

The Quilter

by **Joanne Passet**

My great grandmother spent forty-six years in the Toledo State Hospital. In the only picture I have of her, Elizabeth Ross Frank stands in a grove of pine trees on the hospital grounds. Taken in the 1930s, it shows her wearing a slightly ruffled long-sleeved dress sewn from dotted fabric, a few wisps of silver hair escaping a pragmatic bun at the nape of her neck. Despite being institutionalized for over four decades, she stands erect and dignified, hands relaxed at her sides and dark eyes gazing into the camera's lens. She does not look insane.

I first learned about my great grandmother the year I turned thirteen. One warm Saturday in the late 1960s, the pastor drove a station wagon full of teens across northwest Ohio to tour the state hospital. Eager to spread good cheer, we crafted fluffy flowers from colored tissue paper and fastened them to green pipe cleaner stems. Clutching bouquets in our hands, we entered the ward, but came to an abrupt stop when we encountered a long hallway lined with wheelchair-bound patients. Heads lolled on chests, muttering filled the air, and the smell of urine stung our noses. An elderly woman reached out to me, but I recoiled at the sight of cloth ties binding her body to the chair. Forcing an awkward smile, I thrust my flowers into her gnarled hands and retreated outside.

All the way home I kept thinking about the horrors I had seen. How could anyone live like that? After dinner as I dried dishes, I poured out my concerns to my mother. I couldn't imagine anyone regaining their mental health in such an environment. The kitchen grew silent, except for the sound of dishes being rinsed, then I heard Mom inhale. "Your Dad's grandmother was a patient there."

"What?" I had researched our family tree for a school project, and had never heard such a story. "Why was she there?"

Mom glanced at Dad, engrossed in the sports page of the daily newspaper. “Childbirth injuries.” Mom shook her head. “Such a shame.”

I knew better than to ask Mom to elaborate. As much as she loved to gossip, she was a bit of a prude when it came to discussing “female complaints.” Only years later did I realize she attributed my great grandmother’s hospitalization to postpartum depression.

“I have one of her quilts. Would you like to see it?”

Nodding, I followed Mom into the bedroom and watched as she positioned a metal step stool in front of her closet. Steadying herself, she reached to the top shelf and tugged at the corner of a rectangular box. Dust floated through the air as she removed it from the shelf. Reaching up, I let the box slide into my arms and carried it to the bed. An aroma of mothballs filled the air when I opened it and parted acidic tissue paper.

I was disappointed when we spread the quilt on top of the bed. Quilters today sew with colorful wrinkle-free fabric, but my great grandmother had made do with scraps of old dresses and shirts—blue and brown plaid, lavender and white checks, black and white gingham, a yellow floral print, and a field of red dotted with tiny flowers. Bits of yarn bound the pieced top to a striped flannel backing. I had expected to see intricate applique or a familiar pieced pattern like Grandmother’s Flower Garden or the Double Wedding Ring. Yet when I took a closer look at the quilt, I discovered amazing precision. My great grandmother had sewn forty-two pieced squares in orderly rows, six across and seven down. I admired her even stitches, twelve to the inch, and the precise way the corner of each piece met the next, yet I was puzzled. How could this quilt be the product of an unsettled mind?

Eager to learn more, I dug through a box of family portraits in search of her picture but came up empty handed. Instead, I found a solitary image of my great-grandfather at midlife and a portrait of Elizabeth’s children taken shortly before she left home. In it, her firstborn, Will, wears high-buttoned boots with short pants and a neatly pressed dark suit jacket, a handkerchief peeking from his breast pocket. He is seated, a self-satisfied look on his face, while his pudgy sister Alma stands to one side in a pleated winter dress, relieved only by a bit of white lace at her neck. Unbeknownst to

the photographer, his image unwittingly captured the waning days of Alma's childhood. Only nine when her mother was hospitalized, she had not yet mastered the secrets of whitening sheets, sewing a fine seam, or baking an apple pie.

Sadness washed over me as I pictured my preadolescent grandmother, denied a mother's love and forced to exchange her childhood and schooling for a lifetime of cooking, canning, baking, mopping, scrubbing, ironing, washing, darning, mending, and gardening. Dead by the age of seventy-two, people at the funeral said she had worked herself to death.

One day a few years later, a padded envelope arrived in the mail. "I thought you'd like to have this picture of your great grandmother," an elderly cousin had scrawled on a yellow Post-it note. Pulling out a manila folder, I opened it and found myself staring into my great grandmother's eyes. If only the picture could speak. I waited until after dinner to show it to my father, and was stunned when he pronounced it a good likeness.

"How could you possibly know?"

"Once Mom and Dad took us boys on the train to visit her."

This was news to me. "What do you remember about that visit? About her?"

"She was much like any other old person. She commented on how much we had grown, then sat next to Mom talking in low tones." Whatever they discussed, nothing seemed out of the ordinary to my father, not even the hospital grounds, where he and his brothers played until it was time to return home.

Haunted by my great grandmother's story, I set out to discover more about her life and the real reason for her commitment. Elizabeth Frank's tombstone provided a death date and led me to the local newspaper archives for a copy of her obituary. Born in the spring of 1856, she grew up in a northwest Ohio county named for the Wyandot Indians who, like her, experienced forced removal and life in confinement. Her German-born father focused on material success, mining gold in California until he earned enough money to buy farmland in Ohio. Unfortunately, success did not guarantee happiness. A bolt of lightning killed his namesake in 1871, and his weary wife died four

years later. As the oldest girl among five surviving children, nineteen-year-old Elizabeth assumed responsibility for the household and her younger siblings.

No portrait survives to commemorate the day in August 1879 when my great grandmother married George Frank, the son of a neighboring German Lutheran farmer. Sporting a Van Dyke beard, her husband was a hardworking first-generation American, determined to establish himself by putting in long hours. Five decades later he was still clearing trees from his land with an axe when a stroke took his life.

Like other farm wives of her generation, Elizabeth filled daylight hours with work, sewing clothing, baking bread, cooking meals, and canning fruits and vegetables on a wood stove in the summer kitchen. In 1881 she gave birth to a son, followed by a daughter three years later. While her husband cleared 160 acres of oak and maple trees, Elizabeth planted nearly two dozen eastern white pines along the bend in the road at the front of their property. Each day she carried two-gallon buckets of hand-pumped water to the saplings, coaxing them to grow. Today a half dozen remain as her legacy to us, having survived years of drunk drivers and high winds.

Tragedy struck the family in 1885 when the failure of the Central Bank and the loss of an eight-hundred dollar investment led Elizabeth's father to suffer a "dethronement of reason." Eluding his family, he entered his workshop, climbed up on a barrel, tied a rope to a rafter, slipped a noose around his neck, and jumped. I initially dismissed his suicide as situational, but after reading studies about suicide, I began to question if the family had a history of mental illness.

No documents survive to shed light on my great grandmother's life from her father's death until the day in March, 1894, when my great grandfather petitioned the county probate court to declare his wife insane. Under Ohio law at the time, a husband could commit his spouse to a state hospital upon the recommendation of a judge, a physician, and two witnesses. More than 120 years have passed since that day, yet her commitment papers remain sealed under the HIPPA Privacy Rule, making it impossible for me to discover why she lost her freedom.

Approaching the question from another angle, I contacted the Ohio Historical Society, which houses the Toledo State Hospital's records. Upon learning that her oldest living descendant, my father, could petition for access to some information, I

assisted him with the paperwork. Six weeks later he received an official letter in the mail, a single sheet of paper containing three short paragraphs.

Scanning the page, I devoured the few snippets of information: the date of her committal, the person accompanying her to the asylum, and her diagnosis: chronic mania. Immediately I pictured a fastidious German-American housewife scrubbing floors and windows over and over again. Then I noticed two more words: homicidal behavior. I couldn't believe it. Not in my family! When I told my father the shocking news, he nodded, then shared another piece of our family's unspoken history: my great grandmother believed her husband wanted to harm her, and attacked him with a butcher knife. Saddened by this discovery, I filed the letter away in a folder bearing her name, convinced I would learn no more.

Years passed. My father entered a nursing home, and our farmhouse grew too much for my mother to manage. While sorting through dishes, correspondence, pictures, clothing, furniture, and papers accumulated during sixty years of marriage, we once again removed the quilt from its shelf in the closet. "Would you like to have it?" she asked, eager to see a family heirloom passed on to the next generation.

A chill filled the air the October evening I took my Elizabeth's quilt home and spread it on my Civil War-era bed with its carved walnut headboard. It looked brighter than I remembered. Exhausted from days spent emptying Mom's farmhouse, I crawled between the sheets and pulled the quilt up to my chest, fingering its coarse Depression-era cotton and the lumpy batting inside. Tears came to my eyes as I thought about my great grandmother's life. I would never know what she thought or felt, but I vowed to renew my effort to piece together as much of her story as I possibly could from scraps of information preserved by the hospital and others incarcerated there.

Turning to annual reports, I reconstructed the day my great grandmother arrived at the Toledo State Hospital. She and my great grandfather traveled by train because the trip would have taken two days by buggy. The county sheriff or a trusted friend may have accompanied them on the journey. It was not unusual for the patient to wear a straitjacket.

Upon her arrival, an attendant would have taken Elizabeth to an Admission Room and examined her for scars, bruises, and vermin. She stood five feet seven inches and weighed 135 pounds, a sturdy farm wife who kept herself neat and tidy. Donning hospital clothing until her own could be marked, she was then escorted to the ward, where she learned about hospital routines and met her housemates, other women suffering from mania, melancholia, menopause, menstrual disorders, overwork, pregnancy, and religious excitement.

A frugal man, my great grandfather must have taken some comfort in knowing the state covered the cost of his wife's care (until 1910, when the hospital began charging four dollars per week). But what was he thinking as he sat in the administrative building speaking with the hospital's superintendent? Was he numb? Or was it a relief to turn his wife's care over to others so he and his children could sleep in peace? Life with her must have been worse than living with the stigma of having a wife in the asylum, but nonetheless he was losing his companion, the mother of his children.

I like to think a farmwife like Elizabeth would have found solace in the hospital landscape—150 lush acres punctuated by trees, shrubs, well-manicured lawns, and lakes. Opened in 1888, the Toledo State Hospital initially operated on the premise that environment was the best medicine for a troubled mind. Instead of being locked in a sterile hospital ward, restrained with straps and mittens, Elizabeth and other “moderately disturbed” patients lived in solid two-story brick cottages with spacious day rooms and inviting porches with inviting chairs lining the front porch. Three times a day, attendants escorted patients along tidy sidewalks to the women's dining room, where other attendants served as wait staff.

Examining pictures of the hospital found online, I try to envision how the grounds must have appeared to work-weary farmwives with demanding husbands. Could a woman raised with my great grandmother's rigid German-Lutheran background ever learn to relax? I can see her attending church services in the chapel, but it's hard to imagine her joining other residents at dances, concerts, theatrical performances, baseball games, lantern shows, and lectures. Did she ever accompany other patients on outings to the circus or the nearby Walbridge amusement park, with its colorful merry-go-round and wooden roller coaster? Was she in the audience when the newly

emerging African American poet Paul Lawrence Dunbar recited his recently published work?

In addition to providing a healing environment, hospital employees administered noninvasive hydrotherapeutic treatments, including soothing baths, needle sprays, salt glows, and wet sheet packs. Only later, after state hospitals grew overcrowded, did they experiment with electric shock therapy and lobotomies.

In the late-nineteenth and early twentieth centuries, the state hospital superintendent believed work assignments would give able-bodied patients a sense of purpose and accomplishment. In keeping with this premise, Elizabeth became a bed-maker, stripping soiled linen, turning mattresses, applying clean sheets and blankets, and fluffing pillows. I don't know if she had other gender-specific assignments, for instance, cleaning wards, washing and ironing clothes, and working in the kitchen. I know she sewed, because I have her quilt, but in all those years there she may also have tried her hand at making woven baskets, rag rugs, and paper flowers—anything to pass the time in a constructive manner.

A number of patients recovered their health and returned home. According to the document from the Ohio Historical Society, a hospital physician pronounced my great grandmother ready for a trial home visit in March 1896 and promised to discharge her into her husband's custody if all went well. In the two years since Elizabeth's admission, her son had grown into a young man of fifteen and her daughter, now eleven, had become the mistress of the house. Imagine the tension and uncertainty.

Likely uneasy in his wife's presence, my great grandfather arranged for a neighbor to sleep in the house at night. In an environment filled with constant scrutiny and emotional distance, Elizabeth's paranoia resurfaced. In less than six weeks, she accused her husband of trying to poison her, and he returned her to the hospital. The admitting physician recorded her inability "to remain adjusted to home conditions," noting she had threatened "injury to her family and herself." It was her last visit home.

When I told my father about Elizabeth's home visit, I sparked another memory, this time of a day in the early 1930s when the state hospital informed his parents of her eligibility for discharge. The hospital had grown overcrowded and administrators deemed a number of patients eligible for release. By this time, Elizabeth's daughter

Alma was caring for a household of men—her father, husband, and four strapping sons. She worried about how her mother and father would interact. Alma’s husband, my grandfather, feared his mother-in-law would be too much of a burden for his already overworked wife. And my great grandfather, a small man, still feared his wife might cause him harm.

Meeting to discuss their options, the family could not figure out how to reintegrate Elizabeth into the household, so they decided to leave her in the hospital. The decision came at a cost. It was the Great Depression and the fees for her care had reached \$600 per annum, far more than many farm families earned in a year. In her seventies and illiterate, she had nowhere to go.

Their decision appalled me, but I was not surprised. My childhood was peppered with stories about neighborhood men who failed to get ahead because they had wives who insisted on doing frivolous things like buying store-bought clothing and going on vacation. Good daughters, I learned, took jobs in town, lived at home, and turned their earnings over to their fathers. I knew the barn was more important than the house, crops than flowers, sons than daughters, and land ownership the most important of all. There was no place for Elizabeth in this worldview.

A simple five by seven card records great grandmother’s death from bronchial pneumonia on December 23, 1940. During her time in the hospital, her diagnosis, originally chronic mania, changed to dementia praecox with paranoid tendencies, a diagnostic box appearing in American asylum records beginning in 1896. According to historian Richard Noll (*American Madness*), state hospitals at one time assigned this label to approximately twenty-five to fifty percent of patients. As I read more about this premature form of dementia, later relabeled schizophrenia, I started questioning my great grandmother’s diagnosis. Given the progressive disintegration of dementia praecox patients in a pre-pharmaceutical era, I doubted her condition would have improved enough to justify a proposed discharge after forty years of hospitalization.

When I first learned about Elizabeth’s lengthy hospitalization, I assumed it must be an aberration. I wouldn’t allow myself to believe others suffered a similar fate. Then I read an article about the Toledo State Hospital cemeteries, where at least 1,994 men,

women, and children who died during their hospitalization lie interred under brick-like stones inscribed with patient numbers. Like Elizabeth, many of them had spent decades in the hospital, but upon their death, no one claimed their bodies. Some had outlived their families, while others had been abandoned, in life and in death.

With the passage of time, state hospital cemeteries in Toledo and throughout the nation fell into disrepair, their neglect perpetuating the stigma of mental illness. In many locations, only rows and rows of depressions in the ground remained to mark patients' graves, the numbered stones obscured by layers of dirt and grass. In recent years, however, volunteers working under the auspices of state hospital cemetery reclamation projects are restoring grave markers and identities to these faceless patients, and they are transforming hospital cemeteries into places of remembrance and reflection.

As I scrolled through the names of hundreds of women buried there, I wondered if I had found my great-grandmother's friends, women who she knew better than members of her family: Gertrude G., Phoebe H., Grace L., Jennie P., Lettie S., and many more. Year after year, decade after decade, they had celebrated Easter, July 4th, Thanksgiving, and Christmas holidays together. They had walked to and from breakfast, lunch, and dinner talking about the weather, flowers in bloom, and squirrels running across the lawn. They had worked with one another in the hospital kitchens,



laundries, and sewing rooms. The optimist in me wants to believe they grew to care for one another.

Unlike the patients buried in the hospital cemeteries, my great-grandmother's body returned home for interment in late December, 1940. During her lifetime, our nation matured as it endured the Civil War, the Spanish-American War, and World War I. Women earned the right to vote, experienced the autonomy that comes with driving a car, and had their voices heard in public as well as in private, but she missed out on these rites of passage. A daughter, a sister, an aunt, a wife, a mother, my great-grandmother was denied the day-to-day reality of these roles. Yet the day after Christmas a handful of mourners, all of them family, gathered in her former home for a subdued funeral service. For his text, the pastor chose Luke 8: 4-8, the parable of the sower. He may have compared Elizabeth to the seed scattered on a busy path where it has no chance to grow, or to seed spread among rocks and thorn bushes, but I prefer to think of her growing where she was planted, on the grounds of the Toledo State Hospital, as friend to other patients, helper to attendants, seamstress who mended clothes, and creator of the quilt that comforts me on cold winter nights.



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