

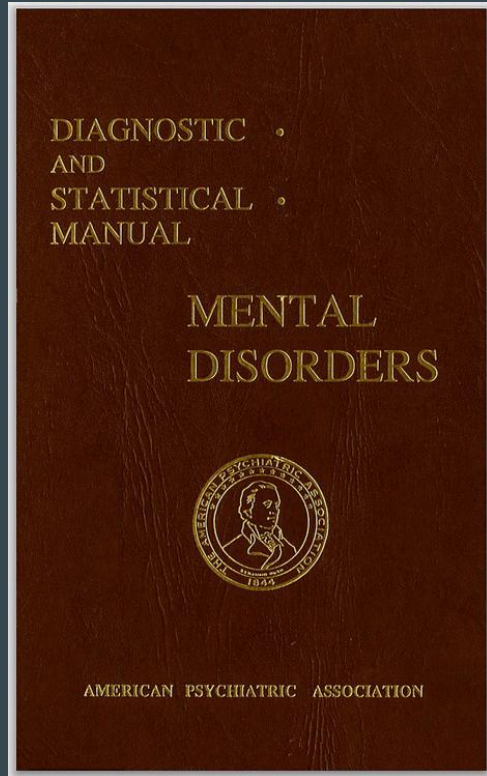
# Morningside Hospital: A Historical Case Study of the Diagnosis and Treatment of Depression in Mid-20<sup>TH</sup> Century American Psychiatry



Gabriella Farland

Content warning: Presentation includes topics of diagnosis and treatment of mental illness

# DSM-I 1952



# Morningside Hospital Portland, Oregon



# Research Question

Examine the development of diagnostic language and treatment following the release of the DSM-I, while exploring the influence of gendered and racialized constructs in the diagnosis of depression



WOMEN'S WARD has recently been redecorated with colored drapes and spreads to match. Unfortunately the colors do not show in the photographs. We consider these living quarters for mental cases, under the most favorable conditions.

# Research Methods

- Archival research  
DeWitt Burke's Papers  
(UO Special Collections)  
Morningside meeting  
minutes 1955-1958
- Coding schema



# DEPRESSION in the DSM-I

## Psychotic disorders - Affective reactions

- Manic-depressive reactions
- Psychotic depressive reaction

## Psychoneurotic disorders - Depressive reaction:

“The anxiety in this reaction is allayed, and hence partially relieved, by depression and self-depreciation. The reaction is precipitated by a current situation, frequently by some loss sustained by the patient, and is often associated with a feeling of guilt for past failures or deeds. The degree of the reaction in such cases are dependent on the intensity of the patient's ambivalent feeling toward his loss (love, possession) as well as upon the realistic circumstances of loss”

# Research Methods

## ➤ Statistical Analysis

- **21.0** *Manic depressive reaction, manic type;*
- **21.1** *Manic depressive reactions, depressed type;*
- **21.2** *Manic depressive reaction, other,*
- **21.3** *Psychotic depressive reaction*
- **40.5** *Depressive reaction*
- **70.4** *Suicidal*

# Research Methods

## ➤ Narrative Analysis

- Themes:

- Race

- Gender

- Ethnicity



Dr. H. W. Coe

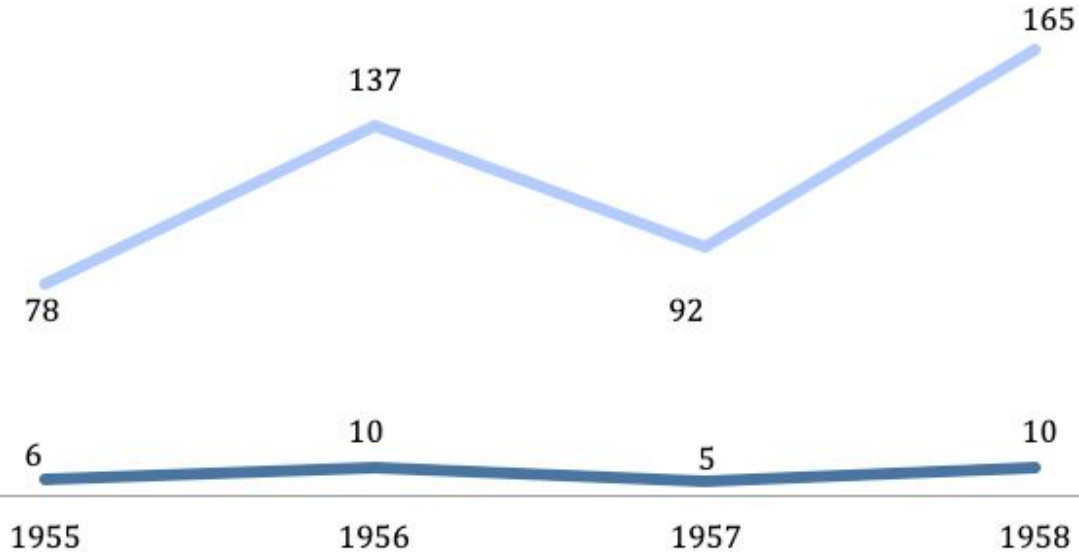
Native Alaskan

Gov't Inspector

# STATISTICAL ANALYSIS - Diagnosis

## Morningside Hospital Patient Population by Year

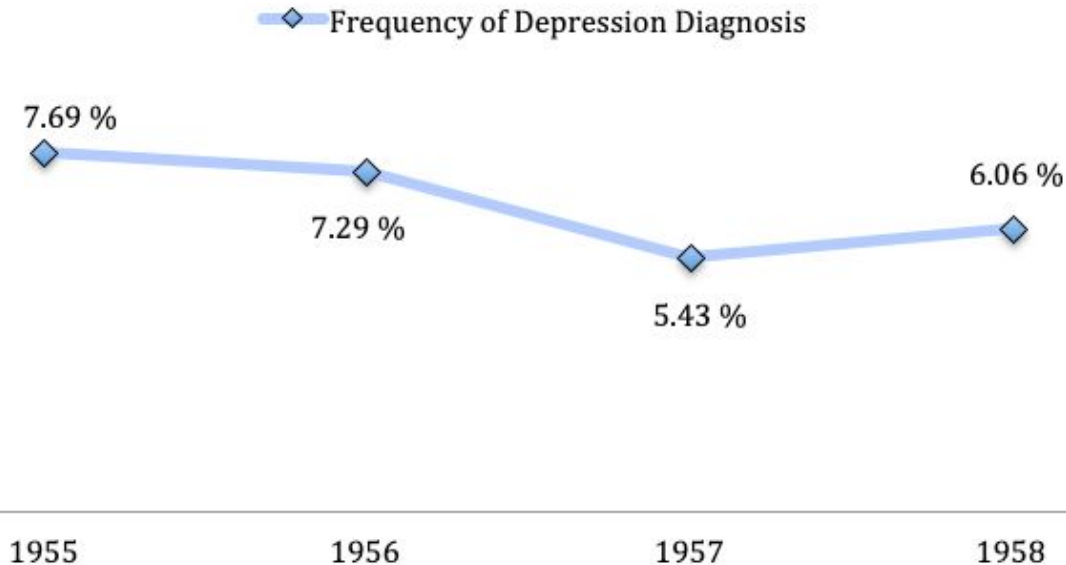
— Patients with Depression    — Total Patient Population





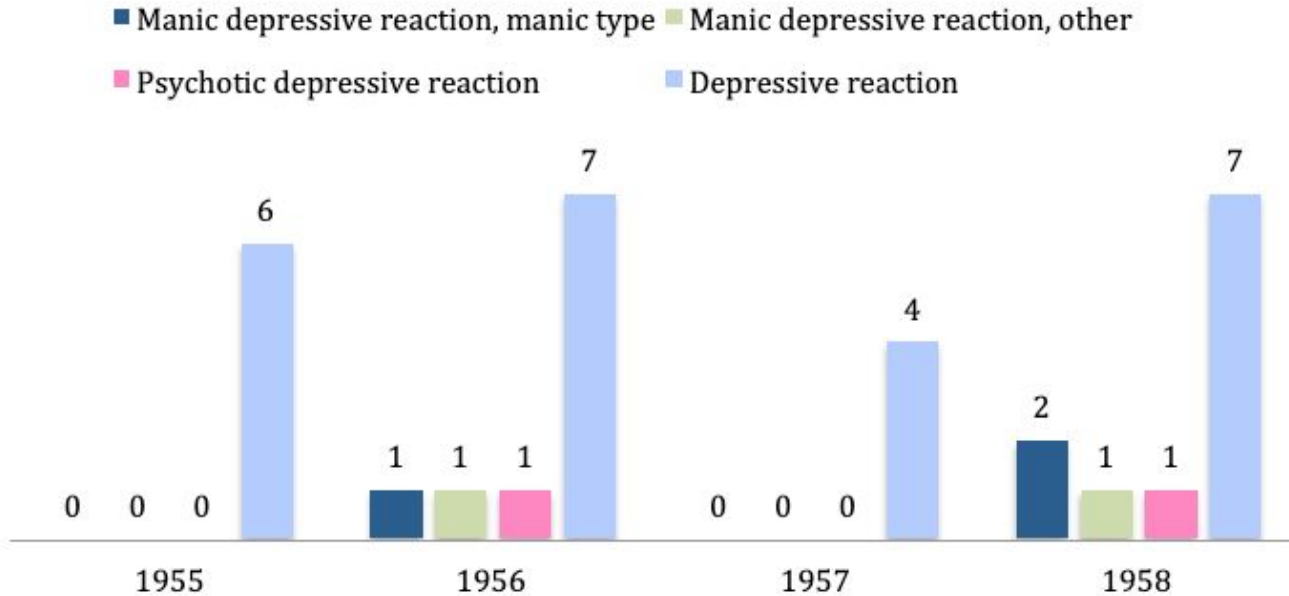
# STATISTICAL ANALYSIS - Diagnosis

## Morningside Hospital Frequency of Depression Diagnosis by Year



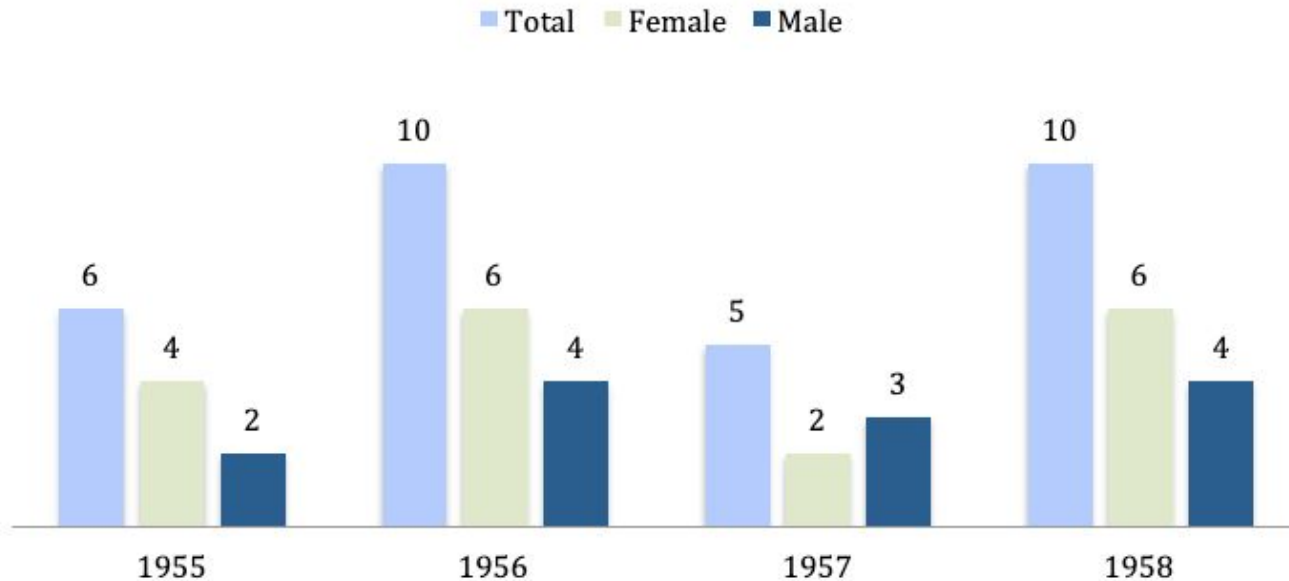
# STATISTICAL ANALYSIS - Diagnosis

## Morningside Hospital Patient Population with Depression Diagnoses by Year



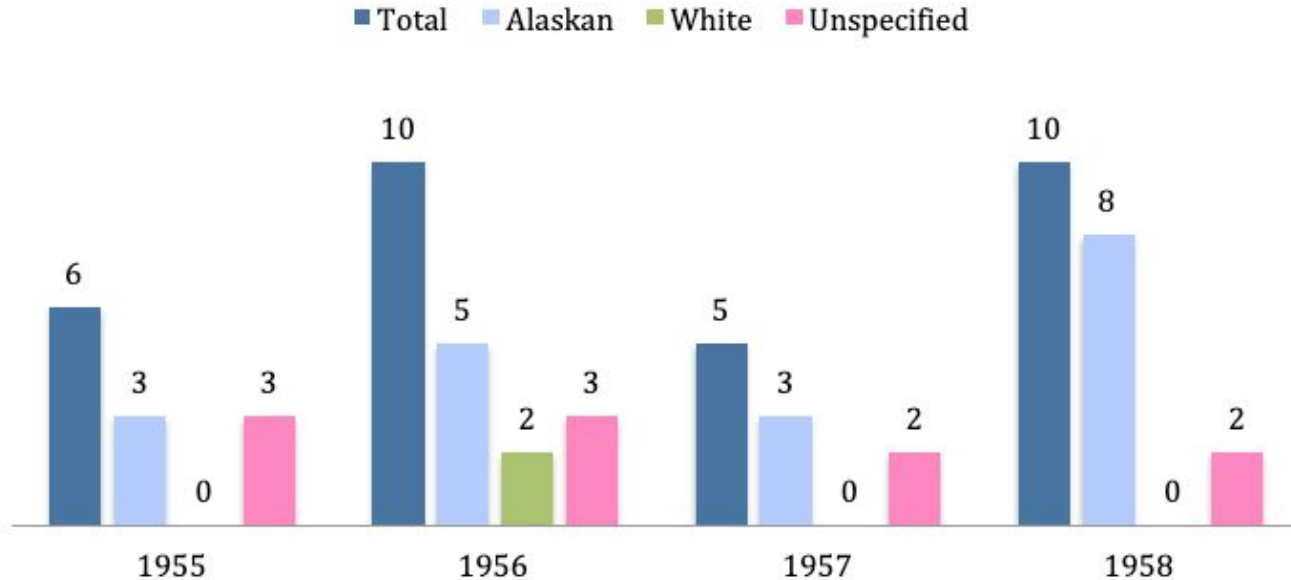
# STATISTICAL ANALYSIS - Gender

## Morningside Hospital Depression Patient Population by Gender and Year



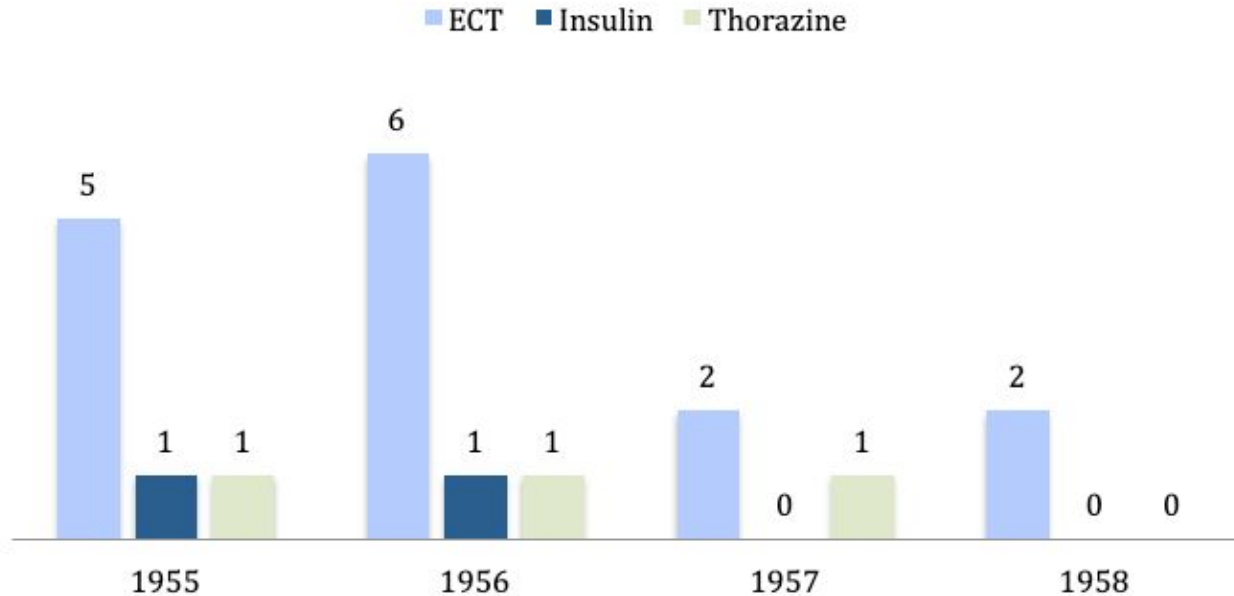
# STATISTICAL ANALYSIS - Ethnicity

## Morningside Hospital Depression Patient Population by Ethnicity



# STATISTICAL ANALYSIS - Treatment

**Morningside Hospital Treatment Methods for Patient Population with Depression by Year**



# NARRATIVE ANALYSIS - "Amy" DSM-I Code 40.5

First admission, November 16, 1955, without a great deal of accompanying information other than having presented a depression and a negativism in that she refused food. Her initial response to the hospital was such as to indicate she was fearful of food and the commitment papers indicated possibly so. On ECT the depression promptly

Page 3

cleared, as did the paranoid ideation. She is now pleasant and speaks a moderate amount of English language. She has had no formal schooling and is disinterested in many things which symbolize our society, such as time and time relationships. Subsequent to her admission, it appeared part of her illness had been accentuated by the hospitalization of her husband for tuberculosis and his being sent outside the Territory to Washington. He has returned home, and she is now cheerful, pleasant and recovered from the psychosis she presented on admission. She is a 65-year-old Thlinget Indian and the maternal aunt of John Kato.

Next time October 13, 1955, but twice

# DISCUSSION

- **Universal patient presented in the DSM-I diagnostic categories vs. individual patients seen in Morningside**
  - **Unconscious bias**
- **Cultural context shapes ways of relating, especially between the doctor patient relationship and larger structures**
- **Failure to treat - how much progress have we made?**

**Thank you!**

**Gabriella Farland**  
**gfarland@uoregon.edu**