

The American Midwest Haunting: The Asylum Lives On

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This paper explores the similarities and differences of Midwestern American small town ghost stories, as well as the haunted asylums of the Midwest and their own ghost stories. The essay explores asylum histories and shows what makes up the American Midwest cultural haunting and why those fears are pushed onto asylums and their ghosts.

Ghost stories, while seeming unique and individual to many cities, towns, and states, often fit into a practiced formula and outline that isn't always apparent. In the Midwestern region of the United States, there are countless stories of women in white, hitchhikers who disappear halfway through the car ride, wailing and screaming coming from woods and abandoned sites, figures wandering lighthouses

and the lakeshores, and haunted houses at the ends of streets—just to name a few. Stories like these all have common themes and structures, the most prominent being the idea and painful realization of a permanent and unbreakable isolation. Upon closer examination, these stories show that women in white are always left to wander the area where they died alone, hitchhikers never reach their destination and often vanish halfway through the car ride, and ghostly lighthouse keepers stay locked in their lighthouses. Unbreakable isolation is common theme scattered in many American Midwestern ghost stories, but its origin lies in the residual hauntings of the reformatories and asylums scattered throughout the solitary and empty midlands of America.

The haunted insane asylum is a prevalent story in the American Midwest. *Only In Your State*, a website dedicated to investigating every state in America in search for local attractions and the best tourist stops, has a section detailing each state's haunted loca-

tions and ghost stories. At least one asylum pops up in their lists for all but one of the twelve of the states that make up the American Midwest—the Dakotas, Nebraska, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Kansas, Michigan, Indiana and Ohio—with South Dakota as the only exception. Towns adjacent to these abandoned asylums overflow with stories of ghosts haunting the buildings and property grounds (*Only In Your State*). Many residents of these neighboring towns express fear of these stories and ghosts, despite the fact that the alleged ghosts never seem to leave their haunting grounds. Asylums were scattered throughout the midwestern region because of the large open plots of land, the ability to keep and maintain a functioning farm near the asylum, and the condensed sites of the region's population. These asylums were typically located far enough away from cities to avoid causing disturbances, and some asylums even provided neighboring towns with food and other farm-fresh products as well as working opportunities for asylum patients. Yet haunted asylums are still among the first ghost stories haunting the American Midwest. Asylums housed patients grappling with both psychological and mental illnesses, and patients were the marginalized, unwanted members of society. Illness, in any capacity, awakens feelings of uncanniness and frightens many, and so the fear of asylums was already deeply rooted in American culture before people began filling the halls of these buildings. It was the aftermath of these institutions and society's own fears of what they meant for the people within that truly brought about the ghosts and hauntings of the American midwestern asylum.

Across the country, asylums were constructed using different architectural systems, the most common of which was the Kirkbride system, which was popular in the latter half of the 19th and early 20th centuries. Devised by psychiatrist Thomas Kirkbride, this design featured a “bat wing” shaped floor plan and an emphasis on air circulation and natural light. According to the *Trans-Allegheny Lunatic Asylum's* history website, which weaves the history of the Kirkbride system with their own, about 300 of these Kirkbride asylums were built. The asylums were only made to house only 250 people and focused on the idea of “building as cure,” which placed the brunt of patient treatments on the environment they were in. These asylums, however, very quickly became overcrowded and, in a combined total of asylum patients nationwide, housed nearly half a million patients

during the late 1950s and mid 1960s, right before the mass shutdown of many of these asylums. Tuberculosis hospitals started cropping up at the same time as many of these Kirkbride asylums, and the tuberculosis hospitals drew their own building plans and treatment tactics from the Kirkbride system. As tuberculosis came and went, these hospitals changed from sheltering tuberculosis patients to mental patients and some, like Waverly Hills Sanatorium, even housed elderly patients with mental illnesses along with their tuberculosis patients.

These buildings were isolated, and with that isolation came a growing fear of uncanny loneliness and the othering of asylum inhabitants. Often, when someone went to one of these hospitals, they rarely came back. In a research article on early tuberculous treatment, Jean-Antonie Villemin and Robert Koch found that nearly 450 Americans were dying per day because of tuberculous, with the largest death tolls in patients ranging from the ages of 15 to 44. At this same time period in mental asylums, however, Dr. Herman Josephy found that most patients who were dying were between 40 and 60 years of age, and the leading cause of their death was simply exhaustion from their own mental illness. In Chicago's State Hospital, out of the 2,477 patient deaths between 1935 and 1937, 1,297 patients were between the ages of 40 and 69, and most had died from either exhaustion or age. Violent and unexpected deaths, however, weren't all that common in asylums, despite what popularized ghost stories indicate.

The idea of mentally ill patients practicing unrestricted violence against doctors and patients alike is another popular fear spread throughout the American Midwest, even though that level of violence is almost unheard of in asylum histories. A 2014 study conducted by four members of the mental health field found that societal fears and stigmas about asylums persist in the general public, and even the mental health community, today (Stuber et al.). The researchers asked members of the general public and members of their own field various questions ranging from their belief in the violence level of those with a mental illness to how close of a proximity they were willing to be near them. They described their results as revealing "negative" attitudes towards those with mental illness, and that many participants wanted a "social distance" between themselves and those struggling with mental illness, written on the first page of the study (Stuber et al.). This

study was done almost 50 years after the height of asylums in the 1960s, and yet the same attitudes of isolation and othering towards the mentally ill continues haunting our society.

There is no denying the widespread neglect in these asylums, as many were overcrowded and did not have adequate staffing to properly care for their patients, but purposeful violence toward patients or staff was practically nonexistent. Most of the more severe treatments that had been used in previous centuries, like water dunking, beatings, and restraints, had been abolished with the implementation and widespread use of the Kirkbride system in the 1900s, as the system itself didn't use them. Outside of the acts of few violent patients, who were typically isolated from other asylum residents to avoid injury and assault, the only real example of horrendous and planned violence comes from Pennhurst Asylum, in Pennsylvania, and even then, it wasn't the patients who were violent.

Pennhurst was one of the first asylums to house patients on a massive scale. In her article detailing Pennhurst's history of patient neglect and abuse, Elisabeth Tilstra notes that almost 3,000 people filled its halls—a building that could only accommodate a little less than half of that number. Patient neglect occurred because of how understaffed and overcrowded Pennhurst was, and that neglect swiftly and violently morphed into a purposeful mistreatment of these patients. Patients were beaten and punished for “incorrect” behavior, forced into ice-water baths and injected with chemicals. Pennhurst staff also resorted to previously eradicated methods, such as tying patients to their beds. Doctors even encouraged violence among the residents, and readily admitted to doing so when the public finally demanded answers. Pennhurst opened in 1903, and it took nearly 60 years for all of this to be exposed. A documentary called *Suffer the Little Children* aired in 1968 on the NBC network, exposing all of Pennhurst's misconduct in the most public way possible. During interviews conducted for *Suffer the Little Children*, many of these doctors and nurses weren't apologetic for their actions; this lack of remorse sent the public into a horrified outcry about the treatment of the people at Pennhurst—many of whom weren't even mentally ill, as was discussed in the documentary (*Suffer the Little Children*). Pennhurst left a lasting impression of rampant violence in asylums, trickling

down to midwestern America, which—like most of America in the 1960s—was full of its own quickly deteriorating asylums. According to a timeline put together by a capstone class at the University of Maryland’s College of Journalism, asylums were swiftly closing around the time of the documentary’s release.

Violence like what occurred at Pennhurst, however, is common in deteriorating urban areas and crowded rural spaces, which present a similar social and geographical set up to the asylum. According to a study published in 2003 by sociologist Matthew Lee, who has studied violence and criminal acts, the upped violence in areas like this comes from the social isolation that these places suffer. This social isolation often occurs in minority groups, like disabled people, people of color, and people living below the poverty line—the people who most often ended up in these asylums. The perception that violence is more common among these gives communities an excuse to justify the fear of this violence being acted upon the middle and upper classes. Similar to the violence of Pennhurst, the Stanford Prison Experiment of 1971 demonstrated how abuse of power leads to the mistreatment of those without power. The exposé of Pennhurst’s abuses was only four years earlier, and still fresh in everyone’s mind. Perhaps the idea of the association fallacy was at play as well. Both Pennhurst and the Stanford Prison Experiment suggest that violence and abuse have a higher chance of occurring in small, confined spaces. Because of this correlation, people assume that the mentally ill had to be violent as well because of the association fallacy.

The American Midwest is a geographical oddity. According to the *American Census Reporter*, the population per square mileage is only 91 people. The next closest is the American Southern region, ringing in at 143.6 people per square mile. The Midwest has an overall population of 68,308,749 people, the second lowest population by region in the United States. Most of America’s farmland is located in the Midwestern region, and the largest city by population is Chicago, coming in at 2,714,017 people. The next closest city in terms of population is Indianapolis at 846,674 people. A stark difference, to say the least. Most Midwestern counties have fewer than a million people living in them—in fact, only seven counties have a population of a million or more. The American Midwest only holds roughly 20% of the total American population, even though it makes up about a

third of the country's land. The set up of the American Midwest mirrors the set-up of the asylum—a large plot of surrounding farmland and small and dense rural centers of population. Urban areas often experience higher rates of violence, and most of the Midwest is comprised of rural and small urban areas. That fear of violence that we face is pushed onto the asylum, an outlet that already has a violent stigma attached to it, that still mirrors the setup of the American Midwest, because that violence was seen in an asylum already. Take Michigan's Traverse City State Hospital as an example. According to an article published by L.S. Stuhler, most Kirkbride hospitals strayed from the intended "building as cure" treatment and became far too overcrowded to properly treat patients, but Traverse City State Hospital was one of the few hospitals that took care to follow the Kirkbride plan as well as they could. The Traverse City State Hospital had its own self-sustaining farm that sent a lot of its produce and harvest to the Traverse City area. It had multiple buildings and functioned as its own little town, with patients performing jobs and tasks on the farm as well as helping run the asylum itself (not unlike the setup of a small rural town). The hospital was the furthest thing away from the violence of Pennhurst, yet the ghost stories and haunting tales came nonetheless. Stories of murder, of violent deaths and suicides, as well as a portal to Hell residing on the grounds of this peaceful hospital filled the ghost stories that eventually overshadowed the actual history of asylums.

This fear of violence that has been pushed onto these asylums trickles down to their ghosts, which is why hauntings such as those associated with Indiana's Central State Hospital and the Ohio State Reformatory emerge. Joy Neighbors has collected reports and stories of the Central State Hospital ghosts and spirits being hostile towards visitors and workers. These hauntings manifest through feelings of being watched, breezes going past, and harsh screaming and yelling. Bair, an author for *Mysterious Heartland*, a site dedicated to reporting ghost stories around the United States, has written one report from the Central State Hospital of a maintenance worker being choked by these ghosts. The Ohio State Reformatory, while finishing its last days as a high security prison, began as a hospital for mentally ill criminals, and has its own fair share of stories of violent ghosts. *Mysterious Heartland* has reports of people being pushed down the stairs of the guard towers, violent breezes, and angry screams that match the stories of Central State

Hospital's ghosts almost perfectly. Stories like this are scattered throughout many American Midwestern asylums, but it's not just in these asylums where violent ghosts linger. A small town in Michigan tells the story of the Ada Witch, named so because of the town she resides in. The story is a fairly common one and keeps rather close to the classic woman in white formula. A husband caught his wife and her lover one night and killed them both in a jealous rage. The husband also died in the struggle, and couples and hunters who have been to the area report seeing the crime continue to play out, and some have even reported almost being dragged into the ghostly reenactment themselves. Mike Kroll, who told the story of his own encounter with the Ada Witch to Gary Eberle in his book *Haunted Houses of Grand Rapids*, said that he didn't truly feel afraid of the ghost that he saw until he saw what he believed to be a knife in her hand. It was not the ghost that truly frightened him, but rather the fear of his own injury or death that prompted him to return to his car and leave. The fear of violence, despite its best efforts, has left the asylum and integrated itself in the small-town rural ghost stories.

But it is not just the fear of violence that the asylum has left behind. The fear of isolation frightens us just as much as violence. In his book *The Sacred Canopy*, Peter Berger speaks to this idea of a "nomos" and "atomy." He uses these terms in regard to religion, but the concept remains the same. The nomos is the idea of a structured and meaningfully ordered society. Atomy is the idea of a complete and radical separation from society, and Berger even calls it a "powerful threat to the individual" (21). It's the idea of a disruption of everyday life, of a "loss of status of the entire social group to which the individual belongs" (21). Berger lists one of the reasons of this loss as a physical separation from society. According to Berger, to be placed in the "ultimate 'insanity' of such anomic horror" was the most feared thing to an individual, that to be placed in that isolation would ultimately destroy someone, which was what the asylum was (22). People were removed from the society they knew and placed in chaotic isolation, which they very rarely came back from. The asylum is a picture-perfect place of what that isolation would look like in regard to the already integrated fear of the stereotyped sickness and violence in asylums. Residents' families and loved ones didn't want them to leave the isolation, because it was easier to just leave them there. These patients were being taken care of, after all, both

in life and death. Family rarely came to claim the bodies and take their loved ones back home once they passed, either too ashamed of the mentally-ill family member, or unwilling to make the effort for a dead person. It was because of these attitudes that many of these asylums had graveyards to bury the dead, chock full of unmarked and numbered graves. According to an article by Peter Dockrill, the Mississippi State Hospital has 7,000 unmarked and newly discovered graves, and these numbers are not unique to Mississippi.

Ohio's Athens Asylum had three graveyards on its grounds, and up until 1943, not a single one of the headstones bore a name. They only contained numbers, with the patients' names recorded in ledgers that have since been long forgotten. One of these ledgers was found in the Ohio University archives, after the school took over several of the buildings; this discovery revealed the names of about 1,700 of the over 2,000 souls that had been buried on these grounds. Asylum patients, however, are not the only residents of these graveyards. According to *Haunted Athens Ohio*, the official site to set up tours through the buildings and graveyards, the Athens Asylum was open and running during the American Civil War, and it functioned as a military hospital at the time as well as carrying out its usual duties of caring for the mentally ill. The hospital staff buried the dead soldiers that came to them and the ones that died in their care just like they buried their own patients, in graves marked only by numbers. These graveyards are full of ghostly sightings and visible hauntings from both the students attending the campus and the surrounding town, but there is no one specific story or ghost to point to. There can't be, because no one even knows who was buried here, so how can anyone know who haunts them? Graveyard stories like this are not specific to asylums, but the fear of being forgotten lies most prominently with them, and the Athens asylum cemeteries show this cultural fear with a shocking clarity. Not only was a body left behind, but so was the name. It was the ultimate separation from society—the ultimate atomy.

The Peoria State Hospital in Illinois has the story of Mr. Bookbinder. According to *Mysterious Heartland*, who has the story in its archives, he was a patient at the asylum, and he was given the job of helping to bury other patients in the hospital graveyard. He's known for mourning every patient that passed, and when he too passed, the story goes that at his own funeral, his ghost came back to mourn his own passing. Dr. Zeller, who

was assigned to Mr. Bookbinder as his main doctor, writes in his personal journal that over 400 people saw this phenomenon and that they opened his coffin to confirm his death. It's an eerie story, not just because of Mr. Bookbinder's appearance at his own funeral, but because, having no loved one to mourn him, he did it himself. The story of the ghostly appearance echoes the sentiment of Mr. Bookbinder's ghost, in both his own mourning and his ability to not leave the graveyard that he worked at in life. Illinois also tells the story of Resurrection Mary, a young woman who died in a car crash along Archer Avenue near Chicago in the early 1930s. As Michael Keen tells it, she does not have one specific physical appearance outside of a white dress, but she always asks for a ride back to Resurrection Cemetery. One account of her story even has her telling the man who drove her back to the cemetery, "where I'm going you cannot follow." Mary, unlike Mr. Bookbinder, is able to leave the graveyard for a time, but she always has to return. It's isolation at the most painful—able to leave for a time, but always returning. The fear of death already frightens the Midwest, but the thought of having to return, as shown with both Mary and Mr. Bookbinder, is a self-imposed "atomy," the feeling that, according to Berger, is feared the most.

Patients are not the only ones still tied to the asylum walls. Countless stories of doctors and nurses haunting these buildings are just as common as the stories of patients. Manteno State hospital in Illinois reports stories of its former doctors and nurses roaming the long since abandoned halls, and some have even heard voices over the broken intercom going through what would have been the daily routine. Independent State hospital in Iowa is full of accounts of sightings of doctors and nurses, and every other aforementioned asylum has at least one account of an apparition of a doctor or nurse—both *Mysterious Heartland* and *Only In Your State*, websites featuring firsthand accounts of ghost stories, present ghostly sightings of doctors and nurses at the mental asylums they list. These people may not have all died within asylum walls, but it's not strange to think of them coming back. Like Resurrection Mary, they may feel a sense of obligation to return, to see out the care of the ghostly patients that still remain. It may go back to the idea of atomy—they have already been secluded from society, and are not welcomed back, or cannot merge back into the normalcy of everyday life. Society, due to the association fallacy, would have rejected them. These doctors have spent time among the so-called

“insane,” and so they must be too.

Asylums carry with them a stain on the history of mental treatment and the burden of the Midwestern haunting and fears of unspeakable violence and being isolated and forgotten. Asylums were places where people were sent to die. Even in death the patients couldn't escape, buried in unmarked and numbered graves. Even doctors and nurses rarely left, rejected from a society who othered them along with the patients, staying behind to care for patients no longer there. Asylums are beacons of the Midwestern haunting—a safe place to project these fears on an environment similar to the region of the American Midwest without a seemingly direct correlation. Yet these fears still trickle down, tainting the ghost stories we tell and projecting the fear of the Midwestern cultural haunting back onto the culture itself.

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