

Nurses in the History of Psychiatry: The Role of the Rockefeller Foundation

*by Kylie M. Smith
Emory University*

 © 2020 by Kylie M. Smith



Nurses in the History of Psychiatry: The Role of the Rockefeller Foundation

I made multiple trips to the Rockefeller Archive Center throughout 2014 and 2015 for research on the history of psychiatry, especially in relation to nursing.¹ I found extensive records on the Rockefeller Foundation's activities in this area. Its Medical Sciences Division had a major interest in the ways that psychiatry and psychiatric education could be used to solve social problems during and after WWII and into the Cold War period.

Much attention has been paid to the development of psychiatry in this period and the internal debates about method and theory in clinical practice. Almost all this scholarship neglects the role of the nurse entirely. Yet, nurses far outnumbered psychiatrists and did most of the work in institutions from which psychiatrists were trying to remove themselves. Knowing that the bulk of patient care actually fell to nurses, and that the position of nurses made them active therapeutic agents, both the American Psychiatric Association (APA) and the Rockefeller Foundation (RF) were interested in seeing nursing education improved and supported.

In his 1941 report to the APA Executive Committee, Charles Fitzpatrick wrote that it was time for the APA to secure funds to formally address the long-running nursing education standards problem, and he recommended approaching the Rockefeller Foundation.² The RF had a long history of funding psychiatric work, including the earlier mental hygiene movement and the evaluation of schools of nursing. Fitzpatrick and Arthur Ruggles, who was then the secretary of the APA, met with Alan Gregg, the Director of Medical Sciences for the Rockefeller Foundation in February 1941 in New York. All three men were cognizant of the many reasons that psychiatric nurses were in such short supply, given the requirements for nurse education and the impact of impending war. Therefore, they were also keen to address problems regarding the attendant workforce, not to replace nursing, but as a complementary measure.

As Fitzpatrick explained to Gregg,

The present defense program has, of course, accentuated the deficit and is slowly but surely starving the civilian hospitals...a partial solution lies in the training of psychiatric attendants so that they can carry on some of the simpler procedures which are now engaging the time of nurses.”³

Fitzpatrick pointed out that there were at least 87 institutions giving training of some sort to attendants but that there was no standardization or accreditation of these courses. He argued that the APA should have some say over the way that attendant training was organized and accredited, and that the motivation for this endeavor was, ultimately, patient care. “I have long since come down out of the clouds” he declared, “and realize that men and women must be trained, call them by whatever title we may, for there is work that must be done and patients must be cared for.”⁴ He was quick to stress, however, that whatever efforts were made in this area must be done in collaboration with nursing,

Should such courses for the training of attendants be approved in any way by the Council, they should be worked out in detail in collaboration with the National League of Nursing Education and some provision should be made in the various states for the licensing of such psychiatric attendants.⁵

After more meetings later in 1941, Gregg finally agreed to funding for a nurse consultant, writing in his diary,

Told Fitzpatrick, after discussion of the state of psychiatric nursing, that I was willing to have the APA put in an application for a grant not to exceed \$10000 for a year. The situation both for nurses and orderlies is aggravated by the wartime demands, but will remain for a long time a serious and embarrassing difficulty in the work of mental hospitals.⁶

For his part, having long worked with schools and associations of nursing through the Rockefeller Foundation’s Division of Medical Sciences, Gregg was aware of the emerging power of professional nursing associations, and Fitzpatrick convinced him that he was confident of nursing support, stating that,

the appointee would work in close conjunction and collaboration with the National League of Nursing Education, and I have been assured by Miss May Kennedy, Chairman of the Committee on Psychiatric Nursing of that organization, that her committee would collaborate willfully and fully in this project.”⁷

After much deliberation about potential candidates, in July 1942, the APA appointed Laura Wood Fitzsimmons as its inaugural nurse consultant. Alan Gregg met her in New York in mid-1942, and noted the following about her in his diary:

She is Virginia born and bred, trained at Walter Reed Hosp. and later a supervising nurse there; was in the Army three years with service at Fort Sheridan and in Manila; 2 ½ years at Gallinger Hosp. in Washington; and then 3 ½ years at Payne Whitney during which time secured as of 1938 her B. Sc. at Columbia in nursing ed; was subsequently supt. of nursing at St. Elizabeth’s Hosp.⁸

As one of the country’s largest psychiatric hospitals, St Elizabeth’s was also home to a number of innovative psychiatrists, including Superintendent Wilfred Overholser, who was a noted psychoanalyst and colleague of the well-known psychiatrist Harry Stack Sullivan. Gregg was also impressed by Fitzsimmons for her personal qualities, noting that “she seems well balanced in point of helping people and with level-headed understanding, simple and effective methods of procedure.”⁹ This pragmatic approach was important to Gregg, whose interest in psychiatry was much less ideological than it was practical. In this meeting, he explained to Fitzsimmons that what he thought a key measurement of success would be an increasing number of requests for her advice coming from various mental hospitals. This reflected the Rockefeller Foundation’s focus on funding projects that had immediate impact, that were supportive of primary care personnel, and that would lead to long term, self-sustaining projects with a focus on measurable improvements for staff and patients.

Fitzsimmons’ first task for the APA was to conduct a survey of the state of the field, and she did this through written questionnaires and personal visits. She travelled across the US and Canada and documented the state of psychiatric nursing and

attendant workforces as well as systems for nurse education, which culminated in a report delivered to the APA and the Rockefeller Foundation in June 1944. She made a number of observations and recommendations as a result of this survey, which were always tempered by a recognition of the severe staffing and educational shortages caused by the war, which had consumed so many nursing positions.

The report made eight major recommendations for the post-war period. These recommendations covered the problem from a number of angles, arguing for the need for public awareness campaigns about mental illness; an increase of funds into mental health so as to facilitate better standards of hours, wages, and conditions for workers; a uniform system of training for attendants; the development of uniform standards of care for patients; more clinical placements in mental health for student nurses; improving schools of nursing associated with mental hospitals; the creation of degree-level postgraduate courses in mental health; specific professional recognition for mental health nurses; and the organization of mental health staff under a director of nursing.¹⁰

None of these recommendations were particularly surprising, but in her private letters to the Rockefeller Foundation, Fitzsimmons identified other, thornier, issues. In a long letter to Gregg in 1943, she noted the challenges facing inpatient psychiatric care on a number of fronts. Personnel shortages remained the most immediate problem, which had a long history in the lack of federal funding, exacerbated by “The poor salaries paid in mental hospitals, the long hours and poor living conditions [which] have not been conducive to attracting personnel.”¹¹ The lack of funding for institutions also had serious implications for patient care. Fitzsimmons noted that the financial logic needed to change; now that treatment options had expanded to be actively therapeutic and not merely custodial, more resources needed to be appropriated.¹²

The situation could not change until the quality of education for personnel improved. Fitzsimmons pointed out that postgraduate courses were almost nonexistent, and reflected to some extent the lack of psychiatric or mental health content in the undergraduate nursing curriculum. Without this content, there was no pathway from undergraduate general nursing to graduate, specialist

psychiatric nursing. Despite these many challenges, Fitzsimmons remained cautiously optimistic. She noted,

In conclusion, it may be said that fortunately the picture is not always distressing. There are mental hospitals where all patients receive the benefit of a fine type of physical and psychological nursing care, where restraint is unknown and happiness prevails. When such conditions are observed, especially at this critical period, one is prone to believe that the superintendents of such institutions are not only physicians, but also magicians.¹³

In the absence of magic, real-world solutions were required. One of the recommendations from Fitzsimmons' report that was most quickly realized was her call for uniform standards of patient care and attendant training. In addition to conducting surveys and writing reports, Fitzsimmons produced a 370-page training manual for attendants. The manual covered all aspects of patient care, from the most technical and mundane to high-level therapeutic techniques. The manual had a specific focus on the day-to-day tasks which were not just the basic requirements for patient care, but that could and should be imagined as therapeutic opportunities. The Rockefeller Foundation funded the production and dissemination of the manual and the first edition completely sold out, with requests to the APA for copies continuing for some time.

While a success in its own right, Fitzsimmons' manual on attendants had a broader purpose. In this work, she had sought to differentiate the nature of attendant or aide work from that of nurses. In doing so, she hoped to establish actual standards for education and training of aide staff, over whom nurses would then have control. She was impatient to establish the courses by which nurses could attain the qualifications necessary to take on a greater leadership role within institutions. After the delivery of the attendant manual, she moved her focus more intently to the development of university courses for psychiatric nursing. As Alan Gregg noted in his diary in June 1945,

Mrs F-S says she wants next year's emphasis to be spent principally on the development of postgraduate courses in psychiatric nursing... The desperately urgent need is for registered nurses with thorough

postgraduate training in psychiatric nursing who can teach students and students of nursing on affiliation.¹⁴

If there was to be any meaningful development of psychiatric nursing skills, then skilled nurses were needed to teach the next generation. Fitzsimmons wrote publicly about these issues in journal articles. The article “University Controlled Advanced Clinical Programs in Psychiatric” was published in the *American Journal of Nursing* in December 1944. It had been read and revised by Alan Gregg before she submitted it. In this article, she set out a clear rationale for the development of university-based courses that would elevate the profession into the realm of academic scholarship and research, as well as provide leaders and administrators into the future. She made the pointed observation that,

for years we have talked about the need for a well-rounded program of nurse education yet, while preaching this doctrine, year after year hundreds of nurses have been graduated from schools of nursing without having had any experience in the field of psychiatric nursing while psychiatry claims over 50 percent of the hospital beds of the nation.¹⁵

She summed up the existing situation for her readers by explaining that nothing could change until there were adequately trained instructors, and this was her justification for university-based courses:

...little can be done to advance psychiatric training at an undergraduate level until more key people are available to direct, instruct, and supervise these programs. The need for knowledge of psychiatric nursing has been so generally recognized that requests for student affiliations in all areas of the country are far in excess of the courses and nurse instructors available.¹⁶

This was a complex problem impacted by the intricacies of federal funding. It was one thing to want courses; it was another thing entirely to make them happen. In a letter to Alan Gregg at the Rockefeller Foundation in November 1944, Charles Fitzpatrick stated that Fitzsimmons had been successful at persuading four universities “to set up graduate instruction to meet this need and two others are in the process of developing such courses in 1945.”¹⁷ These were not however, the extensive graduate courses that nurses were imagining; rather, they were short-

term (three-month) certificate courses for graduate registered nurses, but these early successes were the stepping stones for much larger changes which would emerge after WWII.

At the same time as the APA had been attempting to address the issue of nursing education, the Menninger brothers had been working on approaches to the training of the attendant. Despite the growing recommendations of the various National League of Nursing Education (NLNE) and APA projects, and the recognition that educated nurses were better for patient outcomes, psychiatrists continued to push for the expansion of the attendant workforce. They saw the goal of the improvement of standards for attendant training as the cheapest and fastest way to meet their institutional workforce needs. In 1947, Karl Menninger wrote to the Rockefeller Foundation about his idea for developing an attendant training program at their clinic in Topeka, Kansas. The world-famous Menninger brothers were central figures in mental health at this time and impossible to ignore - in the lead up to WWII, William Menninger was appointed the chief psychiatric consultant to the Surgeon General. After the war, William established and led the Group for the Advancement of Psychiatry (GAP) from 1946, and became President of the APA from 1948 to 1949, while still running the Menninger Clinic with his brother, Karl.

The Menningers were looking to start a school for the training of psychiatric aides within the VA system in Kansas. The primary objective, as Karl Menninger explained to Robert Morison of the RF, was “to try and improve the quality of care given by aides to patients.”¹⁸ Interestingly, Menninger did not see aides as merely performing the simple tasks that would then release nurses, which Fitzpatrick had argued for in the earlier nurse consultant program. Instead, Menninger saw aides as essential members of the therapeutic team (as much as other psychiatrists saw nurses as such). In relation to this project at the VA, Menninger did not appear particularly sympathetic to the cause of nurses themselves. Rather, he argued that the training of psychiatric aides needed to happen regardless of whatever nurses were doing, and that it needed to happen quickly. As he explained to Morison, “I do not want to swerve from my determination to do something in the direction of aide training and I feel that we doctors must not relinquish this to such initiative

as may develop in the nursing profession.”¹⁹

The Rockefeller Foundation officials were supportive to a point – they recognized the importance of the aide, and the need for a fully trained “sub-professional” group. But they did not go so far as to suggest that this project could or should happen without the input of nurses. For his part, Menninger knew that the idea would meet resistance in some form from nursing – he admitted as much to the Rockefeller Foundation early in the process, when he observed, “there is a strong emotional opposition on the part of some nurse leaders.”²⁰ It was hardly an emotional opposition, however. It was in fact, as the RF noted, “largely because the nurses fear an infringement of their rights and status.”²¹ The Rockefeller Foundation listened to nurses on this point.

As such, the Rockefeller Foundation expressed initial hesitation to fund the Menninger project. “I do have some grounds for feeling”, Morison wrote in his RF diary, “that the Menninger brothers sometimes promise things, the implications of which they have not fully thought through.”²² In this project, it was the implications for nursing, and the strength of the opposition, that the Menningers had not considered. Morison made some notes from a phone conversation with William Menninger early in 1949 in which he wrote that Menninger “would be willing to substitute a nurse for a psychiatrist as director of the school but fears that would not entirely meet all the objections.”²³ Indeed, it did not. The project did not, in fact, get off the ground at the Menningers’ preferred site of the Winter VA Hospital because the nursing staff there ultimately refused to facilitate a training program for aides over which they would not have complete control. The Menningers were able to establish their training school for psychiatric aides at the Topeka State Hospital instead. Here, the nurses were less of a force to be reckoned with, as the State Hospital was not at the time affiliated with any nursing school. This meant there were no nurse-led standards for education or accreditation of courses already in place, and the Menningers could therefore do as they liked with the \$75,000 the Rockefeller Foundation eventually gave them.

This school ran for a few years under the direction of a psychiatrist, Dr. Bernard Hall, who worked with nurse Esther Lazaro, Associate Director of the School and Supervisor of Clinical Training. In 1951, however, Hall reported to the Rockefeller

Foundation that the school was closing, and the RF discontinued funding. In his diary, Morison noted,

My guess is that H [Hall] has succumbed to pressure from the nurses who feel the competition of well-trained psychiatric aides. It seems to have been an increasing problem to find out just where the highly trained psychiatric aide would fit into the administrative picture in mental hospitals.²⁴

Fitzsimmons left her role at the APA in 1945 to take up a role as chief of psychiatric nursing for the Veterans Administration.²⁵ With continued funding from the Rockefeller Foundation, the APA employed two more full-time nurse consultants, Lela Anderson and Dorothy Clarke. They both continued the important work of negotiating the relationship between psychiatry and nursing, but noted increasing resistance to their efforts. Dorothy Clarke undertook another survey for the APA, published in 1950, but it failed to attract responses from the majority of schools of nursing, which perhaps no longer saw the APA as the authoritative or answerable body in the field. In 1951, the Rockefeller Foundation's nursing field officer, Mary Elizabeth Tenant, wrote to Robert Morison (Gregg's replacement as Medical Sciences Director at the Rockefeller Foundation) in which she was bluntly scathing of the repeated attempts at data collection with no real outcome. She suggested that the nurse consultant program was now a redundant approach and a duplication of time and effort. Further, she argued that there was extremely competent leadership at the national level in relation to nursing education in psychiatry, and it was past time for psychiatrists to hand over the reins to the ANA, the NLNE, and the National Organization of Public Health Nurses.²⁶

Tenant's comments were a recognition of the work that was already happening through these organizations and reflected the impact that changes in federal legislation were beginning to have on the capacity of nursing to organize university-based courses. By 1956, nurses were in control of their own educational initiatives and psychiatric nursing was being developed as a clinical master's degree at a number of schools across the country. While it took the commitment of federal funds for these initiatives, the groundwork for their establishment was a direct result of the collaborative work between nurses and the Rockefeller Foundation. Gregg, who died in 1957, would have been pleased to see it.

-
- ¹ The research in this report is now part of my book, *Talking Therapy: Knowledge and Power in American Psychiatric Nursing*, Rutgers University Press, 2020.
- ² Fitzpatrick, Charles. *Committee on Psychiatric Nursing. Interim Semi-Annual Report to the Council*. American Psychiatric Association January 1941. Rockefeller Foundation (RF), RG 1.1, Series 200, Box 70, Folder 850, Rockefeller Archive Center, Sleepy Hollow, New York (hereafter referred to as RAC), 2.
- ³ Fitzpatrick, letter to Alan Gregg, October 19, 1941, Ibid.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Gregg, A. Diary Excerpt, December 18, 1941. RF, RG 1.1, Series 200, Box 70, Folder 850, RAC.
- ⁷ Fitzpatrick, letter to Gregg, December 30, 1941. RF, RG 1.1, Series 200, Box 70, Folder 850, RAC.
- ⁸ Gregg, A. Diary Excerpt. June 1942. RF, RG 1.1, Series 200, Box 70, Folder 851, RAC.
- ⁹ Ibid.
- ¹⁰ Fitzsimmons, Laura to Gregg, A. Letter and Report, April 12, 1943. 9-10. RF, RG 1.1, Series 200, Box 70, Folder 851, RAC.
- ¹¹ Fitzsimmons, L, to Gregg, A. September 9, 1943. Ibid.
- ¹² Ibid.
- ¹³ Fitzsimmons, Laura to Gregg, A. Letter and Report, April 12, 1943. 10. RF, RG 1.1, Series 200, Box 70, Folder 851, RAC.
- ¹⁴ Gregg, A. Diary Excerpt. June 18, 1945. Box 71, Folder 852, RG 1.1: Series 200, RF, RAC.
- ¹⁵ Laura W. Fitzsimmons, "University Controlled Advanced Clinical Programs in Psychiatric Nursing," *American Journal of Nursing* 44, no. 12 (December 1944): 1166–69.
- ¹⁶ Fitzsimmons. 1169.
- ¹⁷ Fitzpatrick, C. to Gregg, A. December 22, 1944. RF, RG 1.1, Series 200, Box 71, Folder 852, RAC.
- ¹⁸ Menninger, Karl, to Morison, Robert. October 8, 1947. RF, RG 1.1, Series 219A: Kansas – Medical Sciences. Box 1, Folder: Menninger Foundation – Psychiatric Aides. 1947-1951, RAC.
- ¹⁹ Ibid.
- ²⁰ Ibid.
- ²¹ Morison, R. Diary Excerpt. January 19, 1949. Folder 4, Ibid.
- ²² Morison, R. Diary Excerpt. November 30, 1948. RF, RG 1.1. Series 219A: Kansas – Medical Sciences. Box 1, Folder 3, Menninger Foundation – Psychiatric Aides. 1947-1951. RAC.
- ²³ Morison, R. Diary Excerpt, January 19, 1949. Folder 4. Ibid.
- ²⁴ Morison, R. Diary Excerpt. September 18, 1951. Folder 5. Ibid.
- ²⁵ Fitzsimmons remained closely involved with nursing organizations activities in relation to psychiatric nursing, which is explored in greater depth in Chapter 2.
- ²⁶ Tennant, Mary to Morison, Robert Scott. Interoffice Memo, January 13, 1951. RF, RG 1.1, Series 200, Box 71, Folder 854, RAC.