The landscape architect Herman Haerlin, whose design sense was rooted in Frederick Law Olmsted's vision of the "recuperative power

<sup>89</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012), 64.

of authentic natural landscapes and preservation of original wilderness.”<sup>90</sup> Olmsted planned the landscapes at Buffalo State Hospital and Hudson River State Hospital in New York and McLean Hospital a private mental hospital near Boston. Figure 2.15 illustrates the Haerlin’s plan. Haerlin’s plan included fruit orchards, vegetable gardens, green houses, and open fields for farming. The landscape provided walkways and lakes creating a park-like feel. The grounds surrounding the hospital was the only park located within the city of Athens. Locals used it for walks, outings, and picnics.<sup>91</sup>



Figure 2.15 - Haerlin, Plan for the grounds of Athens State Hospital. Source: Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012).

<sup>90</sup> Ibid, 126.

<sup>91</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012, 140.

The hospital was used as a mental facility until the 1990s, when the Athens Mental Health Center vacated the building for a new location and is currently owned by Ohio University. The hospital is now known as the Ridges. A few of the out buildings such as the Amusement Hall, the center administrative building, and the eastern wards have been adaptively reused to fit the needs of the university. The center administrative building is known now as Lin Hall and is home to the Kennedy Museum of Art (Figure 2.16). The east ward/wing and outbuildings contain faculty and administrative offices, classroom and studio space.<sup>92</sup> The old entertainment hall was turned into a theatre for the arts program. It successfully retains and preserves the original building plan, exterior architecture, as well as interior elements.<sup>93</sup> Unfortunately, the west ward/wing of the Ridges is currently vacant. The university is unsure of how to use the vacant space as well as how to better use the other spaces in the wings.



Figure 2.16 – Former Center Administrative building, currently known as Lin Hall and is Home to the Kennedy Art Museum

#### 2.4.3 *Weston State Hospital, Weston, West Virginia*

Weston State Hospital or the Trans-Allegheny Lunatic Asylum, as it is known now, was constructed between 1858 and 1881 (Figure 2.17 and 2.18). Architect

<sup>92</sup> Kelli Brechbuhler, Ashley Mitchell and Emily Quail, "The Ridges: Multiple Places of Meaning," in *Ohio University: A Campus of Meaningful Places* (Athens, Ohio: Ohio University's Office of Printing and Graphic Services, 2009).

<sup>93</sup> Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens, OH: Ohio University Press, 2012, 187.

Richard Andrews designed Weston State following the Kirkbride plan. It is the largest hand cut stone masonry building in North America, and possibly the second largest in the world, next to Kremlin in Moscow.<sup>94</sup> The exterior of the hospital is primarily blue sandstone.



Figure 2.17 - Andrews, Weston State Hospital

The exterior façade illustrates beautiful carved stonework including human and animal faces and rosettes. A large tree shaded park enclosed by a wrought iron fence surrounds the hospital campus. The most striking feature of the hospital is the clock tower that is positioned on top of the central administration building. The hospital served the Weston and surrounding communities until it was forced to close in 1994 due to new advances in mental illness medicine and the general physical deterioration of the buildings. The closure of the hospital effected the local economy in a negative way and it is still has yet to recover its devastating blow.<sup>95</sup>

---

<sup>94</sup> Trans-Allegheny Lunatic Asylum, *History*, 2009, <http://trans-alleghenylunaticasylum.com/main/history.html> (accessed April 1, 2013).

<sup>95</sup> Trans-Allegheny Lunatic Asylum, *History*, 2009, <http://trans-alleghenylunaticasylum.com/main/preservation.html> (accessed April 1, 2013). Trans-Allegheny Lunatic Asylum "History".

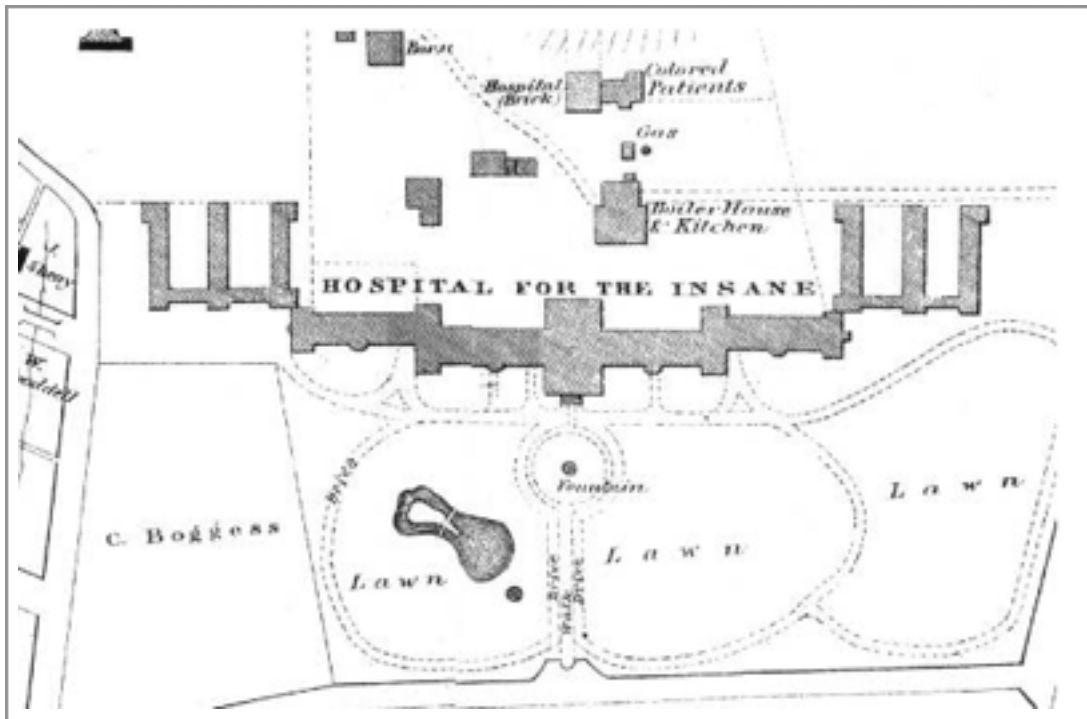


Figure 2.18 - Ground Plan of Weston State Hospital

Weston State Hospital was designated as a National Historic Landmark in 1990, however the building was deteriorated to the point where its survival was threatened. The entire structure and 300 acres of grounds were privately purchased in 2007 and renamed Trans-Allegheny Lunatic Asylum (TALA). With the aid of government preservation grants, private donations, fundraising events, and a team of dedicated local volunteers, plans have been made to return TALA to its former splendor, thus helping to boost the local economy.<sup>96</sup>

The hospital's current use is as a heritage museum. This reuse scheme allows for the maintenance and preservation of the buildings as they were intended. According to the Trans-Allegheny Lunatic Asylum website, the facility now hosts a series of ghost and heritage tours. The heritage/history tours include:

<sup>96</sup> Ibid, Preservation.



- The history of the treatment of the insane prior to state run facilities as well as the people instrumental in improving that treatment.
- The nationwide influence of the Kirkbride Theory.
- The effects the Civil War had on the construction of the oldest parts of the hospital, "The Civil War Section."
- The architectural history of the facility.
- The socio-economic influence of the facility throughout history, including both World Wars and the Depression Era.
- Facts and features unique to the hospital.
- Medical procedures used throughout the years and much more (Trans-Allegheny Lunatic Asylum "Historic Tours").

Trans-Allegheny Lunatic Asylum's reuse is very unique and different from the other case studies researched. The reuse scheme, not only preserves the historic integrity of the hospital and grounds, but it also tells the story of state mental asylums. The heritage tours allow visitors to see first hand how a Kirkbride hospital functioned.

#### *2.6.4 Danvers State Mental Hospital*

Danvers State Hospital was constructed between 1874-1878 in the Gothic style by noted Boston architect Nathaniel Bradlee (Figure 2.19). Bradlee's design followed the Kirkbride plan for hospitals

for the insane (Figure 2.20).

The massive red brick structure totaled 700,000 square feet of floor area and 325,00 square feet of roof surface.<sup>97</sup> The hospital was built using brick,



Figure 2.19 – Danvers State Hospital, c. 1893

Massachusetts granite,

<sup>97</sup> Michael Ramseur, *The Eye of Danvers*, (Bloomington: Author House, 2005) 13.

copper flashed, Maine slate roof with decorative iron cresting and finials. In total, fifteen hundreds tons of stone and brick went into constructing the foundation of the massive gothic hospital.<sup>98</sup> The interior had plastered walls, oak or mahogany woodwork, and hardwood floors. Other details included brass hardware, pressed metal ceilings, etched and stained glass door panels, and white marble fireplace mantels in the patient's public sitting rooms.<sup>99</sup>



Figure 2.20 – Danvers State Hospital, c. 2003

Danvers followed the same pattern of fate of 19<sup>th</sup> century state hospitals. It closed in 1992 and was abandoned. Neglect and vandalism eventually took its toll, but the buildings exterior seemed to endure the passing of time. There were rumors of the demolition of the old state hospital and that was confirmed when the property was put up for sale and was bought by the Avalon Bay Communities in 2006. Avalon purchased the hospital and grounds to create luxury condominiums.

## 2.7 Conclusion

The history of the evolution of mental hospitals reflects advances in architecture and the medical field. Kirkbride's design set the standard for state mental hospital

---

<sup>98</sup> Ibid

<sup>99</sup> Ibid.

design. His design dominated the field from 1848 to 1890. Around seventy-one Kirkbride hospitals were constructed all over the United States, spanning from the coast to coast. The Kirkbride Plan was widely accepted and the design and architecture can be seen in the three case studies presented in this thesis.

With patient populations increasing the Kirkbride Plan slowly went out of fashion for a new design; The Cottage Plan. The Cottage Plan expanded on Kirkbride's design and the idea of moral treatment to create a hospital that looked more like a home. Instead of one large building, the Cottage Plan establish several smaller structures on a campus. Hospital design and practices continued to evolve until the downfall of state institutions in the 1950s and 60s.

Kirkbride's hospital was the first in standardized hospital design and it established psychiatry as a legitimate medical field.



## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This thesis intends to discover the adaptive reuse scheme that best preserves the historical integrity of Kirkbride Plan State Mental Hospitals and uncover other factors that drove the adaptive reuse. The questions researched within this thesis are based on the history behind these hospitals and the different adaptive reuse approaches used to make an abandoned building functional for a modern purpose. This chapter describes the tools used to gather data and articulates the theory and methods of this study.

This thesis used a case study methodology that surveyed four adaptively reused Kirkbride hospitals. Surveys were conducted to determine if the historical integrity of the building was retained in the reuse. This thesis used the buildings remaining physical elements to determine its integrity that are influenced by values and authenticity. The surveys that were used in this study focused on the seven aspects of historical integrity, defined by the National Park Service, location, design, setting, materials, workmanship, feeling, and association.

### **3.2 Determining Authenticity Through Values and Integrity**

#### *3.2.1 Values-Centered Preservation*

The historic preservation field is responsible for the management of the built environment and social memory of the past. With these duties come the responsibility of deciding what is deemed important or significant enough to be preserved. Values-

centered preservation has emerged as way of formalizing strategies for dealing with preservation challenges by evaluation of historic resources<sup>100</sup>.

Preservation of an historic site or structure is determined by its significance. Significance is drawn from certain values and a historic preservation professional's understanding of a site's importance, lies at the center of all preservation decisions. The word "value" in this section does not refer to ethics or morals, but rather the insight of certain characteristics of a thing or place. These values are conceived from stakeholders, both official and unofficial, experts, laypeople, and the community. For example, Independence Hall in Philadelphia, Pennsylvania completed in 1753, can easily be understood as having artistic value as a work of architecture; historic value as the meeting place of the Second Continental Congress and the penning of the Declaration of Independence; patriotic value as the birthplace of the United States Constitution. Each of these values influences our ideas of why this place or any place should be preserved.

The eighteenth century philosopher, David Hume, once wrote that there are "a thousand different sentiments, excited by the same objects, are all right; because no sentiment represents what is really in the object. . . Beauty is no quality in things themselves: it exists merely in the mind which contemplates them; and each mind perceives a different beauty."<sup>101</sup> The Nations views and values differ on what society determines is important, which creates difficulties in the preservation profession. All the values from each stakeholder plays an important role, but the work of preservation gets

---

<sup>100</sup> Randall Mason, "Theoretical and Practical Arguments for Values-Center Preservation," *CRM: The Journal of Heritage Stewardship* 3, no. 2 (2006): 21.

<sup>101</sup> Randall Mason, "Theoretical and Practical Arguments for Values-Center Preservation," *CRM: The Journal of Heritage Stewardship* 3, no. 2 (2006): 22.

more complicated as we analyze such broad notions and understand how they fit into preservation decisions.

The Burra Charter was first adopted in 1979 at the historic South Australian mining town of Burra and minor revisions were made in 1981, 1988, and 1999.<sup>102</sup> The Charter sets a standard of practice for those who provide advice, make decisions about, or undertake works of cultural significance, including owners, managers, and custodians.<sup>103</sup> It defined the identification and retention of “cultural significance” as the main goal of preservation. The framework provided in the Charter can be adaptable to various situations that face preservation. Significance was defined in four kinds of values historic, aesthetic, social, and scientific.<sup>104</sup> The framers of the charter understood that a historic site or monument holds a myriad of different values, but they all could be held under these four.

Traditional preservation practice tends to favor historical and aesthetic values over the others. Aesthetic values refer to the physical aspects of an individual historic site or building. The physical aspects of an historic site or structure are the more natural characteristic on which to prescribe value.

### *3.2.2 Integrity and Authenticity*

Historical integrity is used to describe the amount of authenticity, because there is an embodied truth and honesty within a physical thing when it is authentic. Something that is considered to be authentic has high integrity. A place that is

---

<sup>102</sup> International Council on Monuments and Sites, *The Burra Charter*, Australia, 2000, iii.

<sup>103</sup> Ibid, 1.

<sup>104</sup> <sup>104</sup> Randall Mason, “Theoretical and Practical Arguments for Values-Center Preservation,” *CRM: The Journal of Heritage Stewardship* 3, no. 2 (2006): 32.

considered to have integrity must have some reality or physical evidence that has survived from the past. This tends to be physical reminders of the past, such as the original windows, original floorings, and architectural details. A historic place that has unaltered building fabric is more appealing because it has indisputable integrity.

Material authenticity or integrity is an important factor in determining a site's significance. However, within rehabilitation and adaptive reuse projects, the most important materials and elements, including the character defining features, should be preserved. Character defining features refer to the visual aspects and physical features that comprise the appearance of every historic building and include elements such as the shape of the building, craftsmanship, building materials, decorative details, interior spaces, and other elements of its site and environment. Character contributes to the overall authenticity and integrity of a historic site or building.

Character defining features are very important in the evaluation of historic properties for inclusion on both The National Register of Historic Places and the World Heritage List. The nominations for inclusion on the United Nations Educational, Science, and Cultural Organization's (UNESCO) World Heritage List, must demonstrate integrity through "qualifying conditions". The World Heritage Committee believes in the value of "qualifying conditions", in assessing the suitability of properties for the World Heritage List.<sup>105</sup> These qualifying conditions are used to evaluate an historic property in order to determine if it has integrity. The four conditions are as follows: design, material,

---

<sup>105</sup> Herb Stovel, "Effective Use of Authenticity and Integrity as World Heritage Qualifying Conditions, 2007, 21.

setting, and workmanship.<sup>106</sup> The World Heritage Committee's qualifying conditions reveal a site's character-defining features, which assist with the evaluation process.

Though these are the qualifying conditions for nominations on the World Heritage List, they are applicable to other historic sites as well. The origin of these qualifying conditions was derived from the American "qualifying conditions" of historic integrity used in the process for evaluating nominations on the National Register of Historic Places.<sup>107</sup> The "qualifying conditions" used in National Register nominations are referred to as "aspects of integrity."

### **3.3 Methods**

#### *3.3.1 Introduction*

The National Register of Historic Places (NRHP) was established in 1966, with the passage of the National Historic Preservation Act. The National Park Service (NPS) oversees and evaluates nominations to be included on the National Register. The NRHP evaluates historic properties by assessing its integrity to convey the property's significance through its character defining features. The National Park Service defines a property as having integrity if it has certain qualifying conditions or "aspects". These "aspects," not only can be applied to historic structures or sites being nominated for National Register status, but to historic buildings that have been adaptively reused. The aspects can be applied to an adaptively reused building to determine if the historical integrity is still visible and has been retained or preserved.

#### *3.3.2 The National Park Service's Definition of Historic Integrity*

---

<sup>106</sup> Ibid, 22.

<sup>107</sup> Herb Stovel, "Effective Use of Authenticity and Integrity as World Heritage Qualifying Conditions", 2007, 23.

The National Park Service's, National Register Bulletin 15, Section VIII: How to Evaluate the Integrity of a Property, defines historical integrity as the “ability of a property to convey its historic identity, which is evidenced by the survival of the physical characteristics that existed during the property's historic period”.<sup>108</sup> Historical integrity consists of seven aspects; location, design, setting, materials, workmanship, feeling, and association.<sup>109</sup> The retention of the historical integrity of a property will always possess several, and usually most, of the aspects. The evidence of specific aspects of integrity is paramount for a property to convey its significance and deciding which aspects are most important to a particular property requires knowing why, where, and when a property is significant.<sup>110</sup> To determine the historical integrity of a property, one needs to understand each of the National Park Service's seven aspects.

**3.3.2.1 Location.** Location is the place where the historic property was constructed. A historic property has integrity of location if it has not been moved from its original site of construction. This is important because the correlation between the property and its location is key to understanding reasons that a property was created.<sup>111</sup> According to Dr. Kirkbride's architectural treatise, all state mental hospitals should be built in rural areas within two miles from a town of a reasonable size.<sup>112</sup> Rural lands and

---

<sup>108</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 44.

<sup>109</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 44.

<sup>110</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 44.

<sup>111</sup> Ibid.

<sup>112</sup> Dr. Thomas S. Kirkbride, *On the Construction, Organizations, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincot, 1880) 37.

open space was a key factor to the treatment of the mentally ill which resulted in mental hospitals being constructed away from urban areas.

**3.3.2.2 Design.** Design incorporates various elements such as the form, plan, space, and architectural style of a property. It encompasses the physical features of a particular building.<sup>113</sup> Kirkbride buildings' design was based on a linear plan consisting of a central building with flanking pavilions set back, *en echelon*, like a row of geese in flight. This gave the plan a distinctive V shape, which also allowed cross ventilation of air. The form of the buildings allowed for the principal landscape views for all patients. Though these hospitals generally had similar building footprints, the architectural styles varied. Dr. Kirkbride wrote in his book:

No desire to make a beautiful and picturesque exterior, should ever be allowed to interfere with the internal arrangements . . . It is, nevertheless, really important that the building be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit. A hospital for the insane should always be of this character, it should have a cheerful and comfortable appearance, every thing repulsive and prison-like should be carefully avoided . . .<sup>114</sup>.

**3.3.2.3 Setting.** The setting of a historic property concerns the physical environment the surrounds the site. It includes how the property is positioned and its relationship to the immediate environment and surroundings. The setting of a property is often important in understanding why it was constructed.<sup>115</sup> Dr. Kirkbride wrote in his book:

---

<sup>113</sup> <sup>113</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 44.

<sup>114</sup> Dr. Thomas S. Kirkbride, *On the Construction, Organizations, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincot, 1880) 52.

<sup>115</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 45.

Every hospital for the insane should possess at least one hundred acres of land, to enable it to have the proper amount for farming and gardening purposes, to give desired degree of privacy, and to secure adequate and appropriate means of exercise, labor, and occupation for the patients, for all these are recognized as among the most valuable means of treatment . . . Of the total amount, as much as fifty acres immediately around the buildings, should be appropriated as pleasure grounds, and should be so arranged and enclosed as to give patients the full benefit of them, without being annoyed by the presence of visitors or other strangers, who should never be allowed to pass through them unaccompanied. It is desirable that several acres of this tract should be in groves or woodland, to furnish shade in the summer, and its general character should be such as will admit of tasteful and agreeable improvements.<sup>116</sup>

**3.3.2.4 Materials.** Materials are the physical aspects that were used during the period of construction and used to create a particular design to form a historic property. For an historic property to retain the aspect of materials, the property must maintain important exterior materials dating from the period of historic significance.<sup>117</sup> The exterior of a Kirkbride building, according to Dr. Kirkbride, were constructed of stone or brick.

**3.3.2.5 Workmanship.** Workmanship is the evidence of the survival of physical elements of craftsmanship. These elements often relate to the crafts of particular group of people or culture during the construction of a property. Evidence of workmanship relates to a craftsman's labor and skill in building and changing a structure. Examples of workmanship can be seen in the physical elements of a building in tooling marks, interior and exterior architectural details, woodwork, and other areas of craft.<sup>118</sup>

---

<sup>116</sup> Dr. Thomas S. Kirkbride, *On the Construction, Organizations, and General Arrangements of Hospitals for the Insane*, (Philadelphia: Lippincot, 1880) 38-39).

<sup>117</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 45.

<sup>118</sup> Ibid.



The evidence of workmanship in Kirkbride buildings varies because of regional and architectural differences.

*3.3.2.6 Feeling.* A property's feeling is derived from its aesthetic or historic sense of a specific period of time. Feeling comes from the presence of certain physical elements that tell the property's historic character.<sup>119</sup>

*3.3.2.7 Association.* Association is the connection between the historic use of a building or an important historic event and the historic property itself. Association is retained if the property's past use or any important historic events that took place is sufficiently intact to illustrate that connection to an observer.<sup>120</sup>

An historic property usually has evidence of most of the seven aspects of historical integrity. Because feeling and association depend on individual perceptions, their retention alone is never sufficient to support evidence of historic integrity. These two aspects may not be present in historic structures that have been adaptively reused.

This thesis used the seven aspects of historical integrity to determine what needed to be retained in a Kirkbride Plan State Mental Hospital. Each Kirkbride hospital was designed by different architects and varies in architectural styles, and size, but they all followed the Kirkbride plan. They are all different and unique and determining the aspects that are most important to a particular Kirkbride hospital requires an understanding of the property's history, its significance, and its essential physical features.<sup>121</sup>

---

<sup>119</sup> Ibid.

<sup>120</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 45.

<sup>121</sup> Ibid, 48.

Kirkbride hospitals should “retain those physical features that characterize the type, period, or method of construction.”<sup>122</sup> The Kirkbride plan in itself is a “type” and has elements that characterize it as such like its V-shape linear floor plan. Because of this, the retention of material, workmanship, and design will be more critical than location, setting, feeling, and association. The setting and location of each Kirkbride hospital is noteworthy because the general design of the Kirkbride plan is a reflection of its immediate environment.<sup>123</sup> The relationship between the property and its location and setting is important to understanding why the hospital was constructed where it was. Feeling and association may be present, but are not as important as the other five aspects, especially in adaptive reuses.

### **3.4 Data Collection and Procedures**

#### *3.4.1 Introduction*

The data was collected by utilizing the National Park Service’s seven aspects of historical integrity to inform surveys of the case studies. The two surveys focused on the aspects of location, design, setting, materials, and workmanship. Feeling and association depend on perceptions of individuals and alone cannot prove historical integrity. Two surveys were conducted in order to collect data; off-site historic survey and an on-site survey. The results were determined through a comparative analysis of the two in order to determine which adaptive reuse best preserves the historical integrity of the Kirkbride hospital.

---

<sup>122</sup> Ibid.

<sup>123</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 48.

### 3.4.2 Off- Site Survey

The off-site survey used the seven aspects of historic integrity as a guide in researching the history of each case study. The historic survey did not focus on feeling and association as much as the other five aspects. Any evidence of feeling and association that was discovered during the survey process was included, but was not the basis of the survey. The various sources that were used included historic photographs, maps, books about the case study, architectural drawings, and floor plans. The survey completed the following for each aspect of historical integrity:

Historic Survey Case Study:	
Aspect	Feature (s)
<b>Location:</b> City, State	
<b>Design:</b> Architectural Style, Building Footprint	
<b>Setting:</b> Acreage, Land uses, Landscape surrounding features (mountains, rivers, lakes, etc.)	
<b>Materials:</b> Exterior masonry materials, roofing materials, exterior metals	

<b>Workmanship:</b> Exterior masonry work, exterior architectural ornamentation, interior decorative finishes	
<b>Feeling/ Association:</b> Employee's/community's feelings, general sentiments of insane hospitals	

### 3.4.3 On-Site Survey

The on-site survey examined each case study, using the seven aspects of historic integrity, and determined what currently exists on site. The on-site survey took place on the site at all three case studies. The data was collected through photographs of the exterior and interior, current floor plans, master plans, and site plans. Depending on the case study and the adaptive reuse type, the exterior was examined more closely than the interior. It is understood that for adaptive uses to be feasible for the new use, interior room arrangements change. It is also understood that the central administration building is more prominent than the wings of the hospital. This was taken in consideration when evaluating the interior spaces, especially with any outstanding architectural decorative details. The central administrative building was the focus of any evidence of workmanship in the interior of the hospitals. It was understood that the materials and workmanship of the wings are in a vernacular style and its interior decoration was very basic. Feeling and association were considered in the on-site survey, by looking for evidence of the hospital's historic use, but again were not deciding factors in determining the retention of historical integrity.

On-Site Field Survey			
Case study:			
* Needs to be present for integrity to be preserved			
# Depends on the case study, and is not a deciding factor if integrity has be preserved			
Aspect	Feature	Yes	No
Location	Is it still located in its original location? *		
	Total: If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.		
	Is the aspect Retained: Y/N		
Design	Does the exterior of the structure look as it did historically? *		
	Are its exterior architectural features still intact? *		
	Does it still retain its original building footprint? *		
	Have the interior spatial arrangements changed to accommodate the new use? #		
	If yes, are there any design elements that deliberately indicate where a wall, or doorway, etc. once was? #		
	Total:		
	If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.		
	Is the aspect Retained: Y/N		
	Does the site still possess its original parcel of land? #		
	If no, does it still retain a sufficient amount of land, 50+ acres? *		

Setting	<p>Is the topography the same as it was historically? *</p> <p>Does the landscape directly surrounding the structure, have a park-like feel? *</p> <p>Is the land being used as it was historically? #</p> <p>Total: If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.</p>		
Is the aspect Retained: Y/N			
Materials	<p>Have the exterior masonry materials been retained? *</p> <p>Have the roofing material been retained or matched with its historic material? #</p> <p>If present, have the exterior metals, been retained? *</p> <p>Total: If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.</p>		
Is the aspect Retained: Y/N			
Workmanship	<p>Have the exterior masonry work been retained or matched to keep with the style of the hospital? *</p> <p>Have the exterior architectural ornamentation been retained or matched to keep with the style of the hospital? *</p> <p>Have the interior decorative finishes been retained/restored? *</p> <p>Total: If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.</p>		

	Is the aspect Retained: Y/N		
Feeling/ Association # The final 'yes' count for these two aspects will be omitted from the final count, unless that case study has retained ALL other 5 aspects.	Are there any elements still present that indicate the buildings historic use? #		
	Are historic signs present? #		
	Are there any historic markers present? #		
	Does the adaptive reuse offer and interpretation of the buildings history? #		
	Total: If the no's relate to a question with a '#' they are omitted from the count. The aspect is considered retained if there is more 'yes's' than 'no's'.		
	Is the aspect Retained: Y/N		
Total Aspects Retained			

### 3.5 Data Analysis

A comparative analysis of the two surveys was then conducted. The collected data were categorized in terms of the research questions: "What needs to be retained to preserve the historical integrity of a Kirkbride State Mental Hospital?" and "Do the present adaptive reuse schemes successfully preserve the structures historical integrity?" The off-site historic survey of each case study was compared with its on-site counterpart. The comparison determined if evidence from each case study's historic period of significance, is still present in its adaptive reuse.

The aspects of location, design, setting, materials, and workmanship were the focus of the surveys. Feeling and association depend on individual perceptions, their retention alone is never sufficient in determining historical integrity, and may not always

be present.<sup>124</sup> For this reason, feeling and association were not deciding factors in determining if the historical integrity was retained. The presence of feeling and association in case studies were recorded, but the retention or absence did not affect the case study's overall preservation of historical integrity.

The on-site survey was done to confirm the findings from the historic survey. The on-site survey answered “yes” and “no” questions that related to each of the seven aspects. The questions asked for each aspect were categorized by a (\*) or (#). The questions labeled by (\*) are significant factors needed to determine if the aspect has been retained. The questions marked with (#) are questions that are not necessary in determining if the aspect was retained. An aspect is retained if there are more “yes” answers than “no” answers. For the purposes of determining the retention of historical integrity, five of the seven aspects must be retained. If and only if, five aspects were retained in the case study, and if there was retention of feeling and association, will feeling and association be added to the final count. In this situation, a case study will have retained all of the aspects of historical integrity.

### **3.6 Conclusion**

The analysis uncovered the aspects of historical integrity that were retained in the adaptive reuses and determined the reasons why they were not present. For the analysis, if an aspect of historical integrity was not present, the reasons that attributed to its absence were recorded. Also, when an aspect was retained, the reasons that assisted with its retention were recorded as well. The reasons for the retention and

---

<sup>124</sup> National Park Service, *National Register Bulletin 15, section VII: How to Evaluate the Integrity of a Property*, 45.



nonappearance of the aspects yielded recommendations for the preservation of historic integrity in adaptive reuses of Kirkbride buildings and other difficult reusable historic structures.

## **CHAPTER 4: RESULTS**

### **4.1 Introduction**

The surveys conducted provided a wealth of knowledge with regards to the retention of historical integrity of the adaptive reuses of Kirkbride buildings. During the survey process, the researcher focused on the National Park Service's (NPS) seven aspects of historical integrity, which are used in establishing significance for National Register nominations. The surveys, explained in Chapter 3: Methodology, used the aspects of location, design, setting, materials, workmanship, feeling, and association as guidelines for data collecting. The purpose of the historical off-site survey was to establish the character defining features that were present during the hospital's period of historical significance. The on-site survey was conducted in order to determine if the adaptive reuse program retained those character-defining features that assist with determining the integrity of a historical structure. The research and surveys conducted resulted in three different outcomes; the retention of historical integrity, potential loss of historical integrity, and the loss of historical integrity.

### **4.2 Retention of Historical Integrity: Weston**

#### **4.2.1 Introduction**

The on-site survey conducted at Trans - Allegheny Lunatic Asylum, formerly Weston State Hospital, yielded positive results. The reuse program of a heritage museum has allowed for the preservation of all of the seven aspects of historical integrity. The entire facility and three hundred acres was purchased at an auction for

\$1.5 million 2007, by Joe Jordan a asbestos demolition contractor<sup>125</sup>. The structure was renamed Trans - Allegheny Lunatic Asylum, and with the aid of government grants, private donations, fundraising events, and a team of dedicated volunteers, the former hospital is being restored and maintained.<sup>126</sup>

#### 4.2.2 Location

Weston State Hospital is located in Weston, West Virginia, west of the Allegheny Mountains. The original hospital building has not moved from its location (Figure 4.1). The location of the hospital in relation to the town of Weston is unusual for a Kirkbride building. Typically



Figure 4.1 - Aerial Trans - Allegheny Lunatic Asylum, Weston, WV, Bing Maps, Weston, WV, (accessed April 1, 2013)

these hospitals were located within two miles of a city or town of moderate size. In the case of Weston, the hospital is located just within the city. The economic base of the town depended on the hospital and when the hospital closed in the 1994, the town's economy was affected. The retention of this aspect of historical integrity is very obvious.

---

<sup>125</sup> Misty Poe, "Local News," *Times West Virginia*, October 26, 2008, <http://timeswv.com/local/x681686707/A-haunting-history> (accessed May 16, 2013).

<sup>126</sup> Trans-Allegany Lunatic Asylum, *Preservation*, 2009, <http://trans-alleghenylunaticasylum.com/main/preservation.html> (accessed April 1, 2013).

### 4.2.3 Design

Richard Snowden Andrews<sup>127</sup> designed Weston State Hospital following the Kirkbride Plan. The style of the structure is Gothic Revival with Jacobean features. It measures 1300 feet along the façade with a series of setbacks that occur where a pavilion and hyphen join. The symmetry in the design is illustrated starting with the central administration building. The administration building is more prominent than the pavilions, with twin Jacobean gables, a cupola with a clock tower, and round-headed windows (Figure 4.2).<sup>128</sup> The facade is broken regularly with gables.



Figure 4.2 - Center Administration Building, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt

With the exception of the addition of dormers along the entire gable roof and the replacement of the original slate roofing material with a modern composition, the external appearance of the structure stands as it was originally constructed (Figures 4.3 & 4.4).<sup>129</sup> The original Kirkbride Plan is still intact and retains the original floorplan as well. The characteristics that specifically define a Kirkbride building have been preserved, thus retaining the aspect of design.

---

<sup>127</sup> Richard Snowden Andrews (1830-1903) was a Baltimore architect who worked for Niernsee & Neilson and later established his own firm. In addition to designing Weston State Hospital, he is known for other municipal and public buildings; South Wing of the Department of Treasury, Washington D.C.; U.S. Custom House, Baltimore, MD; Eastern High School; Governor's Mansion, Annapolis, MD.

<sup>128</sup> Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990).

<sup>129</sup> Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990).



Figure 4.3 - Weston State Hospital, circa 1900

#### 4.2.4 Setting

Weston State Hospital was built near the western Allegheny Mountains. The original appropriation of land was 269 acres. The West Fork River separates the hospital from the town. The property immediately surrounding the hospital is

26.5 acres and remains moderately groomed

and landscaped. The large front lawn is

enclosed by the original iron fence. The hospital grounds also contained fields for farming, green houses, dairy facilities, and other various agricultural ventures where the patients participated in occupational work therapies. Farming and other work operations were discontinued in the early 20th century, but presently, the hospital still retains several hundred acres of land.



Figure 4.4 - Trans-Alleghany Lunatic Asylum, Present, photo credit: Caitlin Merritt

Over the years, several auxiliary buildings have come and gone, to carry the patient population increase. Presently, there is a large, 3 ½ story brick unit, extending to the southeast from the extreme southern wing, that was constructed around 1935. To the rear of the main Kirkbride building, there are several brick structures that housed specialty sections for patients, as well as service areas, such as kitchens and dining facilities, laundry, shops, and storage. The latest auxiliary buildings are plaster or stucco-covered blocks constructed during the 1950s.<sup>130</sup>

The addition of the auxiliary buildings affect the original setting of the hospital, however they contribute to the overall history of the hospital and are physical evidence of the changes that occurred in the field of psychiatry and the increase of patient populations. The aspect of setting has been preserved.

#### 4.2.5 Materials

Weston State Hospital was constructed with thick masonry load bearing walls. The brick masonry walls are faced on the exterior with blue sandstone, quarried from Mt. Clare Quarry in Harrison County, West Virginia (Figure 4.5). Interior walls are brick covered with plaster. The main section of the hospital is a five-part composition, symmetrically arranged around



Figure 4.5 - Blue Sandstone, Trans - Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.

---

<sup>130</sup> Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). 4.

the central administration building composed of projecting pavilions and connecting hyphens.<sup>131</sup>

Other exterior materials used in the construction were cast iron for the fencing and gates that surrounds the property and slate for the original roof. Interior materials, especially in the central administration building, include; plaster walls, mahogany and other wood features including floors, doors, door surrounds, mantels, staircases, moldings, and transoms. Other areas include tile flooring, cast iron hearths and ventilation grilles.

With the exception of some materials and elements that were covered by newer materials throughout the life of the hospital and the replacement of the original roof material, the presence of the materials originally used are evident and present throughout the structure. The aspect of materials has been preserved.



Figure 4.6 - Unique cornice line and stepped pediment atop projecting bays, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt

#### 4.2.6 Workmanship

“The quality of stone and workmanship is excellent.”<sup>132</sup> The workmanship that was put into the construction of the hospital is evident throughout the exterior and

---

<sup>131</sup> Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). 4.

<sup>132</sup> Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). Carolyn Pitts, *Weston State Hospital National Historic Landmark Nomination*, Nomination Form (Washington D.C.: National Park Service, 1990). 4.



interior. The exterior of the hospital exhibits the following:

- Projecting rusticated sandstone with a tooled surface
- Unique cornice line and stepped pediment atop projecting bays

(Figure 4.6)

- Urns, Niche, brackets (gable east Elevation)
- Square wooden cupola
- Rosette carvings in segmental bay (Figure 4.7)
- Stone lintels
- Decorative hood-mold lintels (center gable)

- Stringcourse and sill course
- Urn-shaped stone finials atop gables (Figure 4.8)

- Wood entrance and leaded-glass fanlight and leaded-glass, rounded-arch sidelights (Figure 4. 9)
- Rounded and segmental arch lintels
- ten-over-ten, double hung wood sash windows and framing
- Doric Columns



Figure 4.7 - Rosette carvings in segmental bay, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt



Figure 4.8 - Urn-shaped stone finials atop gables, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.



The workmanship in the interior spaces includes the following (all features are not present throughout):

- plaster walls
- brick paving in the basement
- decorative ventilation grilles
- wood floors
- crown moldings
- stenciling painted on plaster walls

(Figure 4.10)

- mahogany stair, located in the center building
- mahogany Carved Newel post, balusters, handrail, and paneling (Figure 4.11)

The physical evidence of the workmanship and skill is still present on site at Weston.

#### 4.2.7 Feeling and Association

Weston State Hospital's new use as a heritage museum preserves the hospital history. Renamed Trans-Allegheny Lunatic Asylum (TALA) in 2007, the museum actively promotes the hospital's past use in its

tours that illustrate the history of the hospital, as well as the architecture, building type, and treatment methods that were behind the conception of the Kirkbride plan. There is no attempt to hide or cover up the events that occurred behind the hospital walls.



Figure 4.9 - Wood entrance and leaded-glass fanlight and leaded-glass, rounded-arch sidelights, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.



Figure 4.10 - Stenciling painted on Plaster, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.

Mental hospitals in general, contain a negative stigma attached to them, which makes it difficult to find new uses for them. TALA uses these negative stigmas as an advantage. These feelings help attract visitors to the sight and offers Ghost Tours that spark paranormal curiosities in individuals.

In addition to the tours that are offered, TALA is dedicated to preserving the Kirkbride hospital and returning it to its former glory. Restoration has been completed in the center administration building, first floor; including the superintendent's office, and main hall; one patient ward on the first floor (Figure 4.12). The rest of the building is as it was when that hospital closed in 1994.

### **4.3 Potential Loss of Integrity: Athens**

#### **4.3.1 Introduction**

Athens State Hospital's adaptive reuse method serves as an educational mixed-use space. Its proximity to Ohio University has been beneficial in finding a reuse for the hospital. Ohio renamed the facility the Ridges. The survey conducted on-site has determined that the structure is being underutilized. In Figure 4.13, the buildings



Figure 4.11 - Newel Post, Mahogany Stair, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.



Figure 4.12 - Restored Ward, Trans-Allegheny Lunatic Asylum, Weston, WV, January 9, 2013, photo credit: Caitlin Merritt.

that are *red* are vacant, whereas the buildings in *green* are in use. Currently, the former male patient ward, center administrative building, and several auxiliary structures are being used. The center administrative building has been converted to an art museum and the former male ward is being used for faculty and staff offices, as well as graduate student, art studio space. The spaces that have been rehabilitated and are in use seem to adequately preserve the former Kirkbride building.



Figure 4.13 - Current Building Use, The Ridges, Ohio University.<sup>133</sup>

The former female ward is currently vacant and the overall condition of the building is very poor; due to lack of maintenance and occupancy. The physical deterioration of the unused ward, severely affects the historical integrity of the whole structure. In addition, Ohio University's 2001 Master Plan, has given permission to allow the demolition of selected portions of the complex, in order to better use the

<sup>133</sup> Photo Citation, Ohio University ADA Plan of the Ridges.

current site. The poor condition of the female ward and the possibility of demolition of the original Kirkbride structure, are potential risk factors that will have a negative effect on its historical integrity. Athens State Mental Hospital has the potential to lose its historical integrity as a result.

#### 4.3.2 Location

Athens State Hospital, now referred to as the Ridges, is affiliated with Ohio University, located in Athens, Ohio. The original building has not been removed from its original location. The aspect of location has been retained.

#### 4.3.3 Design

Athens State Hospital was designed by Cleveland architect, Levi T. Scofield<sup>134</sup> in the Italianate style. Scofield followed the Kirkbride plan, with a central administrative building with two long stepped back wings. The building, completed in 1874, comprised



Figure 4.14: Over hanging eaves and brackets, The Ridges, Ohio University, Athens, Ohio, January 8, 2013, photo credit Caitlin Merritt.

of 544 rooms. Four hundred fifty rooms were designed to accommodate 252 patients in single dormitory style rooms with 290 additional patient rooms.<sup>135</sup>

---

<sup>134</sup> Levi T. Scofield (1842-1917) was a prominent Cleveland, Ohio architect and sculptor. He designed many public buildings during his career including Cuyahoga County Soliders and Sailors Monument, Asylum for the Insane (Columbus, OH), Athens State Hospital (Athens, OH), North Carolina Penitentiary.

<sup>135</sup> Katherine Ziff, *Asylum on the Hill: History of the Healing Landscape* (Athens, Ohio: Ohio University Press, 2012) 13.



The exterior design exhibits strong Italianate features, such as overhanging eaves with decorative brackets (Figure 4.14), two-towers flanking the main entrance (Figure 4.15), round-headed windows (paired on administrative building) with hood moldings (Figure 4.16), quoined corners, and arcaded porches and balustraded balconies. The design features, with the exception of replacing of the original slate roofing material with a modern composition material, and a few additions to the building, and the removal of roof-line cupolas, the overall external appearance of the structure stands as it was originally constructed (Figures 4.15 and 4.17). The original Kirkbride Plan is still intact and retains much of its original floor plan. The characteristics that specifically define a Kirkbride building have been preserved. The aspect of design has been preserved.



Figure 4.15 - Former Center Administration Building, Currently Lin Hall, The Ridges, Ohio University, Athens, Ohio, January 8, 2013, photo credit Caitlin Merritt.

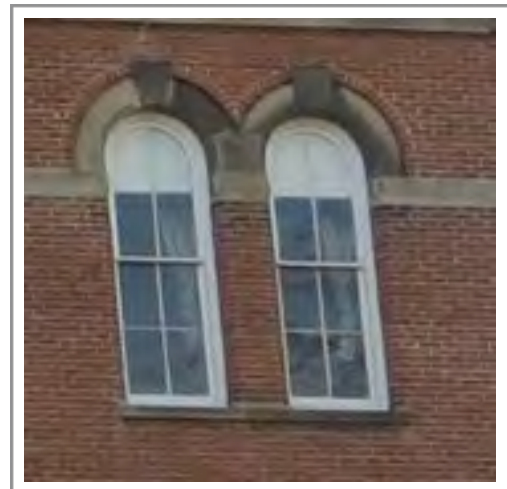


Figure 4.16 - Paired, round-headed windows with hood moldings, Former Center Administration Building, Currently Lin Hall, The Ridges, Ohio University, Athens, Ohio, January 8, 2013, photo credit Caitlin Merritt.

**4.3.3.1 Potential Loss of the Design Aspect.** Ohio University's 2001 Master Plan outlines the desire to redevelop the area known as the Ridges. The Plan has identified

that the, “complex of 100-year-old buildings, while architecturally unique, are showing their age and requiring ever-increasing maintenance and capital investment. In addition, the narrow dimensions of the floor plates, thickness of the load bearing walls, and small rooms make reuse of the building very difficult.”<sup>136</sup> The plan



Figure 4.17 - Athens State Hospital circa 1900

recommends selective demolition of portions of the original Kirkbride hospital, to “open up the land for new contemporary academic, research, and residential buildings.”<sup>137</sup>

The buildings of the original Kirkbride that will remain is the center building, Kennedy Art Museum, and the first two wings on either side, and the renovated Amusement Hall.

The demolition of the wings will alter the original Kirkbride floorplan, resulting in the loss of integrity and the very characteristic that distinguishes a Kirkbride building from other building types. The aspect of design will be lost if demolition occurs (Figures 4.18 and 4.19).

---

<sup>136</sup> *Vision Ohio: Ohio University Master Plan*, Ohio University (Athens: Ohio University, 2001) 88.

<sup>137</sup> *Ibid.*



Figure 4.18 - Current Building Footprint, The Ridges, Ohio University, Athens, Ohio<sup>138</sup>



Figure 4.19 - Proposed Plan, The Ridges: Buildings in blue are existing, yellow and red are proposed new structures.<sup>139</sup>

#### 4.3.4 Setting

The site of Athens State Hospital, which eventually encompassed over one thousand acres of land, began with 150 acres of steep hills and meadows above the Hocking River. The Hocking River separates the hospital from the city of Athens. At one time, the grounds consisted of gardens, groves of trees, and walkways, that were of

<sup>138</sup> Ibid.

<sup>139</sup> Vision Ohio: Ohio University Master Plan, Ohio University (Athens: Ohio University, 2001).

interest and comfort of all patients and residents of Athens. The grounds of the asylum were designed by landscape gardener Herman Haerlin, whose design was rooted in Frederick Law Olmstead's vision of recuperative wilderness<sup>140</sup> (Figure 4.20). The grounds included gardens, pleasure grounds, walkways, open fields, and a series of lakes.



Figure 4.20 - Haerlin, Plan for the grounds of Athens State Mental Hospital, 1872.<sup>141</sup>

Today, the setting of Athens no longer encompasses its original elements. The property, that Ohio University owes, consists of 500 acres, about half of the amount of land that the hospital had during its days of operation. The location of the hospital with its surrounding geographical features (steep hills and the Hocking River) has prevented any further development. The landscape that immediately surrounds the Ridges, no

---

<sup>140</sup> Frederick Law Olmsted (1822-1903) was an American landscape designer, most known for co-designing Central Park and Prospect Park in New York City. Olmsted designed his parks around "recuperative wilderness," the belief the natural landscapes have relaxing and recuperative effects on people.

<sup>141</sup> Katherine Ziff, *Asylum on the Hill: History of the Healing Landscape* (Athens, Ohio: Ohio University Press, 2012).



longer maintains its original parklike setting. It has changed to meet the campus's parking needs. In spite of the parking lots, Athens still retains its setting.

#### 4.3.5 Materials

Like all Kirkbride hospitals, Athens is a masonry structure. Athens is a red brick structure, constructed by bricks that were fired on-site using local clay and shale. The building measured almost 853 feet long in a direct line. The stepped back wards and projections of its footprint is a little over three quarters of a mile. The massive brick exterior wall is trimmed with Buena Vista freestone from Southern Ohio.<sup>142</sup> Other masonry materials included, slate for the roof and marble flooring. Additional materials used were tile flooring, yellow pine flooring, rough ironwork used for security grilles, cast-iron hardware and gutters, and heavy timbers used for floor joists and roof timbers.

Currently much of the original exterior features such as the brick, Buena Vista freestone, and iron security grilles have been retained. The roofing material was replaced with a modern composite material, resulting in the removal of the original slate roof system. Interior materials, such as flooring and other decorative elements that demonstrate workmanship have been retained.

*4.2.6.1 Potential to loss of original Materials.* The current state of deterioration of the underutilized, female ward has the potential to lose original materials. There are areas

---

<sup>142</sup> Katherine Ziff, *Asylum on the Hill: History of the Healing Landscape* (Athens, Ohio: Ohio University Press, 2012) 63.

of water damaged brick and mortar as well as staining of the brick (Figures 4.21 and 4.22). Brick damage can be seen in several locations on the exterior of the female ward. In addition to deteriorated brick, the general condition of the overhanging eaves (Figure 4.23) and roof (Figure 4.24) pose potential safety and structural issues. The lack of maintenance severely threatens the survival of the Kirkbride as a whole.

#### 4.3.6 Workmanship

“Hundreds of expert carpenters, masons, plasterers, mosaic tile setters, laborers, and other craftsmen worked for six years to build the Athens Lunatic Asylum and finish its interior spaces, its High Victorian Italianate style featuring windowed towers.”<sup>143</sup> Fifty stonecutters and masons and seventy-five quarries and laborers were hired to work on the massive construction project.

The exterior brickwork exhibits fine Italianate detail, especially in the roof cornice and coursing and window hoods (Figures 4.25). All



Figure 4.21- Brick Staining, Former Female Ward, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.



Figure 4.22 - Water Damage and Penetration, former Female Ward, Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.

---

<sup>143</sup> Katherine Ziff, *Asylum on the Hill: History of the Healing Landscape* (Athens, Ohio: Ohio University Press, 2012) 64.

features are still very prominent and visibly pleasing today. The exterior iron security grilles are still in place as they were originally. The security grilles were designed as decorative mandalas in order to disguise them. Mandalas originate in Hinduism and Buddhism and depict a square containing a circle with a center point. In common use, the mandala is just a generic term for any geometric pattern. The mandala grilles allowed the mental hospital to be discerned from a prison. Each floor of the asylum had a slightly different design (Figure 4.26).

The interior of the center administrative building, now the Kennedy Art Museum, contains various architectural and decorative details, including plasterwork, marble flooring, mosaic flooring, molding, wood flooring, and door reveals. The rehabilitation has preserved these features of high workmanship. The mosaic tile flooring (Figure 4.28) lines the hallway connected to gallery spaces on the first floor. The entrance hall still



Figure 4.23 - Overhanging Eave Deterioration, former female ward, Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.

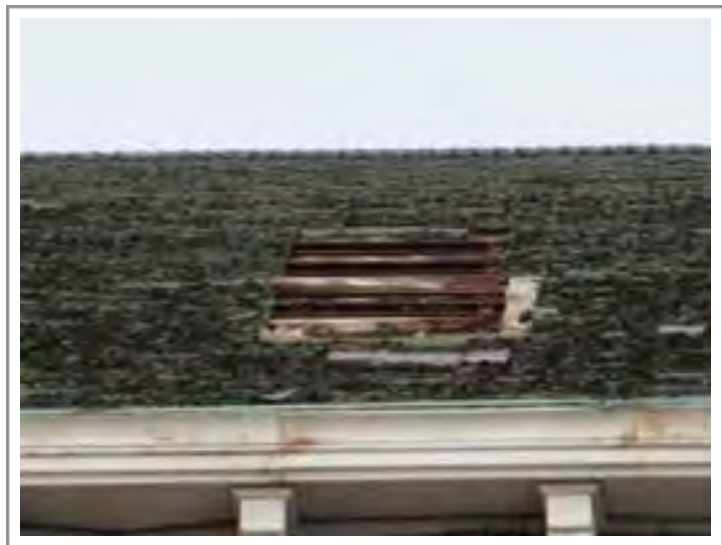


Figure 4.24 - Roof Deterioration, former Female Ward, Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.

maintains its black and white marble floors (Figure 4.27) and original staircase. The new programming of an art museum also allowed for the retention of the original door archways. The arches now allow access to the galleries (Figure 4.29 and 4.30). The overall retention and preservation of the workmanship of the former mental hospital is sufficient with the current programming of the center administrative building and the male ward and has retained the aspect of workmanship.

#### 4.2.7 Feeling and Association

The former mental hospital does not have any interpretation of its past. The Kirkbride does retain its date on the façade of Lin Hall (Figure 4.31), which lets on-lookers know the buildings age.



Figure 4.25 - Exterior masonry details, cornice, coursing, and hooded windows, former Athens State Hospital, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt



Figure 4.26 - Security grilles, former Athens State Hospital, Athens, Ohio January 8, 2013, photo credit: Caitlin Merritt.



Figure 4.27 - Stair and marble Flooring, Kennedy Art Museum, former administrative building of Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.



Figure 4.28 - Mosaic Flooring, Kennedy Art Museum, former administrative building of Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.

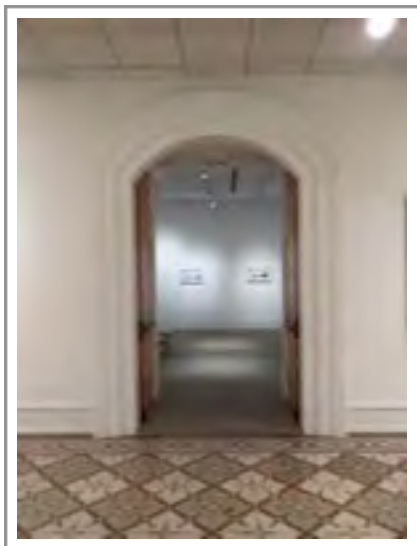


Figure 4.29 - First Floor, Kennedy Art Museum, former administrative building of Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.

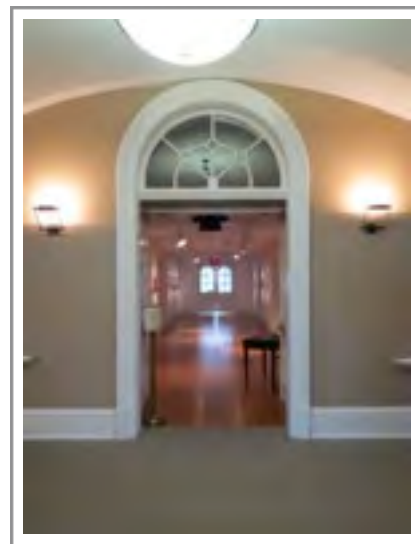


Figure 4.30 - Second Floor, Kennedy Art Museum, former administrative building of Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.



Figure 4.31 - Former administrative building of Athens State Hospital, Ohio University, Athens, Ohio, January 8, 2013, photo credit: Caitlin Merritt.



## **4.4 Loss of Integrity: Danvers**

### **4.4.1 Introduction**

The case study of Danvers State Hospital produced negative results in the retention of historical integrity. Danvers was listed on the National Register of Historic Places in 1984. The hospital exhibited the work of Boston architect, Nathaniel Bradlee, who designed the redbrick gothic structure in 1874. Avalon Bay Communities bought the former mental hospital from the State of Massachusetts in 2006 and demolished around two thirds of the original Kirkbride, leaving only an exterior shell (Figure 4.32). Danvers has lost its original design and materials in addition to the workmanship put into its construction.

Prior to its demolition in 2006, Danvers was one of the last few Kirkbrides that fully retained its Kirkbride floor plan (Figure 4.33). Danvers suffered from what is referred to as “selective demolition” a supposed solution to reusing a large building that is too large to be rehabilitated, so as part of the renovation plans, some of the original buildings are proposed for demolition. The demolition of Danvers severely affected its overall historical significance and integrity. Like in all Kirkbrides, the building as a whole is important in illustrating its significance and understanding why it was built. When those defining elements and features that characterize a building type are lost, (for Kirkbride the linear plan with V-shaped floor plan) it no longer can be defined as such. Not only did Danvers lose its design, but it lost its landscape. Avalon Bay communities created a dense residential community by building on the grounds surrounding the center administrative building. Danvers State Hospital is a former Kirkbride building. It

is now Danvers Avalon Bay Community, luxury residences (Figures 4.34, 4.35, and 4.36).



Figure 4.32 - Demolition of Danvers, 2006



Figure 4.33 - Danvers State Hospital, circa 2003.



Figure 4.34:- Current Aerial view of Avalon Bay Communities at Danvers, Outline is red is what is left of the original Kirkbride building. Bing Maps

## CHAPTER 5: DISCUSSION

### 5.1 Discussion: Results

Institutional buildings represent about 25% of all the buildings listed on the National Register of Historic Places, including Weston State Hospital, Athens State Hospital, and Danvers State Hospital.<sup>144</sup> The desire to reuse these important institutional buildings reflects the desire to retain a place or building for future generations because it is associated with certain important events or reflects the social art of design and construction.<sup>145</sup> "The ideology of instrumentality --- what are they good for--- dominates the current discourse about the future of historically significant institutional buildings and grounds".<sup>146</sup>

The actions with respect to these buildings have economic and social costs--- to demolish, to let deteriorate, to preserve, to rehabilitate. The three former Kirkbride hospitals studied illustrate three different reuse methods. Not all reuse methods yielded positive results in the retention historical integrity, however, certain circumstances from each has revealed what to do and not to do in order to preserve the historical integrity of Kirkbride buildings. The following chapter reviews the various results that this study yielded and the recommendations and outcomes of each. It also explores how this study could be expanded on for future research.

#### 5.1.1 Result 1: The Retention of Historical Integrity -- Weston

For indeed the greatest glory of a building is not in its stones, or in its gold. Its glory in its Age, and that deep sense of voicefulness, of stern watching, of mysterious sympathy, nay, even of approval or

---

<sup>144</sup> "Introduction to Part Two: Stories of Reuse," in *Changing Places: ReMaking Institutional Buildings*, 199-212 (Fredonia, New York: White Pine Press, 1992).

<sup>145</sup> Ibid.

<sup>146</sup> Ibid.



condemnation, which we feel in walls that have long been washed by passing waves of humanity . . . It is in that golden stain of time that we are to look for the real light, and color, and preciousness of architecture; and it is not until a building has assumed this character, till it has been witnesses of suffering, and its pillars rise out of the shadows of death, that its existence, more lasting as it is than that of the natural objects of the world around it, can be gifted with even so much as these possess of language and of life.

-- John Ruskin<sup>147</sup>

The results suggest the reuse program of a heritage museum minimally affects a building's historical integrity. In the case of Weston, or Trans-Allegheny Lunatic Asylum, it maintains its unaltered building fabric, which is appealing because it has unassailable integrity. It survives largely intact from its period of occupancy. But layers of newer materials such as paint and flooring have built up on the interior, and some architectural features may have been slightly modified or removed in order to adapt the hospital to changing times. "In most instances, these changes can be peeled back or cut away to reveal earlier, surviving material that has been encapsulated for a century or more."<sup>148</sup> The build up of layers from the past is authentic substance from the Weston's beginnings, and it provides a tangible connection between the modern-day visitor and the past.

However, the programming of a heritage museum is not always the best fit for every Kirkbride building or any historic building. It all depends on the building and the community, in addition to a marketable audience. Weston State Hospital was listed on the National Register of Historic Places in 1978 and recognized as a National Historic Landmark in 1990. The former Weston State Hospital has been able to use the negative stigmas to attract visitors to the site. The name change alone, to Trans-

---

<sup>147</sup> John Ruskin, *The Seven Lamps of Architecture* (New York: Noonday Press, 1961) 177.

<sup>148</sup> William A. Dupont, "A Place for Authenticity at Lincoln Cottage," *National Trust for Historic Preservation: Forum Journal*, 2003: 2.

Allegheny Lunatic Asylum (TALA), attracts visitors with paranormal interests. The negative symbolism sometimes transcends all other factors of a buildings historical significance, however at TALA, its negative traits are an essential part of preservation and interpretation of the site.<sup>149</sup> The very slight modifications to TALA allow visitors to understand that things built in the past are a form of evidence, a first hand account, that should be studied, understood, and retained for the future and they experience:

a sense of wonderment and childlike discovery that momentarily suspends time and disbelief, in which past events and people are suddenly recognized in a more immediate manner, and the simple piece of wood or marble that lacked any significant meaning seconds ago transforms into a precious relic that "witnessed" great events.<sup>150</sup>

The layers of time, from the opening to closing of Weston, and the patterns of wear on those layers, can deepen visitors appreciation for the passage of time.

**5.1.1.1 Recommendations.** Not all Kirkbride buildings can become museums, however something can be learned from the reuse of Weston State Hospital. A recommendation made from the results of this case study is to provide interpretation of the buildings past use. Providing a brief history of the building allows people to make a connection with the past and understand the significance of institutional buildings. Anything from a small museum to a sign on the property would suffice. Providing some sort of interpretation of buildings past use can be applied to any historic building being adaptively reused.

### **5.1.2 Result 2: The Potential Loss of Historical Integrity: Athens**

The results suggest that the reuse program of mixed used educational space has the potential to lose the historical integrity of the former mental hospital. Athens State

---

<sup>149</sup> Randolph Langenbach, "The Good and The Evil: The Preservation of Monuments with a Negative Symbolic Image," in *Changing Places: ReMaking Institutional Buildings*, 159-198 (Fredonia, New York: White Pine Press, 1992).

<sup>150</sup> William A. Dupont, "A Place for Authenticity at Lincoln Cottage," *National Trust for Historic Preservation: Forum Journal*, 2003: 2.

Hospital's close proximity to Ohio University is an important element of the reuse. A college or university can provide a multitude of uses to the building. Colleges already consist of large buildings to hold classrooms, labs, and offices. It made sense for Ohio University to use the old hospital.

The reuse as mixed-use educational space is a great fit for the former hospital, however the building is underutilized. The former female wing is vacant and in a deteriorated state. The combination of the deterioration and the proposed redevelopment plan, which allows for demolition, will effect the historical integrity of the Kirkbride building. It is in danger of losing the aspects of design, materials, and workmanship, which are important in characterizing a Kirkbride Hospital as such.

*5.1.2.1 Recommendations.* Unfortunately, not all Kirkbride buildings are located in close proximity to a college or university. Mixed-use educational space and an Art Museum allows for the preservation and retention of historical integrity. Mixed-use space appears to be the best option for new uses for Kirkbride buildings. The buildings are large and may be too big for a single reuse method. Historically, Kirkbride buildings functioned as a mixed-use spaces. It functioned more than just a hospital. Kirkbride hospitals had chapels, bowling alleys, farming operations, bakeries, beauty parlors, entertainment halls, and much more. In a way, Kirkbride buildings were functioning towns within themselves. They were inherently mixed-use spaces from the start.

In addition, it is important for Kirkbride buildings to be occupied. The lack of occupants leave spaces vacant and exposed to deterioration. Proper maintenance should be performed on all spaces, especially those that are vacant. Poor building conditions can result in greater expenses down the road for repairs or rehabilitation.

From the beginning, Kirkbride buildings were never properly maintained, because of their size and the lack of staff. Proper maintenance is important, not just for Kirkbride buildings, but any historic building. The lack of general upkeep on a property is when important elements to buildings significance are lost. Once original fabric is lost, it is gone forever.

Athens also does a wonderful job at preserving outstanding interior character defining features: moldings, flooring material, hardware, door openings and moldings. In any historic rehabilitation project those outstanding original features should be saved at all costs. It is these features that make a historic building unique.

### **5.1.3 Result 3: The Loss of Historical Integrity: Danvers**

The demolition of two thirds of the original Kirkbride hospital resulted in the loss of design, materials, setting, workmanship, feeling, and association. Massachusetts at one time had four Kirkbride State Hospitals. They all have been completely or partially demolished within the past decade: Taunton State Hospital, Taunton, MA was partially lost to fire in 2006 and was completely demolished in 2009; Northampton State Hospital, Northampton, MA was demolished in 2007; Worcester State Hospital, Worcester, MA was partially demolished in 1991 and 2008; and Danvers State Hospital, Danvers, MA was partially demolished in 2006. The state has lost a valuable piece of history.

The demolition of Danvers could have avoided selective demolition. Danvers State Hospital was listed on the National Register of Historic Places in 1981. Avalon Bay Communities redevelopment plan called for apartments and condos. This reuse method is income producing, which means that the project could have been eligible for

state (20%) and Federal historic tax credits (20%). Avalon Bay Communities could have received a 40% return on their rehabilitation costs. Unfortunately, Avalon Bay communities decided to not invest the time in saving the entire structure. In their eyes, by retaining a shell of the façade, they preserved a part of the building.

*5.1.3.1 Recommendations.* The negative results that arose from the redevelopment of Danvers, uncovered several recommendation of what not to do when adaptively reusing a historic building. Do not demolish the structure if it is already fully intact to begin with. There are only a handful of Kirkbride buildings that remain fully intact. They should at all costs, remain that way. Demolishing parts of a Kirkbride building severely alters its footprint, which is arguably the most important and distinguishing feature of this building type. Losing that Kirkbride design element makes the building a former Kirkbride building. It no longer can be called a Kirkbride hospital because it has lost most significant and distinguishable physical feature.

## **5.2 Limitations**

The limitations of this study include the small number of case studies, and the limited geographic locations of the case studies. Because of the time constraints of this study, the researcher only had time to visit and survey a limited number of case studies. The case studies were selected because they were relatively easy to travel to because of time and monetary constraints. Originally, the researcher considered four case studies; the fourth being located in Michigan. The time constraints provided difficulties in finding time to travel to the site.

In addition, the researcher had difficulty finding a singular complete and concise source that identified all the Kirkbride Hospitals constructed. A “master list” of all the

Kirkbride buildings constructed, would aid researchers in determining how many are still in use, demolished, vacant, and etc. This document would be a valuable resource to architectural historians and Kirkbride building enthusiasts. Taking this into consideration, the researcher created a “master list” document that lists all the Kirkbride hospitals built in the United States to assist in her research and hopefully the future research (Appendix A).

### **5.3 Recommendations for Future Research**

Because of the existing limitations to this study, it is suggested that further research should be completed and further conclusions be made on this topic. In future endeavors, if time and money allows, it is suggested that a larger selection of adaptive reuse case studies be identified and surveyed. A larger number of case studies of different adaptive reuses of Kirkbride hospitals, will be able to give a grander scope of what is the best reuse method that preserves the historical integrity. A larger number of case studies may result in several different reuse programs that retain historical integrity.

The National Park Service’s (NPS) definition of historical integrity is just one definition and one way of determining if a building has historical integrity. The researcher chose the NPS’s definition because it is widely used in the nomination process for the National Register of Historic Places. The researcher questions if the National Park Service’s definition adequately defines historical integrity. A recommendation for further research may include using a different approach to examining historical integrity. For example, UNESCO’s qualifying conditions for integrity

include the two concepts of “wholeness” and “intactness” defined in the Operational Guidelines for nominations for the World Heritage Sites:

Wholeness—are all the elements necessary to tell fully the story of the site? Is the property of sufficient size to hold all features and processes necessary to convey significance?

Intactness—asking about the condition of the property in relation to the threats to its existence, and any risks in the environment surrounding the property.<sup>151</sup>

Using a different methodology for examining the survival of historical integrity may allow for a better understanding of integrity itself and yield more positive results. Or it may uncover or reveal a better definition of historical integrity.

The “master list” that the researcher created is very basic and contains possible holes. It was created just for the researchers reference on the exact number of Kirkbride hospitals constructed. Various websites and printed sources aided in the compilation list, the validity to all sources referenced is questionable. It is suggested in the future to expand on the list created by the researcher, by confirming that the list is indeed a true “master list” of the Kirkbride hospitals constructed. In the distant future, the researcher can foresee a potential book being written on the architectural history behind the Kirkbride hospitals. The researcher found it hard to find an entire book on the Kirkbride Style. Several books mention the main aspects of Kirkbride buildings, but there is not a book specifically about Kirkbride and his development of this influential building style, other than Dr. Kirkbride’s book. The Kirkbride Plan was responsible for establishment of state hospitals and helped to establish the field of psychiatry in the medical world. It deserves recognition in a book all its own.

---

<sup>151</sup> Herb Stovel, *Effective Use of Authenticity as World Heritage Qualifying Conditions*, City & Time (3): #. [online], <http://www.ceci-br.org/novo/revista/docs2007/CT-2007-71.pdf>.

## 5.4 Conclusions

The research gathered and presented in this study, examined three different adaptive reuse case studies of the Kirkbride plan. The overall study determined that the Kirkbride plan is an unappreciated industrial building type. This building type, for the most part, has been left out of architectural history books. This under appreciation is the result of the years of negative stigmas and a general lack of respect for institutional buildings. Doctor Kirkbride's building type was the first standardized state hospital design and established psychiatry as a legitimate medical field. They were built at a time when social responsibility for the down trodden and social outcasts, were of great importance to the state. It was believed to be the state's duty to be responsible for those who could not afford private care.

The researcher hopes that this thesis will bring more attention to this almost extinct building type and that the results will benefit those few remaining Kirkbride Hospitals: Greystone State Hospital, Morristown, New Jersey; Fergus Falls State Hospital, Fergus Fall, Minnesota; Yankton State Hospital, Yankton, South Dakota; Hudson River Valley State Hospital, Poughkeepsie, New York; and St. Elizabeth's Hospital, Washington D.C.



## BIBLIOGRAPHY

- Bond, Earl D. *Dr. Kirkbride and His Mental Hospital*. Philadelphia, Pennsylvania: J.B. Lippincott Company, 1947.
- Brechbuhler, Kelli, Ashley Mitchell, and Emily Quail. "The Ridges: Multiple Places of Meaning." In *Ohio University: A Campus of Meaningful Places*, by Dr. Roger C. Ed. Aden. Athens, Ohio: Ohio University's Office of Printing and Graphic Services, 2009.
- Cassidy, Chris. "Bad News for Danvers State Hospital." *Salem News*, 2005 йил 9-November.
- Dupont, William. "A Place for Authenticity at Lincoln Cottage". *National Trust for Historic Preservation Forum Journal*. 2003.
- International Council on Monuments and Sites. *The Burra Charter*. Australia, 2000.
- "Introduction to Part Two: Stories of Reuse." In *Changing Places: ReMaking Institutional Buildings*, by Lynda H. Schneekloth, Marcia F. Feuerstein and Barbara A. Campagna, 199-212. Fredonia, New York: White Pine Press, 1992.
- Kirkbride, Dr. Thomas Story. *On the Contruction, Organization, and General Arrangements of Hospitals for the Insane*. Vol. 2. Philadelphia, Pennsylvania: Lippincott, 1880.
- Mason, Randall. "Theoretical and Practical Arguments for Values-Center Preservation." *CRM: The Journal of Heritage Stewardship* 3, no. 2. 2006.
- Langenbach, Randolph. "The Good and The Evil: The Preservation of Monuments with a Negative Symbolic Image." In *Changing Places: ReMaking Institutional Buildings*, by Lynda H Schneekloth, Marcia F Feuerstein and Barbara A. Campagna, 159-198. Fredonia, New York: White Pine Press, 1992.
- Luchins, Abraham. "Moral Treatment in Asylums and General Hospitals in the 19th-Century America." *The Journal of Psychology*, 2001: 585-607.
- McElroy, Ethan. *A Short History of Kirkbride Buildings*.  
[www.kirkbridebuildings.com](http://www.kirkbridebuildings.com) (accessed 2012 6-October).
- Nelson, Lee. "Preservation Brief 17: Architectural Character- Identifying the Visual Aspects of Historic Buildings as an Aid to Preserving their Character." *National Park Service Preservation Briefs*. 1988 йил September. <http://www.nps.gov/tps/how-to-preserve/briefs/17-architectural-character.htm> (accessed 2013 28-March).

- Osborn, Lawrence A. "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital." *Psychiatr Q*, 2009: 219-231.
- Pitts, Carolyn. *Weston State Hospital National Historic Landmark Nomination*. Nomination Form, Washington D.C.: National Park Service, 1990.
- Poe, Misty. "Local News." *Times West Virginia*. 2008 йил 26-October. <http://timeswv.com/local/x681686707/A-haunting-history> (accessed 2013 16-May).
- Ramseur, Michael. *The Eye of Danvers: A History of Danvers State Hospital*. Bloomingham, Indiana: Author House, 2005.
- Ruskin, John. *The Seven Lamps of Architecture*. New York: Noonday Press, 1961.
- Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Toronto, Ontario : Little, Brown and Company, 1971.
- Stovel, Herb. "Effective Use of Authenticity and Integrity as World Heritage Qualifying Conditions." *City & Time*. 2007.
- Smith, Ronald and Bugni, Valerie. "Symbolic Interaction Theory and Architecture." *Symbolic Interaction* 29, no. 2 (2006): 123-155.
- The National Park Service. *National Register Bulletin 15 Part VIII*. National Park Service. Washington D.C. 1995.
- Trans-Allegany Lunatic Asylum. *History*. 2009. <http://transalleganylunaticasylum.com/main/history.html> (accessed 2013 1-April).
- Trans-Allegany Lunatic Asylum. *Preservation*. 2009. <http://trans-alleganylunaticasylum.com/main/preservation.html> (accessed 2013 1-April).
- Trans-Allegany Lunatic Asylum. *Tours*. 2009. <http://trans-alleganylunaticasylum.com/main/tours.html> (accessed 2013 1-April).
- Vision Ohio: Ohio University Master Plan*. Ohio University, Athens: Ohio University, 2001.
- Yanni, Carla. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62, no. 2 (March 2003).

Yanni, Carla. *The Madness of Architecture: Insane Asylums in the United States*. Minneapolis, Minnesota: University of Minnesota Press, 2007.

Ziff, Katherine. *Asylum on the Hill: History of the Healing Landscape*. Athens, Ohio: Ohio University Press, 2012.

## APPENDICES

### Appendix A: Master List of Kirkbride Buildings

KIRKBRIDE MENTAL HOSPITALS							
State	City	Name	Architect	Construction Year	Year Closed	Vacant/ Occupied/ Demolished	Additional Information
<i>Alabama</i>	Tuscaloosa	Bryce Hospital for the Insane or Alabama Insane Hospital	Samuel Sloan	1860	2009-hospital moved to new location	Owned by University Alabama	Italianate/ Roman Revival
<i>Alaska</i>	-	-	-	-	-	-	-
<i>Arizona</i>	-	-	-	-	-	-	-
<i>Arkansas</i>	Little Rock	Arkansas State Hospital		1883		Occupied-hospital	
<i>California</i>	Santa Clara	Agnews State Hospital		1885		demolished	earthquake 1906
	Napa	Napa State Hospital	Wright & Saunders of San Francisco	1875		Demolished 1949	
	Highland	Patton State Hospital or Highland State Hospital		1883		Occupied-hospital	
*	Talmage	Mendocino State Hospital		1893		demolished 1952	
<i>Colorado</i>	-	-	-	-	-	-	-
<i>Connecticut</i>	Middletown	Connecticut State Hospital/ Connecticut Asylum for the Insane/ Connecticut Valley Hospital		1874		What was left of the Kirkbride building was demolished in 2006/7	
<i>Delaware</i>	-	-	-	-	-	-	-

<i>District of Columbia</i>		St. Elizabeth's Hospital/ Government Hospital for the Insane		1855		partially vacant currently the offices of the Department of Homeland Security	
<i>Florida</i>							
<i>Georgia</i>							
<i>Hawaii</i>							
<i>Idaho</i>							
<i>Illinois</i>	Anna	Anna State Hospital/ Southern Illinois State Hospital		1869		partially demolished	remaining building is still a hospital
	Chicago	Chicago State Hospital		1869	1971	demolished 1980	
	Elgin	Elgin State Hospital	Stephan Vaughn Shipman	1872		demolished 1994	
	Jacksonville	Jacksonville State Hospital/ The Illinois Central Hospital for the Insane/ Illinois State Hospital for the Insane		1850		demolished	
<i>Indiana</i>	Indianapolis	Central Indiana State Hospital		1848	1994	demolished 2003	
<i>Iowa</i>	Cherokee	Cherokee State Hospital	Henry F. Liebbe	1884-1902		Occupied as a Mental Facility	Has a museum about the history of the hospital in the basement.
	Clarinda	Clarinda State Hospital	William Foster & Henry Liebee	1884		occupied-medical facility	

	Mount Pleasant	Mount Pleasant Mental Hospital	John Preston	1855-1861		1936 a fire destroyed much of the original Kirkbride; site is still used as a hospital	Elizabethan Style
	Independence	Independence State Hospital	Stephan Vaughn Shipman	1868-1873		occupied-medical facility	
Kanas	Osawatimie	Osawatimie State Hospital		1869		demolished 2002	
	Topeka	Topeka State Hospital		1877-1879	1997	demolished	Admin bldg still stands (?)
Kentucky	Louisville	Central State Hospital		1868-1869	1986	demolished 1996	
	Hopkinsville	Western State Hospital Hopkinsville		1848-1850		occupied-mental facility	
Maine	Bangor	Bangor State Hospital		1895- 1901		still used as a mental facility	
Maryland	Baltimore	Mount Hope Retreat	Long & Powell	1859-1870	1973	demolished in the late 1970s-1980s	Private Catholic Institution founded by the sisters of charity in 1840, construction of the Kirkbride building didn't begin until 1859
	Catonsville	Spring Grove State Hospital	J. Crawford Neilson	1853-1872		demolished 1964	
	Towson	Shepherd and Enoch Pratt Hospital	Calvert Vaux, Thomas Dixon	1862-		still used as a mental facility	

MA	Danvers	Danvers State Hospital	Nathaniel J. Bradlee	1874-1878	1992	partially demolished in 2006, only original brick shell remains, renovated into condos	
	Northampton	Northampton State Hospital	Jonathan Preston	1856-1858	1993	demolished 2007	Gothic Style
	Taunton	Taunton State Hospital	Elbridge Boyden	1851-1853	1975	Demolished completely in 2009	Neo-classical style
	Worcester	Worcester State Hospital	George D. Rand, Ward P. Delano	1877		most of the original kirkbride is demolished , only the clock tower remains	Land is still used as a hospital
Michigan	Kalamazoo	Kalamazoo State Hospital		1854-1857		demolished 1937/1967	
	Pontiac	Pontiac State Hospital	Elijah E. Meyers	1874-1874	1997	demolished 2000	
	Traverse City	Traverse City State Hospital	Gordon W. Lloyd	1885	1989	occupied	reuse-mixed use
	Dearborn	St. Joseph's Retreat		1883	1963	demolished	private
Minnesota	Fergus Falls	Fergus Falls State Hospital	Warren B. Dunnell	1888	2007	vacant	
	Rochester	Rochester State Hospital		1878		demolished 1964 (only kirkbride)	
	St. Peter	St. Peter State Hospital		1866		partially demolished	
Mississippi	Meridian	East Mississippi State Hospital		1882-1885		original kirkbride demolished	

Missouri	Fulton	Fulton State Hospital	Solomon Jenkins	1851		original kirkbride burned in a fire 1956	
	Nevada	Nevada State Hospital	Morris Frederick Bell	1885-1887		demolished 1999	
	St. Joseph	St. Joseph State Hospital		1874		now used as a correctional facility	
	Normandy	St. Vincent's Institution	George R. Mann	1891-1893 (?)	1973	renovated into apartments ?	
Montana							
Nebraska							
Nevada							
New Hampshire							
New Jersey	Morristown	Greystone Park State Hospital	Samuel Sloan	1871-1876	2000	vacant, still intact	
	Trenton	Trenton State Hospital	John Notman, Charles F. Anderson	1848		occupied-mental facility	
New Mexico							
New York	Brooklyn	Brooklyn State Hospital		1852-1856		Demolished in 1930s?	
	Buffalo	Buffalo State Hospital	H.H. Richardson	1870-1880		occupied	Now H.H. Richardson Complex
	Poughkeepsie	Hudson River Valley Hospital	Frederick Clarke Withers	1868	2003	vacant	
	New York City	Manhattan State Hospital		1869		demolished	
	Willard	Willard State Hospital		1866-1879	1995	demolished ?	



North Carolina	Morganton	Broughton Hospital		1875		Occupied as a Mental Facility	
	Raleigh	Dorothea Dix Hospital	Alexander T. Davis	1850-1856	2012	Torn down	
North Dakota							
Ohio	Athens	Athens State Hospital	Levi Scofield	1874		Occupied-Owned by Ohio University	still has underutilized space
	Cleveland	Cleveland State Hospital		1852		Demolished 1977	
	Columbus	Columbus State Hospital		1870		Demolished	
	Dayton	Dayton State Hospital		1855		Occupied-Retirement community	Now known as 10 Wilmington Place
Oklahoma							
Oregon	Pendleton	Eastern Oregon State Hospital		1909-1913		occupied	Prison
	Salem	Oregon State Hospital	Wilbur F. Boothby	1881-1883		occupied	Museum of Mental Health
PA	Danville	Danville State Hospital	John McArthur	1879		occupied-mental facility	
	Dixmont	Dixmont State Hospital		1859-1862	1984	Demolished 2006	
	Harrisburg	Harrisburg State Hospital		1851		Demolished 1910	The Kirkbride was demolished to build a new cottage plan
	Warren	Warren State Hospital		1874		occupied-mental facility	well intact and preserved: no sign of closing

Rhode Island							
South Carolina	Columbia	South Carolina State Hospital/ Columbia State Hospital	Robert Mills	1858 (kirkbride)		Occupied	Currently being redeveloped into a residential complex
South Dakota							
Tennessee	Bolivar	Bolivar State Hospital		1885		vacant and partially demolished	
Texas	Austin	Austin State Hospital	Charles Payne	1857		partially demolished ; but still used as a mental facility	Classical Revival
	Terrell	Terrell State Hospital	J.N Preston & Sons of Austin	1883		Demolished	
Utah							
Vermont							
Virginia	Petersburg	Central Lunatic Asylum/ Central State Hospital		1885		Demolished	
Washington		Eastern Washington State Hospital		1890		Demolished	
West Virginia	Spencer	Spencer State		1893	1989	Demolished 2004	
	Weston	Weston State Hospital		1858/1881	1994	occupied	Heritage Museum
Wisconsin	Madison	Mendota Mental Health Institute		1860		Demolished	
	Oshkosh	Winnebago State Hospital	Stephan Vaughn Shipman	1871		Demolished	

Wyoming							
---------	--	--	--	--	--	--	--