



"A soaring novel of love,
compassion, and duty."

—SANDRA DALLAS, author of
True Sisters and *The Quilt Walk*

One Glorious Ambition



The
Compassionate
Crusade
of DOROTHEA DIX

A NOVEL

JANE KIRKPATRICK

AUTHOR OF *The Daughter's Walk*

Author Interview

*The tapestry of history has no point in which
you can cut it and leave the design intelligible.*

—DOROTHEA DIX

Question: What drew you to this story of reformer Dorothea Dix?

Answer: When I was seven I sat in a church pew in a rural Wisconsin town. While we waited for the service to start, a girl with a waddle walk and unusual facial features sauntered in with her mother and thumped onto the pew beside my mom. I'd never seen a child with such a broad forehead, with gums that seemed to swallow her teeth, and eyes narrow and darting from side to side. She swung her feet and wiggled and made grunting sounds that her mother shushed to no avail. Her arms danced without music. As the choir sang, the girl calmed and stared, but when the pastor spoke in our Methodist church, she again kicked and wiggled. My mom put her arm around the girl and pulled her to her side. She patted her shoulder and gave the girl a pad and pencils. She scribbled and entertained herself throughout the rest of the service, with my mom—a nurse—holding her in comfort to her side. Later, when the girl's mother thanked my mom, I could see relief in the mother's eyes that they had sat beside someone who took

the girl in rather than moved farther away. I asked what was wrong with her, and my mom said she had seizures and other problems and hadn't been able to go to school. She'd been in an institution, but her parents had wanted to bring her home, despite people's saying they should just leave her where she had been since she was a baby. She didn't talk. When I learned a few years later that she had died, I remember feeling great sadness though I didn't really know her; I never had. That encounter drew me later into my profession and this story.

Q: You're a mental health professional, right, with a master's degree in psychiatric social work? What has been your experience in mental health treatment?

A: My undergraduate degree is in communications and public address. Later, I worked in public welfare with families and realized I needed more training to help those who were mentally ill. After graduate school I came to Oregon and worked in the disabilities field, eventually becoming the director of a mental health clinic. Still later I worked with young children as an educational and mental health consultant on the Warm Springs Indian Reservation, where my work was a blend of administration and direct treatment. I did that for seventeen years before turning my healing hopes to stories. The lives of those I met in institutions and in their homes were with me in the writing of this book, as were those who came into our clinic day-treatment facilities seeking help to manage their lives of mental and emotional confusion and

the suffering of friends and families that often resulted from the mental illness of those they loved. Law enforcement, hospital emergency rooms, jailers, and mental health workers are all a part of my experience and this story.

Q: What resources were most helpful in your research for *One Glorious Ambition*?

A: Biographers David Gollaher (*Voice for the Mad: The Life of Dorothea Dix*), Margaret Muckenhoupt (*Dorothea Dix: Advocate for Mental Health Care*), and Thomas J. Brown (*Dorothea Dix: New England Reformer*) led me to know Dorothea as more than a reformer. She struggled with her social role in a time when women were not allowed a place in public life without risking their reputation and possible loss of their femininity. Her fractured relationships recounted through letters kept by her many correspondents also brought insights about her work and her faith. Conversations with award-winning film director and screenwriter Charles Kiselyak helped crystallize those qualities of her character that I most wanted to emphasize: her passion and devotion, and her longing for family. Dwight Sweezy, retired chaplain at the Trenton Psychiatric Hospital in New Jersey, provided the buttonhook story as well as an awareness of the role of the many women in Dorothea's life and how they challenged and supported her. The real inspiration goes to Dr. Dean Brooks, former superintendent of the Oregon State Hospital, who many years ago told me that I needed to novelize Dorothea's story to bring to light that more than one

hundred fifty years later we still struggle as a nation with the care of the mentally ill. Now in his nineties, Dr. Brooks continues to work out his passion for the mentally ill. He has transferred this legacy to his family members. Dennie (a social worker), India (a community health advocate), Ulista (a psychiatrist), and their families carry light into the next generation that we might find a way to truly make a difference in the lives of others. Dr. Brooks continues to promote changes in the system of care and to bring the stories of the mentally ill to the public in compassionate ways. He was a primary influence in the filming of *One Flew over the Cuckoo's Nest* at the Oregon State Hospital. I'm grateful that he also encouraged award-winning filmmaker Charles Kiselyak to write a screenplay blending both Dorothea's past and the current challenges for those needing mental health services. Dr. Brooks and his children were instrumental in creating a mental health museum in Salem, Oregon, as part of the state mental hospital where Dorothea's work as both a mental health reformer and a teacher are honored. A bust of her by renowned sculptor John Houser of Santa Fe is there honoring Dorothea's life as well.

Q: What happened in Dorothea's later life? You allude to her work during the Civil War. What did she do there?

A: After her successes in Scotland and Europe, Dorothea returned to the United States in 1856 and involved herself in the construction of two new asylums and then spent time in Pennsylvania, raising funds for a school for mentally impaired children. With

the outbreak of the Civil War, Dorothea turned her desire to relieve suffering to those with battlefield injuries. While she was named the head of nurses and had a military pass from President Lincoln directing “all persons in official charge of Hospitals, to render at all times every facility to Miss D. L. Dix,” her tendency to strong opinions got in her way. I found one notation in which Dorothea cared for a volunteer nurse named Louisa May Alcott, and then she insisted the young nurse get away from the sicknesses that pervaded army hospitals. Fortunately for readers, Miss Alcott did. Historians note that Dorothea was never accepted nor appreciated by military physicians—or nurses—for her efforts as a supervising nurse.

At the close of the war, Dorothea again surveyed the asylums in the South to attest to the damages done to their facilities. It’s reported that she was well received in the South, and as a result, she learned of and helped thwart an assassination attempt on Lincoln’s life. After his election and before his inauguration, Dorothea shared what she knew with a railroad president about a Southern plan to cut off railroad access by Union soldiers in Washington DC, to take Lincoln’s life and name the new Confederacy as the federal government. The administration was sufficiently alarmed by the details Dorothea confided that Alan Pinkerton was dispatched to determine the strength of the conspiracy. Upon his recommendation, the planned route for Lincoln to arrive into Washington for his inauguration was changed. She refused any public recognition for this effort, but perhaps she redeemed herself, as she pursued justice for the mentally ill, within her circle of

abolitionist friends who thought she had closed her eyes to slavery. Dorothea also offered nursing support when she learned of the illnesses of the Lincolns' children. The offer was declined, but following Willie's death, the Lincolns did request her recommendation for young Tad that he might not succumb to the same illness as Willie. Dorothea readily complied. One wonders, too, if she did not have a special affinity to Mary Todd Lincoln's emotional state as there is evidence that Dorothea's mother and Mrs. Lincoln suffered from similar severe emotional distresses. Her relationships with the Lincolns could be a novel by itself!

In the late 1860s, while in her sixties, Dorothea initiated yet another tour of facilities, these in Washington, Oregon, and California. She visited a former student in Oregon (whose name we do not know but who was identified in this novel as Shelley Mason). Dorothea sent books ahead "to a former student." While in the Northwest, she visited the private hospital for the insane operated by James Hawthorne, who had also contracted with the state of Oregon to provide care. She proclaimed it a worthy hospital. It appears she never stopped working, never stopped caring about those less fortunate than herself, never stopped relieving the suffering of many.

Q: Were Dorothea's family relationships as estranged as you have portrayed them here?

A: Her biographers refer to her mother as "unavailable." I wondered if this distance was possibly a result of postpartum depres-

sion or mental illness. Whatever the reason, Dorothea referred to herself in her letters as an orphan even while both her parents still lived. Her efforts to adopt Marianna Cutter were thwarted much as I conveyed in this story. Her close friendship with Anne Heath, which eventually became estranged, was an important relationship in her life. She was closer to her brother Charles than to her brother Joseph, who indeed never paid back any of his loans. She adored William Ellery Channing and George Emerson and saw them as father figures. She did have a close relationship with Millard Fillmore as well and his family, and letters kept by him from her suggest that there might have been a promise of more than friendship. But Fillmore married a wealthy young widow in 1858, and Dorothea appears to have rejoiced with him. Her former students were her closest allies, as were Elizabeth and William Rathbone, who truly rescued her from what appears to be depression and likely death by tuberculosis when she first came to them at Greenbank. Dorothea maintained correspondence with more than seven hundred individuals, so she had an active writing life, yet none of those did she claim as family. I think the mentally ill were her family.

Q: Dorothea was a successful teacher at fifteen and a royalty-earning author at twenty. Why wasn't that enough?

A: You'd think it would be! She attributes her calling to the day at East Cambridge prison. That she was able to bring heat into those cells, she wrote, was one of her greatest accomplishments. She also wrote that convincing Cyrus Butler to establish the fund for the

hospital named for him (which still stands in Rhode Island) was one of the great successes of her life. She sought a life of purpose, and I think she didn't find it until that day in East Cambridge. She was rarely ill after that, despite long hours, difficult travel, and persevering in the halls of Congress, nor even later when she worked as a nurse during the Civil War.

Q: What surprised you about Dorothea during your research?

A: Her generosity. She performed all the state surveys at her own expense, for example. She funded a rescue fleet for the Sable Islands of Nova Scotia. She had a water fountain for horses commissioned for the city of Boston. When she died, she left five hundred dollars to the Humane Society, yet we have no evidence that she ever owned a pet. She did indeed buy a life insurance policy with the New Jersey State Hospital at Trenton as the beneficiary. She gave hundreds of music boxes to jails and asylums and really did find prints that she had framed and sent to asylums for patients' rooms. She spent hundreds of dollars on bandages and medicines during the Civil War. Her royalties and frugal life, along with what her grandmother left her from the sale of Orange Court, sustained her. She gave much of it away.

I was also surprised to learn that she spent the latter part of her life as a resident in the apartment in the Trenton hospital. A small museum is maintained in her honor there, and a yew tree she planted to commemorate the poet Thomas Gray still flourishes. She died in that third-floor apartment on July 17, 1887, at

the age of eighty-two. She is buried in Mount Auburn Cemetery in Cambridge, Massachusetts.

It also surprised me that she spurned public attention, though it shouldn't have, given the limitations placed on women of her time. She turned down possible book reviews and articles that might have expanded her cause because the articles would be about her as well. She rejected a bronze bust planned by supporters in Tennessee. She started but never finished an autobiography. I think she never accepted herself as worthy, still the young child who ran away from home, hoping to protect her brother and failing. As with many passionate true believers, her failures weighed more heavily on her than all her successes.

Q: What's happening in mental health today? Would Dorothea recognize the system of care?

A: According to the World Health Organization, 450 million people suffer from mental disorders; many more have mental problems that interfere with their daily lives. Mental health is defined as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.”

In 2008, the most recent year for which comprehensive statistics are available from the Centers for Disease Control and Prevention, it's estimated that 58.7 percent of adults in the United

States received mental health treatment, mostly in outpatient settings with medication. A smaller percentage was served in institutional settings. The most recent Department of Justice's Survey of Inmates in State and Federal Correctional Facilities and Survey of Inmates in Local Jails also indicate that fewer than half of inmates who have mental health issues have ever received treatment for their problem. A third or fewer received mental health treatment after admission. Currently it's estimated that one-quarter to one-third of those without insurance suffer from mental or substance abuse disorders. A fractured care system leaves many people needing treatment but unable to find it. Many of these people make poor choices that result in their incarceration. Dorothea located mentally ill persons in the debtors' prisons or almshouses. Today, we don't have such institutions, but we do incarcerate people at a significant rate, and many of those people desperately need mental health services. Today, most services are provided in overburdened community mental health programs rather than public or private institutions.

Crazy: A Father's Search Through America's Mental Health Madness is a must read. Written by award-winning journalist Pete Earley, it not only looks at contemporary mental health—system needs but is also a compassionate account of a family's struggle with a son who is mentally ill. Dorothea would have loved to know that there is a National Alliance on Mental Illness (www.nami.org) where families support each other and work together with professionals to bring about needed changes within the mental health care system.

Dorothea hoped that by placing people in institutions, better treatment would reach them and they would be protected from the insults of society. She was not concerned with the *cause* but rather the *care*. Her work drew many from the cellars and back rooms out into a life richer than they had ever known. She was compelled to this work by her faith and her belief that what we do for the least of these, we do for our Lord.

Her concerns about how to fund and sustain institutions continue in our contemporary world. Privacy and rights laws often affect access to treatment for individuals, unless they are dangerous to themselves or others. Medication can improve functioning, but it can also lead patients to feel no need for treatment, and without good follow-up support, individuals often stop taking medication. This aspect of treatment creates chronic chaos for patients, their families, and treatment providers, as well as for law enforcement. These issues continue to dominate the discussion among mental health and correctional programs today. New voices, new reformers like Dorothea Dix, are needed, as are volunteers across all settings. Dorothea, I think, would urge people to contact a local mental health clinic and offer to volunteer or be willing to share with state and federal legislators their own experiences of when they needed help and how they got it.

Q: What do you hope readers will take away from this story?

A: I hope readers will see how significant one person can be in relieving the suffering of many. I hope Dorothea's story inspires

other present-day reformers. I also think Dorothea had a difficult time believing that she was enough. I know so many hard-working people who are compassionate. They give to their community. They are motivated by family and faith. And I consider them all remarkable for all they do. Yet many of them do not see that in themselves. For them, I hope reading Dorothea's story will remind them to accept the open arms of those who cherish all they do, even when their grand idea or glorious ambition does not bring about their desired hopes. I also hope that readers might see the wisdom in Dorothea's belief that relieving the suffering of others helped to relieve her own.