The Spirit of Dorothea Dix:
Unitarians, Universalists and the Mentally Ill

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Dorothea Lynde Dix, c. 1850

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1 Dix considered this daguerreotype “the only picture that seems to me a good likeness and to convey something of the tone and type of character.” Many later portraits of Dix were made from this daguerreotype. The original is in the Houghton Library, Harvard University. Picture Source: [Wilson 1975] p. 95.
I. Introduction

Charming, determined and self-effacing, the Unitarian Dorothea Lynde Dix was the foremost crusader for the mentally ill in the United States in the mid-1800s. In an era when women didn’t have the right to vote, she managed by sheer force of will, hard work, and astuteness to convince legislatures in many states to appropriate public funds to build over 30 hospitals for the care of the mentally ill. She was deeply religious, having been raised by her grandmother to be a Unitarian, later worshiping in the church of the Rev. William Ellery Channing beginning in 1823. The sense of religious purpose in her life is what drove her to her acts of public service.

When the early and mid-1800’s saw the beginning of compassionate methods of caring for the mentally ill, Universalists and Unitarians from both the medical and social reform communities were prominent in developing and promoting them. A deeply felt religious sensibility, especially the belief in the inherent worth of each human soul, and the conviction that they had a responsibility to improve life in this world, is what motivated this work. These tenets have been and remain at the core of Universalist and Unitarian belief systems.

In this paper, I will discuss the contributions of individual Unitarians and Universalists on behalf of the mentally ill in both past and present times. I will then proceed to make recommendations of how this work should proceed within the Unitarian Universalist Association from now forward.

II. Brief Historical Overview of the Treatment of the Insane in North America

It is fair to say that mental disease has always existed among humankind. From the earliest of times, there have been associations of both heavenly and demonic with mental illness. In colonial times in the North America, there was nearly universal belief that the mad were “possessed” by the devil. Communities were small and scattered, much of the population lived in rural areas, and there wasn’t large enough of a population to support private or public institutions to care for them, so the mentally ill were cared for chiefly at home by their families. The insane who could not be cared for by their families were sent to local almshouses and jails, institutions that didn’t have the facilities or ability to care for them. Often, they were kept in the most deplorable conditions, as Dorothea Dix discovered when she made surveys of the States. As Dix found, in many instances the mad were kept chained in an enclosed space, lying in their own filth, without adequate clothing, and abused physically and sexually. It was thought by many that the insane couldn’t feel cold because their minds were deranged, and thus they were kept without heat, even in the winter. This treatment was justified by the prevailing orthodox religious opinions by such ministers as Cotton Mather that madness was of divine origin.

The earliest hospitals serving the insane came in the larger cities of Philadelphia and Williamsburg. Asylums in North America were built starting in the early- to mid-1800’s following a model of care developed Dr. Philippe Pinel in

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7 Pinel painting by Robert Fleury, [Deutsch 1937] Frontispiece.
the Bicêtre and Salpêtrière mental hospitals in Paris and followed by William Tuke, an English Quaker at an institution called The Retreat near York. Pinel and Tuke, working separately, both proposed that the mentally ill be treated with kindness, removing the chains that restrained them. Their success with this "moral treatment" was encouraging and widely known. As we will see, the later asylum builders in the North America were heavily influenced by Pinel’s and Tuke’s philosophy of treatment of the insane.

After an initial building period, many of the asylums became under funded and over crowded, and the goals for humanitarian care were compromised. “Large numbers of chronic and aged patients led to a fundamental transformation in the character of mental hospitals. … Slowly the positive images of hospitals that had prevailed in the mid-nineteenth century gave way to far more negative ones associated with hopelessness, abuse and untimely death. By World War II mental hospitals were identified as ‘snake pits’….” By the mid-1900’s the consensus was that the mentally ill could better be cared for in local communities, and a deinstitutionalization of these people began. However, support necessary for their care in the local communities was largely not forthcoming. Many of these people ended up on the streets or in jails. It seems that in some ways, we have come full circle from the time that Dorothea Dix began her crusade.

It is widely acknowledged, including by the Surgeon General, that there is currently a crisis in mental health care in the United States.

III. Unitarians and Universalists who Played an Important Part in Working for the Mentally Ill

As was previously mentioned, Unitarians and Universalists were prominent among those who first sought humanitarian treatment for the insane. What follows are biographical profiles of the most active among these religious forebears on the issue of mental health.

Dr. Benjamin Rush (b. Byberry Township, Pennsylvania, 24 December 1745; d. Philadelphia, 19 April 1813)

The first leader in the treatment of the mentally ill in the United States was a prominent physician, and a signer of the Declaration of Independence, and Member of the State convention that ratified the constitution in 1787, Benjamin Rush. Rush was raised as a Presbyterian and attended a number of churches throughout his lifetime. Although never signing the membership book of a Universalist church, he clearly held Universalist beliefs, often attending Elhanan Winchester’s church in Philadelphia, and the Universalists claim him as one of their own. At the Philadelphia Convention in 1790, held to unite the Universalists, Rush helped to organize the convention’s report including the Articles of Faith of Universalism, the first statement of collective Universalist faith in the United States.

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11 [USDHHS 1999]  
Rush graduated from the College of New Jersey (later Princeton) in 1760 and attended medical school in Edinburgh, Scotland, graduating in 1768. While there, he became acquainted with a number of leading members of society, and the ideas they held. These included the English Unitarian preacher Joseph Priestley, and ideas for treating the insane that were being pioneered by Tuke in England and Pinel in France. Returning to Philadelphia, he soon became one of its leading physicians, eventually setting up his practice at Pennsylvania Hospital, remaining on its staff for 30 years from 1783-1813. On the battlefields of the Revolutionary War, he served as physician-general.

At Pennsylvania Hospital there were several locked cells for the insane, then often called “lunatics”, “aliens”, or “distracted persons”, which greatly interested Rush. He soon became an advocate for humane treatment of these people, protesting the inhumane conditions they were being kept: “Putting mad people in cells is dishonorable to science and humanity of Philadelphia”. Since he was a distinguished physician, he was able to publish articles in the newspapers and with the Legislature, people listened. His advocacy procured a state appropriation to open an insane ward at Pennsylvania Hospital which was completed in 1796. This was the first time that the insane had heat in the rooms that they occupied.

With the patients in this ward, he began to develop his innovative treatments for the insane. He became one of the first people to suggest that mental illness is subject to physical influences and may be cured with scientific treatment. Some of his conclusions about the cause of mental illness and treatments for it we wouldn’t agree with today; for example, he felt that mental illness was caused by blood vessels, and that blood-letting, purging, hydrotherapy, mercury, and using some draconian-looking devices of his invention were cures. But, a great number of the therapies he developed were far in advance of their time. These included diet, rest, exercise, occupational therapy, productive work, travel, diversion, music, and even a primitive version of “talk therapy”. Above all, he advocated that the mad be treated with dignity, truthfulness, sincerity, respect and sympathy. Rush lectured about these methods to medical students and published a collection of his lectures in first medical textbook in the United States on mental illness Medical Inquiries and Observations upon the Diseases of the Mind. This book was used as the definitive text on the subject in medical schools for the next 50 years. A more recent evaluation states that “Rush gave the ‘mental factors’ in disease, health and life generally a full, critical, genetic and freely pluralistic position.” He is now regarded as the “Father of American Psychiatry”, and his portrait appears on the seal of the American Psychiatric Association.

Rush’s religious views were deeply held and strongly influenced his actions throughout his life. He believed the mind was the receptacle of the presence of Deity in mankind, and that in the mind, human beings had a “sense of Deity”, a religious sense. I believe that his compassionate work with the insane was a living out of his religious belief that in curing the mind, he was allowing a person to exercise this sense and thus access the presence of the Deity. In his textbook, he reminds his students that the mentally ill are “immortal souls”.

Horace Mann (b. Franklin, Massachusetts, 4 May, 1796; d. Yellow Springs, Ohio, 2 August, 1859)

Although best known for his work as an educator, Horace Mann launched his career building a psychiatric hospital in Worcester, Massachusetts. As a junior member of the
Massachusetts General Court, he was directly responsible for proposing and passing legislation in the Massachusetts for the first public hospital in the United States to treat the mad. As part of his research for the project, he conducted a survey of the shocking conditions of the state’s insane and visited England to see their relatively advanced methods of treating the mad. He was very skilled at handling all the details from getting publicity, convincing the Massachusetts General Court and Legislature, to establishing the architecture plans, to supervising the construction of the Worcester State Lunatic Hospital, which finally opened its doors in 1833. Most significantly, his example showed that facts, eloquence and determination can work. He eventually shifted his attention to education and antislavery, but always supported issue of mentally ill. He was an example to and supporter of Dorothea Dix, who in many ways took up where he left off.

In the spring of 1848 Mann was elected to congress as a Whig, to fill the vacancy caused by the death of John Quincy Adams. Appealing to the people as an independent anti-slavery candidate, he was re-elected, serving from April, 1848, till March, 1853. Later he became very much involved with education reform in the United States. Eventually, he was named as the first President of Antioch College, Yellow Springs, Ohio.

Mann first established himself as a lawyer in Dedham, Massachusetts, location of the Unitarian Dedham controversy, and became a member of the Unitarian church there. His second wife was Mary Peabody, sister of the Unitarian Transcendentalist Elizabeth Palmer Peabody. He always supported the cause of religious freedom, winning the Gile case of the Unitarians against the Congregationalists in Milton, Massachusetts in 1832, by appealing to the precedent of the Dedham controversy. In pushing for education reform, he was accused of “plotting to teach the children of Massachusetts to become Unitarians.” In all of his life’s work one can clearly see the themes of humanitarian assistance, civic responsibility, equality of all people, the importance of education, and religious freedom, all of which one could argue came from his Unitarian principles.

Dorothea Lynde Dix (b. Hampden, Maine, 4 April 1802; d. Trenton, New Jersey, 19 July 1887)

Dorothea Lynde Dix was the foremost crusader for the mentally ill in the United States in the mid-1800s. She came from a poor branch of a family which had once been prominent in Boston. After the age of 12, she lived with her grandmother in Boston, and was able to meet many of the prominent people of that era, many of whom were early Unitarians, and be exposed to their ideas. She was educated under the influence of her uncle the Unitarian minister Thaddeus Mason Harris (b. Charlestown, Massachusetts, 7 July, 1768; d. Dorchester, Massachusetts, 3 April, 1842), who used his authority to acquire library privileges for her at a number of Boston libraries. She studied diligently and became self-educated, eventually authoring a number of books to help in teaching children, the profession she then entered, for a time running her own school in her grandmother’s house. Significantly for his niece’s future career, Harris carried his ministry to Boston Female Asylum and East Cambridge jail.

Foremost among the influences on Dix was William Ellery Channing (b. Newport, Rhode Island, April, 1780; d. Bennington, Vermont, 2 October, 1842), who mesmerized her when she visited his Federal Street Church in 1823. She was hired as a tutor for the Channing’s children. In this role she traveled with them wherever they went. Although she was aware of them, she did not agree with the Transcendentalist religious ideas of Ralph Waldo Emerson, Margaret Fuller and Elizabeth Palmer Peabody. Nor did she participate

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32 [Tharp 1953] pp. 52-60.
35 Channing picture source [Appletons 2002]
in Margaret Fuller’s Conversations for Women. Her preference was for the theology of Channing, and later opposed the Unitarian organizing efforts and Broad Church Group of Henry Whitney Bellows because it was deviating from classical Unitarianism. Channing, however, gave no direction to her philanthropic enterprises, for while sympathizing fully with their purpose, he rather opposed her exhaustive exertions on the ground that she would “destroy her health.” This discouragement didn’t deter her, and even increased her determination. This is an indication of a character trait that would make her successful in her later pursuits.

Channing’s warning was not without wisdom; in 1836, she suffered from a complete collapse after overworking herself in her teaching position. There is a disagreement among her biographers as to the nature of her malady. Gollaher believes that she had a mental breakdown, while Brown believes that this view is fanciful, that she had fatigue and perhaps had the beginnings of tuberculosis. Gollaher’s view is intriguing because it gives a motivation for her future career as a reformer for the mentally ill. Whatever the cause, her illness was such that she required complete rest, which she got at Greenbank in England, the estate of the prominent Rathbone family, friends of Channing, where she stayed for 18 months.

Her career as a reformer began when, in 1841 after returning to Boston, she was asked to take over a Sunday school class at the Middlesex County House of Correction in East Cambridge. After teaching her lesson to the women prisoners, she noticed that there were some insane prisoners who were being kept at the jail. Her compassion for these insane prisoners was the beginning of her life’s calling. Soon thereafter, she was able to visit the Worcester State Lunatic Hospital, which Horace Mann had been instrumental in building, and saw the kind of humane care that was being given there. In 1843, she was appointed to make a survey of the almshouses and jails in Massachusetts to chronicle the conditions in which the insane were being kept. Her report *Memorial: To the Legislature of Massachusetts* gave many shocking details of how the insane were being treated. Her observations were specific, shocking and overwhelming. Here are some examples: “Medford. One idiotic subject chained, and one in a close stall for 17 years” “Granville. One often closely confined; now losing the use of his limbs from want of exercise.” “Shelburne. I saw a human being, partially extended, cast upon his back amidst a mass of filth. The mistress says ‘He’s cleaned out now and then; but what’s the use for such a creature?’ “ “Barnstable: Four females in pens and stalls; two chained certain, I think all.” “Bolton: ‘Oh I want some clothes’, said the lunatic ‘I’m so cold.’ … One is continually amazed at the tenacity of life in these persons. … Picture their condition! Place yourselves in that dreary cage, remote from the inhabited dwelling, alone by day and by night, without fire, without clothes, without object or employment… No act or voice of kindness makes sunshine in the heart.” Clearly, she had heart-felt compassion for the unfortunate insane people and was deeply shocked and angered at what she found.

*William Norris in Chains, 1815*

A man was chained by iron bands around hand, foot and neck for 12 years at Bedlam Hospital. Though this was in England, it was not unlike conditions Dix found in America. [Deutsch 1937] p. 100 n.

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[^43]: [Dix 1843]
[^44]: [Dix 1843] p. 5
[^45]: Ibid.
witness”, and her position as a woman and thus “ineligible for political advantage” worked in her favor. The Massachusetts Legislature acted upon by their passing an appropriation to increase the capacity of Worcester hospital by 150 beds. She would later point to this as her first achievement on behalf of the insane. Samuel Gridley Howe and Horace Mann were staunch supporters of hers in this effort in the Legislature.

It can be said that in this first campaign, Dix learned the techniques that she would use successfully in many other situations. She would do detailed research and homework as to the conditions in a location. She would then present these findings to the appropriate legislative body, cultivating the sponsorship of influential people and sympathetic law makers, and she would publish the results of her work in Memorials. Among the Memorials she prepared were those to New York in 1844, New Jersey in 1845, Pennsylvania in 1845, Kentucky in 1846, Tennessee in 1847, North Carolina in 1848, Mississippi in 1850, and Maryland in 1852. During her career, she visited every state east of Colorado to persuade legislatures to take measures for the relief of the insane. One of the reasons that she was successful in the South is that she ignored the issue of slavery, a stand that was not popular with her Unitarian friends at the time, or since then. She was narrowly focused on her issue and refused to be diverted for another cause however honorable.

The first mental hospital built entirely through her efforts was the New Jersey State Lunatic Asylum, completed in 1848. There were to be about 30 other hospitals whose existence was directly attributable to her efforts. She sometimes got involved in the details of picking out the location for the hospital, planning the details of the architecture, and choosing the asylum director. The asylum directors sometimes resented her, but many were indebted to her for their jobs and because she was able to get things done politically when they couldn’t. So, they learned to live with her and her surprise inspections of the hospitals the results of which she would publish.

It has been observed that she and others she worked with oversold the extent to which the mentally ill could be completely cured. At first, they claimed that 90% or more could be cured with adequate hospitals. When it became obvious that this level of success was not possible, some law makers became disillusioned and continued public funding became hard to find.

The crowning jewel of her accomplishments was to be a bill in the United States Congress to provide permanent funding for care for the mentally ill using federal land grants. After attempting to get this passed in several administrations and Congresses, it was finally passed by both houses of Congress in 1854, but President Franklin Pierce vetoed it. His rationale was that it would open a Pandora’s Box, and that there would have been no end of demands for federal aid. The federal government would become a giant social welfare agency, supplanting the states and undermining the national economy. Dix was crushed and wrote to a friend, “The poor weak President has by an unprecedented extremity of folly lacerated my life.” She wasn’t completely defeated, however. She headed to England, Italy and France where she proceeded to perform many of the same

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51 These Memorials have all been republished in [Dix 1971]
55 [Dix 1848]
56 Special Message of President Pierce to the Senate of the United States; May 3, 1854 quoted in [Gollaher 1995] p. 326
activities in publicizing the plight of the mentally ill in those countries. The last years of her life were lived in a special room in her beloved “first born child”, the New Jersey State Lunatic Asylum, writing to conduct her advocacy when she could no longer travel.

Dix possessed or was able to develop character traits required to wage a political campaign – toughness, persistence, determination, realism and even a measure of cynicism. Gollaher has observed that these were not the qualities society was prepared to accept in a lady, which is one of the reasons he speculates that she didn’t write her memoirs. To do so would require her to publicly admit that she did not conform to the societal convention of feminine values and disinterested benevolence.58 Much of this was obvious to any observer: she never married, she had a powerful rhetorical style, and she made things happen in the political world where women weren’t allowed to participate.

Clearly Dix’s religious faith was an important part of her daily and sustained career motivation, as well as her development as an effective public figure. Her personal notebooks were full of religious poetry.59 She learned her powerful rhetorical style from Unitarian ministers, the foremost of whom was Channing. Unitarian figures were prominent among her teachers, role models and mentors. In addition to Channing and Thaddeus Mason Harris, there was George Barrell Emerson60 (b. Kennebunk, Maine, 12 September 1797; d. Newton, Massachusetts, 14 March 1881), second cousin to Ralph Waldo Emerson, who was a religious activist and social reformer. Emerson acted as a surrogate father who inspired and encouraged Dix throughout her career. Another powerful influence was the Reverend Joseph Tuckerman61 (b. Boston, Massachusetts, 18 January, 1778; d. Havana, Cuba, 20 April, 1840). Tuckerman showed Dix by example a model for bettering lives of the poor.62 Above all, her faith informed her life by upholding the values of the worth of every person in the eyes of God, and the importance of selflessly improving conditions for the unfortunate in the world.

Dr. Joseph Workman63 (b. 26 May 1805 Ballymacash, Ireland; d. 15 April 1894, Toronto, Canada)

Dr. Joseph Workman, known as the "Father of Canadian Psychiatry,"64 was an immigrant to Canada from Ireland in 1829. He was one of the first doctors to be educated in Canada, graduating from the fledgling McGill University in 1835.65 His was a pioneering and public minded spirit, being on the ground floor of expanding a school system, building a Unitarian church, and creating an asylum in the new city of Toronto.66 Throughout his life, he had a fierce tenacity of purpose, a sense of justice and the ability to learn from his mistakes.67

In 1853 he was appointed the interim Superintendent of the Provincial Lunatic Asylum in Toronto, becoming the permanent Superintendent a year later.68 It was a post he held until 1875. The asylum had been created in 1841 in an old jail described as “unfit for felons” [!] It was initially filled with seventeen patients who previously had been chained to the wall in the basement.69 In 1850 a new

61 Tuckerman picture source [Appletons 2002]
63 Workman picture source [UUA 2002]
Asylum was built on 150 acres of land outside the center of the city. It is to this new facility that Workman and his family came after two previous directors served short, unsuccessful terms. It was built following the model of the asylums that Dorothea Dix was creating in the United States, with the same expectations that 90% of the patients could be cured. He visited some of the institutions that had been created in France, and the United States and met and admired Dix. She, in turn visited his institution in Toronto.  

Under Workman’s tenure, the Asylum became a modern institution and made him famous for his methods of dealing with the insane. His innovative treatment included allowing patients freedom, promoted healthy living conditions for asylum inmates, and occupational therapy in the gardens, farm or with textiles. Typically, sixty percent of the inmates were involved in some sort of work activity. He recognized that there were family patterns of mental illness and that often a stressful event could trigger madness. “How instructive and humbling the thought that functional or structural changes in our organization, often so trivial as to be untraceable, may determine the entire difference between the philosopher and the madman, the chaste matron and the grossly obscene puerperal maniac.” To help patients return to the community, Workman introduced the use of long term boarding homes. In addition he initiated an internship program for future psychiatrists. Like many of his peers in the United States, he expected 90% cure rates, and became disheartened that he could only cure 50% of his patients.

Workman came from a dissenting religious tradition in Ireland; a forbear of his was excommunicated from the Anglican Church and imprisoned for heresy in 1633. He was influenced by the views of the Non-Subscribing Presbyterian Church of Ireland, many of whom later joined the British Unitarians. In Toronto, Workman became the principal founder of the First Unitarian Congregation of Toronto in 1845, and an early lay minister there. His work for the insane was motivated by his religious beliefs; above all, he advocated kindness to the mentally ill and sought in them “that spark of humanity which dwells in each of us.”

20th Century Unitarians and Universalists and Unitarian Universalists Working for the Mentally Ill

In the 20th century, while one doesn’t find among the Unitarians and Universalists the clear leaders in mental health advocacy, there are a number of individual Unitarian ministers, individuals and churches who have made this part of their social justice agenda.

The Rev. James Luther Adams (b. 1901; d. 1994)

James Luther Adams is best known as a theologian on the Harvard Divinity School faculty. His name is most closely associated with the study of voluntary associations and their role in a free society. He practiced what he preached; one of the organizations he was closely associated with is Gould Farm, a therapeutic community for the mentally ill, built in the tradition of social service and spiritual fellowship, on whose Board he sat for many years. Said Adams, “Gould Farm was our first modern experiment in rehabilitation through group therapy with premises explicitly Christian and pastoral.” Adams was not alone among Unitarians and Universalists in working at Gould Farm. Among Adams Unitarian predecessors who were at the Farm are President F.C. Southworth and Professor Clayton R. Bowen, Meadville Theological School, Meadville, Pa; and Rev. Howard N. Brown, D.D., King’s Chapel, Boston, Mass.

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75 [Johnston 2000] p. 73.
79 James Luther Adams picture source: www.harvardsquarelibrary.org/unitarians/adams.html
80 From the Gould Farm website at: www.gouldfarm.org/history1.htm
81 Ibid.
The Rev. John Buehrens  
(b. 1947) Educated at Harvard Divinity School, Buehrens served for twenty years as a parish minister in Knoxville, TN (1973-81), Dallas, TX (1981-87), and New York City (1987-93), during which time he was an active advocate for the homeless and mentally ill, for civil liberties, for poor communities, and for interfaith cooperation. He served as President of the UUA from 1993 to 2001. Buehrens says, “During my ministry in Knoxville, TN, 1973-81, I was the President of the Knox County Mental Health Association (MHA), an officer and spokesperson for the state MHA, and a member of the board of the National Mental Health Association during the time that First Lady Roslyn Carter was the President of the National MHA. In Dallas, I founded and served as president of a non-profit called Group Homes, Inc., which established supportive living (and working) arrangements for people with long term mental illness being de-institutionalized. It became apparent that the state Department of Mental Health was uncomfortable with volunteer citizens seeing their various sins of omission and commission. They reneged on commitments, drove Group Homes, Inc. out of business, and adopted a policy of state-run homes -- for a time.”

The Rev. Angus de Mille Cameron  
(b. 1913; d. 1996)
Angus Cameron was a Canadian Unitarian minister serving parishes in Montreal, Fredericton, and Philadelphia. In his later ministry Cameron was well known for his work in the fields of social work and mental health. He chaired annual conferences of clergy and social workers. He served as chaplain of the Children’s Service Centre, the major Protestant social agency of its kind in Montreal. He was Vice President of the Mental Hygiene Institute. In 1955 he was elected the first president of The Marriage Counseling Centre, the first of its kind in Canada.

The Rev. Theodore R. Smith, Jr.  
(b. April 14, 1932; d. May 29, 1999)

The Rev. Dr. Harry C. Meserve  
(b. September 7, 1914; d. November 8, 2000)
Dr. Meserve served congregations in Cohasset, Massachusetts; Buffalo, New York; San Francisco, California; Northern Westchester, Chappaqua, New York; Grosse Pointe, Michigan; and Ellsworth, Maine. In addition to his ministry, he served as a member of the executive staff of the Rockefeller Brothers' Fund, as director of programs for the Academy of Religion and Mental Health, and from 1962 to 1993 as editor of the Journal of Religion and Health.

The Rev. Richard W. Knost  
(b. December 8, 1902; d. January 27, 2001)
The Rev. Knost served churches in San Jose, California; Brewton, Alabama; Peoria, Illinois; and Malden, Massachusetts before retiring as Minister Emeritus from the White Memorial Universalist Church in Concord, New Hampshire in 1971. He was very active with the family service and mental health programs of the communities in which he worked.

Individual Unitarian Universalist churches and individuals have taken on projects on behalf of the mentally ill. For example, University Unitarian Church in Seattle, Washington which has a Social Action committee.

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82 Buehrens picture credit: [www.uua.org](http://www.uua.org)
83 [Buehrens 2002]
84 Cameron picture source [www.uua.org](http://www.uua.org)
85 [UUA 2002]
86 [UUA 2002]
87 Meserve picture source [www.uua.org](http://www.uua.org)
88 Knost picture source [www.uua.org](http://www.uua.org)
89 [UUA 2002]
which sponsors, develops, and maintains low cost housing for the recovering mentally ill.\footnote{www.uuchurch.org/fract.htm} \textbf{Mission Peak Unitarian Universalist Congregation}\footnote{members.aol.com/mpuuc/index.html} in Fremont, California has a Depression Support Group which operates a 3-month-long group about once a year, a program patterned after a similar group at the \textbf{Unitarian Universalist Church of Asheville}, North Carolina. There are undoubtedly many more Unitarian Universalist congregations and countless individuals who are advocating on behalf of the mentally ill, each independently in their own way. Enabling them to learn about each other and from each other is a worthwhile task. The sum could accomplish more than the parts by themselves.

IV. Unitarian and Universalist Denomination Activity for the Mentally Ill

The UUA has passed a number of resolutions that affect the welfare of the mentally ill:

- The first General Resolution of the consolidated Unitarian Universalist Association in 1961 was to address the crisis in Mental Health as a result of mental hospitals releasing patients to communities who were not prepared to absorb them. The text of this resolution is in Appendix A.
- Several resolutions and statements of immediate witness address mental health as part of an holistic approach to health:
  - UUA 1963 General Resolution: Reform Abortion Statutes. See Appendix B
  - UUA 1994 General Resolution: Nutrition for a Healthy Start in Life. See Appendix C.
  - UUA 1998 Statement of Immediate Witness on Health Insurance including coverage for mental illnesses. See Appendix D.

The Washington Office for Faith in Action represents the UUA to the US Congress and Administration on legislative and public policy matters. This office has issued an email calling for immediate action on mental health parity. See Appendix E for the text of this email. As important as it is, this has been an isolated action and not part of an ongoing mental health campaign.

Currently, although there have been individuals and congregations active on behalf of the mentally ill, and resolutions passed, beyond the emailing from the Washington office, the UUA as a whole is doing nothing in this area as part of an organized institutional effort. The member of the UUA staff who has had the most contact with UU activists in the field of accessibility and support for people with mental illness is Jacqui James, UUA Anti-Oppression Programs and Resources Director. According to James, accessibility work for the mentally ill is something that the denomination recognized needs to be done, but has not yet happened. I see here an opportunity for me to act!

V. A Proposed UUA Statement of Accessibility for the Mentally Ill

A number of religious denominations have passed resolutions regarding the official position of their denomination on behalf of the mentally ill.\footnote{[Pathways 2000]} Using these statements as a model, I propose the following statement for the accessibility statement for the UUA with regard to the mentally ill. My intention is to submit this as a proposed statement to Jacqui James and the UUA and work with her and the UUA Board of Trustees to get a statement officially adopted.

\textbf{Proposed UUA Accessibility Statement for the Mentally Ill}

Whereas, as Unitarian Universalists, we believe in

- The inherent worth and dignity of all people
- Justice, equity and compassion in human relations
- Acceptance of one another and encouragement to spiritual growth; and

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\footnote{www.uuchurch.org/fract.htm} \footnote{members.aol.com/mpuuc/index.html} \footnote{www.main.nc.us/uuca/} \footnote{[James 2002]} \footnote{[Pathways 2000]}
whereas the mentally ill have systematically been treated as though they have less worth and dignity than other people; and

whereas justice and compassion for the mentally ill have many times not been forthcoming from our society; and

whereas many mentally ill people do not feel that they are accepted by others, and their spiritual lives are not honored; and

whereas our Unitarian and Universalist traditions have a historical presence in issues involving the mentally ill, from the great campaigners for mental health reform in the 1800’s, to our first General Resolution as a combined denomination in 1961;

We solemnly resolve:

to recognize the need for spiritual healing of those with a mental illness and their families by reaching out and welcoming them into the Unitarian Universalist community and ministering to them in a compassionate and supportive environment;

to educate Unitarian Universalists that mental illness and health are faith concerns by including them in church school curriculum for adults, youth and children, special themes and emphases, and in worship and preaching;

to provide a living witness as individuals, families, congregations, by exemplifying a mature faith which affirms life and encourages mental health;

to respond as appropriate with programs of respite care, aftercare, support groups, supportive housing, food pantries, volunteerism in mental health facilities, socialization and recreation, special emphases, and helping already existing public and private health services that include the mentally ill;

to develop and support the training of clergy, lay leadership and congregations through education and training in regard to ministry with the mentally ill and their families, and to use existing resources such as those developed by the National Alliance for the Mentally Ill (NAMI), and the Pathways to Promise;

to advocate for non-discriminatory and humane practices for the mentally ill and their families throughout society including:
  • Adequate public funding to enable mental health care systems to provide appropriate therapy;
  • Parity of insurance between mental and physical health coverage
  • Housing and employment for de-institutionalized persons;
  • More effective interaction among different systems involved in the care of mentally ill persons, including courts, police, employment, housing, welfare, religious, and family systems;
  • Active participation in helping their communities meet both preventive and therapeutic needs related to mental illness;
  • Creation and support of programs that offer self-determination and choice of treatment programs by the mentally ill;
  • An end to criminalizing mental illness
  • Support the work of mental health advocacy organizations such as NAMI, a self-help organization of mentally ill persons, their families, and friends, providing mutual support education and advocacy for those persons with severe mental illness, and Bazelon Center for Mental Health and Law, which addresses legal issues on behalf of the mentally ill.

A denominational Accessibility Statement is just one small start to religious work on behalf of the mentally ill. Making the statement live is much harder. There are actions necessary in many areas. Other near term possibilities are:

  o Work with the UUA to set up a UUA-sponsored email list-serve for people in UU congregations who have interest in mental health issues. This would allow us to find out all the good work that is currently going on, and to create a community committed to working together to address this issue.
o Develop an advocacy manual and collection of resources for faith communities for mental health issues. This could be similar to existing manuals on other subject areas, such as the UUA’s advocacy manuals for Sexuality Education, or for Disability.

o Develop a curriculum to educate UUs about mental illness and how a community of faith can respond to it. This could potentially turn into something like the UU’s Welcoming Congregation program for that has been so successful in welcoming Gays, Lesbians and Transgender People to UU churches.

In addition to these ideas for actions, Appendix F contains priorities of some of the major mental health organizations.

VI. Conclusion

Our Unitarian Universalist heritage, starting from the beginnings of both denominations has given us a model of using the beliefs of our faith to inspire us to work on behalf of the mentally ill. Dorothea Dix’s life was a prototype of what we would now call a “community ministry”, living out the ideals of her faith within the larger community. It is instructive to look at the characteristics that Dix and these other Unitarians and Universalists had that allowed them to be successful. First and foremost, they had a deep personal commitment that this work was compassionately and morally required. This allowed them to be determined and persist when temporarily discouraged. They were hard workers, willing to gather all the facts about a situation before acting, and they were astute, tough, and realistic enough to be able to be cynical at times. They knew how to cultivate influential people to enlist their help. They were eloquent when speaking and took their civic responsibility seriously. In general, they were self-effacing, being content to see the success of their efforts shown in the improved lives of the mentally ill. This is very instructive of how a successful campaigner conducts his or herself. It is the example of Dix and the others that have been inspirations to me in my quest to be a religious leader helping the mentally ill. I intend to follow in their footsteps.
The appendixes contain the text of official Unitarian Universalist Association Resolutions, Actions of Immediate Witness and Action Alerts on the subject of mental illness. Appendix A contains the first General Resolution of the Unitarian Universalist Association after the merger of the Unitarian and Universalist churches. It was wholly concerned with the human crisis that was resulting when mental hospitals were discharging their patients onto the streets. The other General Resolutions and Action of Immediate Witness in Appendixes B - E include mental illness as part of holistic health care concerns. The Action Alert involves some legislation being voted on by Congress to make care for mental health care on a par with that of physical health care. Despite the alert, this particular measure didn’t pass Congress.

A. UUA 1961 General Resolution: Mental Health
B. UUA 1963 General Resolution: Reform Abortion Statutes
C. UUA 1994 General Resolution: Nutrition for a Healthy Start in Life
D. UUA 1998 Action of Immediate Witness: Addressing the Health Insurance Crisis
E. UU ACTION ALERT November 2001: Support Mental Health Parity
F. Priorities of Mental Health Organizations
Appendix A.

Unitarian Universalist Association

Mental Health

1961 General Resolution

WHEREAS, every second hospital bed in the United States is occupied by a mentally ill person with most public mental hospitals caring for 1,000 to 14,000 patients; and

WHEREAS, medical knowledge has developed to the degree that many of the mentally ill could, with proper individual care, be returned to live useful lives in society;

THEREFORE BE IT RESOLVED: That the churches and fellowships of the Unitarian Universalist Association study their own communities to determine whether facilities and budgets are adequate for the care of mental patients within their own communities, such facilities to include psychiatric units in general hospitals, "half-way houses" for discharged mental patients, vocational and counseling services, and special classes in the public school system for emotionally disturbed and mentally retarded children;

BE IT RESOLVED: That member churches and fellowships strive to inform themselves in this field in order to give compassionate understanding towards the mentally ill as family, friends, or employers and to assist through direct volunteer service in appropriate places; and

BE IT FURTHER RESOLVED: That Unitarians and Universalists accept positions of leadership in their communities where they can influence public opinion and government agencies so that the financial and medical needs of the mentally ill may be met.

98 UUA 1961
Appendix B.

Unitarian Universalist Association

Reform of Abortion Statutes\textsuperscript{99}

1963 General Resolution

BE IT RESOLVED: That the Unitarian Universalist Association supports enactment of a uniform statute making abortion legal if:

1. There would be grave impairment of the physical or mental health of the mother;

2. The child would be born with a serious physical or mental defect;

3. Pregnancy resulted from rape or incest;

4. There exists some other compelling reason - physical, psychological, mental, spiritual, or economic.

\textsuperscript{99}[UUA 1963] Color emphasis added by B. F. Meyers
Appendix C.

Unitarian Universalist Association

Nutrition for a Healthy Start in Life

1994 General Resolution

BECAUSE children are the focus and common ground of our hopes for the future; and

WHEREAS all pregnant women and all children need adequate nutrition for growth and physical and mental health;

WHEREAS the Unitarian Universalist Service Committee is building an advocacy network for children at risk;

WHEREAS hunger and malnutrition are usually related to poverty or lack of nutritional knowledge;

WHEREAS the United States government’s Special Supplemental Food Program for Women, Infants, and Children (WIC) is a cost effective program which provides essential foods, nutritional supplements, and nutritional counseling and support; and

WHEREAS funding shortfalls and inadequate dissemination of information have resulted in WIC’s serving only 60% of those estimated to be eligible;

THEREFORE BE IT RESOLVED that the Unitarian Universalist Association encourages Unitarian Universalists in the United States to:

1. support efforts in their communities to guarantee:
   a. increased outreach so all pregnant women, nursing mothers, and mothers of children under five years old know the eligibility for and benefits of WIC;
   b. adequate nutrition for all children during their formative years;
   c. nutritional counseling for all pregnant women, including education about breastfeeding;
   d. technical and moral support for women choosing to breastfeed; and
   e. urge full funding of government nutritional programs, such as WIC, to guarantee adequate nutritional assistance, education, and support for infants, children, pregnant women, and nursing mothers; and

BE IT FURTHER RESOLVED that Unitarian Universalist individuals and congregations in the United States be encouraged to work with the Unitarian Universalist Service Committee, community groups, and other national and international organizations to further these goals and to continue to address the broader issues that underlie childhood hunger.

Appendix D.

Unitarian Universalist Association

Addressing the Health Insurance Crisis\textsuperscript{101}

1998 Action of Immediate Witness

WHEREAS millions of Americans are presently denied medical insurance and, in effect, denied the right to basic health care because the United States government, employers, and insurance industry have been unable to implement a national health insurance program; and

WHEREAS this has been brought home to our Association by the June 1998 action of the Blue Cross Blue Shield of Massachusetts, which has notified the Unitarian Universalist Association that its group medical plans will not be renewed on September 1, 1998, so that our Association, along with several other religious groups in the United States, is being forced to discontinue medical insurance for its clergy and staff because of costs, and over 70 clergy, their families and/or partners, are in danger of not being able to obtain replacement health insurance with affordable premiums, if at all;

THEREFORE BE IT RESOLVED that the 1998 General Assembly of the Unitarian Universalist Association:

1. decries a system where the values of the medical and insurance marketplace and the pursuit of profits in the guise of managed care conspire to deprive United States citizens of basic health care;
2. urges individual Unitarian Universalists and member societies to study the inequities of the present health insurance situation in the United States and to take assertive public positions to seek remedies at the state and federal level;
3. calls on Unitarian Universalist congregations and individual Unitarian Universalists in the United States to urge members of Congress and the Administration to proceed toward the creation of a comprehensive health care system that will guarantee affordable medical, hospital, and mental health care (both inpatient and outpatient) to all persons regardless of age, place of employment, or personal financial circumstances;
4. encourages the promotion of a Patient's Bill of Rights for the protection of confidentiality, freedom of choice of practitioners, and parity for reimbursement of mental and medical conditions; and
5. urges the staff and volunteer leadership of the Unitarian Universalist Association to assist all persons in the Unitarian Universalist Association Group Insurance Plan who may lose coverage to find replacement health insurance with premiums that can be afforded by their employer-congregations.

\textsuperscript{101} [UUA 1998] Color emphasis added by B. F. Meyers.
Appendix E.

Unitarian Universalist Association

Support Mental Health Parity\textsuperscript{102}

*November 19, 2001: UU Action Alert Email*

(Alert courtesy of the Bazelon Center for Mental Health Law.)

Dear cyber friends,

Over the next two weeks, a House-Senate Conference Committee will decide whether or not to include the Mental Health Equitable Treatment Act in the fiscal year 2002 appropriations bill for the Departments of Labor, Health and Human Services and Education (H.R. 3061). The Equitable Treatment Act provides in-network parity for group health plans sponsored by employers of more than 50 employees. If enacted, it would eliminate discriminatory limits on inpatient days and outpatient sessions, maximum out-of-pocket limits, co-payments and deductibles.

In sum: if the conference committee keeps this language, most insurance plans would be required to cover mental health treatment on par with other forms of care. This would be a huge step forward in getting people the treatment they deserve, and removing the stigma associated with mental illness. It is interesting to note that the UUA’s first social justice statement on health--passed at the first post-consolidation General Assembly in 1961--was on Mental Health (see www.uua.org/actions/health/61mental.html). Several subsequent statements also spoke to the importance of holistic health care.

In Faith (and Action!),

Rob Cavenaugh, Legislative Director
Unitarian Universalist Association Washington Office

**ACTION NEEDED:**

1. Contact both your Senators and Representative and urge them to support the mental health parity amendment, sponsored by Senators Pete Domenici (R-NM) and Paul Wellstone (D-MN), to the Labor-HHS-Education appropriations bill (H.R. 3061).

If your Senator or Representative is among the House and Senate conferees, your contact is particularly important. A list of conferees appears below. A toll free number (1-866-PARITY4 or 1-866-727-4894) has been set up by a coalition of mental health advocacy organizations to reach the Capitol switchboard, where you can ask for your Senators’ and Representative’s office by name. (You can identify your Members by your Zip code at www.uua.org/uuawo/findreps.html.)

When connected, ask for the health legislative assistant and urge support of the mental health parity amendment, sponsored by Senators Pete Domenici (R-NM) and Paul Wellstone (D-MN), to the Labor-HHS-Education appropriations bill (H.R. 3061).

\textsuperscript{102} [UUAWO 2001] Color emphasis added by B. F. Meyers.
2. If you have a personal story about mental health, like how you've had to pay thousands out of your own pocket, or how it has affected someone in your family--tell that to your elected official. Those stories stick in people's minds. They can also help motivate others on your social justice committee or in your congregation to action. They also make great letters to the editor (See www.uua.org/uuawo/activist/toeditor.html for tips on writing letters to the editor).

CONFERENCE:
SENATORS:
Tom Harkin (D-IA)
Ernest Hollings (D-SC)
Daniel Inouye (D-HI)
Harry Reid (D-NV)
Herbert Kohl (D-WI)
Patty Murray (D-WA)
Mary Landrieu (D-LA)
Robert Byrd (D-WV)
Alren Specter (R-PA)
Thad Cochran (R-MS)
Judd Gregg (R-NH)
Larry Craig (R-ID)
Kay Bailey Hutchison (R-TX)
Ted Stevens (R-AK)
Mike DeWine (R-OH)

REPRESENTATIVES:
Ralph Regula (R-OH)
C.W. Young (R-FL)
Ernest Istook (R-OK)
Dan Miller (R-FL)
Roger Wicker (R-MS)
Anne Northup (R-KY)
Randy Cunningham (R-CA)
Kay Granger (R-TX)
John Peterson (R-PA)
Don Sherwood (R-PA)
David Obey (D-WI)
Steny Hoyer (D-MD)
Nancy Pelosi (D-CA)
Nita Lowey (D-NY)
Rosa DeLauro (D-CT)
Jesse Jackson, Jr. (D-IL)
Patrick Kennedy (D-RI)

A late-breaking promising note on this subject:

On April 29, 2002, President George W. Bush said he would work with the Senate and House on legislation to provide equal coverage, or parity, for psychiatric and physical disease. "Mental disability is not a scandal," Mr. Bush said at the University of New Mexico. "It is an illness. And like physical illness, it is treatable, especially when the treatment comes early." 103

103 [NYTimes 2002]
Appendix F.

Priorities of Mental Health Organizations

Individual and Family Issues:

The National Alliance for the Mentally Ill (NAMI)\(^\text{104}\) has established the following priorities:
- Mental Illness Parity Legislation stating that insurance must cover mental illness on a par with physical illness.
- Stigma reducing programs
- Portrayal of mental illness in the media
- Housing and community based programs
- Work opportunities
- Criminalization of mentally ill
- Restraint and seclusion rules

The United States Surgeon General has called for increased help for children’s mental health issues,\(^\text{105}\) including:
- Promoting the recognition of mental health as an essential part of child health;
- Integrating family, child and youth-centered mental health services into all systems that serve children and youth;
- Engaging families and incorporating the perspectives of children and youth in the development of all mental healthcare planning; and
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible.

NAMI’s Veteran’s Affairs Committee has established priorities for veteran’s mental health\(^\text{106}\):
- Mental Health Intensive Case Management
- Community-Based Outpatient Clinics
- Access to Appropriate Medications
- Consumer Councils
- Staff Education
- Homeless Veterans
- Co-Occurring Disorders

Legal issues:

The Bazelon Center for Mental Health Law\(^\text{107}\) has established the following legal priorities on behalf of the mentally ill:
- Community membership—increasing access to Medicaid and private insurance coverage of mental health care, enforcing fair housing laws and creating systems of care for children at risk of institutional or foster placement;
- Self-determination and choice—calling for access to recovery-oriented mental health services, expanding use and recognition of advance directives for psychiatric care and encouraging the development of self-help networks;
- Ending the punishment of mental health consumers for the system’s failures—efforts to force outpatient treatment on consumers as a substitute for adequate mental health and supportive services, families’ having to relinquish custody of children with emotional disturbance, and criminalization of people with mental illnesses; and

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\(^\text{104}\) [NAMI website]
\(^\text{105}\) [Surgeon General 2001]
\(^\text{106}\) [Frese 2001]
\(^\text{107}\) [Bazelon Center website]
preserving protections and entitlements—the Americans with Disabilities Act and, in the shift to managed care, Medicaid-covered rehabilitation services.

Mental Health Research Issues:

NAMI believes the following research issues are most compelling: 108

1. More basic research on the brain and higher brain functioning.
2. More pre-clinical research on the genes, molecules, and brain regions involved in severe mental illnesses.
3. More clinical research aimed at understanding the best treatment for these serious disorders and translating that research into practice.
4. More research aimed at better understanding and treating these brain disorders in children.
5. Research aimed at diminishing relapse and disability in severe mental illnesses.
6. More research on how people with severe mental illnesses best receive treatment and services.
7. An accountable and responsible research investment strategy that will help the nation’s individuals with severe mental illnesses and their families, as well as the country at large, which must shoulder the burden and costs of these illnesses.

National Institute of Mental Health (NIMH) has established the following priorities: 109

- Fundamental research on the brain, behavior, and genetics
- Rapid translation of basic discoveries into research on mental disorders;
- Research that directly impacts the treatment of individuals with mental disorders, including clinical trials and treatment and prevention interventions conducted in "real world settings;"
- Research on childhood mental disorders; and
- Suicide.

108 [Shannon 2001]
109 [Hyman 2000]
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