

# **Dix Park Cultural Interpretive Plan**

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Many, many people have contributed insights that have helped strengthen the interpretation of the Dix site over the years. Thank you to everyone who contributed to this process in public conversations, at workshops and events, and online.

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# 1. Introduction



# A New City Park

A photograph of a field of purple flowers in the foreground, with a park scene in the background. The sky is blue with some clouds, and a street lamp is visible in the distance.

Dix Park has become a regional destination for recreation, education and reflection. The *Dorothea Dix Park Master Plan*, adopted by City Council in 2019, provided recommendations for the transformation of the former hospital site into a public park. The Master Plan suggested future physical and programmatic uses of the site and identified a need for further interpretation of the site's complex history, including its role as a psychiatric institution, plantation, and Native homeland.

The City of Raleigh and Dix Park Conservancy have gathered historical records and community perspectives related to the site toward creating a plan for cultural interpretation at Dix Park. Community members assembled archival records, oral histories and scholarship that would become the basis for cultural interpretation. In 2022, Cloud Gehshan with Brocade Studio joined the team to lead the community engagement and planning process.

This document — the Cultural Interpretive Plan (CIP) — is the result of 18 months of researching, listening, and strategizing about how history, community, recreation, and reflection could come together at Dix Park. It's a synthesis of community priorities that also offers structured recommendations for sharing the site's history with visitors and connecting the past to what Raleighites find meaningful today.

**The Cultural Interpretive Plan is the beginning of an ongoing process of community planning.**



# Goals for Cultural Interpretation

**What is cultural interpretation? At its core, cultural interpretation seeks to create opportunities for people to connect with a site and its history.**

Interpretation communicates the values of the institution—here, the City of Raleigh with the Dix Park Conservancy— through the ways it shares knowledge and stories about the site with park visitors and the wider world. At the practical level, cultural interpretation includes the design of physical and conceptual spaces, written text, live presentations and programs.

Through conversations with community members, park staff and stakeholders, five overarching goals for cultural interpretation emerged at Dix Park:

**Bring relevance and meaning to the site by making connections to issues Raleighites face today**

**Increase appreciation and understanding of the natural resources of the park and how to protect them**

**Tell the unfolding history of the site, with special care for stories that have been buried or forgotten here**

**Cultivate curiosity, dialogue and empathy**

**Challenge visitors to think in new ways about history**

## 2. Foundations

# Planning, Research and Community Work



Community members provided input at a number of interpretive workshops, including this one in late 2022.

The CIP team's work builds on a wealth of existing planning, research and community member expertise. The *Master Plan*, a foundational resource, provides extensive research about site history and natural resources as part of its vision for an expansive and dynamic urban park.

Another foundation of this CIP is the dedicated work of the Legacy Committee and Community Committee. These committees have pushed for a concerted reckoning with the site's history, highlighting the need to incorporate fuller accounts of what happened and center the perspectives of those with connections to this history. This includes, for instance, the perspectives and commitments of people who were treated at Dix Hospital and people whose ancestors were enslaved at Spring Hill plantation.

Insights from the wider Raleigh community, gathered in workshops and online, also guided planning. Community storytellers, historians and elders advised the team throughout the process. (See the *Engagement Summary for details*)

Museum and digital archivists, oral historians, and university-based scholars provided a substantial body of research that grounds this report and will serve as a resource for future projects in the park. (See the *Research section for details*)



# Alignment with the Master Plan

The plan expands upon some of the core principles and key actions outlined in the *Master Plan*. These include:

## Open up and connect

- Work with neighboring communities and institutions to maximize local and regional connections to the park
- Improve existing entries and create new ones, welcoming visitors from all directions in as many ways as possible
- Host events and gatherings for community members, families, neighborhood groups and local institutions in park spaces

## Build from what is there

- Bring meaning and relevance to the site's complex layers of history through new park elements as well as restoration, reuse, and reinterpretation of existing elements
- Honor the legacy of Dorothea Dix by creating park spaces and programs that support the wellness of visitors
- Weave into the park experience innovative resiliency projects that reveal the natural landscape systems

## Offer something for everyone

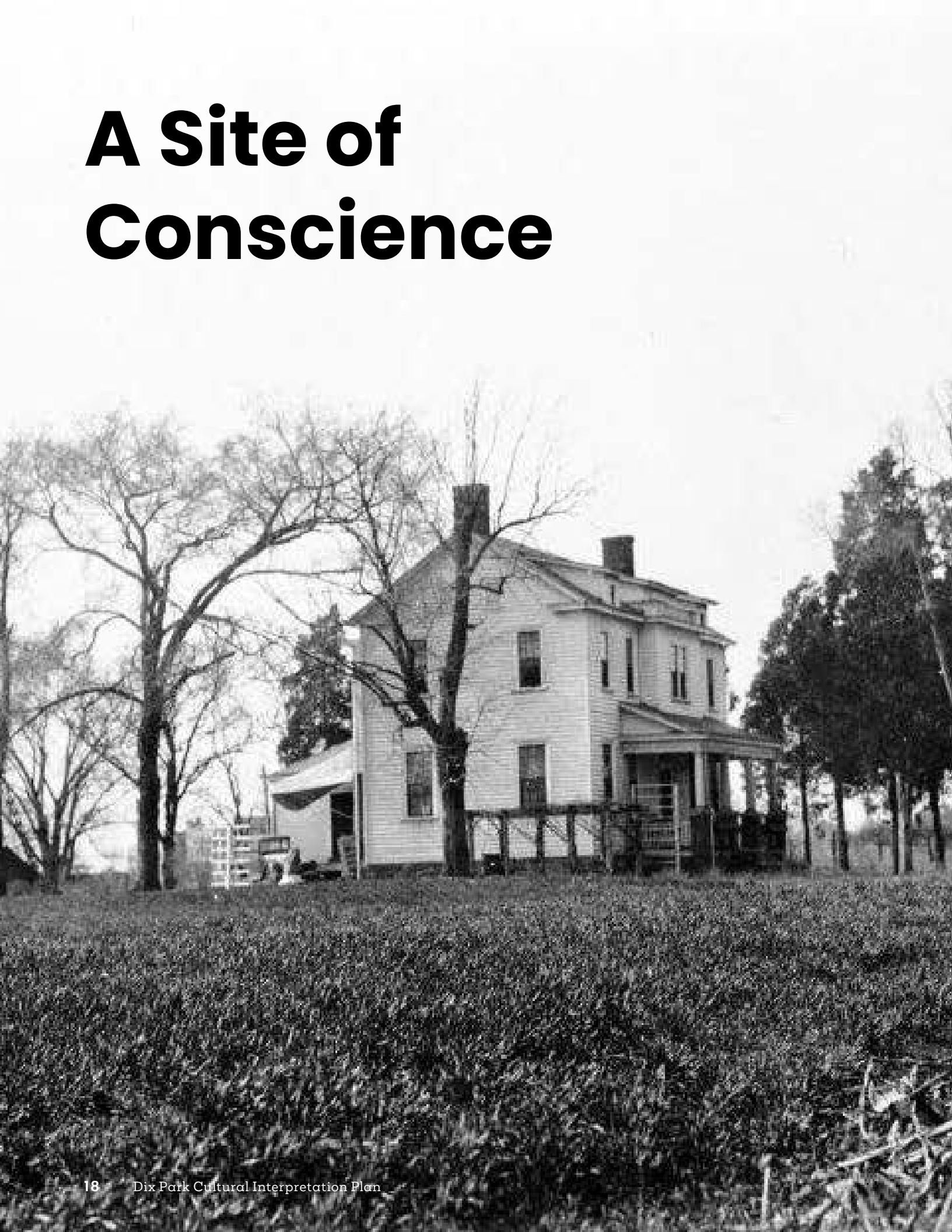
- Restore and celebrate the site's cultural landscapes to connect the past to today
- Design park spaces to be flexible and dynamic, to support a range of meaningful and engaging activities and events and adapt over time
- Include spaces for creative expression

The Meadow

The Valley

Creek

# A Site of Conscience



Dix Park is a Site of Conscience. A Site of Conscience “is a place of memory that confronts both the history of what happened there and its contemporary legacies.”

This means, as the Dix Park Sites of Conscience Working Group lays out, that **“the complicated, unspoken, and often uncomfortable histories of slavery, abuse, segregation, and removal that have occurred in this space must be documented.**

**The issues of race, mental health, and communal healing inherent in our space are inseparable from our desires for what this park could become.”**

Dix Park is committed to preservation of the site’s history as a way of “moving memory to positive action.” The Cultural Interpretive Plan represents a significant step for the City and the Conservancy towards the goals of:

- Engaging community members in remembering and sharing stories that connect the past and present in the park
- Creating awareness of the site history and increasing the visibility of historically significant places in the park
- Inspiring positive action through site interpretation, restoration, and opportunities for community-led discussion and creative responses to current issues

# Considerations for Planning

The Dix Park site holds significant interpretive challenges. The site is undergoing a radical change of use from a purposefully isolated hospital campus into a welcoming natural and recreational resource. As the site evolves, there is a need to preserve and communicate the layers of its history in the context of its new use as a public park.

Several key considerations should be kept in mind when planning interpretation:

## **Most people will come to Dix Park in search of recreation and entertainment.**

They will not be looking for information about the complex history of the park site, but they may take a moment for a well-placed invitation to learn about a story that resonates with them.

## **Given the park's diversity of users, successful interpretation must include a mix of communication approaches.**

This includes direct approaches like staff tours, signage, digital storytelling and exhibitions, as well as more open-ended experiences like a forest walk, a view of the old hospital buildings, or an afternoon at Gipson Play Plaza. Interpretive elements should be carefully woven through the park landscape to offer a range of ways for visitors to engage with the site and its stories.

## **Community members want spaces that can hold powerful memories, promote healing, and provoke real dialogue.**

They voiced a need for engaging memorials, community-driven works of art, gathering spaces, and walks in nature. These paths and landmarks can take various forms but should be placed deliberately and of a scale to be experienced by visitors from a distance and up close.

## **The park's development is still in its early stages.**

Doing what is feasible in the present, with an eye toward high-impact locations and initiatives, will be vital to creating positive visitor experiences as site development unfolds. This Plan recommends dynamic projects that can be implemented in different phases of development, along with temporary exhibits and installations that can be phased out as more permanent projects are completed.

## **Our understanding of the site's history and relevance**

**will evolve** with shifts in public conversation and new discoveries. Meaningful interpretation at Dix Park that is impactful for visitors depends, in great part, on continued community engagements and research — foundational elements of this Plan.



# Who Are We Interpreting For?

To be effective, cultural interpretation in the park will need to engage an array of kinds of visitors, including:



With all these visitors in mind, an interpretive palette that “offers something for everyone” will need to be approachable and responsive to a variety of ages, interests and goals.

It should offer opportunities to stretch beyond the familiar — to pique curiosity about the site’s history and reward exploration. Interpretation must also be sensitive to the weight of these stories, providing options for visitors to choose their level of engagement with the site’s complex and sometimes painful past.



Neurodiversity symbol



Dix Park Land Blessing

## People who come seeking recreation and relaxation

These visitors may come for a solitary walk or a shared game of disc golf. They may be seeking a moment of quiet reflection on one day, and a place to celebrate with family and friends on another. For people in search of entertainment and cultural events, the park today hosts a variety of options ranging from art installations to movies, cultural festivals to staged entertainment. The number of these visitors will grow exponentially as the park brings its plans to fruition, adding options for recreation and social gathering.

## Young people

Gipson Play Plaza is an early investment in expanding the park’s appeal as a destination for families with young children. This and outreach to school groups create a greater demand for interactive interpretive activities and programs designed for children.

## People who currently experience barriers to access

Welcoming people with particular physical, developmental, sensory, or mental health needs will require designing engaging interpretive elements that are accessible for them.

## Community members with historical or family connections to the site

Currently, these include Native American North Carolinians who host an annual Pow Wow at Dix, descendants of people who were enslaved at Spring Hill plantation, and members of the mental health community, including former patients and their families, mental health practitioners, and hospital staff whose families lived and worked at the site for generations. These visitors will seek interpretation that acknowledges their personal histories, and shares these histories in ways that allow others to find connection and meaning.



# 3. The Site & Its Stories

# Community Histories

## Dix Park site has a complex past.

The site is and has long been Native land. It was also the grounds of plantation slavery and its aftermath. And it was the location of a longstanding state psychiatric hospital.

It is a place connected to broader histories of colonization and racism, changing dimensions of mental illness and its treatment, and struggles for justice and community-building.

It is also, today, a public park where different communities intermingle and interact.

Initially, interpretation in the park will focus on four community histories: the ecological history of the site over time; Native American community history on and near the site; African American community history on and near the site; and the history of those who worked, were treated, and/or lived at Dix Hospital.

			
<p><b>Ecological History</b>            Early Ecology            Layers of Land Use            Common Land to Private Property            Development of the Site as...            ...Plantation            ...Hospital            ...Landfill            Who has worked this land?            Dix Park as a Place for Restoration</p>	<p><b>Native American Community History</b>            Native America            Living through Colonization, Protecting Community            Native Americans at Dix Hospital            Dix Park as a Place of Presence            Present / Past / Future</p>	<p><b>African American Community History</b>            Establishing Spring Hill Plantation            Life at Spring Hill Plantation            Hospital Foundations            The Civil War            Segregation &amp; Integration at Dix Hospital            Emancipation and Reconstruction            Plantation Life after Reconstruction            Raleigh's Freedmen Communities            Growth of Cultural Institutions            Jim Crow Era            Raleigh's Parks            Civil Rights Movement            From Segregation to Gentrification            Dix Park as a Place for Acknowledgement            John Hunter and the Hunter Descendants</p>	<p><b>Dix Hospital Community History</b>            Mental Health Treatment in NC before Dix            Dorothea Dix            Design &amp; Construction of Dix Hospital            Civil War comes to Dix            Rise of Nursing            Segregation &amp; Integration at Dix Hospital            Expansion of the Hospital            Patient Work at Dix            The Great (Healing) Outdoors            Working at Dix            Home for Staff            Home for Patients            Dix as Community            Diagnosis and Treatment at Dix            Patient and Family Stories            All Faiths Chapel            Dix Hospital Cemetery            Closure of the Hospital            After Dix: The Deinstitutionalization of Mental Health services            Dix Park as a Place for Healing</p>

Here and throughout the CIP we use the term **community history** to emphasize that history is told and shared in communities. Community history points us not just to what happened, but how past events connect to what is meaningful for communities today. Over time, interest and awareness about additional aspects of the site's history that are significant to communities in Raleigh will emerge, and should be incorporated into the site's interpretation.

The following pages contain summaries of the four community histories. For further related resources, see the items in the Appendix.

# Ecological Community History



Dairy cows at the Dix Hospital Farm, 1941.

The Dix Park site is located in the Piedmont region, historically an area of remarkable ecological diversity. Over time, the site has been shaped by different kinds of human cultivation, exploitation and stewardship, each of which has left its mark.

Beginning as early as 1,000 BCE, it is likely that nomadic Native Americans used this site as a hunting ground. During this period, elk, buffalo, black bears, deer, and smaller game were plentiful. Subsequently, experts believe that Native American tribes may have occupied land near Rocky Branch Creek and Walnut Creek, cultivating crops like squash, beans, maize and tobacco and medicinal herbs. Early Native communities cared for the land through an approach based in maintaining ecological balance.

European colonists eventually took the land, and redefined it as private property. They developed processes of engineering and extraction that generated wealth and resources for some, but also led to high levels of pollution and a loss of ecosystem diversity. Over time, the site was used as a plantation, hospital campus and landfill.

On plantations like the one which existed at the site for nearly a hundred years, enslaved African people worked the land, drawing on agricultural skills and knowledge from their home cultures. Cotton and possibly tobacco were grown as cash crops at Spring Hill plantation, along with corn, wheat, potatoes, beans, oats, and flax. Plantation development introduced new cultivated crops and domesticated animals but further reduced wild species diversity.

From 1850 until 2012, the site was further developed and used as the grounds for the state psychiatric hospital. Patients worked at the hospital's large farm, spent time in the

campus greenhouse, and took walks in the patient park on the hill.

By the 1960s, "the 1,853-acre hospital farm consisted of 832 acres of cropland, 287 of improved pasture land, 695 wooded acres, 26 acres of roads and lots, and 13 acres of ponds. The expansive farm included 1,280 swine, including 180 brood sows; 225 cows; and 8,000 layer hens. Two hundred patients worked the farm, along with twenty-one hospital employees" (Marjorie O'Rorke, *Haven on the Hill*). The grounds were also used for a hospital cemetery that was established soon after the founding of the hospital and was in use through the early 1970s.

To accommodate the institution's growth, the site was continually manipulated. Stream channelization, forest clearance, changes to the natural topography, railroads, bridges and roads destabilized existing natural systems and led to further losses in plant and wildlife species diversity. Construction and disposal practices also erased traces of the site's history. From 1957 to 1972, the City of Raleigh used parts of the site as a municipal landfill for dumping solid waste. The landfill footprint encompasses 52 acres of the park, including much of Flowers Field, the former soccer fields, sunflower field, and the surrounding grasslands and pine grove.

Today the City of Raleigh and Dix Park Conservancy are working to improve and transform the site. Park initiatives are focused on supporting the tree population, improving the soil, restoring the waterways, and creating programming that encourages environmental stewardship. The Park is also working to identify and preserve the histories held by the land, including the continued restoration of the hospital cemetery.



# Native American Community History



*The towne of Pomeiock and true forme of their howses, covered and enclosed some w<sup>th</sup> mats, and some w<sup>th</sup> barkes of trees. All compassed about w<sup>th</sup> smale poles stock thick together in blood of a wall.*

The village of Pomeiock, NC, 1585.  
Image Courtesy of the British Museum.

This site has been Native American land for centuries, and still is. While European colonization physically displaced Native people from the land, it did not change the significance of the site as Native homeland.

By 1,000 BCE, Native Americans had come to the Piedmont's rolling hills to hunt and gather food. Over time, different tribal communities became caretakers of the area's grounds and waterways. These first communities developed systems of agriculture, medicine, architecture, governance, and craft, and spirituality. They cultivated crops and cared for the complex ecosystem they lived with.

Due to extensive land disturbances like landfill bulldozing, not many physical traces of these communities have been preserved at the park site, but evidence of early Native American settlement has been found nearby.

Beginning in the 1500s, Native Americans in North Carolina were displaced from their homelands by colonization. European settlers used violence to remove Native communities from land they wanted to claim, and tribes responded with a number of strategies to preserve their communities, including voluntary and coerced migration, moving onto reservations, outward assimilation, and going into hiding.

During the segregation period (1880s-1950s), Native Americans in North Carolina experienced exclusion, discrimination, and official and everyday refusals to recognize their sovereignty and identity. Faced with these challenges, they fought for community self-determination and built institutions like schools and lending associations.

Native American patients were treated at Dix Hospital throughout its operation. Early in the hospital's history they were sent to segregated wards. Some Native American people were buried in the hospital cemetery, but their ancestry was often not noted in the records and many gravesites were not marked. There is still work to be done to continue to piece together this history.

Most of the Native Americans who were patients at Dix were members of the Lumbee tribe, the largest tribal community east of the Mississippi River and the ninth largest in the nation. Like other tribes in the area, this community has its own distinct history, woven into the collective Native American story.

Today, Native people are everywhere and in every kind of community in North Carolina. Community and ancestral traditions that were buried during the segregation period are being revived. The City of Raleigh and Dix Park Conservancy are working to make the park a place where Native American stories and traditions can be shared.



Performer at the Dix Park Inter-tribal Pow Wow, 2023



# African American Community History



Hunter family descendants at a reunion at Dix Park in 2019. Image courtesy of Ernest Dollar.

African Americans have lived and worked on this site since the early 1700s. For nearly 100 years, what is now Dix Park was part of Spring Hill plantation (the remainder of the original plantation site is now part of the North Carolina State campus). Spring Hill plantation was owned by the Hunter family, who enslaved many people. The Hunter wills show how families were torn apart as they were sold and traded by the people who enslaved them.

At Spring Hill, as elsewhere, enslaved people did the foundational work of building and sustaining the plantation. African people brought their practices and knowledge to North Carolina, shaping the architectural, agricultural, culinary and cultural traditions that are part of shared regional identity today.

Some people who were enslaved at Spring Hill lived and worked in the plantation owner's house; most lived in separate housing. Enslaved people tended their own small gardens, hearths and burial sites. Few traces of their communal life remain on the site today.

John Hunter is one important link to this part of the site's past. Born in 1764, John lived for 12 years as a free man after surviving 101 years of enslavement, including at Spring Hill. He was a skilled iron worker and minister. Research is underway to learn more about his lineage, as well as those of Ned and Isaac Hunter, also enslaved at Spring Hill. This research has been a collaboration between the descendants of the plantation owners and the descendants of those who were enslaved to discover ancestral roots and forge present-day connections.

Dix Hospital was built on the foundations of plantation life. In 1864, 29 acres of the plantation were sold by Hunter heir Maria Hall to the state for North Carolina's first mental health care facility. Records show that enslaved people built the original infrastructure for the hospital.

Not long after the hospital was built, the country erupted in war. African Americans built the earthwork, a large, soil embankment that formed a fortification around the city, to protect Raleigh from Union forces. The earthwork cut through the state hospital property.

In the first decades of Dix Hospital's operations, Black people were excluded from treatment. The Civil War led to the admittance of the first Black patients. Black men fought in the war as part of the United States Colored Troops, and were treated at Dix Hospital for war-related symptoms. (The hospital cemetery holds the graves of Civil War veterans like Eli Hill (d. 1877), a Union soldier with the USCT.) But fewer than fifty African Americans were admitted to Dix Hospital between 1856 and 1965, when Dix was desegregated to comply with the Civil Rights Act. North Carolina opened Cherry Hospital (then known as the "Asylum for the Colored Insane") as a separate facility in Goldsboro for African American patients. It is generally agreed that the state provided fewer resources and less funding to this facility.

The Civil War ended in April 1865, opening a brief period of legislative reform known as Reconstruction (1865–1877). Slavery was abolished and formerly enslaved men had the right to vote and hold public office in Southern states. For Black people and abolitionists, this was a time of hope, rapid change, and fundamental upheaval.

Reconstruction ended in 1877, when pro-slavery factions regained political power in North Carolina and across the South. From then until the 1950s, federal and state governments withdrew civil rights from Black people and other racially marginalized groups, and introduced laws to enforce discrimination against people of color. Among these measures were legal and economic sanctions that kept land and wealth in the hands of White people.

During this time, public spaces were defined by segregation, resulting in separate and unequal (less funded, less maintained, smaller) spaces for people of color. 'White parks' and 'Black parks' emerged in Raleigh, a pattern that continued even after legal desegregation. Places like nearby Chavis Park became spaces where Black Raleighites could experience relative safety and acceptance under conditions of ongoing exclusion and racism.

Moving forward, the City of Raleigh and Dix Park Conservancy want to make Dix Park a place where people of color feel welcome and safe. Residents say this will begin with the ongoing acknowledgement of the history of racism, and specific initiatives to incorporate the perspectives, voices and placekeeping practices of Raleigh's Black residents into the park's infrastructure and programming. The City and Conservancy also want the park to be a place where genealogical research about descendant lineages is supported and shared.



# Dix Hospital Community History



Patients at the sewing room at Dix Hospital in the late 1800s.  
Courtesy of the State Archives of North Carolina

North Carolinians suffering from mental illness had few places to seek help before reformer Dorothea Dix arrived in Raleigh in 1848. Dix advocated for a new type of institution – the asylum – as a refuge for those living with mental illness, and a new approach to treatment that emphasized time spent in nature, recreation, and meaningful work. Dix was a fearless advocate for improvements in mental health care, but she also held discriminatory beliefs about how race should determine access to treatment.

Dorothea Dix successfully persuaded the state to fund a psychiatric hospital in North Carolina, and construction of the hospital commenced in 1850 on what are now the park grounds. The campus plans drew on pastoral trends in architecture and landscape design, and focused on creating access to outdoor vistas, fresh air and sunlight.

The first hospital buildings were built by people who were enslaved. Inmates from the State Penitentiary and hospital patients also worked without pay on the construction of some of the campus's buildings over time.

In February 1856, the hospital, then known as the North Carolina Hospital for the Insane, opened its doors, accepting only White and Native American people for treatment. Men and women occupied different wings of the hospital. Anna Cameron Kirkland was the first female patient admitted to Dix and received treatment at the hospital for 33 years.

In April of 1865, Union soldiers set up an encampment on the property, ransacking the Dix campus. The war took a toll on civilians and soldiers. A number of North Carolina soldiers became patients at the hospital,



Dix Hospital nurses with a portrait of Dorothea Dix  
Courtesy of the State Archives of North Carolina

where they were treated for stress symptoms related to warfare. In 1865, shortly after the Confederate surrender, U.S commanders required doctors to treat newly freed African Americans. The first Black patient was a Wake County man named Isaac who had served with the United States Colored Troops. Fewer than fifty African Americans were admitted to Dix Hospital between 1856 and 1965, when the hospital was desegregated. Some people of color worked in Dix Hospital before its official integration, but the staff was predominantly white.

During the Civil War, nursing greatly expanded to care for injured soldiers, and became one of the few professions opened to women. In 1902, a School of Nursing was established at Dix Hospital. It operated until 1949.

As the hospital grew, it developed as 'a community unto itself.' 'Dix Hill' had its own water supply, bakery, smokehouse, icehouse, boiler system, and a farm that supplied much of the food that the hospital community consumed. By the mid-1970s, more than 2,700 patients lived at Dix



Hospital and nearly 1,300 employees worked there. The hospital and its related facilities occupied 282 buildings on 2,354 acres of land.

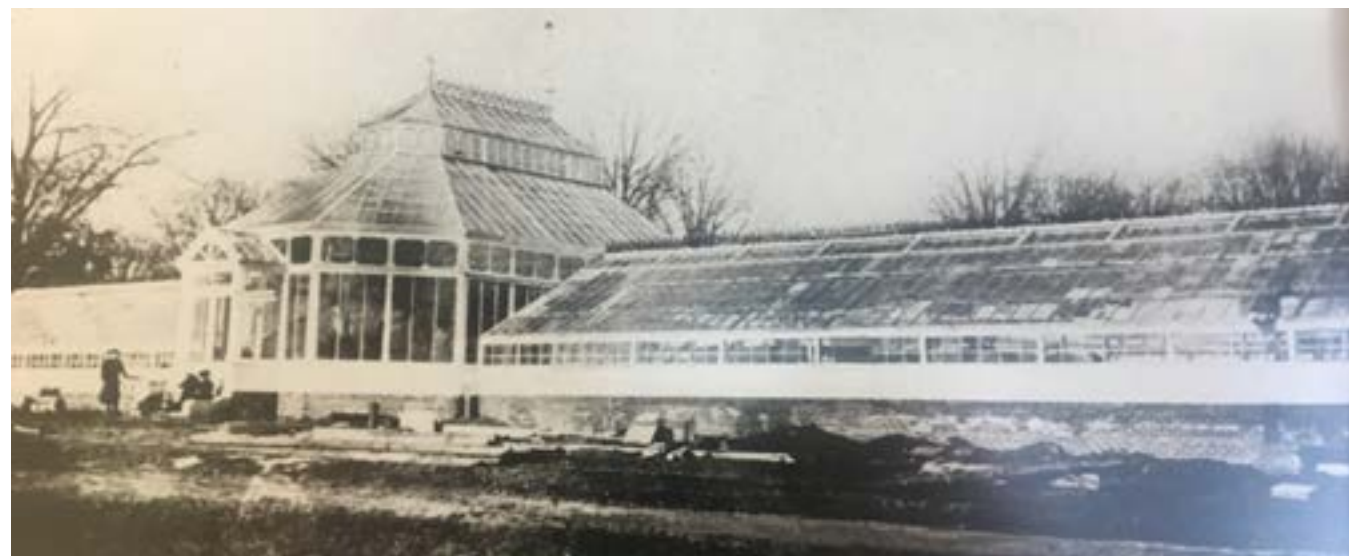
People who were patients at the hospital worked, usually without pay, on the farm and grounds and in the kitchens and laundry. This work helped sustain hospital operations and provided financial benefit to the hospital operators. It was also framed as therapeutic. In the 1970s, reformers challenged unpaid work arrangements at institutions like Dix, and new federal laws required that working patients “be paid with the minimum wage and other provisions of the Fair Labor Standards Act.” By the mid-70s, most work programs at Dix had ceased.

For many people who lived in and near Raleigh, Dix Hospital was their workplace. People held jobs as physicians, pharmacists, nurses, janitors, groundskeepers, facilities technicians, housekeeping staff, security and administrators. Generations of family members worked at Dix and lived on campus. Former staff often describe their coworkers as lifelong friends. Beginning

in the 1960s, Dix Hospital had a residency program that brought families from all over the world to Raleigh.

Many of the people admitted to Dix came there because their families could not provide adequate care for them at home. For some, Dix became a second home where they could find treatment and some protection from larger societal judgments about mental illness. Those admitted with less restrictive designations participated in a range of daily activities, including group therapy, occupational therapy, work and outdoor recreation. Others were confined to ‘the ward,’ and most of their time was spent in bedrooms and common rooms.

Some people were admitted to Dix Hospital once for a brief time, some spent the majority of their lives there, and some went in and out of the hospital as they navigated changes in their mental health. People moving out of Dix back into their communities faced big challenges, including dealing with social stigma and finding adequate housing and psychiatric support.



Dix Hospital Greenhouse  
Courtesy of the State Archives of North Carolina

Former patients and staff describe Dix as a more ‘humanized’ mental hospital than some others, a place where they were ‘treated like people’. They remember shared meals, field trips and celebrations like the summertime picnic and the Christmas party.

Dix Hospital had a nondenominational chapel for use by patients, staff, and visitors, a place of peace and comfort for many people who worked and lived on the Hill. Commissioned in 1954, All Faiths Chapel held worship services, weddings, funerals and other gatherings. It is now named in honor of Gregory Poole Jr., who tirelessly advocated that the state hospital site be preserved as a public park.

The hospital also had its own cemetery, where people were buried from 1859 to 1970. The cemetery contains over 900 graves. Over the years, the hospital cemetery fell into disrepair due to neglect and impact from an adjacent landfill. After the landfill closed in 1972, hospital administrators secured grant funds to clean it up. In 1991, local volunteers worked with committed hospital staff to identify 750 patients buried in the cemetery, install name markers and create a memorial wall. Recent research has identified an additional 46 patients buried in unmarked graves.

For many, Dix Hospital was a workplace, a home, and a place of recovery. For some it was also a site of harm. Like other hospitals of the period, Dix used some treatment methods that would not be considered humane by today’s standards. Patients were subjected to surgical sterilization, ice baths, electric shock therapy, and medications with significant side effects, sometimes without their consent. There are also reports of negligence and abuse at the hospital.



A view of the Dix Cemetery today

In April 2000, amid a national push to privatize mental health services, the North Carolina General Assembly recommended that Dix Hospital close. Some mental health advocates urged that the hospital be renovated instead. In 2003, the Assembly passed legislation to close Dix and in 2012 the hospital officially shut down and patients were transferred to other facilities and outpatient programs, or released to live on their own.

For many community members, the hospital closure was a major loss. Former staff and patients and their families describe how recent reforms to the mental health system have led to lack of adequate care and consistent resources for people dealing with mental illness.

Members of the Dix Hospital community point to the cultural stigma around mental illness as a major challenge that must be overcome to improve the lives of those impacted by it. By restoring and adapting elements of the hospital campus in its design, the City of Raleigh and Dix Park Conservancy are working to make Dix Park a place where shared awareness about mental illness and mental health can grow.

# Interpretive Themes

Insights gathered through community meetings, surveys and interviews coalesced around **five themes** that cut across these different community histories.

These big themes express how to approach the site, connect its past to its future, and find shared meaning there. They are:

*“An interpretive theme helps interpreters affect the audience by providing focus for the audiences’ personal connections.*

*It articulates a reason or reasons for caring about and for the resource.”*

-National Park Service Interpretation Guide

1

## Community Histories / Common History

The Dix site is a space where different community histories intertwine. Visitors are likely to be most impacted by these histories when they connect with specific stories and storytellers and find something personal in what they encounter.

**This will require creating and protecting spaces in the park for particular communities where they will feel comfortable and can share their stories.** It will also mean creating places where different community stories intersect and resonate, providing opportunities to enter into dialogue and expand shared understanding.



2

## From Erasure to Presence

Many people have ancestral and familial connections to the Dix site that have not been preserved in the historical record or on the site grounds. There has been destruction of archeological materials connecting Native American communities to places in the area, as well as destruction of the keepsakes and genealogical records of African Americans during and after slavery. Insufficient preservation of the patient cemetery at Dix Hospital is another example of this erasure.

**Today, there is a pressing need for places in the park where personal remembrance and shared reflection can happen.**

These should be engaging spaces and landmarks with presence, where once-buried histories can be connected to what is meaningful for communities in Raleigh today.

3

## Care

People living and working at the Dix site have experienced different kinds of systemic harm. This has included the enslavement of African Americans at Spring Hill plantation, the violent displacement of Native American communities from their homelands in the area, and medical practices considered inhumane today.

These harms have existed alongside traditions of care at the site. For instance, the hospital was a place where many people were treated in ways that fundamentally helped them. The land itself has also been subject to both care and harm over time — cultivation and stewardship as well as extraction and pollution.

**Addressing this history at the park will take a number of forms that prioritize care,** ranging from concerted environmental restoration initiatives to making spaces in the park where visitors have opportunities to acknowledge past harm and contribute to a better future.

4

## Real Inclusion

**By listening to and centering the perspectives of people who have been marginalized and excluded, the park can be a site of real inclusion where all are welcome and feel cared for.**

Part of this work involves raising community awareness about mental health history, including how prejudicial understandings of race, gender and sexuality have shaped treatment at hospitals like Dix, and how the right to self-representation has been taken from people diagnosed with mental illness over time. It also means engaging with a history of exclusion that has made public spaces like parks in Raleigh less accessible and safe for some groups of people.

Through collaborative planning and community-informed design, the City and Conservancy will continue their work of building a park for all. This begins with incorporating the ways visitors already use this space, and working to connect with people who don't yet visit the park.

5

## Restorative Nature

A reciprocal relationship of care between people and the natural world can be cultivated and celebrated at Dix.

Throughout its history, despite many projects of environmental extraction and degradation, this theme of caring for the land and finding healing and support in the natural world endures.

**The park can draw on these traditions of environmental stewardship to restore the biodiversity of the site and expand natural areas** where visitors may experience the restorative power of nature.

# Places & Traces

An array of interpretive resources exist to tell the site's community stories.

These include tangible resources like artifacts and historical documents, and less tangible resources like oral histories shared by people connected to the site.

For many park visitors, the most compelling resource will be the site itself – places in the park where traces of events and narratives remain, or can be brought to light.



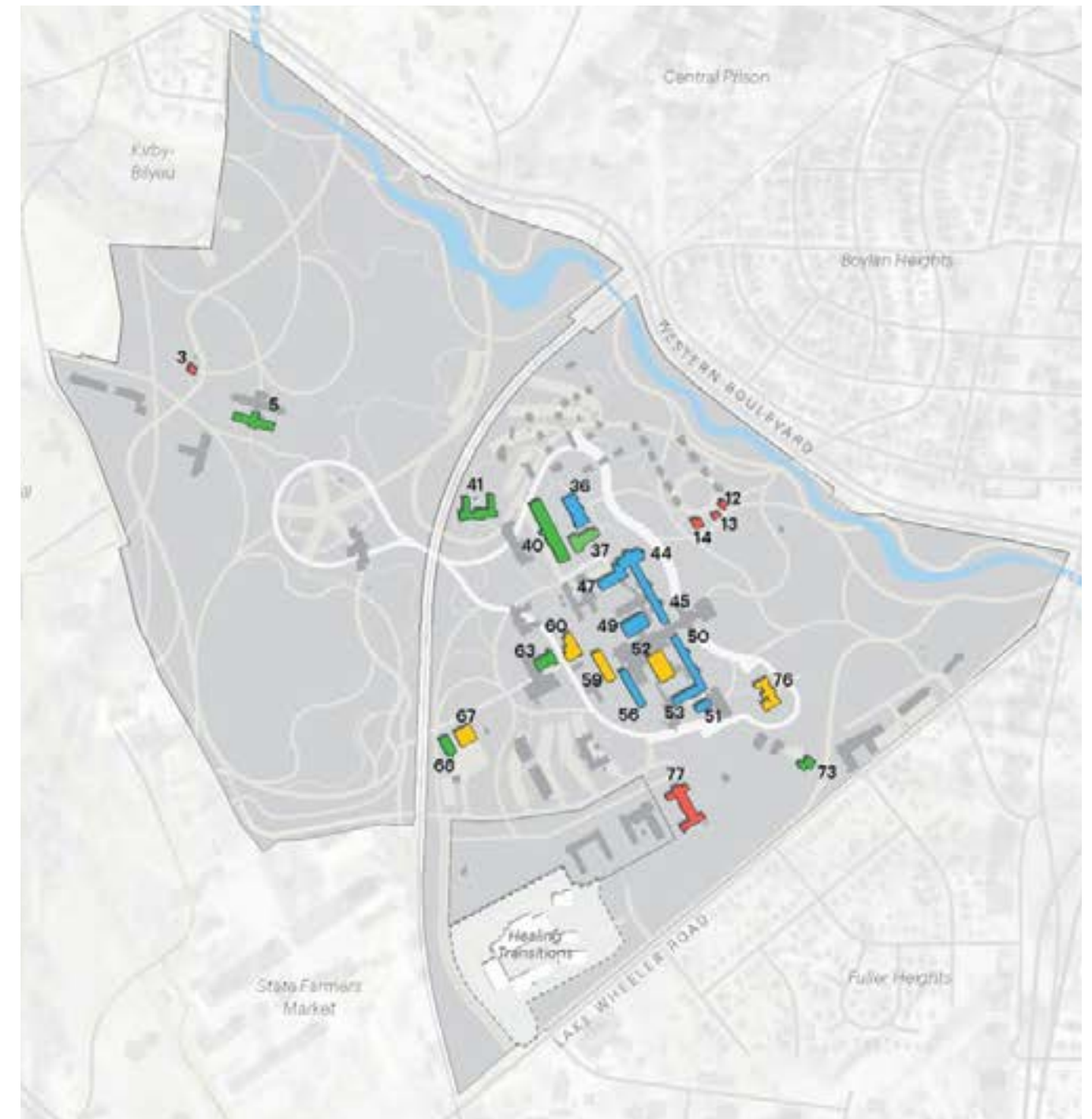
# Buildings and Redevelopment

Site interpretation at Dix Park presents challenges. Buildings, burial sites, agricultural sites, and archeological findings have been plowed under and built over, effacing dimensions of the site's past. Buildings from the hospital era loom large today, but many of these will be removed as the park is built out. (*For example, in the next twelve months the staff family housing will be no more visible than the barns where staff and patients once worked.*) Those that remain will be adapted for new uses with only selected and scattered remnants preserved as evidence of what once was.

The Legacy Committee's 2018 report outlines several ways to honor the site's legacy during redevelopment and securing tenant partnerships:

- Retain or renovate some of the existing space for nonprofits that serve or advocate for people struggling with mental illness, as well as space for support groups that meet to deal with mental health and addiction issues.
- Consider the ideas from the *Lives on the Hill* forum about ways to create employment and training opportunities for people with mental health challenges. Complement this with restaurants and shops that actively support the mission.
- As part of the design for any accommodations on site, include plans for a conference center with a soul. Seek out opportunities to host meetings related to the park's overall mission. Use the facilities for conversations and convenings on topics that fit the mission and theme of the park.

We found in conversations with community members, especially those with ties to the mental health community, that redevelopment plans need to keep in clear view the park's mission as "A Park for Everyone" — spaces that are designed for commercial use need to be welcoming and accessible for all park users.



Building demolition and adaptive reuse plan developed by MVVA, June 2023

KEY	
Grey square	Building to be Demolished
Blue square	Developer Partner
Red square	Conservancy
Yellow square	Cultural Institution
Green square	City of Raleigh

# Illuminating Sites through Interpretation

Even as the park begins the transformations outlined in the Master Plan, many physical elements with ties to site history will remain on the site. These present opportunities for both direct interpretation, (signage, tours, exhibits, art topics, etc) and indirect interpretation (restoration, cultivation, space enhancement).

## ECOLOGICAL

- 1 Meadow
- 2 Landfill
- 3 Agricultural areas – hospital, plantation

## NATIVE AMERICAN

- 4 The creek and overlook, which were likely important sites for Native tribes as they hunted and cultivated crops in the area

## PLANTATION

- 5 The view to the plantation house and possible locations of where enslaved people lived
- 6 The property boundaries of Spring Hill plantation and Grimes land

## HOSPITAL/ SLAVERY

- 7 Hospital foundations built by enslaved people

## HOSPITAL/ MENTAL HEALTH

- 8 The former hospital patient park, where time in nature was integrated into mental health treatment
- 9 The site of the former hospital greenhouse and gazebo

## HOSPITAL/ COMMUNITY

- 10 The Dix Farm site
- 11 The railroad tracks, which connect the site to trade and municipal planning
- 12 The hospital campus buildings, especially Spruill, Kirby, Royster, Harvey, the old boiler room and stone houses
- 13 Patient cemetery

## CIVIL WAR ERA

- 14 Boulder with markings believed to have been made by Union soldiers
- 15 The portion of the military earthwork that runs through the site, built by enslaved people





# Restoring & Creating Spaces

**Historically-sensitive restoration of the landscape**, as outlined in the Master Plan, will be essential in surfacing the site's buried histories. This will include restoring the creek and fertile soil that drew Native people, and later colonists and mental health reformers to this site. It will also include continued restoration of the hospital cemetery, where many people treated at Dix Hospital were laid to rest.

To support the goals of the CIP, **the park will also need new places and markers in the landscape** that invite visitors to reflect on the site's complex history. This will include new gathering places that center community histories of the site, including a Native American performance and storytelling circle and a Descendant pavilion. It will also include elements that draw on the tradition of restorative nature, including gardens and orchards. These and other place-making initiatives are explored in detail in the Ways to Tell Stories and Implementing Key Projects sections.

By weaving together recorded stories, existing artifacts and site records, interpretation can create opportunities for park visitors to reconnect with the site and stories that have been lost over time.





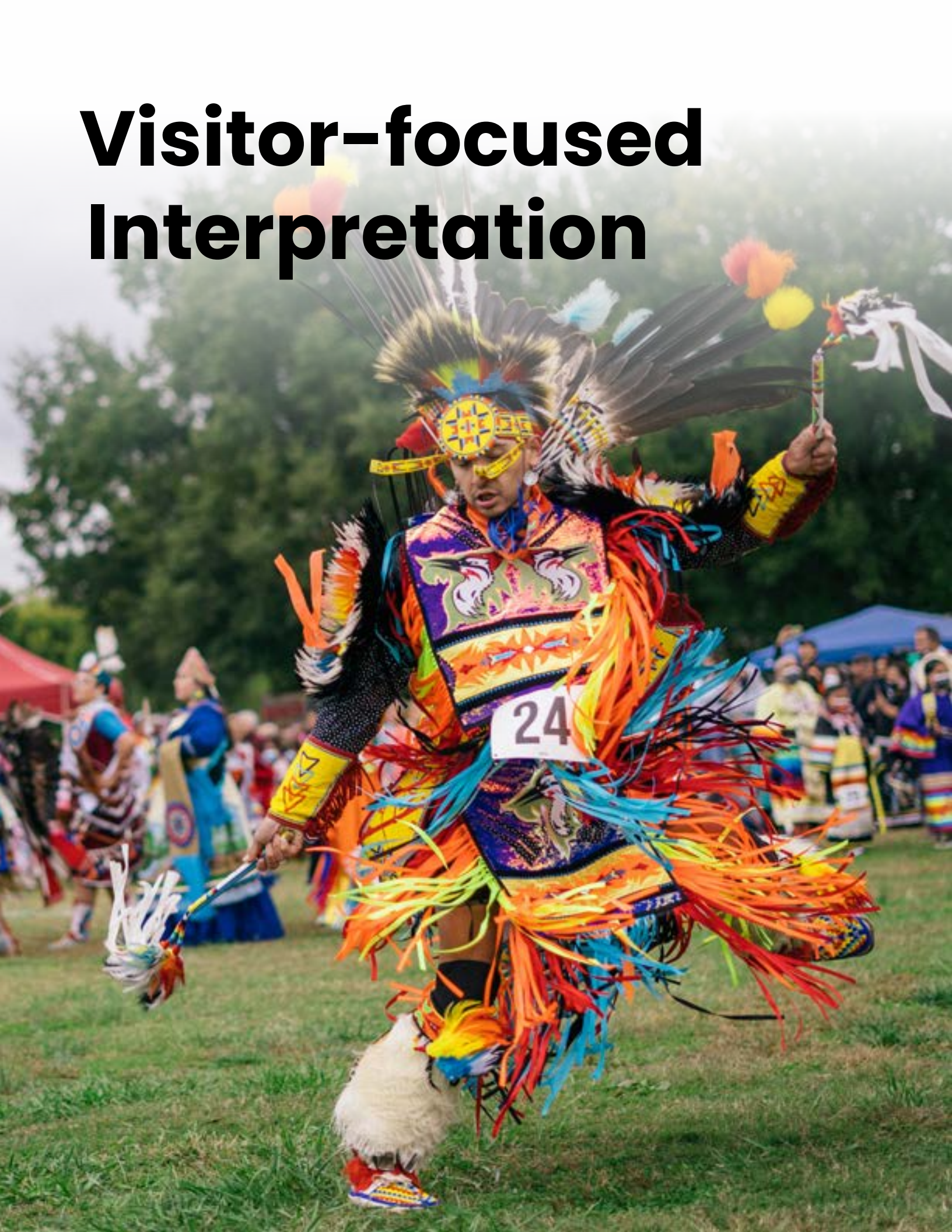
# 4.

## Strategies for Interpretation

The Park site holds big and small stories—far-reaching histories of community struggle and care that extend out into the city and the region, and personal anecdotes and accounts that bring these histories to life.

This section explores how to tell these complex stories and offers more general strategies for inclusive interpretation as well as recommendations for specific storytelling media.

# Visitor-focused Interpretation



Most park visitors won't come looking for a history lesson. But they may accept an invitation to learn about a story that resonates with them, especially **if they feel welcome** and at ease in the environment.

It's important to recognize that **community relationships and trust are built over time**. Interpretive goals for first-time visitors may simply be to spark curiosity about the site and its stories, encouraging them to come back to learn more.

In all of its interactions with visitors, **the park should communicate its values of care and inclusivity**. This will include acknowledging that park visitors hold a wide spectrum of feelings and perspectives on shared history, and designing interpretation to welcome and reflect that spectrum.



# Guidelines for Telling Complex History at Dix Park

The following pages feature some general principles to guide the park as it shares site history with visitors, along with concrete examples.

**Make room for a range of perspectives on the same place, event or time period, while also grounding these perspectives in historical evidence.**

Examples:

While from the perspective of the Euro-American property system there have been various owners of the land that is now Dix Park, it is also true that the site has been Native American land for centuries, and continues to be Native land today.

***“Even though Native Americans don’t view land ownership in the same way as European capitalism does, we should still acknowledge tribal groups as stewards of the land.”***

—Community Member

At Dix Hospital, many of the staff understood their purpose as delivering care and protection to those with mental illness and took pride in their work. Many patients experienced this treatment as helpful. But people also describe experiences at the hospital that ranged from counterproductive to damaging. All of this is part of the Dix Hospital story.

***“There has to be space to recognize that treatment practices have changed over time and things done in the past were not what we would do today. Many people were doing their best, but many also did not challenge practices that they could have.”*** —Dix Hospital Alum



## The history of this site is complex, and it's okay for interpretation to present this complexity.

Examples:

On the farm, the grounds, and in the kitchens and laundry, patients worked on the Dix campus, usually without pay. This work helped sustain hospital operations and provided financial benefit to hospital operators. In the early days, staff framed this work as therapeutic. Beginning in the 1960s, however, healthcare and labor reformers argued that the work of patients at institutions like Dix was exploitative, and it was outlawed in the 1970s.

From the existing records, it seems that patients also had a range of perspectives on their work at Dix. Some people liked working, seeing it as a chance to do something more active than sitting on the ward. Others found the jobs boring or arduous, and wished they could work less, receive more in return, or participate in more educational and recreational activities instead.



## Wherever possible, encourage people to speak for themselves, from their own perspective, rather than having others speak on their behalf.

When telling more general history, identify who community members recognize as their storytellers, and consult these people first. But don't assume that anyone is speaking for their whole community. Every community includes a range of perspectives.

Oral histories, archival records, and interviews with community members and elders are resources for telling more individual stories, but privacy must be respected and permission granted when drawing from these sources.

## Connection is a powerful way to learn. Create opportunities for connection to the experiences of others across time and space through the sharing of personal stories and perspectives.

Example:

***“I would love for there to be a space to acknowledge the women who were institutionalized for mood disorders (like postpartum, depression, psychosis, etc..). As a survivor of PPD, there is a sense of solidarity, quiet, and more in inhabiting the same spaces [with] women who were like me.”*** —Community Member

## When incorporating community voices into history-telling at the park, use care to protect the authors and subjects of these stories.

Always get consent from these parties, or their representatives if they are not living. Consider whether sharing a story is likely to cause harm to living individuals and do not share in a way that identifies particular people if it will. (For more information, see the Oral History Guidelines section.)

## Acknowledgement of past harm is an important part of community history-telling. If the City is speaking, take a matter-of-fact approach to presenting histories of harm.

Warn visitors when exhibits contain sensitive topics or depictions of harm at installation and exhibition entrances.

Show what happened, using a range of mediums (signage, historical images, etc) rather than telling people what they should think or feel about what happened.

Example:

The families of enslaved people were torn apart as they were trafficked and sold by people who enslaved them. The Hunter family will describe in plain language how people were bought and sold, husbands and wives were separated, and children were taken from their parents.



## Community history-telling is more than the acknowledgement of harm and suffering. Tell the longer stories of community life.

***“It is important to show how marginalized communities harnessed social movements and policies to promote their own self-determination.”*** —Cultural Historian

***“[Our community] has sustained itself not because we had any Rockefellers sustaining us. We did that ourselves. How have we survived? The history of the University of North Carolina at Pembroke tells that story. No one gave us that money to start that little literacy school. Now it is one of the top schools where we have cared for each other and raised each other’s children.”***

—Community Member

***“With regard to Dix Hospital, interpretation should be people-driven, not institution-driven. Show that people had full lives outside of Dix; their lives were not defined by being at Dix. There’s so much more to these people than the fact that they had a mental illness.”***

—Dix Hospital Alum



Dix Hospital staff at a gathering in the 1960s

## Center those histories and communities that have historically received the least investment, inquiry and protection in public contexts.

Just because a particular community’s story is less legible in the historical record does not mean that this community was actually less present at the site, or has less to share about the experiences of their members and ancestors today. Look out for the emergence of community histories at the site that haven’t yet been identified, and fold them into the park’s history as they emerge.

Examples:

Native American patients were treated at the hospital, and Lumbee and Coharie people are buried in the hospital cemetery, but Native ancestry was often not noted in the hospital records and many gravesites were not marked. The stories of Native American patients are part of the history of Dix hospital, and there is still work to do to uncover this history.

***“[One of the] challenges of doing African American genealogy is that there aren’t nice, clear cut records to go to.”*** —Wanda Cox-Bailey, Genealogist (Legacy of John Hunter)

***“I’d like the park to include the history of staff at the hospital who were not doctors—nurses, janitors, people who lived in the community and actually had a connection. When we talk about history, we talk about the ‘important people,’ but not the people who did the everyday jobs.”*** —Raleigh Historian



## Foreground the humanity of all people as complex beings, not just as heroes or villains.

Example:

Dorothea Dix has a complicated legacy. She was a fearless advocate for improvements in mental health care, fighting for the development of more humane approaches to mental illness at institutions like Dix Hospital. She was a teacher, writer, and became Superintendent of Nurses, a role in which she fought for professional opportunities for women. Dorothea Dix also held discriminatory beliefs about how race should determine the treatment of those with mental illness, and she did not support an end to slavery.



***“Dorothea Dix had a complicated relationship with race. [...] She claimed to be opposed to slavery, but she detested the abolitionist movement of the antebellum period. Dix consistently viewed Black people as an inferior race incapable of moral responsibility, and therefore incapable of being afflicted by mental illness, so she did not make provisions for them in her work in creating mental health hospitals.”***

—Madison Phillips, ‘Dorothea Dix and Race’

## Connect site history to what is meaningful and important for community members today, and create a safe-enough context for ongoing conversation and exploration.

Examples:

***“The better job we do of presenting and explaining the plantation history of the site, the more we will encourage people to do their research. People will want to know if they are part of the land. It would be great to collaborate with [one of the colleges or the state archives] so that people could research their family history.”*** —Community Researcher and Hunter Descendant

The closure of Dix Hospital continues to affect the community. Many have expressed disappointment that the hospital shut down when there was a great need for mental healthcare in Raleigh, and a sense of betrayal that community-provided mental health services have fallen short of initial promises. Community members describe a current lack of adequate resources for Raleighites struggling with mental illness. While Dix Park cannot provide this needed service, it can be a place where the community comes together to talk about what people can do to support one another moving forward.

# A Note on Language

Words matter, and it's important to name places, people and groups in ways that are sensitive to context and history and align with how people would name themselves. Over time, names of sites and communities evolve with changes in the vernacular and shifts in public conversation. One example is the name of the hospital:

At its founding in 1850, the hospital was officially called the North Carolina Hospital for the Insane and unofficially called Dix Hill. On early maps, it is also referred to as the Lunatic Asylum. The hospital's name then changed in 1899 to the State Hospital at Raleigh, and to Dorothea Dix Hospital in 1959. Today, most people call it Dix Hospital.

In general, the best approach when developing park language is to check in with members of the community about what terms they use to describe themselves and places and events connected to their histories (sometimes, as with Dix Hospital, a place may have more than one name at a time).

In addition, when talking about people, a good rule of thumb is to describe them as people in xx situation/position or with xx condition. For example: 'people who were treated at Dix Hospital' or 'a person with schizophrenia.'

Demetrius Hunter, who worked on the Dix Hospital campus and is a descendant of people enslaved at the site, notes the following:

***"I like to use the term enslaved because it identifies who we were."***

*We weren't slaves. We were enslaved through enslavers that put us into slavery.*

*Saying 'people who were enslaved,' for me, helps me to understand my history."*

# Strategies for Real Inclusion

Finding compelling and sensitive ways to tell the site's stories should be paired with several more general strategies for establishing and sustaining inclusivity in the park's interpretation.

## Include members of affected communities in planning and review of messaging and design elements

- For each project or initiative, park staff should assemble a stakeholder group to provide feedback and advice throughout the process.
- Leverage the Legacy and Community Committees as starting points for these groups—they are already engaged, committed and aware of the site's history.
- Ensure that groups have members that bring a number of different perspectives. One Native American person, for instance, should not be asked to speak for the Native American community in general.
- Make these meetings inviting and accessible.
- Acknowledge that this engagement process may be time consuming, and give people ample advance notice to participate.
- Offer meeting time options that align with a range of work schedules, and snacks and childcare during meetings if they are held in person.
- Maintain relationships with advisory members after the completion of design projects.
- Maintaining these connections through check-ins, updates, or alumni events will grow the community of people who care about the park and strengthen the community input on future projects.



## Update the Dix Park Land Acknowledgement

- This acknowledgment should be on welcome signage and the park website.
- It is important to frame this document as Dix Park/City of Raleigh's land acknowledgement, not the voice of Raleigh's Native American community. More work will be needed to develop and incorporate a Native land acknowledgement if Native American community members in Raleigh want this.

## Be sensitive and responsive to visitor concerns about risk and safety

- Create opportunities for public conversation about what will make the park feel safe for those who have experienced patterns of discrimination, exclusion or threat. One community member advises:

*"Make sure the homeless are not harmed as the park develops. Can there be programs that serve that population and include resources for them to get connected with people who can treat them with the dignity and respect that the [Dix] staff had?"*

## Reduce physical, language and financial barriers to accessing the park, engaging with interpretive elements, and participating in interpretive programs

- Provide interpretive materials in English and Spanish initially and offer alternative ways of accessing information like braille and audio.
- Video is one of the most versatile tools the park can use to make information more accessible—audio on videos help people with low vision, subtitles help people with hearing loss, and video visuals with the audio helps people at a range of reading levels.
- Ensure that accommodations and information for people with disabilities are easily accessed without people having to ask a staff member for them. For example, have ASL interpreters at events and information displayed about which park paths can be navigated in a wheelchair.

***"Green space is so therapeutic, [but] it has to be about accessibility too. If you can't get to the park, then it doesn't help. Once there, it's important to have a sense of security in terms of lighting, transportation, things like that."*** —Mental Health Practitioner

- Consult with mental health experts to design spaces that can be enjoyed by people navigating a range of mental health challenges and sensory sensitivities.

***"Have design and play areas for children that have disabilities and autism. Some of our mental health advocates like to do things with water, and with sand [...] Just be mindful—mental health is not a one stop shop, you can't put everyone in one basket."*** —Mental Health Advocate

- Seek out partnerships and funding opportunities that expand the Park's roster of free and affordable programming.
- One idea from the community workshop: free community meals accompanied by presentations or exhibits about the site's history

# Engaging visitors: Ways to Tell Stories

*“Storytelling is a powerful tool for building awareness and understanding. It creates a bridge between the teller and the listener that fosters empathy and promotes healing.”*

— Legacy Committee Report, 2018

There are many ways to tell stories. Given the diversity of park visitors and the range of their interests, the park will continue to build out an interpretive program that incorporates a mix of media and communication approaches. These include:

- Traditional Interpretive Signs**
- Tours**
- Visitor Centers**
- Art that Addresses Site History**
- Memorials**
- Museum Exhibitions**
- Park Programs**
- Restoration Projects**
- Exhibits in the Landscape**

# Traditional Interpretive Signs

- When used purposefully, well-placed and well-designed signs can be very effective. Visitors expect them and many will pause to read them. The advantage for the park is that once a unifying signage system has been approved, interpretive signs can be designed and installed one at a time or in batches as funding permits.
- Currently there are nine interpretive signs in the park to give visitors general information about the site's history. The graphic design is similar but the interpretive approach varies. Some speak to a specific place and recent activity there (Dix Hospital Cemetery) while others give a broad brush account of what once was (Land Rooted in Agriculture.) The signs are collected in a virtual exhibit online, and the chronological flow of the information and design consistency are most apparent there. Dispersed across the 308 acre park, mostly without clearly marked or accessible paths between them, visitors are unlikely to encounter more than one of them on any visit.
- Adding “Head-of-Trails” Welcome Kiosks in parking lots and at major pedestrian entries is a first step to introduce visitors, most of whom arrive by car, to the significance and history of the site.
- Signs for the loop trails should be prioritized after general signage to support an elemental self-guided tour. The project might start with one tour, one script, and design of one signage system, with options to add content via QR code from the website. Where possible loops should integrate existing interpretive signage.
- Signs are particularly useful for interpreting something that is right in front of you. The park should create ecology-based signage to explain the creek restoration, landfill remediation, invasive species removal, and replanting initiatives.



QR codes on signs can link to online exhibitions with additional photos, video, and audio, or interactive elements like augmented reality simulations.



A “Head-of-Trails” Welcome Kiosk at Cyloburn Arboretum



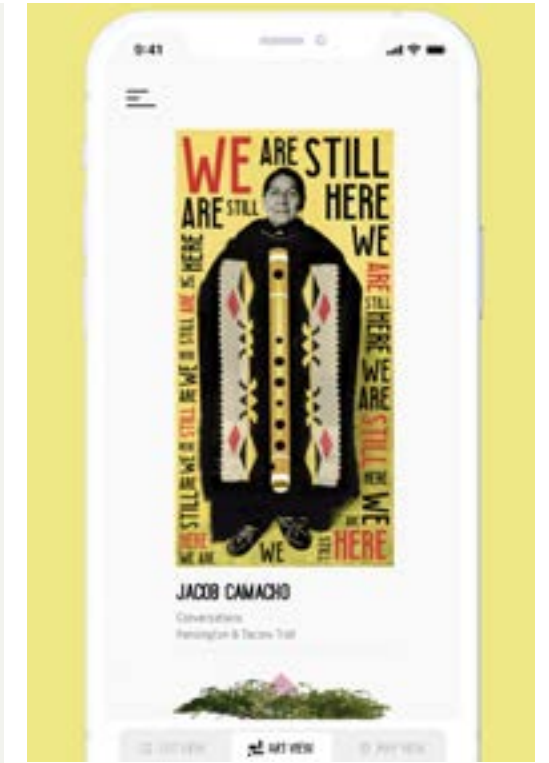
Signs are particularly useful when interpreting an element in view.



# Tours

## Guided tours

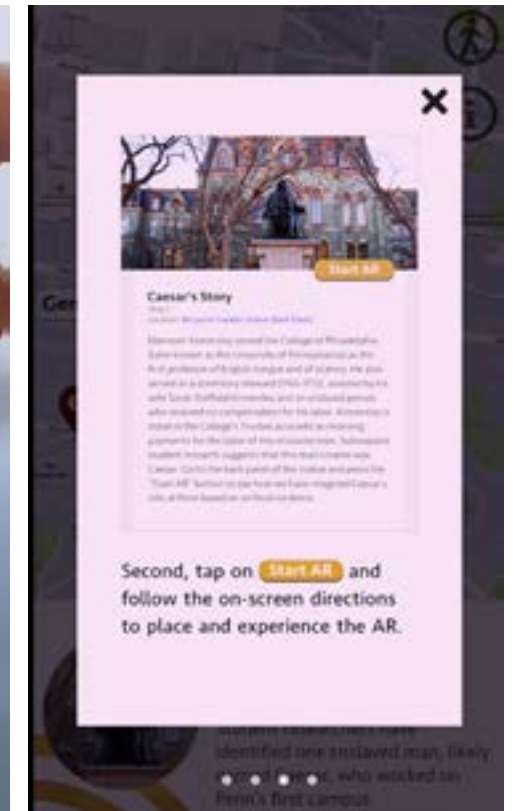
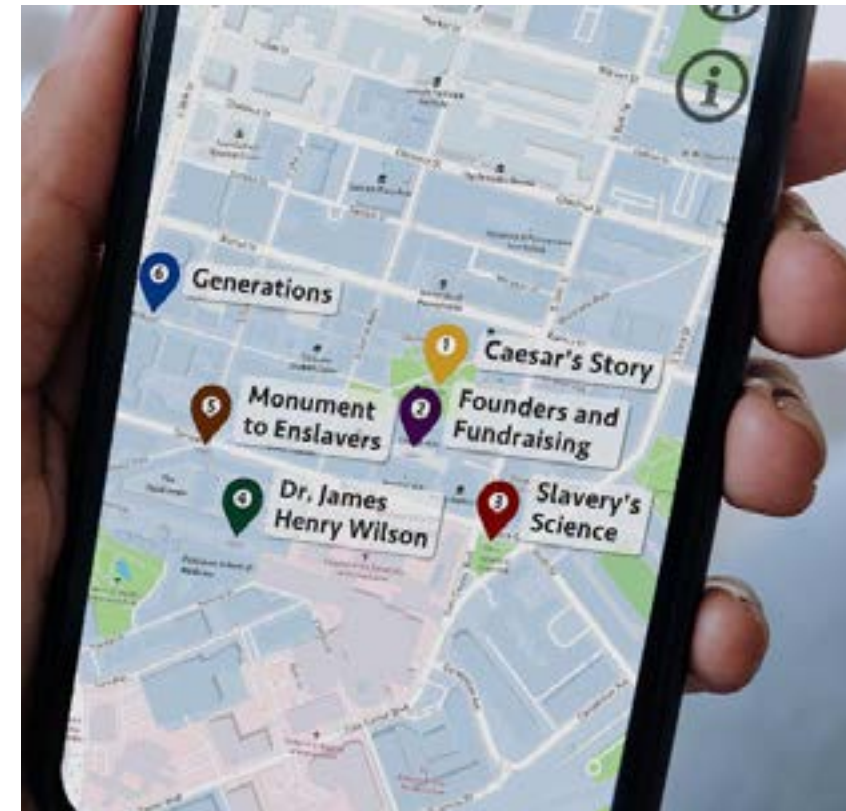
- Visitors of all ages appreciate interaction with engaging and knowledgeable park staff, but for sites without a large staff or volunteer cohort to lead them, tour options and times are often very limited.
- Creating scripts for the loop tours and testing them with visitors can be a first step in developing self-guided options in audio and digital formats. Dedicated staff or volunteer historians and educators will be needed to research, write, lead and refine tours.



**TrailOff** is an audio storytelling app. Each story is tied to a specific trail and location. Users can explore maps showing the story locations, and when they arrive on-site, augmented reality features enhance their experience as they listen.

## Self-guided tours

- With such a diversity of park users—their interests, reasons for visiting, length and timing of visits—self-guided, on-demand options will be essential to providing choices and flexibility for learning about the site.
- Tours stored on the website can incorporate narration, images, oral histories and video segments. These might be accessed via QR codes at specific points at the park or launched as a continuous experience tied to each loop trail.
- Visitor feedback on guided tours will inform decisions about the content and format for the first self-guided tours. In addition to content developed by park staff, the “library” of choices may include community and artist-led works.



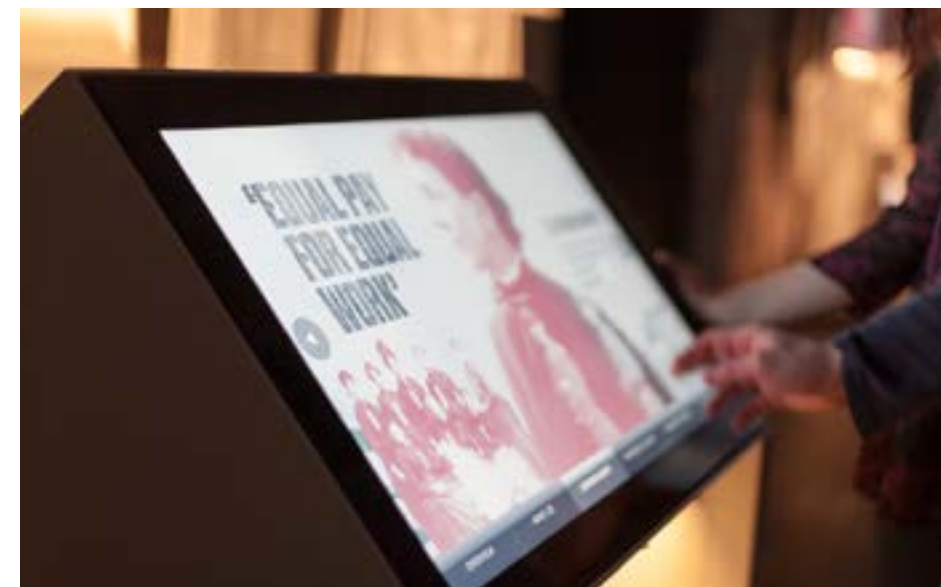
**The Penn and Slavery Project** is a self-guided tour that integrates photos and historical data tied to specific sites on campus. Augmented reality features give participants ways to create and contribute to conversations about race.

# Visitor Centers

- For visitors wanting to plan their visit once they arrive on site, the new visitor center in the Gatekeepers Cottage offers an overview of the site history, information about what to do in the park, an opportunity to talk with a well-informed staff member, and outdoor gathering and teaching space for groups. However, several physical factors about the building and its site will limit the number of visitors who avail themselves of the resources:
  - › The building is not adjacent to a vehicular entrance.
  - › There is vehicular access but the drop-off space will not accommodate a bus drop-off for larger groups.
  - › The historic building is small—too small to hold an entire school class inside
  - › Dix Park is a huge park with multiple entrances. The visitors center will be a destination for some park visitors but it will not be in the path of travel for most of them.
- For future planning it is important to note that a visitor center is not a museum. They are great for those looking for information about the park and its offerings, but even large visitor centers are not appropriate locations for exhibitions that delve into complex history. These are better hosted in a museum environment where people come prepared for a serious exploration of sensitive topics.



Interactive map displays are a great way for visitors to explore the site, including historic points of interest



Digital exhibits are more costly to create and maintain than traditional exhibits, but can display more content in a small footprint



A small wall display in the Gatekeeper's cottage gives an introduction of the site history. A more expansive and detailed explanation of site history would be best suited for a separate exhibit space.



# Art that Addresses Site History

Artists working with community members can reveal profound truths and create space for cathartic experiences. Projects might include:

- Community co-created public art (projections, digital text, murals, gardens) that gather perspectives and stories from residents
- Artist residencies to support the creation of work that speaks directly to the community histories of the site
- Permanent art (walkways, sculptures, murals, etc.) by artists with roots in the community or connections to the site history
- Programming focused on sharing performances, music, film and multimedia exhibitions related to the site and its history. Because much of this will be impermanent, the park will need to develop its capacity to record and preserve this kind of work.



**The Path to Reconciliation** by Geanna Dunbar and Brandy Jones is a 300-foot-long and eight-foot-wide footpath mural on pavement rendered in the style of traditional First Nations beadwork. There was strong support at CIP workshops for permanent artwork made by a Native American artist at Dix Park.



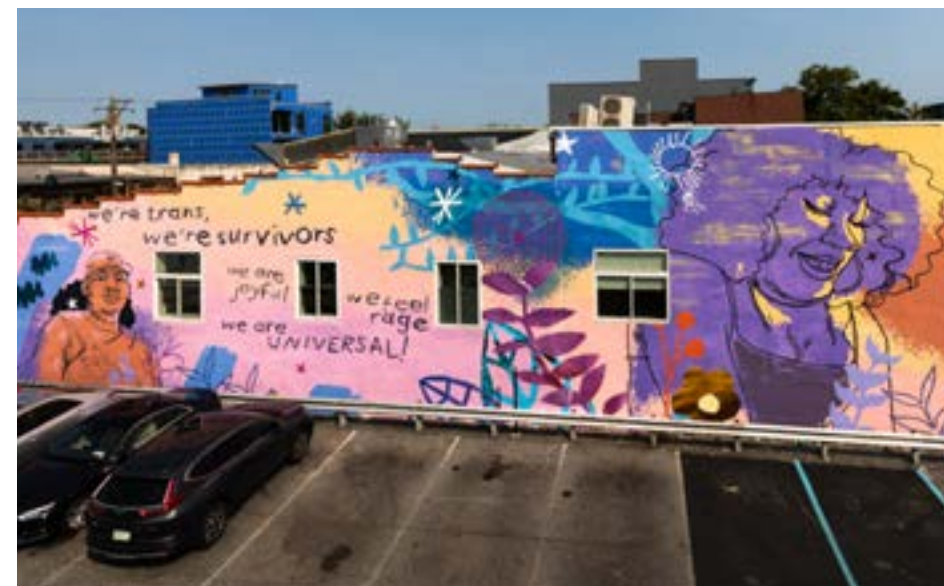
**Mindful: Exploring Mental Health Through Art**, explores the impact that mental illness is having on society, and the role the arts can play to both encourage positive self-expression and guide effective mental health promotion and treatment. Mindful examines creative responses to mental health conditions through the inclusion of artworks made by artists who have been diagnosed with or affected by mental illness.

This was a traveling show curated by the Society for Contemporary Craft, 2016.



**The Will of the Father** was performed at Dix Park in 2019. The piece focused on remembering the generations of slaves who toiled and tilled the land, and who labored to build the hospital.

CIP workshop participants spoke highly of this performance and its impact. There was strong support for more performance-based art at Dix Park.



**We Are Universal** is a mural celebrating people from the trans, gender non-conforming, and non-binary communities. Artist Kah Yangni featured text created in a workshop with Morris Home residents.

Message- and mission-driven artworks developed in collaboration with the community portrayed could be deployed at Dix Park in the following approaches:

- Permanent:** on buildings after redevelopment
- Semi-permanent:** on buildings that will not be demolished or redeveloped for several years
- Temporary:** on construction fences or as pop-up exhibits



# Memorials

- Memorials are opportunities to make a major statement about the values of the park. They require high levels of community support and funding.
- Traditional bronze statues are giving way to new strategies for placemaking, reflection, and participation.
- This plan recommends an approach to memorialization that integrates commemorative elements into gathering spaces where community members can learn and share stories about connections to the site, and the development of memorials within these spaces.
- In the early concept phase, the park should work closely with affected community groups to define aspirations for each space, identify appropriate sites, and integrate these projects into the master site plan.



**Memorials with gathering spaces:** The Memorial to Enslaved Laborers at UVA provides space for gathering, reflection, and memorialization.



**Memorialization beyond statues:** The 9/11 Museum & Memorial features quotes and audio recordings from those affected by the attacks.



**Participatory:** The Rosewood Memorial invites visitors to write a letter or poem to reflect on their experience or share with others.



**Reflective:** Community members also expressed a strong interest in memorials with quiet, reflective spaces.



# Museum Exhibitions

- Previous exhibitions related to the history of the site have included museum exhibits (*From Plantation to Park: the Story of Dix Hill*, 2018 at the City of Raleigh Museum); online presentations of archival materials (*Asylum in the Archive*); and research-focused community events (*Lives on the Hill*, 2016 and *In Plain Site*, 2021).
- To build an exhibition program, the park will need dedicated gallery space in one of the existing buildings with appropriate climate control, lighting, storage, and access.
  - › Part of the space should be used for a permanent exhibition showcasing artifacts, oral histories and photographs related to the site's history and different community histories. The City of Raleigh Historic Resources and Museum staff should be directly involved to provide artifacts and research material.
  - › The gallery should also include space for changing exhibitions and space for related programs and community conversations. Changing exhibitions require ongoing funding and curation, but they are critical to inform and fuel ongoing dialogue about community histories and present-day community issues and initiatives.
- This exhibition space will take time to fund, staff and organize. In the interim, the City will focus on smaller capsule exhibits in the Chapel.
- Partnerships and funding will be as important as space. The City and Conservancy should pursue partnerships with museums, universities, and others with expertise to curate and produce exhibitions. Historic Resources and Museum staff will be key to establishing an exhibition program. As the planning progresses, development staff can help to find funders whose interests align with exhibition plans.
- The City should pursue a multimodal approach to exhibition, using the park website and other online platforms as well as in-person events and programs to connect community members interested in the site's history with historians, artists, community advocates and curators working to interpret the site's stories.



**Willard Asylum Suitcases** by Jon Crispin is a traveling exhibit featuring belongings left behind by patients at the Willard Asylum in New York.

CIP Workshop participants strongly favored exhibits like this one that emphasize humanity and cultivate empathy for marginalized communities.



**File/Life** is a traveling exhibit about former residents of The Pennhurst State School and Hospital, an institution for people with intellectual and developmental disabilities.

This exhibit was curated by seven archivists, all people with disabilities and/or family members, including two former Pennhurst residents. Archivists were supported by professional design staff and accessibility consultants to bring their ideas and selections to life.

This model of curation by the community closest to the subject matter could be considered for some exhibits at Dix Park.



Online and temporary exhibits, presentations and programs can allow Park Staff to incrementally build up the research and content needed for permanent exhibits. These smaller-scale efforts can also help build community interest and identify potential collaborators for permanent exhibits.



# Park Programs

- Dix Park staff manage a very active, well-balanced program and event schedule that speaks to a range of interests and backgrounds. Many of the events are free or low-cost and many sell out quickly. The park currently works with community groups to schedule and host small gatherings and large events—everything from community yoga and family reunions to the Pow Wow and Juneteenth celebration.
- We recommend that the park use the goals of this CIP to shape new programs and initiatives that explore complex histories and current issues, making explicit connections with the five interpretive themes of the CIP (Community Histories/ Common History, Erasure to Presence, Care, Real Inclusion, and Restorative Nature) where appropriate.
- Mental health is a community priority for new park programs. Although the City of Raleigh was not involved in the closure of Dix Hospital, community members feel that the park has a responsibility to former patients, staff, and families of Dix Hospital who were displaced by the closing of the hospital. Members of this community asked for support ranging from raising awareness about the contemporary crisis in mental health services to direct support for people experiencing a mental health crisis. Partners in this effort might include NAMI, NC State Psychology Department, North Carolina Psychological Association, and recovery communities like Healing Transitions. With city support, the park might provide free meeting and small exhibition space for partners who could develop and deliver the programs.
- As the park becomes more established as a civic landmark and community destination, the demand for gathering spaces and programs will grow beyond the capacity of the current facilities and staff. The City and Conservancy will need to refine priorities, capacity, and budget for programming and the role they will play as producer, sponsor, host, or facilities manager. The park should continue devising partnership and tenant agreements to address levels of commitment and the responsibilities of different parties.



The park currently hosts a wide range of popular programs and events like Falling for Local, pictured above.

**Ask a Psychologist with Dr. Jaimie Lunsford: "Bipolar Disorder Demystified"**

For those who experience bipolar disorder in any of its forms, life can be a shifting kaleidoscope. At different times they might experience empowering creativity and energy, turbulent disorganization and chaos, or crushing despair and anguish. These highs and lows also impact those who know and love them and can be difficult to comprehend from the outside. In this presentation, Dr. Lunsford will share a helpful framework for understanding this complex condition, including: 1) The different forms of bipolar disorder and how they manifest; 2) Four main mood states in bipolar and how they differ from everyday shifts in experience; and 3) How to support wellness and thriving for those with bipolar diagnoses and their communities. There will be real-life examples and time for questions.

**Ask a Psychologist with Dr. Kristi Webb, PsyD, Licensed Psychologist**

**"What Makes Change So Hard? (And How to Change Anyway)"**

Even when we want to make a change in our life, it can be very hard. Why is that so? Given that we really want something to be different, what gets in the way of our taking the necessary steps? In this session of "Ask a Psychologist", Dr. Kristi Webb will discuss the obstacles to making even those changes we most desire. She will then describe strategies to overcome those obstacles and get the changes we want.

[Click here to watch the video.](#)

Past lecture examples of the North Carolina Psychological Association's "Ask a Psychologist" program



# Ecological Restoration Projects

These are programs, infrastructure and interventions focused on fostering sustainable, mutually beneficial relationships between people and the natural world.

- A community orchard would provide connection to nature, nourishment, and this site's agricultural history. Dix staff and patients remember the orchards located near the Adams building. Consider reestablishing these at the north end of the meadow as a community project.

***“Orchards are wonderful and attract pollinators and produce food if enough volunteers can harvest, otherwise the dropped fruit is messy. [...] Choose selections that are resilient and do not require chemicals to maintain. For example, Fig and Persimmons perform well in Raleigh.”***—Horticulturalist

- Restoring Rocky Branch will create a natural escape for park visitors, enhance aquatic habitat, and highlight the ecology of the region.
- Caring for existing forestry and plant life in the park includes soil amendment, replanting, thinning, native plant establishment, and invasive plant removal. An up-to-date Tree Inventory will be a critical part of this action plan.

***“Coming from the urban forestry perspective, the Dix property is going to be the only remnant woodland area left soon. As large trees have come down in the city, they have not been replanted. Keeping those big old trees is important. That's part of what draws people to the park property, that historical relevance. It could be that kind of landmark, a flagship for Raleigh.”***—Local Arborist



A community orchard could be located in the meadow area.



MVVA rendering of the restored Rocky Branch



Workshop participants strongly supported projects that protect and expand the natural areas of the park.



# Exhibits in the Landscape

By explaining what is happening or visible on the site now, interpretive elements in the landscape help visitors make the kinds of connections that inspire action. The sunflower field is a brilliant example of this. Other opportunities include:

- Rocky Branch restoration
- Cemetery restoration
- Invasive species removal
- Documenting demolition of hospital buildings and preserving traces in the landscape
- Welcome and orientation
- Loop trails
- Spaces for reflection and gathering
- Community history and storytelling projects

*“There is a sense of community that develops when people are caring for something together.”*

- Former Dix Hospital Staff Member on the Horticultural Program at the hospital



Activity booklets for kids can help them engage with natural elements on the site, teach about restoration efforts, and encourage stewardship.



The building tour at University of Arkansas includes both free-standing signs and small plaques with QR codes at new building entrances to document razed buildings and provide historic information about the buildings.



Diagrams like this one help explain restoration efforts. These can be deployed as permanent signs, temporary displays, or on the park website/social media.



Interpretive information can be deployed during construction on fence banners or as temporary exhibits.

# 5. Implementing Key Projects

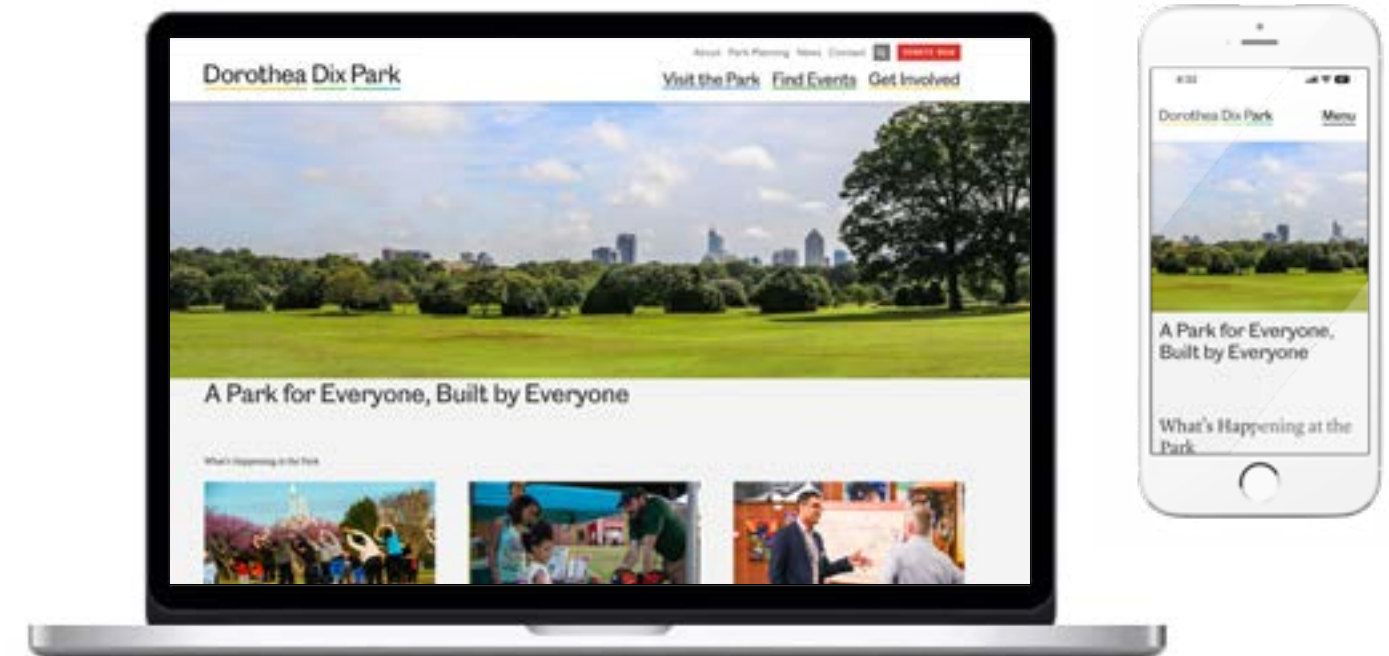
In addition to the active programming and improvements underway, we recommend these signature projects to anchor the visitor experience at Dix Park.



# Welcome & Orientation

Starting at virtual and physical entry points, a well-designed navigation system for getting to and moving through the Park.

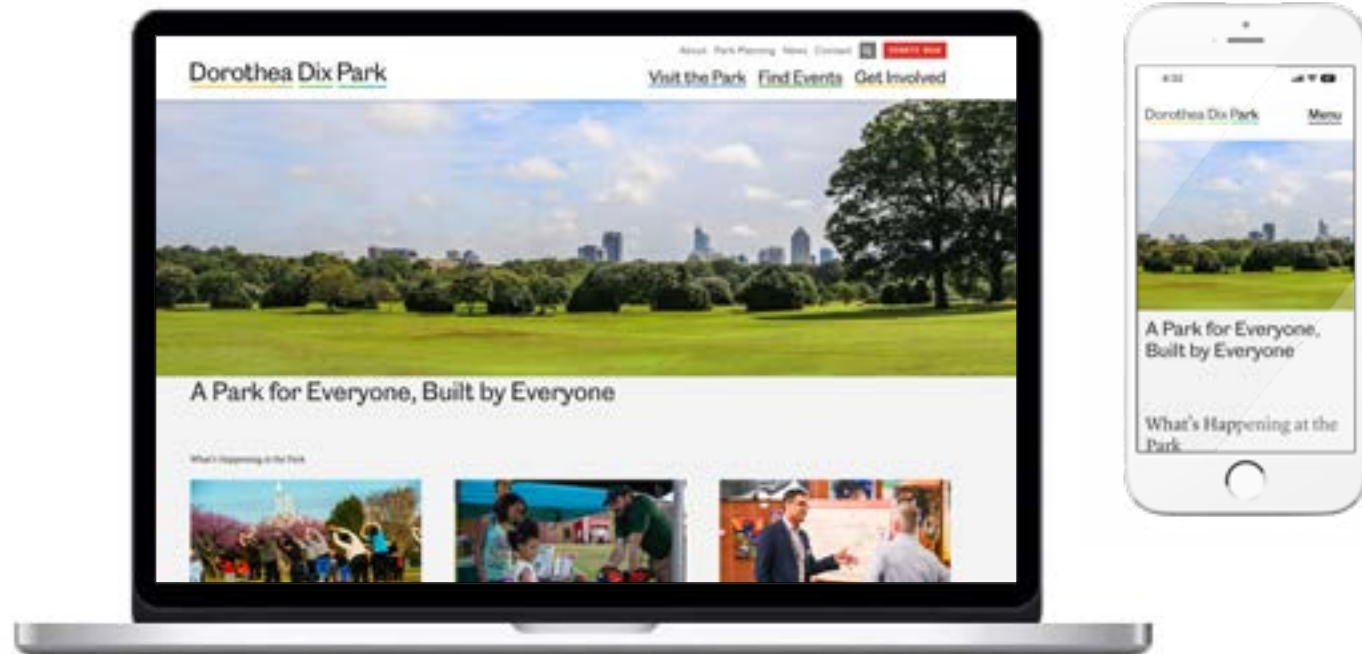
## 1 Website improvements



## 2 Entrance & wayfinding sign enhancements



# 1 Website improvements



A visit to Dix Park is likely to begin with an internet search. A well-designed website is the first opportunity to engage visitors with the site and its stories.

The current website has the right foundational elements, but could use some enhancements to optimize user experience and strengthen the park identity. A thorough audit and refinement of the website through a user experience lens would greatly improve this first touchpoint in the visitor's journey.

## Recommendations

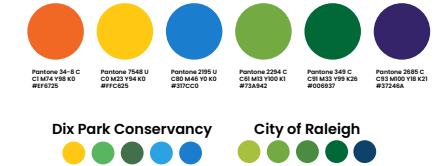
Integrate the park's new brand to create a cohesive brand journey for visitors



Current website (previous brand)

## Dix Park A Park For Everyone

### Brand Colors

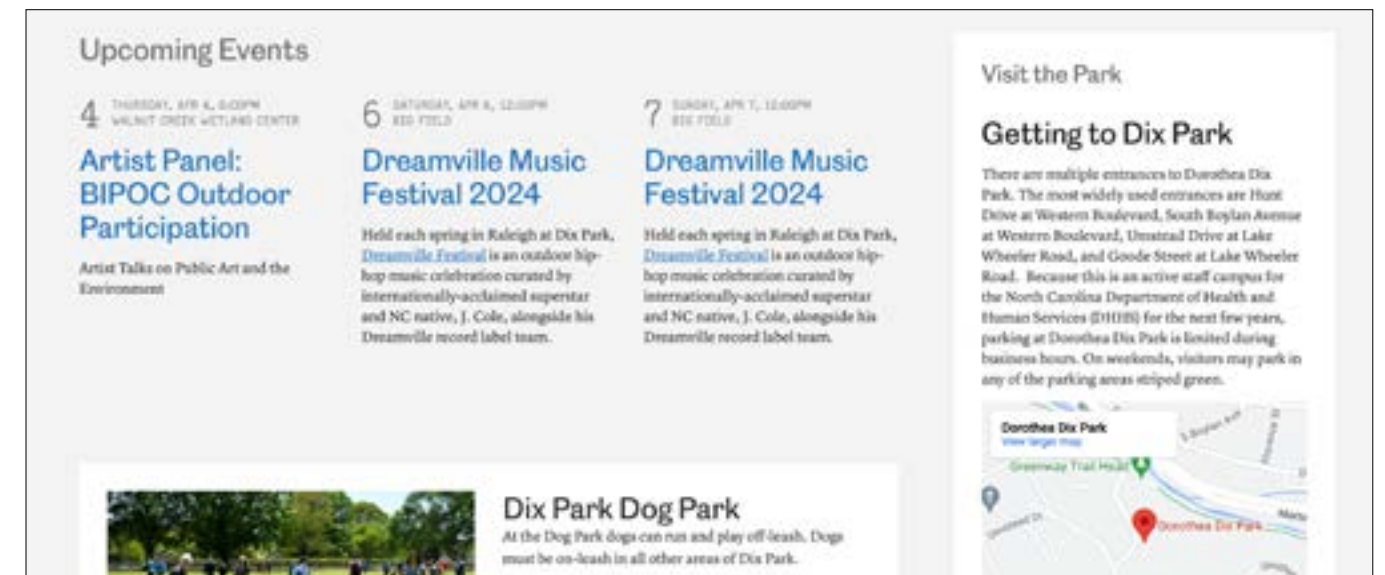


**Design Goals:**  
Build a palette that draws from the City and Conservancy brand colors and incorporates the new Gibson Play Plaza purple.

Updated brand

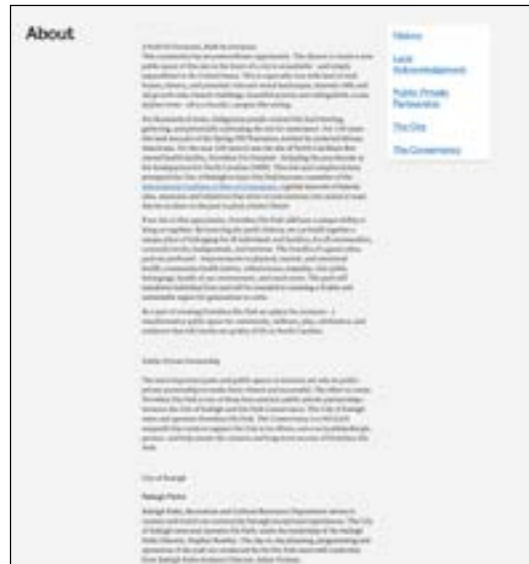
### Create a more intuitive linking strategy throughout the site

For example, on the home page, the headers “Upcoming events” and “Visit the Park” are not linked to those pages. Specific event pages could have suggestions for “similar events” at the bottom of the page, or allow visitors to more easily navigate back to their event search. Make it easy for people to get the information they want and to stay on the site, encouraging them to keep exploring and learning more.

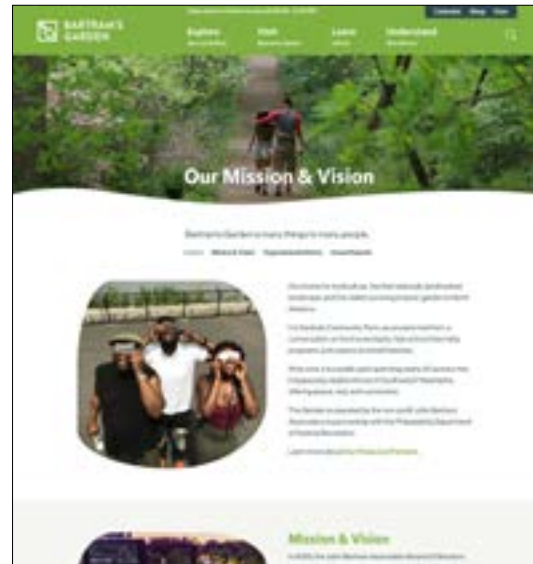




**Enhance the About page and History pages** by adding visual hierarchy, color blocked sections, and photos. The History page should give more information about the site history, then invite users to explore more in an online exhibit. The existing virtual signage exhibit is a good starting point and could be adapted for this purpose, with content from the Gatekeeper’s cottage added and enhanced with design features to designate sections and sub-topics.

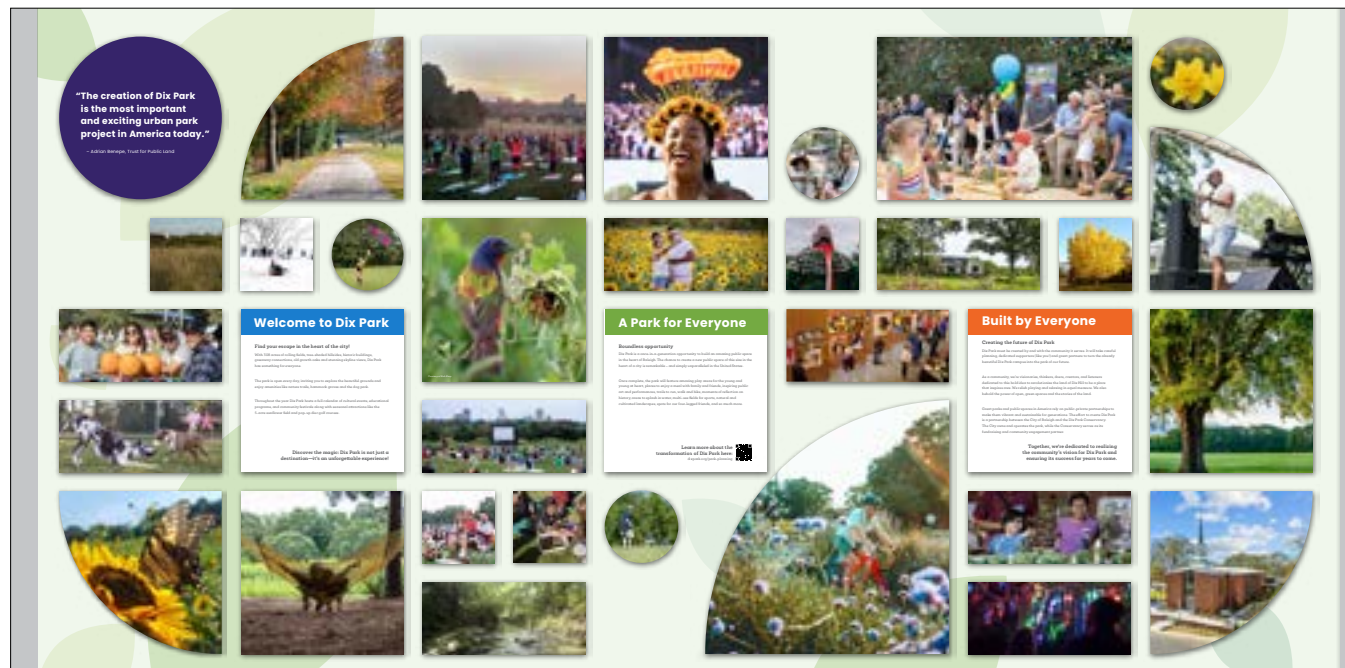


The current About page lacks hierarchy and organization users need to find what they are looking for, and lacks the visual interest to keep them on the page



The Bartram's Garden About page is organized into smaller sections with bolder titles, color and photos.

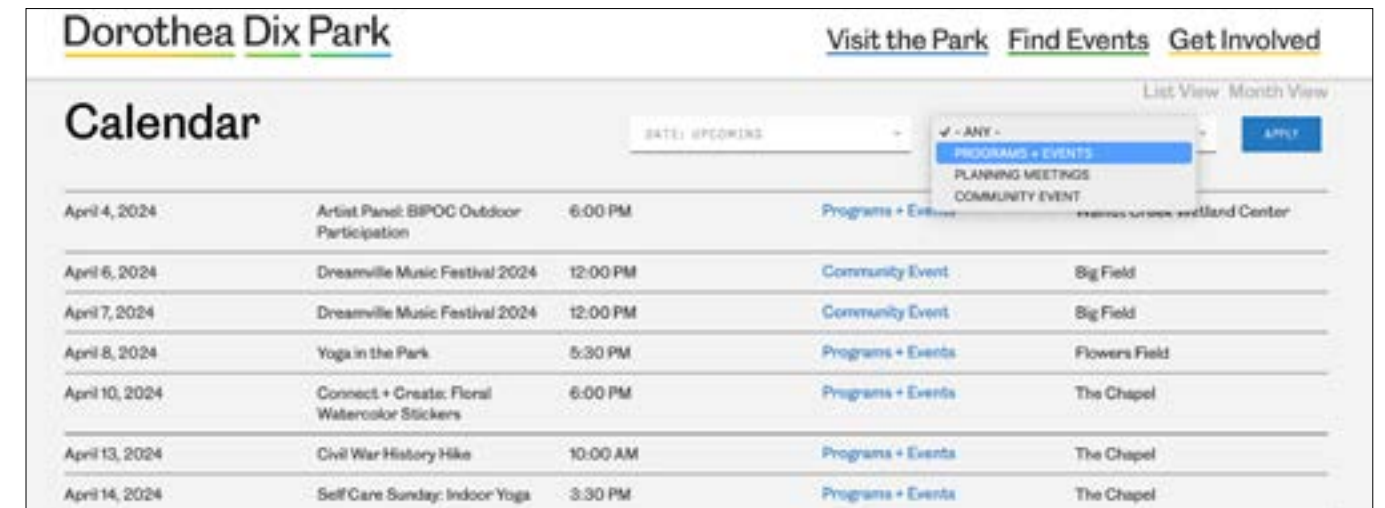
**Enhance the landing page** with more photos that help people envision themselves in the park, build excitement for visiting, and clearly communicate why Dix Park is special.



The Gatekeeper’s cottage entry wall features a fantastic variety of imagery showing different places, people and activities in the park. Adding more of these throughout the site will create a stronger first impression.

**Improve navigability on the events page**

Currently, the calendar distinguishes between “Programs + Events,” “Planning Meetings,” and “Community Events.” Add a search/filter feature that allows visitors to view types of events, such as kid’s programs, recreation, presentation, music, and art.



**Create an interactive Park Map (currently under development)**

On the current site map, destinations are listed and located but without information about why they matter or what visitors can do there. By layering this information into an interactive map, the park can encourage visitors to explore the site and reward curiosity. It also allows for more information to be included on this map. Elements like accessible entrances and paths should be a layer that can be toggled on and off.



The interactive map on the Bartram's Gardens website organizes points of interest by type, includes photos, and provides links to pages with more information.



## 2 Entrance and wayfinding sign enhancements



Dix Park needs a well-designed system of signage that welcomes visitors to the park, helps them understand the park, and gives them choices for how to move through the park. The grounds currently have some signs, but a comprehensive wayfinding plan and sign system designed for drivers, bikers, and hikers would help create a more welcoming, informed experience for visitors.

### Recommendations

#### Create more obvious and welcoming entrance signage

Some entrances to the park lack any identification, and signs at other entrances are undersized for the vehicular speed of the adjacent roadway. This means that for many users, the first impression is one of confusion. Appropriately scaled, park-branded signage at entrances will reassure people that they have come to the right place and are welcome. Because the park is host to many evening events, illuminated signs at entrances are strongly encouraged.



The existing signs along Western Ave entrances are significantly underscaled for their environment

Vibrant and properly-scaled entrance signage creates a more welcoming entry

#### Name, identify and direct to parking lots

The majority of visitors to Dix Park arrive in a car and their first destination is a parking lot. All public lots should be named, mapped, and signed appropriately. Reassured that they are on the right road, visitors can enjoy their first impressions of the park. Lots with parking restrictions (evenings only) should have that posted clearly at the entrance to the lot. Parking Lot signs can also feature “Park here for...” suggestions for major destinations.



Signs can be designed with removable panels (like the sign above right) to accommodate seasonal points of interest.

Parking areas are identified on the map, but not named or marked with signage on-site. Naming lots would also make GPS navigation to parking areas easier for visitors.



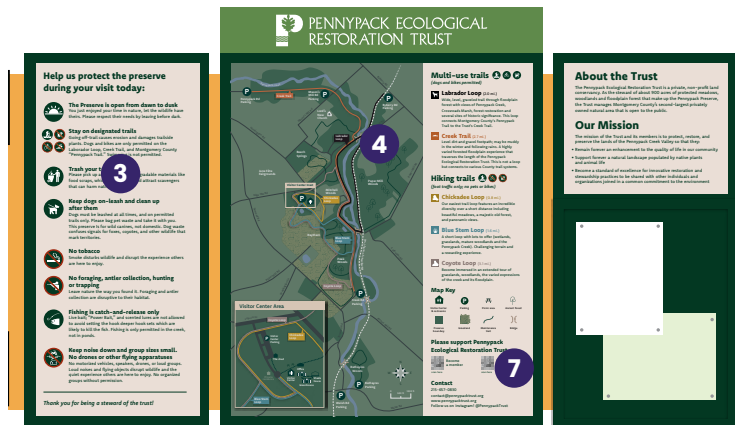
## Create Head-of-Trails signage

Head-of-Trails Welcome Kiosk in parking lots and at major pedestrian entries are critical for orienting visitors and communicating essential information about the park. Key features of these signs include:

- 1 Shade and large size for small groups
- 2 Content positioned at a height comfortable to read for standing adults, for reading-aged kids and people using wheelchairs
- 3 Park Regulations
- 4 Park Map locating the visitor (You are here) with destinations organized by type. Include QR code and URL the interactive map on the park website.
- 5 Introduction to the park: tag line, brief site history, land acknowledgement, and commitment as a site of conscience. Leverage exhibits at the Gatekeeper's cottage for writing this text.
- 6 Accessibility: ADA accessible building entrances, translated versions of the map (either on the opposite side or online),
- 7 Website and QR code for information about current events, digital tours, accessibility

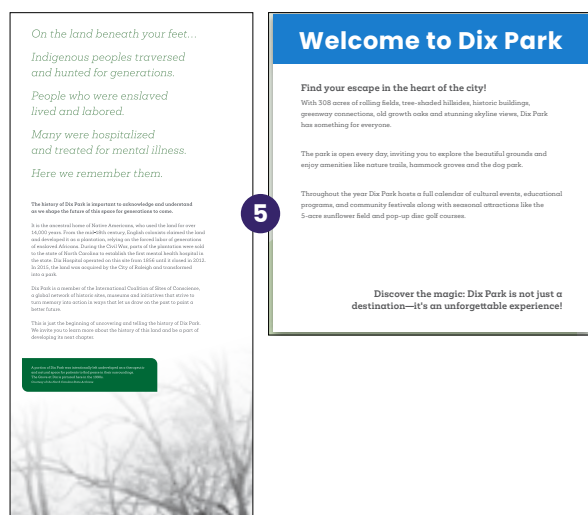
## Deploy pedestrian directional signage

Pedestrian directional signs should also be deployed throughout the park, focused on major pedestrian paths and trails. These should include information about accessibility, amenities, distances, and connections at upcoming intersections. Signs should create a “breadcrumb trail” to major destinations, and have properly-scaled, visible identification at the destination.



## Considerations for development

- Signs should be highly modular and changeable.
- Use lower-cost materials with the understanding that these signs will change often as the park evolves.
- Strategize implementation of signs to coordinate with construction projects.
- Detail signage with matchplate footings and/or as bandit straps on existing poles so the signs can be reinstalled if they need to be removed for construction.





# Loop Trails

Developing interpretation for the four loop trails can be an early win for telling the core histories of the park. Following existing paths and roadways, visitors can learn about the ecology of the site, its history as a hunting ground, plantation, and psychiatric hospital, and how the site is being transformed into a major destination park.

The trails and the interpretation will evolve with the park as the master plan is built out. Interpretation along the loops may start with simple site signage and guided tours, and grow into a suite of self-guided tours linked to a website to incorporate images and audio clips.

The major resources needed will be staff to develop and deliver interpretive content and funding to design and fabricate interpretive elements.

Proposed ADA Improvements and Trails  
Fall 2023



- 1** Grove-Creek Loop
- 2** Hospital Loop
- 3** Big Field Loop
- 4** Ecology Loop

# 1 Grove-Creek Loop



## What is it?

This loop encompasses iconic elements of the Dix hospital site: Rocky Branch, the historic entrance and meandering paths through the Oak Grove, the Stone Houses, and the beloved sledding hill.



## Primary Stories

**Rocky Branch:** natural and human communities drawn to fresh water, history of overuse and degradation, and restoration work underway

**Native American hunting grounds and early settlements:** The creek and overlook, which were both likely important sites for Native tribes as they hunted and cultivated crops in the area

**From communal land to private property:** Native American custodianship contrasted with plantation era clearing and exploitation of resources

**Hospital Site Selection:** driven by Dorothea Dix and her therapeutic philosophy

**Original entrance and arrival at Dix Hospital:** what arriving patients and visitors would have seen of the “Asylum on the Hill”

**Oak Grove:** restorative role for hospital patients, swing, gazebo, Hammock Grove and Oak Room picnic areas

**Sledding Hill:** best on snowy days

**Stone Houses:** past and present uses

**Building Dix Park (Work in Progress):** Gibson Play Plaza, greenway system, and Rocky Branch restoration

*“This is a great opportunity to draw attention to the benefits of greenspace for mental health, stress and anxiety. It would be cool to come up with a nature/mental health walk that hits the trees, the gardens or historic sites, with benches to sit and think.”*

—Community Member & Arborist

## Considerations for development

Trail use will need to be coordinated with adjacent construction work, including:

- Rocky Branch creek restoration and greenway
- Oak Grove tree maintenance and restoration
- ADA trail improvements

### Accessibility:

ADA accessibility upgrades are underway for part of the trail

### Tour formats:

Would work well as a guided tour except that the path is not ADA accessible.

Interpretive signage could be intrusive in this area. For self-guided options, consider creating a brochure available at visitors centers and/or a version of the tour available online. Prioritize adding images and audio segments to the online tour.



## 2 Hospital Loop



### What is it?

Walking among the abandoned and repurposed hospital buildings, visitors will meet some of the people who lived and worked at Dix and find opportunities to learn about the philosophy and evolution of care at the hospital, the buildings that made up the campus, and daily life at Dix. Branching off of the loops, there is a walk connecting the chapel to the cemetery—two contemplative spaces tied intimately to the lives of hospital patients and staff.



### Primary Stories

**Dix Hospital:** Dorothea Dix in North Carolina, founding of the hospital, therapeutic philosophy, evolution of campus and care, hospital closing

**Plantation and agricultural history of the site:** Dix Farm; 'Grimesland' and Spring Hill plantation boundaries

**Main Hospital Building and Central Hospital pavilion:** Architectural significance, view of Raleigh, existing foundations of the main building built by enslaved people

**Union occupation at the end of the Civil War,** emancipation, integration and resegregation of patients

**Daily life on the Hill for staff and patients,** using staff and patient stories to bring significant sites to life, including buildings (Spruill, Kirby, Royster, Harvey, chapel); the old boiler room; stone houses; staff housing (brick houses); and site landmarks like the oak grove, sledding hill, greenhouse site, and cemetery

**Hospital economy and infrastructure:** creek, railroad, steam plant, farming operations, staff and patient labor

*“Tell the story through people, not facts. Festoon the park with chances to meet these different people.”*

- Raleigh Historian

### Considerations for development

Because of the wealth of oral histories from the hospital era, this loop tour is an opportunity to commission an audio work that draws heavily from the oral history archives to tell this story.

Access to this loop trail will need to be coordinated with demolition and construction work. The tour itself will have to be updated as hospital buildings are demolished and repurposed.

The city is currently refining plans for demolition of some hospital buildings. These buildings should be fully documented before demolition so that in the future, they can be reconstructed in augmented reality to allow visitors to view past and present side by side.

#### Accessibility:

ADA accessibility upgrades are underway for part of the loop. All of the walk is currently paved.

#### Tour formats:

Phase 1 - Develop the script and refine the delivery of a guided tour.

Phase 2 - Create a tour guide/brochure available at visitors centers and a version of the tour accessible online.

Phase 3 - Develop or commission an audio work that draws heavily from the oral history archives. This too would be integrated into the online version and with the existing script.

Avoid adding permanent interpretive signage beyond placing “head-of-trail” signs in the parking lots. It could be intrusive in this area.



### 3 Big Field Loop



#### What is it?

A loop walk exploring the history of agriculture on this site including Native American settlements, clearing and farming by enslaved Africans, and a century of hospital staff working with patients as unpaid labor to support hospital operations.



#### Primary Stories

**The land before settlement:** restoration of prairie and savannah ecotypes

**Native American settlement in the area:** cultivating crops and caring for the land

**Spring Hill plantation:** view of existing plantation house; "Quarters for enslaved people were located to the west of the house"

**African American people clearing and farming the land** before and after emancipation

**Hunter Family records:** how we know what we know

**Dix Hospital Farm:** extent, crops, livestock, and the use of unpaid patient labor, framed as a form of therapy until it was outlawed in the 1970s

*"Create an interactive walk through the history of the legacy component of this site...Storytelling should be at the heart of conveying the legacy of Dix."*

—Legacy Committee Report, 2018

#### Considerations for development

##### Accessibility:

There are no accessible paths into the Big Field itself.

##### Tour formats:

This walk is best suited for a self-guided tour. Interpretive signage could be added in the parking lots and along the roadways without feeling invasive. Given that many users will be passing by the site or attending a single event, this may be the most appropriate format for this loop tour.

This loop covers sites that are highly significant in African-American community history. There is a trove of oral histories to draw on for the creation of an audio work to tell this story. Eventually these oral histories, along with written records, may be incorporated in the proposed Descendants Pavilion and memorial.



## 4 Ecology Loop



### What is it?

This path tells a story of natural and assisted regeneration of the ecosystem including a young pine forest, a self-seeding meadow that has attracted a host of native birds, and a field of sunflowers that naturally extract pollutants from the soil.



### Primary Stories

**Rocky Branch:** significance of creek for Native Americans, colonists, hospital; history of overuse, degradation and restoration work underway

**Landfill:** extent, what's here/how did it happen, what's involved in cleaning it up, restoration time frame and cost

**Self-seeding meadow:** demonstration of natural regeneration and restoration of natural habits. Native flora and fauna found here

**Bird Watching:** Bird species seen/heard here  
**Pine Forest:** significance of the pine tree in North Carolina history, the process of forest regeneration (young trees, overcrowding, invading species)

**Sunflower Field:** phytoextraction: using plants to remove contaminants from the soil

**Cemetery:** significance of the site, impact of adjacent landfill, restoration efforts

**Flowers Field:** art installations or events in progress or anticipated

**Building Dix Park/Work in Progress:** renovation of Flowers Cottage for more public use

*"Part of the site is a landfill for municipal waste. Instead of erasing and ignoring that reality, it seems it could be part of the interpretation. Dix Park is part of a section of the city where folks were thrown away, land was trashed. Not a pretty history but for folks who don't know—draw lines where landfill is. Ask: Where were other landfills? Mostly in communities of color."*

—Community Member

### Considerations for development

The Ecology Loop includes more than the Pine Forest Trail. Trail work will be needed to clear and connect existing trails. New wayfinding signage will be needed to direct visitors from parking lots to the trail and explain destinations and distances when there are forks in the trail.

#### Accessibility:

The existing trails are not ADA accessible.

#### Tour formats:

Self-guided options are best here. Interpretive signage should be used sparingly, but consider placing signs at points where the ecosystem changes with some information about the plants and animals who live there. These could include a QR code link to more information on the website.

# Spaces for Reflection and Gathering

Places where shared histories of the site can be remembered and reflected on will strengthen community bonds. In addition, these gathering spaces provide opportunities for shade, rest, celebration, conversation, and shared enjoyment.



- 1 Cemetery Restoration**
- 2 Descendants Pavilion**
- 3 Outdoor Performance/Gathering Circle**
- 4 Restorative Gardens**
- 5 Dix Hospital Memorial**



# 1 Cemetery Restoration



## What is it?

The hospital cemetery is a site of conscience. There are some gravestones, but most are small markers that record patient names and dates of death. Some people were buried at the hospital because their families saw it as their home. Others were laid to rest there because families could not afford burial elsewhere, or had not maintained contact with the person who was hospitalized. Reclamation and restoration of the burial space has been underway since 2017.



## Primary Stories

Individual stories of those buried in the cemetery through words, audio or images

**Death as part of hospital life:** how did the hospital community deal with death?

**The ongoing cemetery restoration project**

*“The graveyard is a huge thing to me because that speaks to people whose lives were spent in that institution. To me, the graveyard is sacred ground.”*

- Family Member of Former Dix Hospital Patient

## Considerations for development

Restoration of the cemetery must be coordinated with and protected from remediation work at the adjacent landfill.

Raleigh City Cemeteries Preservation Inc who surveyed the cemetery and the Raleigh Historic Cemetery Advisory Board are potential advisors for this project.

*“Our cemeteries are among the most sacred places to us. Our existence as a Nation has been a search for a shared identity. We have a system of kinship – knowing where ancestors were buried and who they were provides us with language to knit ourselves together as a community.”* —Lumbee Community

Member & Scholar

Native American patients were treated at the hospital, and Lumbee and Coharie people are buried in the hospital cemetery, but Native ancestry was often not noted in the hospital records and many gravesites were not marked.

*“If Native American people are buried there, it’s important to locate grave sites and inform families so that they may visit, burn sage and tobacco, etc”* —Cultural Expert

Reclaiming the site to honor those buried there will require additional research to identify patients buried here, further delineation of cemetery space, creation of additional markers for those who can be identified, and recognition of those buried there whose deaths were not recorded. New landscaping is recommended to create a contemplative walk around the cemetery.



## 2 Descendants Pavilion



### What is it?

The pavilion is for community gatherings and family reunions, a memorial to the people who were enslaved at Spring Hill plantation and other plantations across the region and their descendants, and a site for reckoning with the realities of slavery.

*"The city has washed the history of plantations away. For the Hunters, it is of utmost importance that we trace and document and help the community understand the human histories of the site, and how descendants have survived and thrived."*

—Community Researcher & Hunter Descendant



### Primary Stories

The arrival of the first Africans in the early 18th century

View of the Spring Hill plantation house and probable location of housing for enslaved people

Life at Spring Hill Plantation

Life after Emancipation

Building Dix Hospital

John Hunter and the Hunter Descendants

*"This could be a good way for descendants to get involved and help make a contemplative site like this. The site would also encourage other Black community members to see the work already done and add their own research. This could be a continuously evolving site."*

- Hunter Descendant

### Considerations for development

The pavilion must be sited across the road and in view of the Spring Hill plantation house.

Members of the descendant community must guide the evolution of the pavilion and site:

*"I don't want a little block that has the names of our ancestors on some kind of a piece of stone. It has to be more than that, something that's also maybe interactive, something that gets kept up to date and fresh because you know new things can be added to it."* —Hunter Descendant

This pavilion is a critical interpretive element that is not included in the Master Plan. The park should start working very soon with Hunter descendants to define key project goals and select a significant site within the planning framework.



### 3 Outdoor Performance/Gathering Circle



#### Primary Stories

The abiding presence of Native Americans on the land

Native American community and culture

*"We need to create more visibility for the American Indian population, acknowledgement that we were here, and ways to tell the stories of contemporary American Indians. I like the idea of a place for storytelling- like an outdoor performance space."*

—Community Member

#### Considerations for development

Native American artists should guide the design of the space, and create artworks to tell their stories visually and through performance (illustrations of murals, mosaics, weaving, etc).

This element is not included in the Master Plan. The park should start working very soon with Native American community members to define key project goals and select a site where it can exist comfortably within the planning framework.

#### What is it?

Outdoor performance space designed by Native American artists for dance, drumming, ceremony, and storytelling. Both a place for sharing tribal traditions and stories, and a place where people can bring their own ideas for use and what should happen there.





## 4 Restorative Gardens



### What is it?

These are gardens designed to make restorative experiences in nature accessible for everyone. They will be designed to incorporate and share the botanical traditions of different communities connected to the site.

***“Establish certain areas on site as sanctuaries and sites for reflection and quiet.”***

—Legacy Committee Report, 2018



### Primary Stories

Rituals and plants associated with individual and collective care in Native American, African, African-American, and European traditions.

The use of horticultural therapy at Dix Hospital

***“A garden like this would be good, where different tribes could be represented through their medicinal plants, with oral traditions about how the land was cared for. An opportunity to move into right relationship with land, flora, fauna, to nurture it, where people can thrive. Work with Native farmers and healers to maintain the garden [and] people will bring their own ideas to the space.”***

—Community Scholar

### Considerations for development

These gardens will be located in the area initially labeled as a “botanical garden” in the Master Plan.

Restorative gardens and related park programming must be accessible and welcoming for people with a range of physical and sensory needs, including people who are neurodiverse or experiencing mental health challenges. Consulting with these groups will be critical to create a space they feel comfortable in.

While the first gardens will focus on the traditions of Dix legacy communities, these gardens may be expanded over time to include restorative plants and traditions from other cultures.

Work is underway to plant a healing garden around the chapel. This site is close to the site proposed for the larger collection of restorative gardens, and may be woven into the experience as the gardens are established.

The restorative gardens should be welcoming to all ages, but maintain a calm and meditative atmosphere. For the youngest visitors, there will also be a sensory garden in the Gipson Play Plaza for children.



## 5 Dix Hospital Memorial



### What is it?

A reflection space dedicated to those who were treated, lived and worked at Dix Hospital.



### Primary Stories

Stories of people who struggle with mental illness and those who care for them, told in their own words/voices

Recognition of some of the pioneering work in mental health care at Dix

Stories that shed some light on Dix Hospital as a home and community, as well as a psychiatric hospital

***“I am picturing an autobiographical component where patients and families could contribute personal experiences, accounts, struggles, and where the emotional/mental/physical/economic/social toll that mental illness and its stigma takes on the patient, their families, and the community could be highlighted through stories.”***

—Former Dix Hospital Staff Member

### Considerations for development

The site for this memorial should be easily accessible, close to the hospital, and may be a part of the restorative gardens.

Design and planning should be driven by close consultation with former patients, staff, and family members. Incorporating oral histories into this experience can have a tremendous impact in bringing these stories to life.

Dorothea Dix can be recognized here with others for their pioneering work in improving mental health awareness and care. The full story of her legacies at Dix are complex, and better explored in an exhibition than at the memorial site.

***“Ensure the engagement and participation in the planning, development and ongoing operation of any memorial to Dorothea Dix by persons served by the Dix Hospital, their family members and professional and service staff at the Dix Hospital.”***

—Dorothea Dix Hospital Memorial Task Force Report, 2016

# Community History and Storytelling Projects

Research, curation and exhibits that draw on the wealth of existing historical and cultural resources, and implement practices and partnerships for future community history and storytelling projects.



- 1 Exhibitions**
- 2 Art Related to Site History**
- 3 Research & Resources for Community History**



# 1 Exhibitions



## What is it?

Exhibitions, developed by historians and curators working with community members, and installed in a gallery or museum space on site are best for in depth exploration of the layered stories and legacies of the Dix Park site. Visitors can choose whether and when to visit.



## Potential exhibition topics identified in workshops

Archeology near the site

Dorothea Dix and her complex legacies

Dix Hospital history, incorporating artifacts, drawings, photographs, diaries, and oral histories from patients and staff

The evolution of mental health care in North Carolina and current issues with psychiatric care

Spring Hill plantation and descendant community history

Rotating exhibits co-curated with community groups

*"This hospital up in New England...when it closed, they went in and things had been left there by people and they developed this kind of museum that told the story of the lives of the people that had been there. It might be a suitcase that had somebody's books in it or their reading glasses or their journal, things like that."*

*It really brought to life that institution and the people that were part of it, and it was wonderful because it placed them in a context...you're looking at them through the things that everybody has—clothing, suitcases, journals, books—all of a sudden you begin to see past the mental illness to the human beings."*

—Family Member of Former Dix Hospital Patient

## Considerations for development

There is a wealth of materials but to create substantial exhibitions and related programming, the park will need curatorial partners, space, and funding.

Permanent exhibition space will take time to fund, staff and organize. In the interim, focus on smaller capsule exhibits in the Chapel.

Renovated spaces in existing hospital buildings will be compelling locations for exhibitions about life at Dix Hospital. The Harvey and Royster buildings and the foundations of the South Wing of the McBryde Building have been proposed as possible "museum" sites.

*"Consider the property a teaching tool to educate the public about mental illness, trace the history of treatment for the mentally ill in North Carolina, [and] decrease the stigma associated with mental illness."*

—Dorothea Dix Hospital Memorial Task Force Report, 2016



## 2 Art Related to Site History



### What is it?

Artists can communicate powerfully and directly about the site’s history. These experiences with art embedded in the park experience may be permanent or temporary installations or more ephemeral performance works of sound, image or dance. Whatever the medium, they must be the result of a real collaboration between artists and community members.



### Primary Stories

We recommend using the goals and themes of this CIP as a framework, but beyond that it would be up to the artist working with a community to decide what stories to tell and how to tell them.

**Art can illuminate connections between site history and broader issues in the Raleigh community.** One of these is the ongoing story of transformation and gentrification in the area, and its impact on historically Black neighborhoods.

*“I grew up [near the site], and older people, my dad’s friends, have been uprooted. Our history is being erased so that Raleigh can be on a top ten list that doesn’t even reflect people’s actual quality of living.”*

*I feel a sense of hopelessness—where am I supposed to teach my kids now that my community is not my own, and I’m not able to be a part of the change that my community needs.”*

—Community Member & Mental Health Advocate

### Considerations for development

These projects could be many places on the site, but best placed by the artist at points where visitors will naturally encounter and engage with them.

*“Enlist artists and craftspeople to create healing art, music, dance, and theater for the site and to make it a constant beehive of creativity. This could include art exhibitions, performances, classes, and sales venues.”*

—Legacy Committee Report, 2018

Prioritize commissions and residencies for artists with lived experience that connects to the community histories of the site (Native American, African American, Hospital and Ecological community histories).



### 3 Research & Resources for Community History



#### What is it?

Future research connected to the site can amplify Dix Park as a shared place to learn about community history. There is a wide range of research opportunities, including the collection and curation of oral histories, the analysis and exhibition of historical artifacts and documents, and genealogical research stemming from the Hunter descendant project.

Making research and resources available on the site will contribute to building community and expanding critical resources for future research, art, and interpretive projects.



#### Topics

**Oral History projects** (see page 152)

**Archeological work** to substantiate lesser known histories of the site, such as its use and possible settlement by Native American communities and the lives of those who were enslaved at Spring Hill plantation.

Archival projects (see page 158)

**Research projects** related to general site history, mental health care and Dix Hospital history, Spring Hill plantation and descendant history, Native American history, and the ecological transformation of the site over time (see page 162)

*“As a high priority timewise, the Committee recommends that funds be allocated to interview as many former patients and staff of the hospital as possible for oral histories about their time at Dix.”*

*This is an important resource that will become increasingly unavailable over future years. It is invaluable in helping the public understand their stories, the treatment that happened there, the evolution of that treatment over time, and the personal stories that will serve as the connective tissue between Dix Park and the public.”*

—Legacy Committee Report, 2018

#### Considerations for development

Priority should be given to ongoing oral history projects involving collection, archiving, and sharing of community stories connected to the site. **This is urgent**, as many people who can speak to hospital-related history are growing older.

This initiative should include dedicated space and equipment to provide community access to oral history archives (with appropriate care and permission) and genealogical search engines. Possible sites for this space include the Royster Building, or integration into the future museum space.

# Staffing Recommendations

To deliver any of the experiences outlined above, the park will need an experienced staff team of interpreters and educators to develop interpretive content; create and lead interpretive and educational programs; write interpretive signs, brochures, and digital stories; create park maps and brochure; update park websites; work in and manage visitor centers; and train and supervise professional and volunteer interpreters.

**We recommend that the city expand and assign Historic Resources and Museum staff to the Dix Site.** A Director of Interpretation should be the first staff member. This person should focus on expanding interpretation at the site and building the interpretive team. Team members will come with different lived experiences and bring different qualifications. Eventually this team would include people who are skilled in research and curation, asset management, grant writing, program and exhibit development, and expertise in a wide range of topics, from geneology to natural sciences.

The park could also look to this team to advise ongoing projects with historical components, conduct related community engagement, and ensure that affected communities are engaged in timely and meaningful ways in planning and design of new park projects.

Legacy Committee members have served as historians, archivists, and champions for interpretation. Our hope is that this committee will continue to drive the implementation of the CIP and serve as primary advisors to the professional staff. The Dix Park Interpretive team should work collaboratively with this group and leverage their efforts to the fullest extent possible, while also engaging with focused stakeholder groups and the general public.



# Project Development Framework

The park will be built out over time. In the process, City and Conservancy staff will encounter many proposals from stakeholders and the community at large for projects and programs targeted for specific audiences and purposes.

Navigating this will require a steady hand and clear guidelines for project selection and development, from conception to completion.

## Steps to launching a project will include:

- Allocate staff time to vet and shape ideas into project proposals
- Assemble an internal stakeholder group to assess proposed projects and funders for alignment with the park's values of inclusivity
- Refine the goals of the project, desired visitor experience, and how this proposed project aligns with both short- and longer-term park plans
- Define the budget, scope, and project timeline
- Confirm funding sources, procurement requirements, and alignment with other work underway in the park
- Assemble an advisory committee of external stakeholders with lived experience, expertise, and community connections needed to guide the project
- Define how they will be involved throughout, what the park is asking of them and what they will receive in return
- Be clear and transparent about the process and who makes final decisions
- Determine what other partners or professionals are needed on the team and take appropriate steps to engage them
- Submit project for approval to the relevant entities (funders, city, community)
- Prioritization of project proposals will have to take into account opportunities for “quick wins” (interventions that are simple, economical, and adaptable), the phasing of the master plan, and when funding and other support becomes available for a particular project.

**For each initiative along the way, re-engaging stakeholder communities in the planning and design process will be key to successful implementation.**

# Implementation Matrix

Timelines for interpretation projects will be based on a variety of factors, including funding sources and budgets, staffing, partnership opportunities, stakeholder priorities, and physical changes in the park.

Some projects require a high degree of coordination with other construction projects; others can be developed and independently of other park initiatives. Projects are organized by the level of site preparation/development required before the project can be implemented:

## **A Projects**

Can start immediately once funding is in place, and build on existing resources/assets

## **B Projects**

Must be planned and designed in unison with other Master Plan initiatives, including building redevelopment



# A Projects

\$ = \$100,000 or less    \$\$ = \$100,000-500,000    \$\$\$ = \$500,000+    \* = critical first action items

Project/Recommendation	Location	Primary Audience	Cost	Community groups to involve in development	Timing/Phasing considerations
<b>Hiring Interpretive Staff *</b>	N/A	N/A	\$-\$\$	N/A	Staffing needs and roles will change as interpretation on the site evolves
<b>Research &amp; Resources for Community History *</b>	N/A	Varies depending on topic	\$-\$\$	Legacy Committee Oral History Working Group and Genealogy Working Group	Collecting oral histories related to Dix Hospital is time-sensitive. Other research efforts will help prepare materials for future interpretation on site.
<b>Website Improvements</b>	N/A	All park users; especially first-time visitors and people looking for information about events	\$	Consider beta testing with the Community Committee	Most efficient and effective to implement this as a single and unified effort, rather than breaking up into individual projects
<b>Entrance &amp; Wayfinding Signage</b>	Park-wide	All park users; will become especially important as the park evolves and it is different from returning visitors' previous visit	\$-\$\$	Community Committee: All signs Legacy Committee: Head-of-Trails sign	Entrance and Head-of-Trails signage can start immediately. Other signage should be phased in coordination with DHHS and construction.
<b>Loop Tours &amp; Trails</b>	Multiple locations	Adults; consider creating versions for school groups and scout troops	\$-\$\$	Legacy Committee, Descendants of John Hunter project participants, Community Committee	Guided tours on accessible paths should be prioritized
<b>Cemetery Restoration</b>	Cemetery	Family members of those buried in the cemetery; Dix Hospital community; general park users (giving them an understanding of the physical cemetery space)	\$\$	Legacy Committee, Raleigh City Cemeteries Preservation Inc, Raleigh Historic Cemetery Advisory Board, Dix Hospital Alumni	This project has both a physical/landscape component and a research/interpretive component. The physical elements should be prioritized to better define and protect this space.
<b>Temporary Exhibitions</b>	Chapel	Varies depending on exhibit topic	\$	Communities related to exhibit topics	The Chapel is the best indoor space for exhibits at the park currently; exhibit space will evolve as buildings are redeveloped
<b>Art Related to Site History</b>	Park-wide	Varies depending on topic; potential to impact most park users	\$	Communities related to art topics	Art can be curated to engage different audience groups throughout the year
<b>Programs &amp; Events Related to Site History</b>	Park-wide	Potential to impact most park users	\$-\$\$	Communities related to event/program topics	The Park should continue its active roster of events and programs, and actively seek partnerships to amplify history-related events

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# B Projects

\$ = \$100,000 or less    \$\$ = \$100,000-500,000    \$\$\$ = \$500,000+

Project/ Recommendation	Location	Primary Audience	Cost	Community groups to involve in development	Phasing considerations	
<b>Descendants Pavilion</b>	Behind Scott & Ashby, sight-lines to Spring Hill house	Descendant community; Raleigh African American community	\$\$\$	this space intentionally left blank for printing	Hunter Descendants; also expand to larger Raleigh African American community for more universal themes	Scott and Ashby will be demolished within the next couple of years. Construction will likely need to wait until the buildings and back parking lots are removed.
<b>Outdoor Performance /Gathering Circle</b>	In Big Field near hammock grove	Native American community	\$\$-\$\$\$		Native American community	Site will need to consider connections to the future loop road (after Williams is demolished). Parking, drop-off and proximity to restrooms should be discussed when determining location and access.
<b>Restorative Gardens</b>	Tate Dr area	Potential to impact most park users	\$\$\$		Legacy Committee, Community Committee, groups supporting/ with expertise in neurodiversity and mental illness	These are labeled as a “botanical garden” in the Master Plan; will need to be coordinated with the Rocky Branch restoration and building demolition.
<b>Hospital Memorial</b>	Near Big Field & hammock grove	Dix Hospital community; Raleigh mental health community	\$\$-\$\$\$		Legacy Committee, Dix Hospital alumni, mental health community, current patients of nearby psychiatric hospitals	May be a part of the restorative gardens; will need to be coordinated with that effort, the Rocky Branch restoration and building demolition.
<b>Exhibitions in New Spaces/Permanent Exhibitions/Museum</b>	McBryde, Harvey, and/or Royster	Varies depending on exhibit topic but typically park users interested in history; students	\$\$-\$\$\$		Communities related to exhibit topics	Permanent exhibit spaces will be dependent upon building redevelopment planning



# 6.

## Research Resources & Recommendations

Cultural and historical interpretation at Dix Park begins from a remarkable resource—a wealth of existing research projects related to the site. This includes a wide-ranging collection of archival objects; dedicated community historians conducting research on descendant lineages and the history of mental health care; and ongoing collection of oral histories related to Dix Hospital by members of the Legacy Committee.

This section gathers these and other projects, and discusses how to implement practices and partnerships for future research related to the site. More information, along with image and archival resources, can be found in the Appendix.

# The CIP Matrix

Because there has been an array of historical research and community engagement connected to the site over time, it is important to have a tool that aggregates insights and findings in one place, and can incorporate new information as it is discovered. Currently, this tool is the **CIP Matrix** (see the Appendix). Eventually, with the hire of dedicated interpretive staff, this tool will be refined to best meet the needs of the historian(s) working at Dix.

The Matrix incorporates community history storylines, quotations from oral histories and community feedback, and references to site-related artifacts, documents and images. It draws on all of the research documents held in the City of Raleigh's folders, including the foundational work of the Legacy Committee, and insights collected through the stakeholder engagement process as well as additional resources discovered over the course of the CIP research phase.

The Matrix's main storylines are collaborative narratives that synthesize a range of historical data and stakeholder input. Rather than finished stories, they are best used as launch-pads for projects that will dive more deeply into particular aspects of the site's past, expanding and refining the larger site history in the process.

## **How to use the CIP Matrix as a starting point for research, art and exhibition projects**

In general, the Matrix should be used as an internal reference rather than a source for finalized public language, as each project will require the development of its own focus, framing and voice.

When a historian, student, curator or artist begins a project related to the Dix site, the City can provide them with a copy of the relevant sections of the Matrix, which will allow them to identify resources and experts related to the work they plan to do. New references and resources can be added to the Matrix as research advances.



# Overview of the Matrix structure

The Matrix is organized into four major sections:

Ecological History  
Native American Community History  
African American Community History  
and Hospital Community History.

Each section contains several major **Storylines (column A)**. See the Table of Contents below for a list of storyline ‘chapters.’

The **Main Messages (column B)** provide the big ideas within each storyline, generally organized chronologically. This is a good place to look to get a big-picture sense of ‘what happened.’

Look to the **Supporting Stories (column C)** for leads on anecdotes and personal histories that bring the bigger narratives to life. Interesting characters connected to the histories of the site are in bold. This is a category where future historical researchers and artists working on site-specific projects can really dig in.

Many supporting stories are accompanied by **Quotes (column D)**. These come from former Dix Hospital patients and their families, staff, and other community members. They are culled from the CIP’s community engagement and research documents and oral histories. Many of the quotes also exist in audio form. Curators and students working on exhibits and other projects that include audio tours or oral histories can find starting-points for their projects here. They should use these quotes with care—see the Oral Histories section below.

**Records/ Artifacts / Images (column E)** lists archival and primary source materials connected to various stories. Where possible, the Matrix supplies source locations, call numbers and thumbnail images. Image information can be found in the cell above the thumbnail and larger image versions are located in the image folders in the Appendix.

The last three columns of the Matrix are most useful as an internal reference for the City and Conservancy as they plan interpretive projects in the park and create opportunities for artists and researchers to engage with the site.

**Design Ideas (column F)** compiles suggestions for interpretive elements that rose to the top in discussions with community members. Possible partners for particular projects are listed in bold.

**Advice for Us (column G)** provides quotations from stakeholders about how to approach a specific historical event or design element. This is a good first step for gaining awareness about issues of sensitivity, care and inclusion related to a specific story or project, although more engagement and research will likely be needed to flesh out these considerations.

**Possible Site Locations (column H)** provides a place to list locations for potential projects in the park.

# Matrix Storyline

## Table of Contents



### ECOLOGICAL HISTORY

Early Ecology  
 Layers of Land Use  
 From Common Land to Private Property  
 Development of the Site as  
 ...Plantation  
 ...Hospital  
 ...Landfill  
 Who has worked this land?  
 Dix Park as a place for Restoration and Repair



### NATIVE AMERICAN COMMUNITY HISTORY

Native America  
 Living through Colonization, Protecting Community  
 Native Americans at Dix Hospital  
 Dix Park as a place for Visibility and Vitality  
 Present / Past / Future



### AFRICAN AMERICAN COMMUNITY HISTORY

Establishing Spring Hill Plantation  
 Life at Spring Hill Plantation  
 Hospital Foundations  
 The Civil War  
 Exclusion, Segregation and Integration at Dix Hospital  
 Emancipation and Reconstruction  
 Plantation Life after Reconstruction  
 Raleigh's Freedmen Communities  
 Growth of Cultural Institutions  
 Jim Crow Era  
 Raleigh's Parks  
 Civil Rights Movement  
 From Segregation to Gentrification  
 Dix Park as a place for Acknowledgement and Inclusion  
 John Hunter and the Hunter Descendants



### DIX HOSPITAL COMMUNITY HISTORY

Mental Health Treatment in North Carolina before Dix  
 Dorothea Dix  
 Design & Construction of Dix Hospital  
 Civil War comes to Dix  
 Rise of Nursing  
 Segregation & Integration at Dix Hospital  
 Expansion of the Hospital  
 Patient Work at Dix  
 The Great Healing Outdoors  
 Working at Dix  
 Home for Staff  
 Home for Patients  
 Dix as Community  
 Diagnosis and Treatment at Dix  
 Patient and Family Stories  
 All Faiths Chapel  
 Dix Hospital Cemetery  
 Closure of the Hospital  
 After Dix: The Deinstitutionalization of Mental Health services  
 Dix Park as a Place for Healing



# Oral History Projects

Several oral history projects connected to the Park site exist, some ongoing. Researchers interested in conducting additional oral histories should begin by contacting the relevant project contacts. We recommend the Legacy Committee Oral History Working Group as a first contact.

People working in their own communities to gather stories often make the best oral history interviewers. Anyone who is doing this work for the first time should undertake some educational training about method and ethics and work with someone with community or oral history experience.

To sustain oral history projects, the City should look to partnerships with universities, state archives and libraries, which can provide connections to researchers, and secure, accessible holdings for recordings and transcripts once they are completed.

# Existing Oral History Projects

## LIVES ON THE HILL

Video, produced by NC Health News in 2016. Includes clips from interviews with former patients and staff at Dix; 15 full interviews conducted. Contact: Rose Hoban

## DIX PARK ORAL HISTORY PROJECT / CRITICAL LIVES ON THE HILL

Audio + transcript, conducted by Susan Garrity and Elizabeth Page 2020-present. 16 full interviews (10 Native American, 4 Plantation Era, 2 Hospital Era), 20-25 additional oral histories planned to be conducted by Elizabeth Page and Burgetta Wheeler. Unpublished to date except for snippets on the Every Path Speaks website. Contact: Elizabeth Page

## STORIES THAT SAVE LIVES: DOROTHEA DIX HOSPITAL

Audio + transcript, conducted by scholars at the Southern Oral History Program. 7 interviews with former staff and patients at Dix Hospital. Held at the Southern Oral History Program Collection, UNC Chapel Hill Libraries. Contact: Director Seth Koch

## NATIVE NORTH CAROLINIAN INTERVIEWS HELD IN THE SOHP

Audio + transcript, conducted by students and scholars at the Southern Oral History Program. Interviews related to Lumbee and civil rights history in the region (primarily Robeson county). Held at the Southern Oral History Program Collection, UNC Chapel Hill Libraries. Contact: Director Seth Koch

## DIX IN SOUND IN SITU

Audio collage built from interviews with former patients at Dix and others who have lived with mental health challenges. Created by Felix Obelix (Wendy Spitzer), presented at the 2019 SEEK Festival.

# Developing and Using Oral Histories

- Partner with an educational platform like the Southern Oral History Program to collect and archive site-related oral histories.
- Resource and support the oral history research currently being conducted by members of the Legacy Committee.
- Continue to interview community members with connections to the site. Some starting-points for who to interview have been provided to the City and contact names and details are noted throughout the Matrix.
- Establish a residency, student fellowship or staff position that curates existing and new oral histories into audio walking tours. Material exists to develop an oral history tour focused on the stories of Dix Hospital staff, patients and family members. Additional collecting will need to be done to build an archive for other community history tours.
- Create a booth within a park gathering space that allows visitors to record brief reflections related to the site around a particular theme. Topics might include recent changes in the neighborhood related to gentrification or experiences facing mental health challenges. These will need to be reviewed and curated by an experienced community historian.



# Guidelines for Sharing Oral Histories

Because this kind of storytelling is so directly linked to a particular person, it must be treated with extra care. The guidelines below are focused on how to responsibly quote and present oral histories (in written, video or audio form), but they also apply more generally to images and historical documents related to personal history that the City may encounter as historical research unfolds at Dix Park.

*The bottom line:*

**Take extra care with any image, recording, quotation or document that reveals sensitive or private information about anyone, including the person who supplied the document. If you think the information could be harmful or embarrassing to anyone, do not use it in a public setting.**

**Ask for permission to use whenever possible from the subject(s) and the author(s), their descendants, or a community representative, depending on the timeframe. Make this request in writing, explain the way the material will be used, and allow space for the recipient to comfortably decline.**

Oral histories related to the Dix Park site fall into two general categories: published and unpublished.

**Published** interview transcripts and recordings exist in a publicly accessible archive and are legally in the public domain. *The Lives on the Hill* broadcast interviews and the oral histories that are held in Southern Oral History Collection, for instance, are public realm information and can legally be used for any non-commercial, nonprofit project.

However these resources should still be treated with an additional level of care when used for public-facing projects at the Park:

- The researcher should ask themselves: could sharing this information at the Park be damaging to someone? If so, don't share.
- If quotations will be accompanied by names, request and receive permission from narrators and subjects before use.
- Sometimes it is important to recognize a speaker or subject by name. But often it is not necessary, and the speaker or subject can be identified through a more generic label like 'former Dix staff member.' This only works when there are no other details attached that would reveal the speaker or subject's identity. Whenever possible, use this method of identification, as it better protects people and their families. Depending on the sensitivity of the material, the researcher may still want to request permission from the speaker and subject for use.

Some of the oral history collections related to the Dix site are **unpublished**, for instance the ongoing *Dix Park Oral History Project*. Quotes from these oral histories should not be shared publicly without consulting with the project lead. After receiving confirmation from this contact, the researcher should follow the care and permission steps listed above for published materials.

If you are unsure whether material is published or unpublished, check the Matrix. The Quotes section provides confidentiality and permissions details.

The above ethical and legal guidelines are focused on oral histories, but can be used as a general guide when dealing with historical images, artifacts and documents. In addition to getting consent for use from subjects or their representatives, researchers or City staff working on a public-facing project should identify any proprietary or licensing stipulations and contact the company, media source, or author to acquire permission following the method above.

Note that medical records younger than 100 years and employee performance information are protected by legal confidentiality, and sharing this information should be avoided.

# Historical Research

The park site has already become the focal point of historical research that speaks to matters of local, regional and national interest. Exhibitions of site-related historical research have included museum exhibits, online presentations of archival materials, and research-focused community events.

Future research connected to the site can amplify Dix Park as a shared place to learn about community history. Below is a list of major research resources and initiatives connected to the site. (Please see the CIP Matrix for more information.) At the end of each section are recommendations for future research projects related to the park.

## ARCHIVES

### **City of Raleigh Museum, Dix-related holdings**

A substantial collection of artifacts, images and historical documents, mostly from the hospital era. A detailed list of the archive's Dix-related holdings can be found in the City's folders here. The archive also has an online search tool. Museum Director Ernest Dollar recommends going through the employee scrapbooks held in the archive for additional historical images.

### **Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill**

Contains a range of historical documents related to the site over time. The Grimes Family Collection, for instance, holds letters, land deeds, wills, and labor ledgers, some of which are directly related to the Grimes operation at the Dix site. Digital scans of some documents are available through the online archive.

### **State Archives of North Carolina**

The state archive has physical holdings in Raleigh and a digital collection, both of which contain many historical documents and images related to the site. This list in the City of Raleigh folder summarizes various Dix-related holdings.

General researchers can start with the archive's Dorothea Dix Hospital Record Group, which includes government records of hospital incorporation; meeting minutes; hospital admittance and discharge ledgers and other patient records (over 100 years old); contracts and financial statements; nursing school documents; and photographs.

For image sources, look to Special Collections, the News & Observer Images Collection, and the Dorothea Dix Hospital Photograph Collection which includes many photographs from the hospital era and some renderings of the Spring Hill plantation. Images from the News & Observer Collection will require the media company's permission to use.

### ***Asylum in the Archive***

An online platform created by the Communities Histories Workshop, whose researchers have transcribed and analyzed many of the Dix Hospital case books. For example, "from manuscript holdings in UNC's Southern Historical Collection, [the researchers] have uncovered, transcribed, and published more than 100 letters to, from, and about the first female patient at what became Dix Hospital." An agreement with UNC Libraries allows for photographs of the original letters and transcriptions to be accessed via a digital portal.

### **Central Regional Hospital Records**

The source for personal medical records for people who were admitted at Dix Hospital after 1946. Accessible only by the person or their representative.

### **Spruill Annex Building**

Historically, a location on the Dix campus where some hospital-related artifacts have been held.

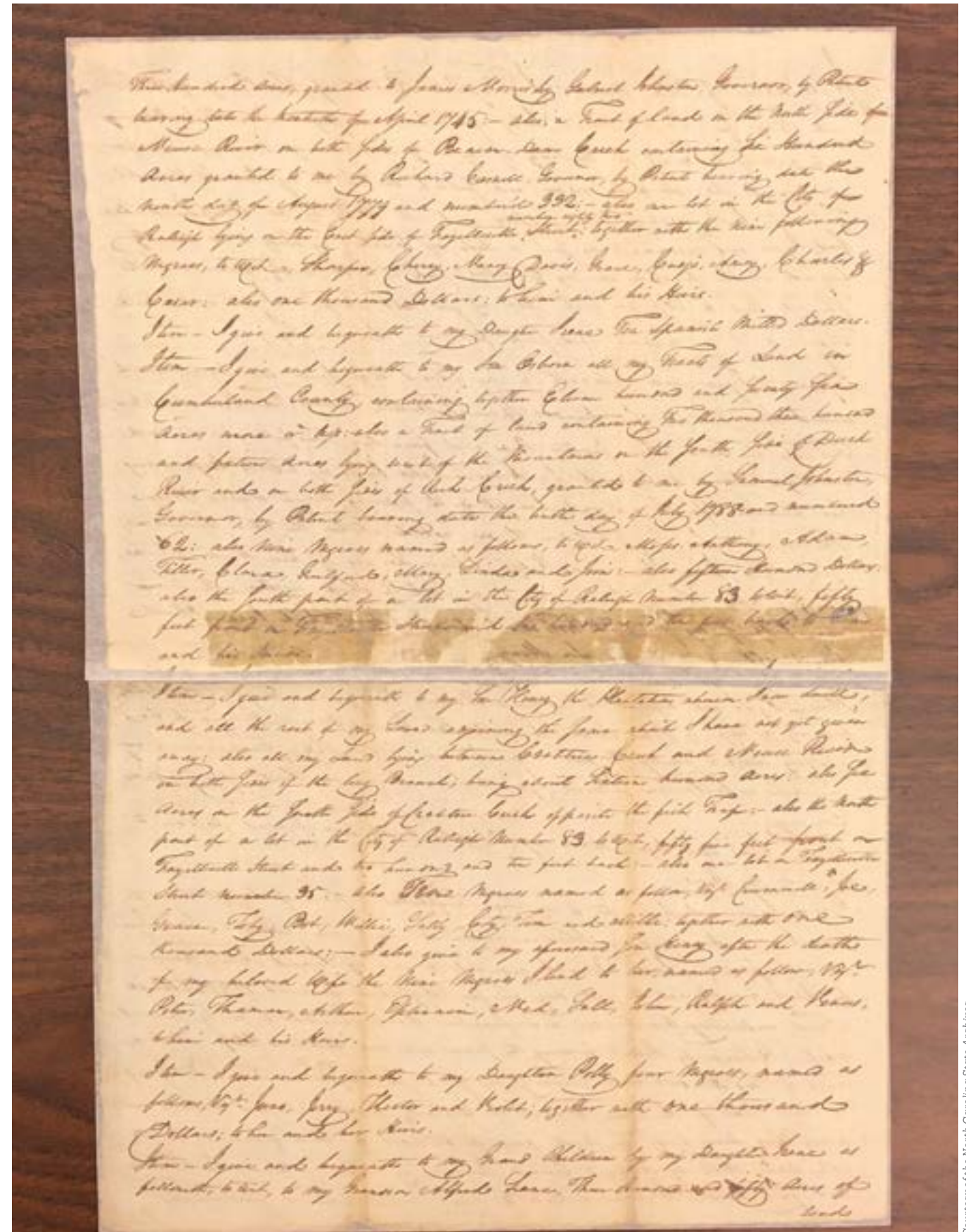
### **Southern Oral History Program Archives**

Online repository for oral history transcripts and recordings (see section above for more detail).



# Recommendations for Future Archival Projects

- Prioritize opportunities to partner with museums, universities and libraries to house site-related materials. These institutions are ideal places to hold publicly-accessible archives related to the site's history because they have established archival infrastructure and staff.
- Develop an internal historic images database, which collects images from various sources above and catalogs them for ease of use in park exhibits, events and public communication. Working with an archivist, librarian, or historic resources staff member to create a system for the consistent processing and indexing of historical images will be key. In the Appendix there are folders of images organized by community history that can be used as a starting-point for this project.
- Establish a protocol for processing archival materials. Once a Dix Park interpretive staff member is hired, one of their priorities should be to formalize a process for handling existing and incoming materials related to the site that are given to City or park staff. Until then, a spreadsheet should be used to catalog incoming material, noting date of acceptance, delivery contact, and details of relevance.
- Partner with community organizations to bring archival materials to park visitors, and encourage public participation in archive-building. Archival materials stored off site can be brought to life through exhibits and engagement projects in the park that invite community members to contribute research, objects and stories. A potential partner for this kind of interactive archive-building is the Community-Driven Archives Project at the University Libraries, UNC Chapel Hill.



Theophilus Hunter's will describing the division of his property and the individuals he enslaved upon his death in 1798.

Courtesy of the North Carolina State Archives.

# Research Projects

## GENERAL SITE HISTORY

While most site-related research projects have focused on one topic or period, a few have had a wide-range scope. Two particularly useful overviews for general researchers are the historical narratives authored by the Legacy Committee and Sites of Conscience Working Group and the *Cultural Landscape History Report*, produced by Susanne Turner Associates as part of the Master Plan.

Ernest Dollar, Executive Director of the City Museum of Raleigh, is a contact for the general history of the site. He has a particular interest in Civil War-era history.

## MENTAL HEALTH CARE / DIX HOSPITAL HISTORY

The *Asylum in the Archive* project by the Communities Histories Workshop analyzes Dix Hospital ledgers and diagnostic notes, presenting data synthesis focused on the intersection of medical practice and the cultural categories of race, ethnicity and gender. The project is overseen by scholars Bobby Allen, Lucas Kelley and Leah Tams.

Other key research contacts in this field include Rose Hoban, editor of the *North Carolina Health News*, who has done extensive research on mental health history in the state. Kelly Arnold has written recently about the role of patient work at Dix Hospital, and Madison Philips has researched Dorothea Dix's views on race and medical treatment. For these and other references, consult the Matrix bibliography.

Significant research has already been done to establish who was buried in the hospital cemetery. See the Cemetery Census list for a starting point. The 2017 letter prepared by the Raleigh Historic Cemetery Advisory Board makes research-informed phased restoration recommendations.

## SPRING HILL PLANTATION & DESCENDANT HISTORY

Recently the University of North Carolina initiated some investigation into the history of Spring Hill Plantation. See *Brick Layers: An Atlas of New Perspectives on NC State's Campus History* for an overview.

UNC has also commissioned archeological research at the plantation site. Three reports produced in 2017 (see the Matrix bibliography) provide descriptions of the plantation layout, grounds and buildings and a mapping of possible gravesites.

Ernest Dollar did some early research into the Hunter family at Spring Hill Plantation (see the documentary *Roots of Hope: Rediscovering The Legacy of John Hunter*, 2020). Subsequently, in-depth genealogical and historical research related to people who were enslaved at Spring Hill Plantation has been conducted by descendants of the Hunter lineages. Wannetta Worthy and Yvonne Hunter Sanders have researched the Hunter family tree. Belle Long has done extensive historical research that includes analysis of wills, burial records and property deeds related to Spring Hill plantation. See the Matrix Bibliography for citations.

Descendant history isn't limited to the site itself. After slavery was outlawed, the story of the descendants of those enslaved at the site spread out into the surrounding neighborhoods, where communities established new cultural, commercial and residential districts. Carmen Cauthen, along with other historians who have focused on Raleigh's historic Black neighborhoods, are key advisors for this dimension of the city's story.

## NATIVE AMERICAN HISTORY

Less research exists connecting Native American history directly to the site, although there has been study of Native American community history more generally in the region.

Good starting-points for researchers interested in this community history are the North Carolina Museum of History, which organizes the American Indian Heritage Celebration, and the Triangle Native American Society. Experts in Native American community history in the area include Dr. Malinda Maynor Lowery, Dr. Louise Maynor, Dr. Mary Ann Jacobs, and Dr. Ryan Emanuel, among others. In addition to consultation with scholars, researchers should consult tribal leaders throughout the research process.

## ECOLOGICAL HISTORY

Various site assessments related to particular development and remediation projects have been prepared over time (see the Matrix bibliography). Histories of the site, including Legacy Committee reports and the *Cultural Landscape Report* have identified some of the agricultural history of the site, and additional research about the ecological impact of site developments is available in the Master Plan's *Discovery Phase Atlas*. More in-archive research needs to be done in this area.



# Recommendations for Future Site- Related Research



## **In general, the City should continue to support research related to:**

- Dix Hospital community history and the history of mental health and psychiatric treatment in North Carolina
- Plantation history and the aftermath of slavery at the site, with a focus on the experiences of people who were enslaved at Spring Hill and stories of Black community-building in Raleigh
- Native American history of the area, including stories of present-day Native American community life
- Ecological history, including agricultural history and the impact of development at the site, as well as research into nature as a resource for human healing and practices of environmental stewardship
- Other community histories that emerge over time as connected to the park site

## **To do so, the City should undertake the following specific strategies in the near term:**

- Continue to seek out ways to partner with university-based research initiatives by:
  - 1) creating opportunities for students and scholars working on history related to Dix Hospital to present their work at public events and
  - 2) establishing internships, fellowships and volunteer opportunities for scholars to work with the park's interpretive staff.
- Prioritize the creation of a portal onsite for the public to access African American genealogical research. A potential partner for this project is the Enslaved Persons Project, begun in 2021 by the Wake County Register of Deeds.

- Continue archeological investigation at the site, following the specific recommendations for archeological discovery stated in the Cultural Landscape Report and the standards for archaeological findings developed by the North Carolina State Office of Archaeology. Contacts: Steve Davis, retired archaeologist at UNC Chapel Hill, and John Mintz, North Carolina Office of State Archeology.
- Continue research about the hospital cemetery, and ensure that it informs future restoration. One specific initiative could be to partner with university programs on a research project to discover who from the Native American community is buried at the hospital cemetery. The Community Histories Workshop and the UNC Pembroke History Department may have students interested in conducting this research.
- Further develop the agricultural history of the site by connecting with experts at the North Carolina State Forestry Division, the North Carolina Native Ethnobotany Project, the North Carolina Botanical Garden, and the Lumbee Cultural Center in Robeson County.

# Appendix documents

*provided separately*

**ENGAGEMENT SUMMARY**

**COMMUNITY HISTORY SUMMARIES**

**CIP RESEARCH MATRIX**

**IMAGES AND RESEARCH DOCUMENTS CITED IN THE CIP MATRIX**