

Real 19th-Century Asylum Practices That Inspired *Delusional Madness*

Kimberly K. Taylor

PAGE 1 — Introduction

The real history behind the asylum walls of *Delusional Madness*.

Thank you for reading—and for taking time to explore the real history behind
Delusional Madness.

This companion was created to remember the voices history tried to silence.
— Kimberly K. Taylor

This free historical companion explores real 19th-century asylum practices
that inspired the novel *Delusional Madness*.

Inside, readers will learn about commitment standards, so-called moral
treatment, restraint practices, institutional neglect, and the enforced silence
experienced by patients—especially women.

This companion is nonfiction and intended to provide historical context, not to
replace the novel itself.

PAGE 2 — Quick Guide / Table of Contents

In This Companion Guide

This companion guide is designed to offer historical context for the world portrayed in *Delusional Madness*. Topics include:

- Why Women Were Especially at Risk
- How People Were Committed
- So-Called "Moral Treatment"
- Overcrowding and Institutional Collapse
- Restraints, Control, and Punishment
- Isolation and Enforced Silence
- Labor Disguised as Treatment
- Living Conditions and Illness
- Purported Treatments of the Era
- Institutional Neglect
- Why Patients Were Not Believed
- Death, Burial, and Forgotten Graves
- Truth Beneath the Fiction
- A Final Word

PAGE 3 — Glossary of Key Terms

Glossary

The following words appear often in asylum history and may help provide clarity as you read.

Commitment

The legal process of admitting someone into an asylum—often involuntary and sometimes based on family request, physician approval, or local authority decisions.

Institutionalization

The long-term placement of a person inside a facility such as an asylum, often resulting in isolation from society, family, and personal autonomy.

Moral Treatment

A reform movement that claimed structured routine, calm environments, and orderly behavior could help restore a patient's mind. In many places, it faded as overcrowding increased.

Ward

A section or division of the asylum where groups of patients were housed and monitored.

Attendant

A staff member assigned to supervise patients. Attendants often held significant power over daily life within the institution.

Restraints

Physical devices used to restrict movement. These could include straps, cuffs, chairs, or other forms of control, sometimes used as routine management rather than emergency safety.

Seclusion / Isolation

Separating a patient from others, often in a locked room or confined space, typically used as punishment or control.

Hysteria

A historical term frequently applied to women and used to describe emotional distress, anxiety, disobedience, or behavior viewed as inconvenient—often without medical understanding.

Melancholia

A common 19th-century term for deep sadness, hopelessness, or depression.

Purported Treatments

A term used in this guide to describe methods presented as care or medicine, but which were often harmful, ineffective, or used primarily for control.

Why I wrote This

I wrote *Delusional Madness* because I could not stop thinking about the women history chose to forget.

So many patients entered institutions frightened, unheard, and stripped of the very thing that makes a person human—the right to be believed. Their stories were dismissed as symptoms. Their pain was treated as inconvenience. Their lives became silent records hidden behind locked doors.

This companion guide was created with one purpose: to honor the truth beneath the fiction.

While the characters in *Delusional Madness* are imagined, the world that shapes them was not. The practices, the conditions, and the cruelty described throughout this guide reflect real history—history that deserves to be remembered with honesty and compassion.

Thank you for reading. Thank you for listening.
And most of all, thank you for helping keep these voices alive.

— Kimberly K. Taylor

Fiction vs. History: A Clarifying Note

Delusional Madness is a work of historical fiction.

The characters, including Cassie, are fictional creations. The plot, dialogue, and specific events in the novel were written for storytelling purposes.

However, the world Cassie enters is rooted in documented realities of the 19th century.

Many of the themes explored in *Delusional Madness*—including forced commitment, institutional power, restraint practices, isolation, poor living conditions, and neglect—reflect patterns that existed in various mental institutions of the era. While not every asylum operated the same way, and not every patient experienced the same treatment, the suffering and injustice behind those walls were very real.

This companion guide exists to provide historical context and honor the individuals whose experiences were often dismissed, minimized, or erased.

The goal is not to sensationalize the past.

The goal is to remember it.

— Kimberly K. Taylor

A Gentle Reader Note

This guide discusses real historical conditions and institutional practices that harmed countless individuals in 19th-century mental hospitals. These topics are approached with care, but some readers may still find the content heavy or emotional.

If you are a survivor of trauma, abuse, medical neglect, or institutional harm, please read at your own pace. Take breaks when needed.

You are not required to carry history all at once.

Why Women Were Especially at Risk

In the 19th century, women could be institutionalized for reasons that would be considered unthinkable today.

A woman might be committed not only for severe mental illness, but for grief, anxiety, exhaustion, postpartum distress, poverty, defiance, or behavior that was viewed as inconvenient or embarrassing to others.

Many women who entered asylums did not arrive because they were violent or dangerous.

They arrived because they were powerless.

In *Delusional Madness*, Cassie's experience reflects the reality that many women were controlled through reputation, fear, isolation, and enforced silence—without being given a fair chance to speak for themselves.

Commitment Standards and Forced Admission

Commitment laws varied across states and counties, but the process could be disturbingly simple.

Common pathways into an asylum included:

- A husband, father, or family member requesting commitment
- A physician writing a brief certification
- A judge signing off on admission
- Law enforcement transporting the patient
- A recommendation based on community rumor, fear, or scandal

In many cases, the patient had no meaningful hearing, no advocate, and no true legal defense.

Once admitted, leaving was not guaranteed.

For many, the asylum became something more permanent than anyone expected.

What It Claimed to Be

Some early reformers believed humane care could improve the lives of patients. This approach was often called moral treatment.

It typically emphasized:

- Calm routines
- Clean surroundings
- Fresh air and nature
- Structure and order
- Productive work
- Reduced physical punishment

In theory, it promised healing through stability.

But this approach was fragile—dependent on staff, funding, space, and compassion.

When asylums became overcrowded and under-resourced, the treatment often faded... and control took its place.

When Institutions Became Warehouses

Asylums were not originally built to house the massive populations they later held.

As numbers grew, many institutions became overcrowded due to:

- poverty and homelessness
- limited community resources
- long-term institutionalization
- abandonment by families
- chronic illness with no support outside the walls

Overcrowding often led to:

- unsafe living conditions
- poor sanitation
- rapid spread of disease
- lack of privacy
- increased neglect
- staff exhaustion and cruelty

For many patients, the asylum was no longer a hospital.

It was containment.

Restraints as Routine

Restraints were sometimes used as “management tools,” even when they should have been last resorts.

Common methods included:

- wrist restraints
- ankle restraints
- leather straps
- straitjackets
- chair restraints
- locked enclosures
- confinement rooms

In some records, restraint was described as protection.

But many historical accounts suggest restraint often became punishment—especially when a patient cried too loudly, questioned authority, resisted orders, or simply could not remain calm in an environment built on fear.

Restraint could last hours.

In some cases, far longer.

The Enforced Quiet

Silence was frequently demanded in institutions, not as comfort—but as obedience.

Patients could face punishment for:

- asking questions
- speaking too loudly
- crying openly
- refusing orders
- expressing distress

Women who protested were often labeled:

- “uncooperative”
- “difficult”
- “disruptive”
- “unstable”
- “delusional”

Silence was mistaken for improvement.

And being heard was treated like rebellion.

Labor Disguised as Therapy

Patients were often required to work, framed as a form of rehabilitation.

Common tasks included:

- laundry
- sewing and mending
- cleaning wards
- kitchen labor
- scrubbing floors
- assisting with institutional chores

Some patients may have found brief comfort in structure.

But for many, the labor was unpaid, exhausting, and used primarily to keep the institution running—regardless of the patient's physical condition or emotional state.

Conditions Behind the Doors

Many institutions struggled with infection, unsafe sanitation, and poor hygiene. Cleanliness often depended on staffing levels and available resources—both of which could fall dangerously short.

Patients could experience:

- filthy bedding
- infestations
- limited bathing
- overcrowded sleeping quarters
- poor nutrition
- unchecked spread of disease

When people were already dismissed as “insane,” their discomfort was easy to ignore.

And their suffering was easy to excuse.

Medicine Without Understanding

The 19th century did not understand mental health the way we do today. Some approaches were rooted in genuine effort. Others were harmful experiments—or attempts to control rather than heal.

Purported treatments could include:

- sedatives and strong narcotics
- harsh confinement “for calm”
- cold-water practices
- chemical tonics
- excessive medication without supervision
- punitive routines disguised as care

Not every asylum used the same methods, and practices varied widely.

But the common thread remained the same:

Patients rarely had the right to refuse.

Neglect as a Quiet Kind of Violence

Not all harm was loud. Some of the deepest suffering came from what never happened.

Neglect could look like:

- ignored illness
- unanswered cries
- lack of warmth and dignity
- unattended injuries
- hunger and dehydration
- indifference to pain

For many patients, neglect was not an accident.

It was routine.

And because they had little credibility, their suffering could disappear without consequence.

Why Patients Were Not Believed

Even when patients spoke truthfully, the institution held the power.

The staff were trusted.

The system was protected.

The patient was already labeled "unreliable."

Accusations could be dismissed as:

- delusions
- confusion
- exaggeration
- manipulation
- instability

This imbalance meant many patients had no real way to defend themselves.

And no way to expose what was happening behind locked doors.

When Patients Disappeared

Death in asylums was not rare.

Some patients died due to:

- infectious disease
- malnutrition
- untreated physical illness
- extreme living conditions
- institutional neglect

Many were buried without family present.

Some were marked only by:

- a number
- initials
- no marker at all

Even after death, many remained unnamed.

History moved on.

But the silence remained.

How This History Shaped *Delusional Madness*

Delusional Madness is a work of historical fiction.

But the emotional truth within it reflects real lived experiences of countless people who were institutionalized, forgotten, and silenced.

Cassie's story exists to honor:

- the ignored
- the misunderstood
- the dismissed
- the forgotten
- the women whose suffering was mislabeled as "madness"

This companion guide was created for one reason:

So the truth does not vanish again.

A Final Thank You

Thank you for reading this companion guide.

History cannot be rewritten.

But it can be remembered.

And remembrance—when it is honest—becomes a quiet form of justice.

— Kimberly K. Taylor