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**Maria Kaspirek**

## In/Sanitary Science

Madness, Mental Hygiene, and Knowledge  
in Nineteenth-Century Literature



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# **In/Sanitary Science.**

## **Madness, Mental Hygiene, and Knowledge in Nineteenth-Century Literature**

**Wahnsinnige Wissenschaft. Irrsinn, mentale Hygiene und  
Wissen in der Literatur des neunzehnten Jahrhunderts.**

der Philosophischen Fakultät und Fachbereich Theologie

der Friedrich-Alexander-Universität  
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zur

Erlangung des Doktorgrades Dr. phil.

vorgelegt von

Maria Kaspirek  
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To Antje Kley, who is the best supervisor any doctoral candidate could hope for.

To my husband, who reminded me to take care of my own mental hygiene while writing this dissertation.

To the American Antiquarian Society and its staff, whose holdings and advice directed my research into a wholly unexpected but fascinating area.



# Abstract

## **In/Sanitary Science. Madness, Mental Hygiene, and Knowledge in Nineteenth-Century Literature**

The present study explores the foundation, legitimization, and development of psychiatry as a medical specialty in nineteenth-century America. In my study, I focus on the interfaces between literature, knowledge, science and medicine and argue that the success of early psychiatry hinges on its foundation in the literary domain.

Through the radical medicalization and professionalization of madness in the nineteenth century, the concept of mental hygiene moves into the spotlight of the discourse on behavioral norms and deviance. The concept of mental hygiene, which I define as a guideline for the prevention of mental disease, is developed by early psychiatrists, the members of the *Association of Medical Superintendents of American Institutions for the insane*, founded in 1848. A closer look reveals that aspects of mental hygiene, as it is formulated and propagated by Isaac Ray, Amariah Brigham and other influential superintendents, touches on nearly every aspect of private and public life.

The first – theoretical and historical – part of my research shines a light on the rhetorical and practical strategies employed by the early psychiatrists to secure themselves a position of wide-ranging authority. How do they justify the claim to authority, to know what is right and healthy for the individual and the nation? Already the relevance of the literary domain for an analysis of psychiatric history comes into play. In their writings, asylum physicians single out cultural products, and amongst them fictional literature as well as the rapidly rising numbers of newspapers, journals, and magazines, as suspect and potentially pathogenic. Especially contemporary genres like sentimental novels, sensational novels, and the yellow paper literature in general are considered to be dangerous. The asylum superintendents argue that the consumption of these products necessarily lead to a degeneration of morals, a weakening of the body, and a grave aberration and overstress of the mind, which, if left unchecked and untreated, consequentially could lead to a corruption of the individual and, finally, the young republic.

Despite the superintendents' criticism and concern over the consequences of the further development of the printing press and the rapidly growing literacy of the public, they use exactly these developments to their advantage. As I show in my study, especially the association's main organ, *The American Journal of Insanity*, is a prime example of the eclecticism of nineteenth-century printing products. It is also a medium for scientific exchange, a vehicle for professionalization and the mediation of knowledge, and a tool for the ubiquitous quest for authority and legitimization of psychiatry. Most fascinatingly, it is a site of multi-leveled negotiation with literature, ascribing enormous relevance to it. On the one hand, literature is treated as a dangerous pathogen and on the other hand, medical literature continuously remarks on its curative potential, thus continuing the intercontinental debate on "good" and "bad" literature. The *Journal of Insanity* also harbors, especially in the years 1844-1889, numerous discussions on the relationship between literary creativity and madness, pieces of literary criticism, excerpts of prose and poetry, poetry written by the asylum physicians themselves, and delineations of literary descriptions of mental and emotional states of being. My research in this part of the study shows, that especially the works of established literary authorities are analyzed – among them are Shakespeare, Moliere, Byron, and Samuel Johnson. Oftentimes, literary reference goes hand in hand with reverence. Writers such as the one mentioned above, argue the asylum physicians, have a peculiar insight into the human psyche on which the superintendents can, in turn, superimpose their own findings and theories. Essentially, literary insights and knowledge serve as a foundation for theory, practice and legitimacy of psychiatry. This becomes particularly apparent when it comes to a cohesive definition of madness as disease. It seems to be an impossibility for the self-proclaimed experts to provide such a definition, as repeatedly failed attempts show. Instead, the physicians often refer to a collectively ingrained tacit knowledge which allows everyone to "know madness" – what it looks like, feels like, sounds like – without defining it. On the other hand, in their search for the true nature of madness, physicians repeatedly turn towards the literary domain and established authors.

As has become clear, the present study employs a broad definition of literature, transcending beyond the use of fiction as primary material for analysis. Even though fictional literature occupies a special place within my work, I also include other textual documents, such as scientific explorations, personal reports by former asylum patients, journals, poems, political appeals, and manifests, and much more. This course of action pays tribute to the fact, that clear demarcations between fact and fiction, between scientific literature and belle-lettres, and between different genres had yet to be consolidated. Furthermore, it allows me to follow the entanglements of the literary and the medico-psychiatric domain on multiple levels. Finally, the inclusion of different nineteenth-century types of text enables me to invite a variety of contemporary actors – physicians, writers, but patients, too – to the stage, which further strengthens the interdisciplinary character of this study, and complements the respective critical discussion of the theories and writings of medical historians, sociologists, and literary scholars.

The second part of my study puts the asylum to the forefront. The psychiatric institution, which rose to fame and notoriety in nineteenth-century America, was innovative (including new approaches such as moral treatment), successful (many of these costly institutions were built throughout the country), and highly controversial (as contentious debates in the historiography of the asylum indicate). The asylum of the nineteenth century, can, true to its original meaning, be interpreted as a site of refuge, a safe retreat from the increasingly volatile forces of the marketplace and societal changes. Likewise, the asylum might be regarded as the physical manifestation of psychiatric authority and control by the state. In my research, I consider both aspects and argue that the psychiatric institution presents a microcosm, that is at the same time a mirror of society and completely distinct from it, which makes it the ideal social laboratory for the superintendents and their utopian imperative. The asylum is also, as I show, a site of literary interest, and engages with literature on multiple levels. For one, I shed light on the literary processing of the institution in the form of sensational tales, which were incredibly popular in the nineteenth century. Sensational writers often play with deeply ingrained expectations of their readerships. Their

representations run counter to the propagations and propaganda of the asylum superintendents, and often criticize the absolute authority given to the mad-doctor, who often is revealed to be a mad doctor. My research concerning the history of bibliotherapy, and the role of asylum libraries further strengthens the relevance of literature for the theoretical and practical configurations of early psychiatry. I examine in how far literature was used as a method of treatment (and the withdrawal from literature as a means of punishment and correction), and which genres and specific works were seen as appropriate for rehabilitation of the insane.

Asylum journals, that are written and published by the inmates of psychiatric institutions, give us almost revolutionary insight into both the literary and the day-to-day-world of those, that have been diagnosed as mad. Patient journals give a voice to those that have effectively been silenced and removed from society. The content of the patient journals is diverse and fascinating; my focus, however, is to emphasize the interest of the patients towards literature. They regard it as a possible panacea and an instrument for freedom, as a necessity for the future greatness of the nation, and at the same time they realize it as a possibility for subversion and an outlet for subtly criticizing the authority of the superintendents and the state of treatment.

Asylum exposés, which have been written and published by patients after their stay in the institution, likewise reveal the gap between the physicians' presentation of the institution as a humanitarian utopia and their own experience which paints the institution in decidedly bleaker colors. In my reading of these exposes I pay particular attention to the literary strategies, such as the wild mix of genres, and argue that they are consciously employed to reach as large a readership as possible and raise outrage and concern while at the same time protecting themselves from backlash. In the analysis of both patient journals and patient exposés I explore in detail how their literary engagement is a powerful means of creating identity, on an individual, a collective, and a national level.

I have chosen a selection of classic American fiction to complement the textual genres mentioned above. Just like the writings of physicians and patients, these works of fiction engage with multiple

socio-politically and historically relevant aspects of mental hygiene. *Moby Dick* explores the essential nature of madness itself. In “The System of Doctor Tarr and Professor Fethers”, Edgar Allan Poe examines the performative aspects of insanity. “Bartleby the Scrivener” grapples with the demands of an increasingly capitalized and urbanized society on manhood. Reading Hawthorne’s *The House of Seven Gables*, *The Scarlet Letter*, and Poe’s “The Fall of the House of Usher” alongside medical texts, I assess both nineteenth-century gender roles and increasingly fatalistic theories of heredity.

What all texts – sensational tales, professional magazines, asylum journal, expose, and canonical novel – have in common is their concern for limits; natural and imposed limits, limits of the mind, of knowledge, of literature, of medicine and of authority. How far is science allowed to go? In my study, I demonstrate that especially fictional literature and “literature from the asylum” (the patient journals and the exposes), launch a serious attack on the position of authority and unquestionable knowledge psychiatry claims for itself. In my analysis of the different perspectives on madness and its treatment provided by physicians, writers, and patients, I also identify the manifold functions literature does and can potentially fulfill. Literature is a means of communication and exchange of knowledge. At the same time, it generates knowledge in itself and is a source of legitimacy for other groups. Literature creates and recreates identity – for the individual, for various social groups, and for the nation. Literary texts can function as a complement or corrective to ideologically tainted psychiatric theories, as well as a counternarrative for a history of psychiatry predominantly written by physicians.

All in all, my study points towards hitherto underrepresented interfaces of literature and medicine, provides a new reading of the oeuvre of classic American writers, and makes a strong claim for the often-underestimated relevance of literature for the development and history of – specifically American – psychiatry.



# Zusammenfassung

## Wahnsinnige Wissenschaft.

### Irrsinn, mentale Hygiene und Wissen in der Literatur des neunzehnten Jahrhunderts.

In der vorliegenden Studie verfolge ich die Gründung, Legitimierung und Entwicklung der Psychiatrie als medizinisches Fachgebiet im Amerika des neunzehnten Jahrhunderts. Dabei zeige ich die vielfältigen Schnittstellen zwischen Literatur, Wissen(schaft) und Medizin auf und argumentiere, dass die Erfolgsgeschichte der frühen Psychiatrie auf der Basis von und der Auseinandersetzung mit Literatur erfolgt.

Im Zuge einer radikalen Medikalisierung und Professionalisierung des Wahnsinns im neunzehnten Jahrhundert rückt das Konzept der mentalen Hygiene in den Mittelpunkt des Diskurses um Verhaltensnormen und Normabweichungen. Das Konzept der mentalen Hygiene als Leitfaden zur Prävention von Geisteskrankheiten wird von Ärzten entwickelt, die sich Mitte des neunzehnten Jahrhunderts zur *Association of Medical Superintendents of American Institutions for the Insane* zusammenschließen. Ein näherer Blick eröffnet, dass die Aspekte der mentalen Hygiene, wie sie von Amariah Brigham, Isaac Ray, und anderen einflussreichen Anstaltsärzten verstanden wird, beinahe jeden Bereich des privaten und öffentlichen Lebens betreffen.

Im ersten – theoretisch und geschichtlichem – Teil meiner Arbeit erkunde ich, mit welchen rhetorischen und praktischen Strategien sich diese frühen Psychiater in eine Position umfassender Autorität versetzen wollen. Mit welchem Recht wird hier die Deutungshoheit über geistige und körperliche Gesundheitszustände des Individuums und der Nation beansprucht? Wie legitimieren diese Irrenärzte ihren Autoritäts- und Wissensanspruch? Bereits an diesem Punkt wird die Relevanz der literarischen Domäne für eine psychiatriegeschichtliche Auseinandersetzung mehr als deutlich. In den Schriften der Ärzte werden kulturelle Produkte, darunter speziell schöngeistige, fiktionale Werke sowie die im neunzehnten Jahrhundert explodierende Zahl von Magazinen und Zeitschriften als suspekt und potenziell pathogen herausgehoben. Besonders zeitgenössische Strömungen und Genres wie der Sentimentalismus und der Kolportageroman

scheinen den Irrenhaus-Verwaltern ein Dorn im Auge zu sein. Der Konsum jener literarischen Produkte bringt, so die Überzeugung der Ärzte, eine Verrohung der Moral, eine Schwächung des Körpers (unter anderem durch ständige, „unnatürliche“ Sitzposition) sowie eine folgenschwere Verirrung und Überbelastung des Geistes mit sich, die, sich selbst überlassen, letztendlich nicht nur zur Korruption des Individuums, sondern auch zur Degeneration der jungen Republik führen kann.

Trotz der scharfen Kritik an den Möglichkeiten, welche die Weiterentwicklung der Druckerpresse eröffnet und der Besorgnis über die rasche Alphabetisierung der breiten Bevölkerung, machen sich die Psychiater ebenjene Bewegungen zu Nutze, um ihre eigenen Zwecke zu verfolgen. Besonders das Fachblatt der Organisation, das *American Journal of Insanity*, ist, wie ich zeige, nicht nur ein Paradebeispiel für den Eklektizismus der Printprodukte dieser Zeit, ein Ort des wissenschaftlichen Austauschs sowie ein Medium der Professionalisierung, der Vermittlung von Wissen und ein Hilfsmittel des allgegenwärtigen Legitimierungsbestrebens der Psychiatrie, sondern auch ein Ort der vielfältigen Auseinandersetzung mit Literatur, welcher also eine enorme Bedeutung zugeschrieben wird. Einerseits wird sie, wie bereits erwähnt, als ein starkes Pathogen behandelt, andererseits wird ihr aber auch ein kuratives Potenzial zugestanden. Damit führen die Ärzte die interkontinentale und traditionsreiche Debatte um „gute“ und „schlechte“ Literatur fort. Weiters finden sich im genannten Fachblatt, speziell in den Jahren 1848-1889, Erörterungen über den Zusammenhang zwischen (literarischer) Kreativität, Genie und Wahnsinn, klassische Literaturkritik, lange Exzerpte aus Prosa und Poesie, eigene poetische Ergüsse der Irrenärzte, und Aufarbeitungen und Interpretationen von literarischen Beschreibungen von Gemüts- und Geisteszuständen. Meine Recherchen in diesem Teil der Arbeit zeigen, dass vor allem die Werke literarischer Autoritäten wie Shakespeare, Molière, Lord Byron und Samuel Johnson analysiert werden. Oftmals geht hier literarische Referenz Hand in Hand mit Reverenz. Gewissen Autoren wird nämlich ein überdurchschnittlicher Einblick in die menschliche Psyche zugeschrieben, an dem sich praxisnahe Wissenschaftler (als welche sich die Anstaltsärzte sehen) orientieren können. Erkenntnisse über Geist und

Gesundheit in der Literatur dienen also als Grundstein für Theorie, Praxis und Legitimität der Psychiatrie. Besonders deutlich wird dies, wenn es um eine kohäsive Definition des Wahnsinns als Krankheit geht. Eine solche festzulegen, scheint den selbsternannten Experten (bis heute) unmöglich, obwohl der Versuch oft wiederholt wird und reproduzierbar scheitert. Stattdessen wird, wie ich im Detail erörtere, oft auf ein scheinbar kollektiv verankertes implizites Wissen verwiesen, welches jedem ermöglicht, den Wahnsinn zu erkennen, ohne ihn genau zu benennen. Gleichwohl wenden sich die Ärzte in ihrer Suche auch wiederholt an namhafte Figuren aus dem Bereich der Literatur, woraus abzulesen ist, dass diese klar als Autoritäts- und Wissensquelle fungiert.

In der vorliegenden Studie arbeite ich mit einer breiten Definition von Literatur. Das heißt also, dass das Untersuchungsmaterial nicht nur vornehmlich aus dem Bereich der Fiktion (obwohl diese eine Sonderrolle in dieser Arbeit einnimmt) stammt, sondern sich auch aus anderen Verschriftlichungen, wie etwa wissenschaftliche Erörterungen, Erfahrungsberichte, Zeitschriften, Gedichte, politische Appelle und Manifesten, zusammensetzt. Dieses Vorgehen trägt einerseits dem Umstand Rechnung, dass sich im neunzehnten Jahrhundert die Abgrenzungen zwischen Fakt und Fiktion, zwischen Wissenschaftsliteratur und „schöner Literatur“, zwischen verschiedenen Genres erst konsolidieren müssen, andererseits erlaubt es mir, die Verflechtungen zwischen der literarischen und der medizinisch-psychiatrischen Domäne auf mehreren Ebenen zu verhandeln. Weiters ermöglicht mir die Inklusion vielfältiger Textsorten aus dem neunzehnten Jahrhundert, nebst der kritischen und unumgänglichen Auseinandersetzung mit den Theorien und Schriften von Literaturwissenschaftlern, Soziologen und Medizinhistorikern an jeweils gegebener Stelle, vor allem im zweiten Teil der Arbeit eine größere Bandbreite an Akteuren, also Psychiater und anderen Ärzten, SchriftstellerInnen, aber auch PatientInnen, zu Worte kommen zu lassen. Dies entspricht auch dem interdisziplinären Charakter der Studie.

Der zweite Teil der Arbeit rückt das Irrenhaus an sich und als Idee in den Fokus. Die psychiatrische Anstalt, wie sie im Amerika des neunzehnten Jahrhunderts ausgestaltet wird, ist innovativ,

erfolgreich und höchst kontrovers. Innovativ, da neuartige, scheinbar non-invasive Behandlungsmethoden wie etwa das „moral treatment“ angewendet werden; erfolgreich, wie die Vielzahl an Institutionen, die im Laufe des neunzehnten Jahrhunderts gebaut werden, zeigen und kontrovers, wie sowohl Stimmen aus dem neunzehnten Jahrhundert als auch historiographische Aufarbeitungen beweisen. Das Irrenhaus des neunzehnten Jahrhunderts kann, wie es der englische Begriff *asylum* impliziert, als Ort der Zuflucht vor den tiefgreifenden gesellschaftlichen und wirtschaftlichen Veränderungen verstanden werden. Ebenso kann man die Anstalt als physische Manifestation psychiatrischer Autorität und staatlicher Kontrolle lesen. In meiner Arbeit beleuchte ich beide Aspekte und argumentiere, dass die Anstalt einen von der Gesellschaft abgekoppelten Mikrokosmos darstellt, der für die Superintendenten gerade deswegen als ideales gesellschaftliches Experimentierfeld fungiert. Vor allem ist das Irrenhaus, wie ich demonstriere, ein Ort des literarischen Interesses und der intensiven Auseinandersetzung mit Literatur auf zahlreichen Ebenen. Beispielsweise beleuchte ich die literarische Verarbeitung der psychiatrischen Anstalt in den in Amerika äußerst beliebten Kolportageromanen, der sogenannten *sensational tales* oder *insanity tales*. AutorInnen derselben spielen in ihrer oft überspitzten Darstellung des Irrenhauses bewusst mit tief verankerten Vorstellungen und Erwartungen ihrer Leserschaft. Die von den Ärzten so humanitär dargestellte Institution wird hier zum Inbegriff von Unmenschlichkeit; Grausamkeit ersetzt Philanthropie, und der Irrenarzt wird zum irren Arzt.

Meine Recherchen zur Geschichte der Bibliothherapie und der Rolle der Bibliothek im Irrenhaus bekräftigen die Relevanz von Literatur in der theoretischen und praktischen Ausgestaltung der frühen Psychiatrie. Ich untersuche, wie Literatur als Behandlungsmethode und der Entzug ebenjener als Strafe eingesetzt wird, sowie welche Genres und konkrete Werke von den Irrenärzten als geeignet empfunden werden, um die von ihnen als Wahnsinnigen diagnostizierten auf den Weg der Rehabilitation zu bringen.

Irrenhausmagazine, sogenannte *asylum journals*, die von PatientInnen der psychiatrischen Anstalten geschrieben und veröffentlicht werden, eröffnen einen völlig neuartigen Blick in die Alltags-

und literarische Welt derjenigen, die von sich selbst, ihren Freunden und Familien, Autoritätspersonen, oder zumindest dem Anstaltsarzt als geistesgestört diagnostiziert wurden. Patientenzeitschriften geben denen eine Stimme, die von der Gesellschaft also mundtot gemacht werden sollten. Der Inhalt der Zeitschriften ist facettenreich. Ich stelle aber besonders heraus, wie sehr sich die PatientInnen für Literatur interessieren und diese als ihr persönliches, aber auch gesellschaftliches Heilmittel betrachten, als essenziell für die zukünftige Großartigkeit der Nation und gleichzeitig als Möglichkeit, die Autorität des Superintendenten subtil zu untergraben und zu kritisieren.

Exposees, die von PatientInnen nach ihrem Aufenthalt in der Anstalt geschrieben und veröffentlicht werden, beleuchten ebenfalls die Differenzen zwischen den vermeintlich utopischen, von den Ärzten propagierten und den tatsächlichen Zuständen beziehungsweise den weniger humanen und wissenschaftlichen Methoden. Besonderes Augenmerk lege ich auf die literarischen Strategien, wie die bewusst gewählte Rhetorik und den wilden Genre-Mix, derer sich die AutorInnen der Exposees bedienen, um ihr Anliegen der Leserschaft möglichst dringlich zu präsentieren, ohne sich selbst angreifbar zu machen. In der Analyse beider Textsorten argumentiere ich, dass Literatur ein nicht zu unterschätzendes Mittel zur Identitätsstiftung ist.

Ergänzend stelle ich den obig genannten Textsorten klassische amerikanische Fiktion an die Seite. Diese beschäftigt sich auf komplexe Weise mit gesellschaftspolitisch und medizinhistorisch relevanten Aspekten der mentalen Hygiene; mit der grundlegenden Natur von Wahnsinn (Herman Melville, *Moby Dick*), mit performativen Aspekten des Wahns (Edgar A. Poe, „The System of Doctor Tarr and Professor Fether“), mit den Ansprüchen einer zunehmend kapitalisierten und urbanisierten Gesellschaft (Melville, „Bartleby the Scrivener“), und mit zunehmend fatalistischen Vererbungstheorien und mit Geschlechterrollen (Hawthorne, *The House of Seven Gables*, *The Scarlet Letter* und Edgar A. Poe „The Fall of the House of Usher“).

Allen Textsorten – Kolportageroman, Fachjournal, Patientenzeitschrift, Exposee, kanonischer Roman und klassische Kurzgeschichte – ist die Debatte um Grenzen ein zentrales Anliegen: es geht um

natürliche und gewollte Grenzen, um Grenzen des Geistes, des Wissens, der Literatur, der Medizin und der Autorität. Wie weit darf die Wissenschaft gehen? Weiters stelle ich heraus, dass besonders in der fiktionalen Literatur sowie in der „Literatur aus dem Irrenhaus“, den Patientenzeitschriften und den Exposees, der Autoritäts- und Wissensanspruch der Psychiatrie radikal in Frage gestellt und kritisiert wird. In meiner Analyse der unterschiedlichen Blickwinkel – von Autoren, Patienten, und Ärzten – auf die Frage nach der Autorität über geistige Zustände und deren Bewertung, identifiziere ich schlussendlich die mannigfaltigen Funktionen der Literatur. Literatur ist ein Kommunikationsmedium, und sorgt für den Austausch von Wissen. Gleichzeitig fungiert sie als Wissensgenerator und Quelle der Legitimität. Literatur ist identitätsstiftend – für den Einzelnen, für diverse soziale Gruppen, für eine Nation. Ebenso können literarische Texte als Ergänzung oder Korrektiv zu ideologisch motivierten psychiatrischen Theorien gelesen werden, sowie als Gegenentwurf einer von Ärzten geschriebenen Medizingeschichte.

Zusammenfassend zeigt meine Studie also weitgehend unerforschte Verflechtungen zwischen Literatur und Medizin auf, wirft einen neuen Blick auf das Oeuvre klassischer amerikanischer Schriftsteller und argumentiert zugunsten einer oftmals unterbewerteten Relevanz der Literatur für die Entwicklung und Geschichte der Psychiatrie speziell im amerikanischen Raum.

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## List of Abbreviations

AJI:	American Journal of Insanity
AJP:	American Journal of Psychiatry
AMA:	American Medical Association
AMPA:	American Medico-Psychological Association
AMSAIL:	Association of Medical Superintendents of American Institutions for the Insane
APA:	American Psychiatric Association
AR:	Annual Report
DSM:	Diagnostic and Statistical Manual of Mental Disorders
NAPIPI:	National Association for the Protection of the Insane and the Prevention of Insanity



# 1 Introduction

*“But who shall determine what is madness and what is not?”*  
Charles Frederick Briggs, 1845

In 1835, Alexis de Tocqueville writes, “in America [...] insanity is more common than everywhere else” (139).<sup>1</sup> Two years later, English asylum doctor William A. F. Browne concurs that “[t]he number of lunatics is said to be much greater in America than in any European country” (64). In 1833, American physician Amariah Brigham claimed that in the year 1812 already, “1 in every 262 of the inhabitants” of Connecticut had been insane, and that the disease was right now “increasing with fearful rapidity” in the Union (*Mental Cultivation*, 76-77). Ostensibly, the United States had a problem. But why was insanity seemingly so prevalent in the young republic, more than in any other country, and spreading so quickly?

Browne, Tocqueville, and Brigham all have the same idea of the origin of this unfortunate development: the freedom and possibilities provided by a newly independent democratic country, and the personal and national challenges involved on an individual and national level. In his assessment of American insanity and its causes, Browne moves forward systematically. He first names “the abuse of ardent spirits, and especially dram-drinking” which “prevails to an awful and destructive extent” as one of the major factors conducive to the disease. “Secondly”, he argues,

money is gained easily and rapidly, and the abject and the ignorant become suddenly rich, without becoming better or wiser; the means of enjoyment thus increase more quickly than the means of moral training, and there are the effects of unexpected prosperity, and the gross and unrestrained gratifications of an ill-regulated mind to contend with. (65)

He also points towards unchecked immigration, an issue that later concerned American physicians and politicians, too. For Browne, “[t]he refuse of other nations has been poured forth” and “impure

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<sup>1</sup> Alexis de Tocqueville. *Democracy in America*. Vol 2. Transl. by Henry Reeve. New York: J. & H.G. Langley, 1840.

and poisoned” strains had entered the American population (65).<sup>2</sup> And finally, he suggests that “the intenseness of political feeling, and the agitating nature of the civil contests in which the inhabitants generally are from time to time engaged, must decidedly contribute to the development of the disease“ (64-65).

Browne’s assessment was shared by American physicians, public figures, and reformers such as Edward Jarvis, Catherine Beecher, Dorothea Dix, the already mentioned Amariah Brigham, and many others. Taking a closer look at some of their statements, we find them, albeit similar to Browne in content, more flattering in tone. As early as 1821, the commissioners of the Hartford retreat (one of the very first asylums in the United States) identified the free pursuit of wealth and rank enabled in America, and “repressed or entirely subdued in other countries”, as conducive to the disease (7).<sup>3</sup> Similarly, in her *Treatise on Domestic Economy* (1841), Catherine Beecher holds that “the people of this Country are under the influence of high commercial, political, and religious stimulus, altogether greater than was ever known by any other nation” (20). Nineteenth-century psychiatrist Amariah Brigham, likewise, affirms that “insanity prevails most in those countries where people enjoy civil and religious freedom, where every person has liberty to engage in the strife for the highest honors and stations in society, and where the road to wealth and distinction of every kind is equally open to all.” In despotically ruled countries like China, Turkey, and Spain and “among the American Savages” there were close to no cases of insanity because there was “little more mental excitement than the brute creation” (*Mental*

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<sup>2</sup> While immigration was a prerequisite for the emerging identity of America as a land of equal chances for all and of new beginnings, there was always already a fear that the “wrong people” would enter the country, and political and social instability would ensue. The idea that immigrants were more likely to be or become morally and mentally degenerate was only one, albeit powerful outlet of concern. Edward Jarvis, nineteenth-century American psychiatrist and statistician, has written extensively on the subject of immigrants and their proclivity to insanity, and revealed the latter to be partly a prejudice. Cf. *Report on Insanity and Idiocy in Massachusetts, by the Commission on Lunacy, under Resolve of the Legislature of 1854*, Boston (1855); 84-90, and “Immigration,” *Atlantic Monthly* 29 (1872):454-468.

<sup>3</sup> The commissioners also pointed towards the shared English ancestry of New Englanders, and the inheritance of English defects, such as a genetic liability to insanity, as a cause for the disease.

*Cultivation*, 78).<sup>4</sup> Clearly, he regarded insanity as a marker for the achievements of civilization and freedom, and at the same time, the price to be paid for certain societal achievements.<sup>5</sup>

For Brigham, then, it was only natural that America must exhibit the highest numbers of insane people. After all, he regarded America as exceptional in its opportunities and freedom; people were ostensibly free to choose their religion, their political party, their profession – and with that freedom of choice came a major responsibility for individual and national prosperity. For many, the responsibility proved too large; the freedom, too daunting; the hopes of success and wealth were too often shattered; the entertainments, too tempting; and the intellectual and political movements, too nerve-wrecking, stimulating, exciting; all of which resulted in the increase of insanity, according to nineteenth-century observers. In short, intemperance and other moral shortcomings, opportunity, immigration, political freedom, and democracy were identified as the reasons for the rapidly rising numbers of insane in America.<sup>6</sup> The degree to which the country had reached a “highly developed intellectual and cultural life in an atmosphere of political freedom”, as historian Norman Dain phrases it, and of which Americans were so proud, now proved dangerous (88). The same values the young republic held dear, and that fostered a sense of American exceptionalism, were now threatening the republic’s very existence. Instead of the sure path towards human

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<sup>4</sup> A corresponding opinion is offered by Brigham’s colleague, American physician Pliny Earle. Earle is convinced that “[i]nsanity is ... part of the price that we pay for civilization. The causes of the one increase with the developments and results of the other. This is not necessarily the case, but it is so now. The increase of knowledge, the improvements in the arts, the multiplication of comforts, the amelioration of manners, the growth of refinement, and the elevation of morals, do not of themselves disturb men’s cerebral organs, and create mental disorder. But with them come more opportunities and rewards for great and excessive mental action, more uncertain and hazardous employments, and consequently more dangers of accidents and injuries, more groundless hopes, and more painful struggles to obtain that which is beyond reach, or to effect that which is impossible” (“On the Causes of Insanity”, 204).

<sup>5</sup> The rise of insanity in civilized societies seems to have been a concern on both sides of the Atlantic. French physician Jean-Etienne Esquirol, and English physicians W.A.F. Browne and Andrew Halliday made the same unsettling observations pertaining to their respective fellow countrymen.

<sup>6</sup> As Norman Dain holds, up until the 1860s there was no real statistical evidence to support the claim of rising incidents of insanity, yet this “fact” was widely believed and asserted (89).

perfectibility, the republic moved towards the looming threat of mental degeneration. America needed a remedy, and quickly.

The solution presented itself in the form of a group of people who saw the problem of insanity as a medical challenge and proposed to tackle the disease as such. These early professional psychiatrists saw the key in successfully combating insanity in two measures: mental hygiene and asylum medicine. One of these early psychiatrists, Isaac Ray (1807-1881), dedicated a whole book to mental hygiene and the ideas behind it. He defines mental hygiene as

the art of preserving the health of the mind against all the incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers in regard to exercise, rest, food, clothing, and climate; the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect, – all come within the province of mental hygiene. (*Mental Hygiene*, 15)

As Ray's definition implies, mental hygiene was essentially a lifestyle program which, if complied with, would effectively prevent mental degeneration and insanity, and provide American citizens with the tools for a better, healthier life, resulting in a better, healthier nation.

Asylum medicine, on the other hand, was a practical manifestation of the suggestions of the mental hygiene program. It refers to the "medicine" applied in the institutions which mushroomed throughout the nineteenth century, throughout the whole country: insane asylums. Psychiatrists, who assumed exclusive directorship in these institutions, prescribed a mixture of traditional "physical" medicine (morphine, calomel, bloodletting, bathing, purging) and newly developed "moral" medicine, denoting a psychological approach that included occupational and creative therapy, exercise, environmental factors, and talk sessions. Mental hygiene was designed for prevention of insanity, whereas asylum medicine was applied for the care and cure of the disease. Taken together, the psychiatrists proclaimed, the nation would quickly revert to the path towards universal health, happiness, and prosperity, and steer away from madness.

The origin and development of mental hygiene and psychiatry is an incredibly fascinating topic, but we may, at this point, ask: what has this got to do with literature? We can certainly write the history of insanity in the nineteenth century without considering its parallel, consequences, antecedents, and input from the literary world; but it would be the poorer for it, if not to say, incomplete.

### Literature, Madness, and Influence

Madness and literature have always enjoyed a special relationship, as is well documented by scholarship. Monographs and collections of essays that range from the Greco-Roman world to the age of neurology abound. In 1951, Eric Dodds investigates *The Greeks and the Irrational*. Penelope Doob looks at madness in Middle English literature and medieval figures (*Nebuchadnezzar's Children*, 1974), Max Byrd focuses on ambiguity towards madness in eighteenth-century writing (*Visits to Bedlam*, 1974). Allen Thiher attempts a sweeping blow at following insanity, literature, and medicine from the Stone Age to the 21<sup>st</sup> century, granting literature an exalted position “as a form of knowledge that defines, in conjunction with medicine and philosophy, what are the contours of the self and its relation to the world” (*Revels in Madness*, 5). A similar impressive timeframe is covered by the collections of essays *Madness and Creativity in Literature and Culture*, edited by Corinne Saunders and Jane Macnaughton (2005), and tackling such diverse issues as eighteenth-century depression, religious melancholy, doctors as performers, psychoanalysis and much more.

Shoshana Felman has repeatedly linked literature, philosophy, and psychoanalysis in her scholarly work, most notably *Writing and Madness* (1987), in which she juxtaposes and connects the works of Balzac, Flaubert, and James to the theories of Lacan, Foucault, and Derrida. Highly intriguing is her focus on power and knowledge in the field of tension between psychoanalysis, medicine, history, and literature, always managing to make a claim for the unique properties of literature.

The collection *Dionysos in Literature* (1994), while not containing the most sophisticated or revolutionary essays, is a good example of the diversity that this subject area offers. The topics covered here

range from Hamlet to Faulkner, from masochism to morality, from literary theories to course syllabi, and from mad scientists to the mental institution. We also find an essay on postmortem diagnoses of Virginia Woolf, and one scholar proposes an empirical perspective on the question whether creative writers are all mad. In fact, in scholarship, very often madness is fetishized as a unique source of creativity, a kind of destructive, grand, inspiring force that grants insight and knowledge beyond the rational human understanding. Explorations of “literary madness” often go hand in hand with an analysis of the (presumed or diagnosed) mental state of the respective authors.<sup>7</sup>

This extremely brief overview of literary scholarship on madness and literature already shows how incredibly multifaceted, persistent, fruitful, and relevant this subject is.

Many historians of medicine and psychiatry have, of course, also referred to literary texts to exemplify cultural responses towards medical concepts and measures, nonchalantly appropriating literary texts as mere illustrations or reflections of contemporary or transposed understandings of insanity (Edwin F. Torrey, *The Invisible Plague*, 2001). Some literary scholars share this model of one-sided influence (literature as illustration), while others regard literary writing on insanity in their own right, detached from contemporary medical concepts (Werner Reinhart, *Literarischer Wahn*, 1997).

The present study widens the scope of researching the relationship between medical theories and literary texts and presents the antebellum period of America as a unique timeframe for doing so, as it is precisely the point in time at which madness was thoroughly reconfigured as a medical problem. The nineteenth century saw both psychiatry and literature emerge as distinct professions. Among

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<sup>7</sup> Among the writers who have experienced this kind of “literary investigation” repeatedly are, for example, Alfred Tennyson, Franz Kafka, James Joyce, Luigi Pirandello, Thomas Pynchon, Jean Genet, to name just a few. Of course, this fetishization of “madness” and its influence on the creative process was recurrently embraced by artists themselves. “Madness is terrific I can assure you, and not to be sniffed at; and in its lava I still find most of the things I write about. It shoots out of one everything shaped, final, not in mere driblets, as sanity does,” says Virginia Woolf. Lord Byron, too, connects a disordered state of mind to being a source for literary creativity: “We of the craft are all crazy. Some are affected by gaiety, others by melancholy, but all are more or less touched.” Similarly, Edgar A. Poe wonders in his poems “whether madness is or is not the loftiest intelligence”, and he also describes his most productive moments as fits of insanity.

nineteenth-century society, politics, and medicine, (fictional) literature occupied an ambivalent and fascinating position of being exalted, glorified, and highly suspect at the same time. While writers of fiction, asylum doctors, reformers, politicians often clashed in their opinions or regards for the relevance or motivation of the other party, in a sense they all worked together to establish their respective domains, concerns, and solutions as distinctly American and independent from European paragons. In many ways, the nineteenth century is thus an extremely well-suited frame to refocus on the reciprocal relationship between medicine and literature instead of pursuing a model of one-sided influence.

Thus, I share the timeframe and perspective of recent publications by scholars such as Marek Paryz (*Social and Cultural Aspects of Madness in American Literature, 1798-1860*, 2001), Stephanie Browner (*Profound Science and Elegant Literature*, 2005), Justine Murison (*The Politics of Anxiety in Nineteenth-Century American Literature*, 2011), and Benjamin Reiss (*Theaters of Madness*, 2008). All of these studies have informed my own point of view, as they inquire into the relevance of literature and culture in relation to nineteenth-century politics of madness, albeit in different ways.

Stephanie Browner, by reading American fiction alongside and against medical texts and historical documents, chronicles the rise of professional medicine over the whole century, and highlights the struggle for legitimacy, authority, knowledge, and power. Her assessment of the image that nineteenth-century physicians attempted to consolidate, to be men "of profound science, elegant literature, polite accomplishments, and virtue", reveals not only the importance of cultural and literary education for general physicians, but also holds true for the asylum physician, as we will see (2).

Marek Paryz, heavily influenced by Foucault on the one hand, and New Historicism on the other hand, foregrounds the concept of discourse in his study of the antebellum period. His starting point is the fact that madness is clearly a discursive phenomenon and created by (and in turn influencing) discourses from the realm of medicine, jurisprudence, history, politics, and religion, bringing these domains to an intersection. For Paryz, literature is unique in its capacity to exchange discursive production with other disciplines, often revealing

their use of the same rhetoric strategies which are in turn subject to an interpretative reading. Paryz' theoretically informed work limits itself to analyze exclusively the works of classic American writers Poe, Hawthorne, Brockden Brown, and Melville.

Justine Murison's *Politics of Anxiety*, in contrast, ventures beyond "Great American literature" and investigates a refreshing variety of material, ranging from homeopathic pamphlets over gothic tales and mystery novels, from medical textbooks to calisthenic manuals, and much more. Murison concentrates on the nineteenth-century discourse of nervous physiology prefiguring psychoanalysis. While not giving a lot of space to madness or mental hygiene specifically, her work is very illuminating regarding the intersection of literature, medicine, and broader American culture. Her exploration of the nervous system and the discourse surrounding it enables her to link literature and medicine with topics such as spiritualism, mesmerism, neurology, and domesticity, the embodied self, biological determinism, and the Civil War.

One of the most stimulating studies I have encountered, and one that I find myself most in alignment with, is Benjamin Reiss' *Theaters of Madness*. Reiss sheds new light on the nineteenth-century insane asylum by looking at the "dialectical tension between the institutional processing of culture" (meaning the dramatic and literary productions of patients, and the concomitant implication of culture as a tool to reinforce social norms and reshape human behavior) and "the cultural processing of the institution" (meaning the asylum in the works of American novelists and poets in particular, and in the lives of the American public in general). Outstanding is Reiss' use of hitherto neglected literary and cultural material, such as blackface minstrelsy in the asylum, and patient-produced newspapers. He also dedicates a chapter to the role of Shakespeare in the asylum, highlighting literary influences on psychiatric writing, on theories of treatment, and the referral to literary authorities as a validation of early psychiatry, which strongly resonates with the results of my own research.

Influence, as the above-mentioned studies, and the consecutive chapters will undoubtedly show, is a two-way street, especially when it comes to such a culturally and historically rich concept like

madness, a favored literary motif, and the emergence of a branch of medicine that made madness and its prevention and cure their exclusive domain. With no concrete medical knowledge to fall back on, how could American asylum physicians fail to resort to philosophers and writers of fiction who had probed the facets and limits of the human mind for centuries? How could they ignore the flurry of psychological novels and stories that American writers were publishing, featuring descriptions of melancholy, mania, suicide, murder? Of course, they couldn't, and thus classical and contemporary texts may have found their way into the formulation of psychiatric theory in more ways than we can think of at first.

The possibility of (asylum) medicine being impressionable and subject to outside influences is also noted by a surprisingly reflective nineteenth century voice. Oliver Wendell Holmes (1809-1894), a nineteenth-century physician, poet, and author of three novels, establishes the basis of the approach of symbiotic development of medicine and literature that the present study is pursuing:

The truth is, that medicine, professedly founded on observation, is as sensitive to outside influences, political, religious, philosophical, imaginative, as is the barometer to the changes of atmospheric density. Theoretically it ought to go in its straightforward inductive path, without regard to changes of government or fluctuations of public opinion.

Yet practically, the physician-author admits, this has never been the case in any branch of medicine. "There is," he says, "a closer relation between the Medical Sciences and the conditions of Society and the general thought of the time, than would at first be suspected" ("Currents and Counter-Currents in Medical Science", *Medical Essays* 177). Oliver Wendell Holmes knew what he was talking about. As a member of the Fireside Poets and a Boston Brahmin, he was part of New England's cultural elite. In his regular contributions to the *Atlantic Monthly*, a famous magazine which he named, he provided astute observations and commentaries on American society, culture, politics, and medicine. In his numerous medical lectures, he often criticized both traditional medical practice as well as new suspect branches like homeopathy. His professional position and his intimate connections with influential politicians, reformers, and

physicians afforded him enough insight to know that medicine, while profiting from the scientific enthusiasm of the time, was deeply normative. This is, of course, nowhere more apparent than in the then-emerging medical branch dealing with the human mind and human behavior – psychiatry, or as it was then called, asylum medicine.

In the present study, my objective is to trace the development of this medical specialty alongside its “outside influences” – the “political, religious, philosophical,” as Oliver Wendell Holmes says, but especially the “imaginative” in the sense of fictional literature. The novels, short stories, and poems chosen as research material for this study, predominantly from the antebellum period, engage with nineteenth-century social discourse on mental hygiene, madness, and literature, and show literature’s unique ability to display and negotiate discourse from the realms of the medical, the philosophical, the religious, and the political. My research has led me to believe that the disciplines of psychology and psychiatry could not have evolved the way they did without the help of (not only, but especially) imaginative literature – and, of course, imaginative literature has been deeply shaped by the attitudes towards mental irregularities and deviations and creative output propelled by early psychiatrists in turn.

After some preliminary considerations on the nature of knowledge and its transfer through literature and science, the second chapter introduces our primary actors – asylum physicians – whose compositions will accompany us throughout our journey. How did these men manage to establish a virtual monopoly over the diagnosis and treatment of the insane amidst a field full of like-minded competitors, the strongest of them being phrenology and general medicine? How did they achieve the building of state-funded institutions that further legitimized their claim to authority, and what did those institutions look like? Dedicating a large part of the second chapter to the practices of visiting, we will also inquire how the public responded to the facilities, the patients, and the treatments – or at least, how visitors responded to what they were allowed to see. What was visible? What was hidden? And how did patients feel about their visitors?

## The historiography of the asylum

When I first started my research, I figured I could leave the ideologically charged subject of the asylum on the sidelines – after all, “the history of the history of the asylum” is a subject rich and complex enough to deliver material for several dissertations.

On the one hand, we are confronted with complacent histories written by psychiatrists and physicians who predominantly tell the story of the asylum as a story of linear progress (and success), chronicling the shift from the presumably dark ages of bedlam to a seeming enlightened psychiatry, and focusing on medical advancements. Exemplary for this type of history-writing is Albert Deutsch’s whiggish work *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*, first published in 1937, and followed by many other scholars.<sup>8</sup>

On the other hand, from the 1960s onwards, we find extensive revisionist histories of the asylum, written by New Left and Social historians – Michel Foucault, David Rothman, Thomas Szasz, Erving Goffman, R.D. Laing, to name only the most famous (or notorious).

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<sup>8</sup> This work was one of the first and most influential surveys. Deutsch adopts a progressivist stance through which he depicts the development of psychiatry as a triumphant story of enlightenment, humanitarian impulse, and scientific progress, and as concomitant with the steady upward climb of civilization in general, and America in particular. Deutsch evinces incredible faith in the psychiatric practice of his time. Scores of scholars have been more critical than Deutsch in their evaluation of the history of psychiatry, yet many subscribe to the progressivist from-darkness-to-enlightenment storytelling that focuses on the essentially benevolent motives of the asylum administrators. Among these scholars are Eric T. Carlson, Norman Dain (both of whom were professors of psychiatry), and historians Lawrence B. Goodheart, Nancy Tomes, and Edward Shorter. Among them, Edward Shorter’s approach is particularly melioristic. In his *History of Psychiatry* (1997), he follows the rhetoric and the narrative structure employed by the scholars just mentioned; anchored by discoveries and the stories of “great men”, he chronicles the story of psychiatry from the presumably cruel and dark pre-psychiatric times to the enlightenment, destigmatization, medical and scientific breakthroughs, and the triumph of brain science, only admitting psychoanalysis as a misstep. This work, often read as a definitive history, lacks a truly critical eye, and essentially hails psychiatry as society’s saviour: “In a world without psychiatry, rather than being tolerated and indulged the mentally ill were treated with a savage lack of feeling ... to maintain otherwise is a fantasy” (4). The storytelling of Deutsch, Shorter, and the others, is eerily reminiscent of that employed by the asylum administrators themselves. In asylum reports, textbooks, and appeals written by these early psychiatrists, we find the same progressivist approach, contrasting a brutal “before” with a humane “now” and a truly utopian future. While this approach is an understandable strategy for the optimistic early psychiatrists fighting for legitimization and funding, it is untenable for a scholarly study.

While often lumped together under the term of anti-psychiatrists, the perspectives of these scholars differ substantially from each other.<sup>9</sup>

No study on madness can evade the impact of the powerful works by Frenchman Michel Foucault. In *Madness and Civilization* (1961) and *Discipline and Punish* (1975), he examines the asylum as a corrective institution, a disciplinary measure designed to hide and re-educate the bodies and minds of deviants so they could no longer pose a threat to normalized society. While Foucault received and is still receiving substantial criticism on account of historical inaccuracy, Franco-centrism, and his neglect of gender, class, and racial issues, the influence of his work remains undisputed, and most international historians of the asylum and mental health have written in direct or indirect response to his theories. The present study, although not recapitulating Foucault's publications in detail, engages with central ideas characteristic of his work, such as the ambivalence of social control and social reformation, issues of authority, and the clinical gaze.<sup>10</sup>

American historian David Rothman, in response to Foucault, provides a more historically grounded analysis of the origins of asylum building in *The Discovery of the Asylum* (1971) and later, *Conscience and Convenience* (1980), focusing on class struggle and historical actors instead of abstract entities.<sup>11</sup> Rothman proposes that the building of asylums (as well as prisons and other reformatory and corrective institutions) was a reaction to the unstable world and fluctuating marketplace of Jacksonian America, and represents an attempt to impose order and stability in a democratic society with a rapidly

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<sup>9</sup> Most of these men rejected the label of anti-psychiatrist.

<sup>10</sup> The clinical gaze refers to a style of perception, separating the human body from the person, its identity, its feelings. Foucault, in his book *The Birth of the Clinic* (1963), positions this shift of medical thinking as starting in the 1700s, and gaining ever more momentum until today. The medical gaze harbors the threat of medical reductionism – not only of the person but of the disease as well, as it leaves out sociological and environmental determinants. Yet the clinical gaze proved to be an immensely powerful tool in the process of professionalization and legitimization of medicine and psychiatry, and its representatives. It is fascinating, too, to see the perspective of the clinical gaze assumed by writers associated with the psychological novel, as we will later discuss by example of Hawthorne's fiction.

<sup>11</sup> In Foucault's oeuvre, "reason", says Rothman, "acts as an independent force, seeking victory for its own purposes" (*Discovery*, XVIII).

changing social order. Rothman has received criticism for his depiction of the asylum as uniquely American, and as a response to unique American circumstances.<sup>12</sup> While the asylum may not have been “discovered” in America, as one of his book titles implies, I share Rothman’s impression that the American asylum movement gained more momentum and had more impact than its European counterpart. Asylum doctors, while in constant communication and exchange with the overseas medical community, were distinct in that they favored practice and applicability over thorough scientific investigation and theories.

One of Rothman’s critics, and a prolific writer on the history of the asylum, shifts the viewpoint towards capitalism. For Andrew Scull, the emergence and success of asylums was a response to the demands of an industrializing economy. The institution was a method of “economical restraint of those posing a direct threat to the social order” and a place to re-educate unproductive citizens (“Madness and Segregative Control”, 344). While Scull predominantly writes about the English asylum system, his deliberations can, though having to be taken with caution, be well applied to the American asylum movement, as I will discuss in the second chapter of this dissertation.

A wholly different history of psychiatry and the institution is provided by psychiatrist Thomas Szasz. In *The Myth of Mental Illness* (1961), he calls into question the very etymological legitimization of the concept of mental illness. He denies that mental illness qualifies as a disease, thus falling into the medical domain, and under the authority of medical practitioners. For him, mental illness is nothing but a social construct that denotes deviance above all else, its symptoms merely signifying the transgression of social norms rather than a scientifically provable pathological pattern.<sup>13</sup> In his many follow-up publications he looks at the evolution of the concept of mental illness and the business of psychiatry in alliance with law enforcement, game theory, performance theory, and the inquisition. His central

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<sup>12</sup> One of the most vocal opponents were Rothman’s fellow historians of madness, Andrew Scull (*Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, 1989) and William Muraskin (“The Social Control Theory in American History: A Critique,” *Journal of Social History* 9 (1976): 559).

<sup>13</sup> Although he does, of course, not deny the real suffering of those whose malady has been diagnosed as a mental illness by medical professionals.

ideas (the patient as malingerer, psychiatry as power play, lunatics as scapegoats) are all carefully argued and convincing yet the elaboration of how a metaphor (as which he clearly sees madness) becomes so powerful that it turns into a fact, is among his greatest merit. While Szasz's writing was too polemic for some, his ideas have a lasting impact.<sup>14</sup>

Another radical perspective is provided by Scottish psychiatrist R.D. Laing. He does not deny the existence of mental illness, yet he completely refuses the medical model. Laing regards mental illness as a transformative experience, thus mystifying and romanticizing madness as a source for potentially limitless creativity (*The Divided Self*, 1960).<sup>15</sup>

Historians Gerald Grob (*The State and the Mentally Ill*, 1965, *Mental Institutions in America: Social Policy to 1875*, 1972, *Edward Jarvis and the Medical World of Nineteenth-Century America*, 1978), Charles E. Rosenberg (*No Other Gods. On Science and American Social Thought*, 1997), Norman Dain (*Concepts of Insanity in the United States 1789–1865*, 1964), Gerald and Ruth Caplan (*Psychiatry and the Community in Nineteenth-Century America*, 1969), finally, provide well researched, detailed, and more balanced monographs, countering the works of the so-called anti-psychiatrists who see the asylum as manifestation of capitalist imperatives (Scull), or as expression of the state seizing control over people's minds and bodies (Rothman, Foucault, and Szasz).

While many (and more) of the above-mentioned histories and historiographies of mental institutions are a fascinating read and have provided valuable facts and theories for my own work, the sheer abundance of scholarly examinations, and the decline of publications after the 1970s indicated that there was little to nothing left to discover by looking at the asylum – or so I thought.

While writing this dissertation I realized that not only was it futile to resist the tempting call of the mental institution but that it was

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<sup>14</sup> The most recent radical critique of psychiatry in the tradition of Szasz is provided by Bonnie Burstow's *Psychiatry and the Business of Madness. An Ethical and Epistemological Accounting*. New York: Palgrave, 2015]. Addressed to "psychiatric survivors", it is a tendentious but thought-provoking read.

<sup>15</sup> In the writings of nineteenth-century psychiatrist Pliny Earle (1809–1892), we will later discuss a precursor to Laing's theory of the creative potential of madness.

essential to use it as a starting point in this exploration of nineteenth-century medicine and literature. Like no other institution, the asylum – in its theory and its practical reality – is a multifaceted expression of nineteenth-century American culture, politics, and public sentiment. I read the institution and the discourse surrounding it as a demonstration of the tensions between philanthropy and surveillance, between attempted de-stigmatization and social control, between the ideology of the home and the power of institutions.<sup>16</sup>

In many ways, the asylum is mental hygiene (the program designed to prevent mental illness) made flesh – or rather, wood, farmland, and stone. As an extensive, but secluded space it functions as the ideal testing ground for the medical and socio-political ideas of the psychiatrists. In these “laboratories” for the nation we find not only medical but literary experiments as well, both transcending the walls of the asylum, being reconfigured in the outside world, and then finding their way into the asylum again; often, through the written word. My original research has unearthed a number of documents, such as patient periodicals and exposés by former patients, that, read closely and alongside professional literature and compositions by writers of fiction such as Hawthorne, Melville, and Poe, can deliver fresh insights into and new stimuli to the subject of the asylum, as chapter 3, 4, and 5 will show.

## Literature and the Asylum

Chapter 3 introduces the asylum as a literary motif in nineteenth-century sensational novels and other works of fiction. Did the cruelty of the mad-doctors, attendants, and treatment these novelists described lack any basis or was there at least some truth to the allegations of torture and corruption? Was there any literary composition that was more favorably disposed towards the institution? Probably the most pressing question concerns how the asylum physicians reacted to an overwhelmingly critical depiction.

Our focus then shifts on literature coming from within the asylum. The fascinating *American Journal of Insanity*, the official publication

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<sup>16</sup> In short, it is a manifestation of the often-conflicting values of nineteenth-century America.

of the emerging psychiatric profession and printed at Utica State Asylum, is a blend of case studies, anecdotes, book reviews and excerpts, observations on insanity - and literary criticism (of fictional literature)! But what is the relevance of fictional literature for the (asylum) physician? I propose that literature proved to be more than a “source of enrichment of life and a diversion from the weighty tasks of everyday”, as Edmund Pellegrino puts it in *Healing Arts in Dialogue: Medicine and Literature* (1981, XI). Did it possibly provide answers to problems concerning the human mind that medicine cannot solve? Can literature function as the ethics of psychiatry?

Moving entirely inside the walls of the asylum, we will explore the role of asylum libraries and patient produced periodicals as part of the system of moral treatment. How did reading and writing help asylum patients to keep or prove their sanity, and regain their liberty and identity? In what ways can this censored literature of the presumably mad be read as subversive, and how could patients labeled insane participate in the nation-building both the emerging profession of novelists and the emerging profession of asylum physicians were heavily engaged in?

In chapter 4 and 5, we turn towards literature “after” and beyond the asylum. Asylum exposés written by former patients give us insight into the day-to-day workings of the institution, but more pressingly, show us clearly how the patients’ experience and treatment differed according to gender. Taking a closer look at Melville’s *Bartleby, the Scrivener* (1853) and Hawthorne’s *The House of Seven Gables* (1851), we will flesh out the gender-specific convictions and recommendations of the mental hygienists and set them in context to nineteenth-century gendered values and expectations. How do asylum exposés and classic American compositions position themselves towards these recommendations and values? Do they negotiate, subvert, or even endorse them? What is the reaction of the public and of asylum physicians?

Chapter 5 focuses on the chronological shift from an almost naive optimism pervading both the public and the medical profession to a more skeptical stance. From beginning to mid-nineteenth century, with the rapid advancement of science, and reform movements in all areas of public life, the possibility of unlocking the secrets of the

human mind seemed to be at hand. Curing insanity, and even completely eradicating the disease through proper mental hygiene, was, as asylum superintendents presented it and as was communicated to the public, just a matter of time. Yet as the century progressed, these promises could not be kept; instead, asylums were flooded with pauper insane, idiots, drunkards. Support and acceptance by the public waned, and towards the end of the century, more and more psychiatrists turned towards hereditary factors to explain the increasingly unmanageable number of insane. Even before the fatalistic turn in psychiatry, issues of hereditary degeneration are discussed and negotiated in classic American fiction. Alongside Hawthorne's *The Scarlet Letter* (1850) and *The House of Seven Gables*, Oliver Wendell Holmes' *Elsie Venner* (1861), and Edgar Allan Poe's oeuvre, we will explore the nineteenth century's exceptionally fluid concepts of heredity. All are representatives of an emerging "psychological literature", and as such, uniquely suited to this inquiry. Thoroughly aware of contemporary psychological theories and the development of the asylum movement, what is Hawthorne's, Poe's, and Holmes' stance towards the idea of human perfectibility and the danger of individual and national degeneration? How do they negotiate the individual's responsibility as opposed to the influence of environmental surroundings on the individual and the community? Finally, as artists themselves, how do they evade, attack, or glorify the concept of the "mad artist" in their own works?

Guiding us through our journey into the heart of madness is the leading question this study attempts to tackle: Who possesses or claims to possess knowledge on the human mind and its extreme manifestations, and what is the nature of this knowledge? Each chapter will shed new light on this contentious issue of authority over the state of the human psyche, and physicians', writers', and the public's perspective on this. What, truly, is the answer to Frederick Briggs' question posed at the beginning of this study: who shall determine what is madness and what is not?

Now let us delve into the literary torture cellars of mad-doctors and the polite tea-rooms of nineteenth century Kirkbride asylums to find out.

## **A short note on terminology and text selection**

The present study operates on the belief that language is powerful. Language can reveal, obscure, hurt, and stigmatize; and any study on insanity must necessarily address its terminology. The language of psychiatry and mental health has been as volatile and fluid as our understandings of mental health and madness have been. Terms and concepts fall in and out of favor, are replaced or re-interpreted, and mean different things at different times. Madness becomes insanity becomes mental illness or psychiatric disorder, madhouses turn into asylums which turn into mental institutions and hospitals, lunatics become insane and finally turn into mental patients. Yet underlying the evolution of terminology of psychiatry is the aim to avoid stigmatization and derogatory connotations; a laudable intention that I share.

To avoid repetition, I use all terms denoting the phenomenon of madness that are available to me. I do, however, attempt to keep my distance from contemporary psychiatric diagnoses and concepts (such as schizophrenia, depression, and so on) to eschew a retrospective obfuscation of historical semantics.

Insanity, while today used in a derogatory and colloquial sense, was actually the clinical term introduced in the nineteenth century, replacing the term lunacy (which was then seen as derogatory) and, to a certain degree, madness (which was seen as unscientific and vernacular). As I will discuss in the next two chapters, the meaning and definition of madness has occupied (and eluded) scientists, writers, physicians, philosophers for centuries; and on the other hand, the concept of insanity in the nineteenth century subsumed a wide array of diagnoses and symptoms, even including “idiocy”, “imbecility”, and “dementia”, thus further complicating things. I also employ the terms “mental illness” and “mental disorder” in the present study. While these terms are predominantly used in the twentieth and twenty-first century, I do not see my use of them as anachronistic because they mirror the nineteenth-century’s point of view of madness as a disease. I am hopeful that throughout the following 200 pages the meaning of the respective terms will be apparent – either through context or explanation – and the words chosen will not

offend those affected by what we have now come to call mental disorders and problems in living.

The second area that needs clarification before embarking on our journey through medicine and literature, is the term “literature” itself as well as the according text selection for the purpose of this study. When we see literature in the title of a book, or an essay, we automatically think of imaginative works such as novels and poetry. While I do focus on fiction, fascinated by its unique potential of truth-telling, this study looks at literature in the broadest sense. My material ranges from classic fiction to sensational tales, and from the scientific and seemingly objective to the deeply personal. Classic American works by Hawthorne, Melville, and Poe are un-hierarchically situated alongside sensational tales, and official asylum reports and textbooks on mental hygiene and insanity are accompanied by poems, essays, and autobiographies written by asylum patients.

Through my diverse text selection, I attempt to form a multifaceted picture of the realities and interpretations of insanity, and I also pay tribute to the fact that demarcations between fact and fiction, between literature and science, were not at all clear in the American antebellum period. Literary genres emerged and sharpened their boundaries throughout the century, yet to many nineteenth century readers, scientific writing could be as literary as poems, and seemed often as fictional and imaginative as a novel. In turn, some literary productions were mistaken for factual accounts of scientific phenomena.<sup>17</sup>

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<sup>17</sup> One famous example for a fictional story that was received as a scientific report is Poe’s tale of mesmerism beyond death, “The Facts in the Case of M. Valdemar” (1845). Another example is neurologist’s Silas Weir Mitchell’s “The Case of George Dedlow” (1866), which follows a physician’s experience of neuralgia after having been rendered a mere torso. Mitchell’s story inspired many people to take up collections for the pitiful (but fictional) George Dedlow, and some even tried to visit him at the hospital. I contend that Mitchell was not entirely unaware of the potential his story had for being read as a true account, on the contrary. Literary writing was not only a respectable pastime for a man of his profession and position but enabled him to apply and extend his medical thinking beyond the limitations of factual scientific writing, and to propose new medical theories – such as Dedlow’s phantom limb pain – in the safe testing ground of fictional literature. I have written more about the possibilities afforded to physicians and scientists by literature, as well as the interplay of fact and fiction in the nineteenth century in “Negotiating Authority: Literary and Medical Configurations of Knowledge in 19<sup>th</sup>-Century America”, *What Literature Knows*, ed. by Antje Kley and Kai Merten, 2008; 155-173.

## *1 Introduction*

Ultimately, because I see my study as an inherently interdisciplinary work, my intention is to let as many voices as possible participate in the exploration of nineteenth-century interfaces of culture, medicine, and politics – patients, doctors, literary writers, lawyers, reformers, historians, and literary scholars.

## 2 Literary and Medical Configurations of Madness

### 2.1 Tacit Knowledge – Approaching Madness

#### (No) Definition of Insanity – Experiential Knowledge and the Invention of Facts

In May 2013, the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) was published and immediately sparked considerable controversial debates among professionals and lay community alike. The major point of contention was an obvious influence of the pharmaceutical industry on the rewriting process of the fifth edition. Additionally, just like in the preceding versions of this manual (the first was published in 1917), critics detected an increasing tendency to medicalize symptoms and behavioral patterns that need not necessarily be pathologized.<sup>18</sup> Both of these contentious issues can be led back to the fact that many of the diagnostic categories of the DSM rest on professional consensus (and thus cannot exclude bias), rather than verifiable medico-scientific processes and methods, and empirical proof. The DSM was and is an attempt to create a common language for mental health professionals for effective communication. Yet not all psychiatrists agreed on definitions and categories, and each version of the DSM sparked heated debates within

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<sup>18</sup> The first version was titled *Statistical Manual for the Use of Institutions for the Insane* and included a mere 22 diagnoses. One of the most famous controversial entries was the definition of homosexuality as a sociopathic personality disorder, remaining as such until 1973, and clearly showing how psychiatric “disorders” can be regarded, to a large extent, as social constructs according to norms of the time. The most controversial entries in the current DSM revolve around over-medicalization of normal behaviour and moods, such as “Generalized Anxiety Disorder”, or “Major Depressive Disorder” (the latter, amongst else, medicalises grief, a normal human reaction which does not necessarily require treatment with antidepressants). There have been numerous critical essays and articles on the shortcomings and dangers of the DSM-V; Allen Frances, a psychiatrist himself who chaired the task force that prepared the fourth revision of the DSM (DSM-IV, 1994), summarizes these shortcomings of the DSM-V in plain words in *Psychology Today*; “DSM 5 Is Guide Not Bible – Ignore Its Ten Worst Changes” (Dec 02, 2012); <https://www.psychologytoday.com/intl/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes> [Accessed 11.03.2021]

the psychiatric community itself. In turn, the profession's seeming (and long-lasting) inability to agree on a working definition of their very field of research – “mental disease” – had considerable consequences in other fields of American society that depended on psychiatric expertise.

In 1961, Judge Warren E. Burger commented on the debate within the profession, when he exclaimed that “[n]o rule of law can possibly be sound or workable which is dependent upon the terms of another discipline whose members are in profound disagreement about what those terms mean.” Additionally, he laments the lasting consequences this debate had on his own field of work; since the term mental disease “has no fixed, agreed or accepted definition in the discipline which is called upon to supply expert testimony and which, as we have seen, is literally ‘subject to change without notice’ is a tenuous and indeed dangerously vague term to be a critical part of a rule of law on criminal responsibility.”<sup>19</sup>

Two things become clear in the Judge's statement as well as in the debates surrounding the DSM. First of all, that any definitions and theories of mental disease are and have been tenuous and subject to change; and second, as Burger states, and as the DSM indicates, that members of the profession treated “unsupported and dubious psychiatric theory as scientific knowledge” (*Blocker vs. United States*). Even psychiatrists like Allen J. Frances admitted in 2012 that “[o]ur classification of mental disorders is no more than a collection of fallible and limited constructs that seek but never find an elusive truth” (“*Psychiatric Diagnosis*”, 113). On the one hand, then, psychiatrists obviously struggled to find a definitive answer to the age-old question “What is madness?” and to reach a professional consensus – and on the other hand, they desperately needed professional consensus in order to present their theories and classificatory constructs as scientific facts.

This vicious cycle and its underlying questions – the cause and nature of madness, and how to establish reliable knowledge – reach

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<sup>19</sup> Burger was a circuit judge at that time. His exasperated statements have been voiced in the *Blocker vs. United States Case*. Details of the full case and the quotes above can be found in the Thomas S. Szasz, M.D. Cybercenter for Liberty and Responsibility. <http://www.szasz.com/blockerfullcase.html> [Accessed 11.03.2021]

back not only to the beginnings of the psychiatric profession in nineteenth-century America, but to the preceding centuries. As Norman Dain shows in his seminal study on *Concepts of Insanity in the United States* (1964), madness continuously eschewed lasting definitions and espoused various explanations, ranging, throughout the ages, from demonical possession to brain fever. Even the enlightened eighteenth-century physician, argues Dain, “was not able to be clear about what he meant by insanity” (21). Famous French physician Jean-Etienne Esquirol (1772-1840), whom most of the American psychiatrists later cited as indisputable authority, described insanity as a “cerebral affection, ordinarily chronic, and without fever” but possibly also “of brief duration” and accompanied by “febrile symptoms” (qtd. in Dain, 21). Nineteenth-century physicians fared no better in being concise. English physician James Connolly, another frequently cited authority, called insanity simply an “impairment of any one or more of the faculties of the mind” (qtd. in Ray, *Medical Jurisprudence*, 168). Amariah Brigham, notable American psychiatrist, described it as a chronic disease of the brain, “producing either derangement of the intellectual faculties, or prolonged change of the feelings, affections, and habits of an individual” (*Definition of Insanity*, 97). Connolly’s fellow countryman James Prichard remained even more vague. For him, insanity was

a chronic disease, manifested by deviations from the healthy and natural state of the mind, such deviating consisting either in a *moral perversion* or a disorder of the feelings, affections, and habits of the individual, or in *intellectual derangement*, which last is sometimes partial, namely in *monomania*, affecting the understanding only in particular modes of thought; or general, and accompanied with excitement, namely in *mania*, or *raving madness*; or lastly, confounding or destroying the connection or associations of ideas, and producing a state of *incoherence* [italics in the original]. (*A Treatise on Insanity* 17)

In short, insanity could manifest itself in almost all forms. There was no attempt to narrow down the definition of the disease; on the contrary, the preliminary descriptions and definitions of insanity were as far-reaching and broad as possible to potentially subsume almost all (potentially suspect) human action. Esquirol, the foremost authority on insanity in the nineteenth century, even proclaimed: “[h]ow

utterly inapplicable, and useless indeed ... are the most elaborate and subtle definitions of this term 'insanity'!" (22). Even the slightest deviation from "normal" behavior or established habits of an individual could point toward some kind of mental derangement. For the fledgling psychiatric brotherhood, this approach kept all doors open for later revision. Firmly believing in the rapid progress of science, and in a fast-approaching golden age of knowledge, these specialized physicians were sure that technological and scientific advancement would soon provide more data, more facts, and confirm their theories and observational findings. Yet, the question remains; without a working definition of the disease which they called their area of expertise, how could the psychiatrists claim any kind of scientific validity for their theories and methods? How could they claim to know what madness was, and to know how to cure it?

In the *Seventh Annual Report* (1839) of the State Lunatic Hospital at Worcester, superintendent Samuel Bayard Woodward gets to the heart of what he and his colleagues built their professional authority on:

In truth, insanity is a unit, undefinable, but easily recognized by those who have watched its ever-varying appearance. In strongly marked cases, it is easily distinguished, but in those not always easily classified. The symptoms often amalgamate and as often change, so that what is mania to-day may appear to be melancholy another day. (72)

Here, Woodward refrains from deciding on a somatic or psychological model of madness, but rather admits that, as far as he was concerned, insanity eschewed any irrefutable definition, or even classification.<sup>20</sup> Instead, he firmly puts the emphasis on the "fact" that insanity was "easily recognized by those who have watched its ever-varying appearance." Clearly, to whom Woodward refers are his colleagues and himself, and the observations they could make on a daily basis in their function as asylum superintendents. Thus, the newly

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<sup>20</sup> Nowhere is the confusion about the nature of insanity (as somatic or psychological) so outstanding as in the writings of Benjamin Rush, the father of American psychiatry. Rush's writing, as Norman Dain has delineated in detail, exhibits the influence of several philosophical schools and is often contradictory when it comes to the relationship between mind and body (see Dain 15-17). In general, however, Rush also considered insanity to be a mostly somatic disease.

established domain of asylum medicine perfectly exemplifies historian Paul Starr's assessment that nineteenth-century science relied predominantly on "experiential, intuitive, or subjective" knowledge, and not yet on findings from the laboratory (*The Social Transformation of Medicine* 18). Woodward's opinion concerning the special knowledge of the psychiatrist is supported by his colleague Andrew McFarland:

Everyone realizes how few of the delusions of the insane mind are ever revealed, and how readily they are revealed under one set of circumstances and concealed under others. All insane asylums abound in cases of unquestionable mental disease, where its palpable manifestations are so obscure that the unskilled observer would doubt its existence. A certain suspicious reserve, a mysterious shyness of manner, some haughtiness of bearing, or something marked and singular in tone of voice and manner of utterance, some strange attachment to some particular position or seat, or special stress applied to the doing of some act, may be all that distinguishes the individual from other men. Yet one guided by experience, has no hesitation in declaring such cases to be instances of a latent delusion. (*Minor Mental Maladies*, 14)

McFarland, like Woodward, argues that only an experienced physician would know the difference between mere eccentricity and full-blown insanity.

### **"A Disease which every body knows" – Relational and Collective Tacit Knowledge**

Woodward and McFarland invoke the physician's familiarity with madness as a precondition for the authority to diagnose and categorize. What they fail to acknowledge, however, is the fact that "madness" was a phenomenon everyone was potentially familiar with, regardless of medical expertise. In all the definitions given by various writers on insanity we can isolate one common denominator; while they might be in disagreement on whether the cause of the disease was somatic or psychological in nature, they coincide that a state of insanity was best determined by symptoms that indicate any deviation from a supposedly "natural" or "normal" state of mind, of feeling, intellect, or behavior. For the time being, then, our working definition of madness is as a phenomenon that denotes a deviation from a

previously established norm. Of course, what is “natural” or “normal” is always socially constructed. Every citizen of antebellum America, then, who grew up socialized in his or her community, naturally had a notion of what constituted the normal and could readily perceive the abnormal, the deviant, the unnatural – put simply, the “mad”; even if they felt unable to put their finger on what exactly was wrong. In short, everyone knows what madness is – but no one can define it.

The concept of tacit knowledge, a term attributed to Michael Polanyi, proves of utmost salience in further exploring this seemingly paradoxical position of madness. In Polanyi’s *The Tacit Dimension* (1966), the polymath famously states that “we can know more than we can tell”, which is both starting point and essence of the idea of tacit knowledge (4). Tacit knowledge stands in opposition to explicit knowledge – that is, knowledge which can be expressed in propositional language. Tacit knowledge cannot (or need not) be made explicit. What is often referred to as an exemplification of this kind of knowledge is cycling; if you can ride a bike you cannot necessarily explain how exactly you know *how* to ride a bike. While this is a useful and good example for the inarticulability of tacit knowledge, it points to a somatic kind of knowledge, an embodied one. The idea of madness being tied to the body is highly intriguing and not necessarily far-fetched, yet for our purpose, we need to expand this model.<sup>21</sup> The concept of tacit knowledge has been further developed and negotiated since Polanyi’s ground-breaking work of 1966 and has found its application in such diverse fields as philosophy, pedagogy, cultural studies, politics, and especially in business administration and management. A very useful approach is Nonaka’s and Conno’s inclusive and differentiated characterization that identifies two dimensions of tacit knowledge, one being a practical or technical dimension, commonly referred to as “know-how” (such as the bicycle-model), the other a cognitive dimension that “consists of beliefs, ideals, values, schemata and mental models which are deeply ingrained in us and which we often take for granted” (55). Madness, or rather, the ability to notice madness, is thus in many ways the perfect embodiment of tacit knowledge of the cognitive dimension. How so?

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<sup>21</sup> Thomas Szasz writes about the physically performative aspects of madness in his exploration of malingering and hysteria. We will come back to this fascinating idea.

Madness is both seemingly universal (we will come back to this later) and yet, as we have established, entirely dependent on the respective society's or time period's notion of the sane from which the notion of the abnormal and insane always derives. "Beliefs, ideals, values", which are not necessarily explicated, relate to a society's understanding of appropriate and inappropriate behavior. As such, it is part of a cultural *repertoire* and inherently social. In his explorations on *Tacit and Explicit Knowledge* (2010), Harry Collins has distinguished three types of tacit knowledge which we can consult to further approximate madness. The first type of tacit knowledge is weak, or relational, tacit knowledge. It is tacit, says Collins, because it is obscured or withheld; or it may merely be tacit, because no one has made the effort to explicate it, yet it could potentially be put into propositional language. The second type of tacit knowledge Collins singles out is somatic knowledge, tied to the body, while also not necessarily completely inarticulable. Finally, "the irreducible heartland of the concept" of tacit knowledge is strong, or collective, tacit knowledge (119). Collective tacit knowledge is undeniably social and depends on the participation in the world. Instead of being exclusively tethered to an individual, an aspect by which tacit knowledge is often defined, in Collins' concept the individual "shares the collectivity's knowledge" (131), which depends on humans' "ability to absorb ways of going on from the surrounding society without being able to articulate the rules in detail" (125). We can gauge in a heartbeat how this proves particularly applicable to sanity and madness, assuming that every "sane" member of a given society in a given time-period can move through his or her world conducting himself or herself in an appropriate manner, and is able to discern individuals that behave otherwise – in other words, insane. Knowledge on madness, on its prevention, or its detection, then, seems to be a cultural given, and part of a social, collective, and individual knowledge.

As early as 1772, William Buchan, author of the influential *Domestic Medicine*, paid homage to this when he decided to forego a definition of insanity in his chapter on mental afflictions; simply because "[t]here is no great occasion to be solicitous about the definition of a disease which every body knows [sic]" (303). According to Buchan, then, knowledge on madness *need not* be made explicit because

everyone already knows what it is, or how it would manifest (this would fall under Collins' notion of weak relational tacit knowledge). This does not account, however, for the continued struggle of medical experts to – once and for all – define insanity as a physical disease, and their seeming inability to do so. It seems that a second aspect of tacit knowledge comes into play – it *cannot* be made explicit, even though the attempt is constantly visible. Madness seems to evade language; but we can set the impossibility of defining this phenomenon in relation to its fluctuating and ever-varying nature. As we have established, the concept of madness partly depends on the social norms of a milieu, a nation, an era; as such, it is always subject to influence and discursively constructed in the respective realms of law, medicine, politics, and religion. Yet, again, these discourses do not exist in a vacuum, and neither does their understanding of madness. On the contrary, they always rely on pre-existing notions of what constitutes a sound and healthy mind, and on pre-existing markers of insanity. Similarly, Buchan's assurance that everybody "knew" insanity implies that there was a collectively agreed upon notion of what insanity "looked like", sounded like, or even felt like; in short, to notice a performance of insanity as such and isolate its markers. These ideas, whether remaining tacit or not, have to come from somewhere – and to function at all, they have to be shared inter-individually, socially, collectively. So, the central question arises; how exactly does the transmission of knowledge, that is or cannot be made explicit, work? How do individuals acquire collective or relational tacit knowledge?

### **"The Law of Imitation" and Cultural Heritage**

While explicit knowledge can easily be transmitted through propositional language, tacit knowledge is less obviously accessible. One way of acquiring tacit knowledge is through practical experience in a certain, relevant context; that is, as we remember, what superintendent Samuel Woodward saw as the source of knowledge and authority of his colleagues and himself. Imitation, argues Ralf Klausnitzer in 2012, is another way in which mediation of elusive or even everyday knowledge can tacitly occur (417). One hundred and fifty years earlier, American psychiatrist Isaac Ray makes the same claim. Ray,

author of *Mental Hygiene* (1863), the tract on how to forestall mental derangement, writes extensively on the importance of habit formation in the prevention of insanity. For him, the “law of imitation or law of sympathy” is key for the internalization of “beneficial” or “detrimental” habits:

The law of sympathy is ... efficient in the propagation of tastes, aptitudes, and habits. Over and above the appeal made by every example to the reasoning faculties, there is an instinctive tendency to admire what others admire, to seek distinction where it is sought by others, to fall into the same social routine which is followed in the community around us ... the result is accomplished without calculation, and almost unconsciously. The individual is transformed without being aware of the change. (162)

In his eyes, the power of the tacit dimension (intuition and imitation) evidently surpasses the power of the explicit (logic and reason), precisely because it functions on a subconscious level. Michel Foucault, and alongside him other anti-psychiatry scholars like David Rothman, Andrew Scull, and Thomas Szasz would flinch at Ray’s writing, seeing it as proof of an insidious psychiatric agenda involving discursive moral conditioning and aiming for a restructuring of innate human behavior. Yet Ray’s words can also be read as merely describing the process of socialization, which like no other illustrates the way tacit knowledge in the form of cultural codes and modes of behavior is conveyed and passed on.<sup>22</sup>

At this point, it has become evident how fruitful the concept of tacit knowledge can be applied to the phenomenon of madness. Again, madness is not completely outside language, as we have seen. There have been continuous attempts to explicate this phenomenon, most feverishly by the emerging profession of psychiatry in their urgent endeavor to reframe madness as a clinical disease. But what the medical branch worked with and started from were pre-existing notions of madness which are culturally rooted; ideas and images of madness that had evolved over centuries and in different cultures and that, I argue, form a staple, or at least inform a staple in the pool of collective knowledge. Rather from depending on any medical

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<sup>22</sup> We will come back to Ray’s “law of imitation”, malingering and the process of socialization in the next chapter.

construction of insanity, these ideas were essentially “a matter of cultural heritage”, as Norman Dain puts it. Cultural heritage includes “age-old folk experience, fears, and imagination”, as well as “religious beliefs” – but of course it also includes visual and literary representations of madness (50). These, I contend, occupy a unique role in the transmission of tacit knowledge.

Visual and literary imagery provide a powerful way of conveying cultural perceptions of madness that are both timeless and time-specific, and in which lay beliefs and representations are submerged. For example, illustrations depicting physiognomic markers of melancholia or mania reach back to the sixteenth century, experienced a revival in the nineteenth century via phrenology, and reached another climax in Cesare Lombroso’s photography project on criminal anthropology.<sup>23</sup> Depictions of the forms of madness were often accompanied by accessories (such as the staff of madness, or the stone of folly), expressed through certain positions or facial expressions, or the current form of treatment, as for example Hieronymus Bosch’s depiction of the removal of the stone of folly (c. 1480).<sup>24</sup> The visual and the literary often work together in creating iconic images that are both influenced by “current” or “established” knowledge, and, by reinforcing, reinterpreting, or negating that knowledge, influence the popular imagination for decades or centuries to come. There is probably no better example for this than Bedlam. Originally a general hospital founded by a religious order, it came to be regarded as the ultimate embodiment of a madhouse, the name still being used as a synonym for an asylum, and as an expression to denote chaos. This development can be traced by looking at literary and visual depictions of Bedlam. Starting with Jonathan Swift’s *A Tale of a Tub* (1710), and adding Hogarth’s “Bedlam”, the eight plate from *A Rake’s Progress* (1763), we finally arrive at political cartoons (Peter Dutsman’s, “Bedlam of the World”, 1781) in which the term “Bedlam” has already been detached from its material origin, the London hospital, and evolved to become a rhetorical stand-in for chaos, madness, con-

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<sup>23</sup> Physiognomical depictions of mania and melancholia in the Middle Ages and Renaissance often relied on humoral theory, as can be seen in Bartolommeo Cocles *Physiognomiae et Chiromantiae Compendium* (1551).

<sup>24</sup> An excellent critical history of the depiction of the insane and insanity accompanied by extensive visual material is provided by Sander L. Gilman’s *Seeing the Insane* (1982).

fusion, a synonym of the madhouse with all its accompanying associations, that took on a life and meaning of its own.<sup>25</sup> “Bedlam”, through its literary and visual elaboration, is as much fact as it is fiction and thus becomes part of the collective cultural knowledge on madness.

## 2.2 Literature – A Purveyor of Knowledge and Authority?

### Literature and the Tacit Dimension

In this study, I focus on literature as the most powerful medium to explore the enduring yet ever-shifting phenomenon of madness, and I argue in favor of literature’s potential quality to approach the tacit dimension of madness. This seems somewhat of a paradox, as, formerly, we have established tacit knowledge as being characterized through the impossibility of explication by language. According to Heike Paul and Christoph Ernst, implicit knowledge “kommt in Zeichenhandlungen zur Geltung, allerdings in solchen, die nicht auf der Grundlage von Sprache operieren“ (14). However, especially fictional literature has unique properties that defy this narrow definition; Antje Kley, for example, has convincingly pointed out that literary texts inherently possess deictic qualities, a premise under which the present study will operate (212). Not all texts presented in this study make their view on madness or the regimen of mental hygiene necessary to prevent insanity explicit; some of them do not even overtly take on this subject; but all of them provide an approach towards an understanding of madness in nineteenth century America and its consequences. Especially fictional literature, as Marie-Christine Leps has argued in detail, has the unique and inherent potential to display a variety of discourses from extra-literary realms. “Deriving both from the imaginary, and from political, economic, and social structures of production and distribution”, she writes, “literature holds a paradoxical position within the discursive production of knowledge, which permits it to present several layers of contradictory or correlated meanings, without having to provide a final resolution.” For

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<sup>25</sup> In 2021, for example, the mob attack of the United States Capitol has been repeatedly referred to as “bedlam” by various media.

Leps, “literature is ... distinguished by its capacity to **reproduce the very process of knowledge production**, from the unthinkable or unsayable [emphasis in the original]” (220). Not only does this capacity of literature – to reproduce the process of knowledge production – cater to our understanding and use of the concept of tacit knowledge in relation to literature, madness, and medicine, but it will prove to be a red thread throughout this study.

### **Knowledge Production and Authority**

Yet literary scholars cannot pride themselves in being the first to explore the unique relation between literature, knowledge, and knowledge production. In the nineteenth century, the power of literature was distinctly noted by emerging medical experts on madness: literature could help with the formulation and further development of systematic knowledge, catering to the medical expert’s desire to make the tacit explicit, the elusive illustrative. But what kind of knowledge could literature provide, in their eyes?

Brigham’s lead article of the first issue of the *American Journal of Insanity* was entitled “Insanity. Illustrated by Histories of Distinguished Men and by the Writings of Poets and Novelists” (1848). In it, as the title suggests, Brigham explores the depictions of madness in fictional literature. But instead of merely drawing upon them as “illustrations”, subject to the authors’ fanciful imaginations, he treats them as illuminations. “Though both poets and novelists”, he writes, “are considered fictitious writers, yet in everything relating to the passions and emotions of mankind, the most celebrated of them, are the most correct of historians.” For the psychiatrist, the “correctness of the writers [...] appears to be the result, for the most part, of a wonderful power of observation, or of a kind of miraculous ability” (9). Brigham explicitly grants novelists the same “power of observation” in diagnosing the “passions and emotions of mankind” that physicians, especially those who specialized in insanity, claimed for themselves. His understanding of the function of literature is two-fold: he confers the authority to diagnose, to support or to critique contemporary “truths” about the human psyche to writers of fiction, and he sees literary texts as sources of knowledge that the medical branch he represents can rely on in its work. In doing so, Brigham

invalidates the distinction between medical and literary knowledge, but at the same time he follows a strategy aimed at legitimizing his own position as physician, scientist, and asylum superintendent.

Brigham was not the first or the only member of the scientific community to impute such value to works of fiction. The same strategy and attitude towards literature can be observed in the Edinburgh-based *Phrenological Journal and Miscellany*, which functioned as an influential model for American magazines in the genre. In 1823, twenty years before the appearance of Brigham's article, the phrenological journal introduced its constitutive issue with the following elaboration of the future structure and content of the magazine:

In another department [of the magazine] we propose to institute a course of critical analysis on phrenological principles, of our best and most popular authors . . . in which we shall endeavor [sic] to shew [sic] that the best writers are the most strictly phrenological; and that, like Moliere [sic] . . . without knowing it, these writers owe their popularity to their being phrenological, which is another word for natural. The poets will afford us a noble field, and none more than that "priest of nature" – Shakspeare [sic]. . . We will use the chief excellencies of his work as an exposition of our science [until] we have adduced him as one of our most powerful witnesses. (7)

Here, again, knowledge is attributed to literary texts and their authors by a self-proclaimed scientist. Whether literary writers were aware of their own knowledge or, as this quote suggests, the knowledge was more of a tacit, intuitive kind, both phrenologists and early psychiatrists drew on literature as a source of knowledge for their own sciences. Furthermore, they used literature as a source of validation of this knowledge; they each proposed to use aspects of literary works as an "exposition" of their science, and they wanted to "adduce" authors as "most powerful witnesses." Thus, with the help of literature – given voluntarily or not – they aimed to legitimize their knowledge, their position, their authority, their very institutions. What is particularly enlightening in these two constitutive articles are the names of the writers who were regarded as being the most fertile and powerful for this endeavor – Molière, Shakespeare, Sir Walter Scott, and Lord Byron. Amongst them, as literary historians Benjamin Reiss and Susanna Blumenthal have remarked upon, the Bard holds a special position – both among the cultural elite of

antebellum society, and upon the pages of the *American Journal of Insanity*. Brigham's engagement with fictional literature in general and Shakespeare in particular is not an isolated occurrence in the journal; on the contrary, following Brigham's essay, no fewer than twelve articles analyzed "Shakespeare's delineations" of the different stages of insanity, all of them admitting the undisputable correctness in his depictions. Why this seemingly inexplicable deference?

As Shakespeare scholar Marjorie Garber has pointed out, insight into human nature, before shifting to the domain of scientists, had been the task and unique ability of poets and philosophers (17). Men of science frequently made "references to the fiction and poetry of the day and to that of earlier generations. By doing so, they declared an affinity, sometimes of thought, but more often of culture, with respected authors and, indirectly, with their readers," says Laura Otis, literary scholar and neuroscientist, in her introduction to the anthology *Literature and Science in the Nineteenth Century* (2002). Similarly, Alexis Easley notes that "[m]edical periodicals made reference to literary subject matter in a seemingly self-conscious way, as if to present a high-culture rather than a strictly professional perspective on medical science" (158). In short: physicians asserted being professionals in their medical domain by referencing popular and generally accepted literary figures and works who had already questioned epistemological limits of human nature.

As such, they paid tribute to what can only be described as a long-lasting symbiotic interdependence of literature and madness that we have touched upon in our introduction and that I will explore in much detail in the following chapters.

## 3 Psychiatric Utopia

### 3.1 Madness in America

#### Psychiatry Emerges

In 1847, thirteen medical experts assembled and founded the Association of Medical Superintendents of American Institutions for the Insane (AMSAI).<sup>26</sup> Isaac Ray, Amariah Brigham, Samuel Woodward, and Pliny Earle, to name just a few of the founding members, could not have fathomed that their organization – the very first of its kind! – would emerge into one of the most powerful medical associations of all times.<sup>27</sup> While an important step in the endeavor of professionalization, it does not explain why, at this point, these experts already had a virtual state-wide “monopoly over the therapeutic care of the insane” – and why their story was one of unprecedented success in the decades to come (Dain 55). Virtually none of America’s nineteenth century movements – abolition, temperance, women’s rights, phrenology, prison reform – remained unaffected by the psychologi-

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<sup>26</sup> In 1892, its name was changed to American Medico-Psychological Association, and in 1921, it was changed again to the present American Psychiatric Association (APA).

<sup>27</sup> The AMSAI was the first medical specialty association in the United States. The American Medical Association (AMA) was founded three years later, in 1847. Today, the American Psychiatric Association is the largest and most influential psychiatric organization in the world. Its official handbook, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which classifies psychiatric conditions, is regularly republished, and used worldwide. As it is based on professional consensus and not necessarily scientific facts, the DSM, especially earlier editions, can be productively read as a mirror of changing social and moral values and attitudes. Notoriously, homosexuality was repeatedly reconfigured as a mental disease until it was finally dropped from the manual in 1989. Cultural bias is another issue the APA and its diagnostic criteria are rightfully accused of. Additionally, their dependence on pharmaceutical companies as described by Robert Whitaker in *Anatomy of an Epidemic* (2010) has led to considerable controversies and attacks, which, however, had no long-lasting consequences on the power of the APA.

The APA’s logo used to be a likeness of Benjamin Rush, the so-called father of American psychiatry. The new logo, adopted in 2015, shows that the psychiatrists’ self-understanding as a medical specialty has not changed since 1844 – below Asclepius’ rod and two hemispheres of a brain appears the tagline “Medical leadership for mind, brain and body.” For an overview of the APA’s early history, see Richard Hunter and Ida Macalpine’s seminal *Three Hundred Years of Psychiatry. 1535-1860* (1963); for its later controversial history, see the writings of Thomas Szasz, Michel Foucault, David Rothman, and more recently, Ann Harrington’s *Mind Fixers: Psychiatry’s Troubled Search for the Biology of Mental Illness* (2019).

cal and psychiatric theories of asylum physicians, which were disseminated and negotiated in medical texts, magazines, newspapers, and fiction.

In the following I argue that their seemingly immediate (and enduring!) success stemmed from several interrelated factors. For one, these men firmly turned the study of insanity into a subject of the medical domain (the turn to medicine). At the same time, their interpretation of insanity and their theory to cure this seemingly epidemic affliction responded exceptionally well to other reform movements in antebellum US. They managed to develop an incredibly flexible etiological system which allowed for the subjugation of every imaginable symptom into a potentially pathological syndrome, and their quest to cure the souls of American citizens also corresponded to established and emerging dominant values such as (disciplinary) individualism and perfectibility, as well as practicability, meaning psychiatric suggestions could be pragmatically applied in everyday life. Furthermore, they managed to operate from a space of almost undisputed authority and experimentation, and finally, they profited from an unprecedented popular interest in science and the human mind that is evinced in the numerous new sciences like phrenology, animal magnetism, and spiritualism.

### **The Turn to Medicine**

First and foremost, the success of the psychiatrists hinged upon a new approach towards the interpretation of madness. For centuries, one of the dominant interpretations of insanity had been as a spiritual affliction that could only be remedied by divine intervention. But the psychiatrists of the nineteenth century argued that, with their expertise, insanity was no longer a “problem beyond human intervention” – instead it could be rectified by very tangible medical strategies (Tomes 3). In their endeavor to turn insanity from a religious into a medical problem, they could fall back on the works of earlier “experts” such as Burton and his *Anatomy of Melancholy* (1621). They could also refer to the medical system of the eighteenth century which already comprised tacit assumptions that physicians could intervene in the course of mental disease. This “naturalistic approach” of the eighteenth century, argues Norman Dain, “brought

the afflicted under the care of the physician rather than the clergyman and placed the disease within the province of science, not religion” (7). But this definite turn towards science and in particular “medicine” did not secure the alienists with immediate respect. In the nineteenth century, Gerald Grob explains, medicine did not yet have a strong foothold in the eyes of the American public. On the contrary, “of all the sciences medicine was the least exact and the most backward.” He gives several reasons for this claim. First, medicine, as a profession, lacked a coherent structure; “even states with licensing laws did not prohibit unlicensed practitioners”, and “[t]he training provided in medical schools did little to enhance the profession’s standing” as they had low admission standards and inadequate clinical and theoretical training. Besides, most of the physicians acquired their license via apprenticeship and never entered any medical school at all.<sup>28</sup> Apart from the “structural weaknesses” of the profession, Grob points toward internal squabbles as another reason for the low esteem for medicine; “competing groups each proclaimed the superiority of their therapeutics” (*Edward Jarvis*, 21). Additionally, I think we must regard the dominant therapeutics as the main reason for the public’s suspicion towards the medical profession. Medical practices of the time adhered to an almost completely Galenic system, its main methods being venesection, blistering, the use of emetics, and heavy doses of calomel and opium.<sup>29</sup> Rising skepticism of the public towards heroic medicine also partly explains the immense popularity of homeopathy. The high proportion of quacks among the medical profession, peddling their patented medicines whose best effect was not to worsen the patient’s condition, also did their part in diminishing the reputation of the “medical” profession.<sup>30</sup> By merely

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<sup>28</sup> The intricacies and controversies of the medical profession have been explored by Richard Shryock’s *Medicine and Society in America 1660-1860* (1960) and William Rothstein’s *American Physicians in the Nineteenth-Century: From Sects to Science* (1972).

<sup>29</sup> The “father of American psychiatry”, Benjamin Rush, built on psychological yet seemingly cruel measures, such as shock therapy (stimulating terror in the patient), but also employed a very heroic course of treatment, consisting of camphor, opium, and excessive bleeding, owing to his conviction that madness was caused by a brain fever, and that such an inflammation could only be cured by releasing more blood. To some extent, it seemed to work: after several rounds of bleeding, even the most enraged madman would calm down.

<sup>30</sup> The low esteem in which general medicine was held constitutes one of the reasons why the Association of Medical Superintendents for American Institutions for the Insane

turning from religion and philosophy to medicine, therefore, the alienists could not hope for automatic recognition; but it did allow them to ascertain a claim for exclusionary and exclusive expertise – and the medical model of insanity provided a scientific rationale for state-funding.

### **“Bah, Humbugs!” - Pseudosciences as Competitors and Allies**

In the early to mid-nineteenth century, these new experts on insanity also had considerable competition in the field they called their own; insight into the workings of the human mind. Antebellum America experienced a plethora of movements and pseudosciences that each claimed to provide an answer to the rising social problem of insanity and other diseases, and the Americans' drive for self-improvement.<sup>31</sup> Animal magnetism, also called mesmerism after its most famous proponent, the Austrian Franz Anton Mesmer, promised to heal physical and mental afflictions through manipulation of the invisible “magnetic fluid” surrounding every human being. It enjoyed considerable popularity from its inception in 1779 until the mid-nineteenth century, which prompted Edgar Allan Poe to negotiate the implications of this science in his short story “The Facts in the Case of M. Valdemar” (1845). Phrenology even surpassed animal magnetism in popularity. This theory, developed by the Germans Franz Gall and Johann Spurzheim, and brought to the US by Englishman George Combe, seemed to provide a biological explanation for mental processes and character formation. The human mind, phrenologists proclaimed, had a set of mental faculties (they could not agree on how many faculties, however) which had their place in specific areas of the brain. These areas would be larger or smaller, according to the patient's personality, and how much he or she would use these faculties. The crucial point of this theory was that the form of the cranium corresponded to the size of these faculties, and therefore, any given personality trait could be discerned by an experienced phrenologist through measuring the specific part of the skull. This science proved

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(AMSAIL) repeatedly turned down any efforts to be incorporated into the American Medical Association (AMA).

<sup>31</sup> The term “pseudosciences” denotes theories and practices that assume the status of science but cannot not prove their claims with scientific methods.

immensely influential in the US, and few writers of the nineteenth century failed to comment on it or incorporate it into their work. Mark Twain and Herman Melville openly parodied “bumpology”, as it was often mockingly called, but in other writers, phrenology found avid believers and defenders, and thus could add several prominent names to its long list of followers. Edgar Allan Poe, in addition to using phrenology in his stories and poems, openly espoused its doctrines and wrote his own phrenological analyses.<sup>32</sup> Walt Whitman was equally taken with phrenology, collected newspaper clippings and illustrations of the topic, and, throughout the period of the late 1840s to the mid-1850s, entertained close ties to the Fowler Brothers, the single most important popularizers of the phrenological enterprise. In 1849, Whitman underwent a head reading in the Fowler’s Phrenological Cabinet in Nassau Street, the result of which presented him as the ideal poet, endowed with the most remarkably developed faculties. Obviously proud of his – now scientifically proven – capacities, Whitman used his phrenological reading for marketing purposes and included it in several editions of *Leaves of Grass* (originally also published by the Fowler Press). While the relationship between the Fowlers and Whitman cooled in the late 1850s, his interest and belief in the pseudoscience’s alluring doctrines continued until late in the century, probably not least because it confirmed him in his role as a natural poet.<sup>33</sup> Propelled by the Fowler Brothers and their press, phrenology found its way into every corner of American

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<sup>32</sup> For an early exploration of Poe’s fascination with the subject, see Edward Hungerford, “Poe and Phrenology,” *American Literature* 2 (Nov 1930): 209-231.

<sup>33</sup> Whitman’s fascinating and enduring relationship with phrenology has been documented, amongst others, by Edward Hungerford in “Walt Whitman and His Chart of Bumps,” *American Literature* 2 (1931): 350-384. Harold Aspiz, besides contributing several essays on the author and phrenology, has devoted a chapter of his book on Whitman to the author’s exposure to phrenology and the science’s influences on his poetry and life (*Walt Whitman and the Body Beautiful*. Chicago: University of Illinois Press, 1980). Arthur Wrobel, who also devoted his dissertation to Whitman and phrenology, has further explored how Whitman used his phrenological readings for marketing himself and his work, and even deliberately manipulated his charts (“A Poet’s Self-Esteem: Whitman Alters his ‘Bumps,’” *Walt Whitman Review* 17 (1971): 129-135). In “Whitman and the Phrenologists: The Divine Body and the Sensuous Soul.” *PMLA* 89 (1974): 17-23, Wrobel shows how closely phrenological doctrines fitted the transcendentalist ideas so dominant in Whitman’s poetry.

society. and, as Eric T. Carlson has shown, fundamentally shaped the evolution of psychiatric thought.<sup>34</sup>

While phrenology and allied movements such as mesmerism enjoyed substantial popularity within the lay community, the educated elite, and the medical professions, there were many opposing voices. Among them, many came from the medical profession who saw their authority challenged by these new practitioners. David Meredith Reese, for instance, voiced his concern as early as 1838. In *Humbugs of New-York*, on almost three hundred pages, the physician sharply attacks what he saw as “popular delusions” existing in science, philosophy, religion, and which were, in his opinion, a growing problem:

Every year, and indeed almost every month, brings to our city some imported mountebank; some foreign or domestic humbug; each of which in its turn is greedily swallowed while the rage of novelty lasts, until another more clamorous, or more showy, succeeds it. (21)<sup>35</sup>

Phrenology, animal magnetism, and homeopathy were, Reese estimates, the most popular and therefore the most dangerous. Just like the study of insanity, the systems of phrenology and animal magnetism promised direct insight into the human mind and what is more, they both offered a tangible cure for all potential mental ailments. Thus, the psychiatric “science of the mind and body” that those who were interested in insanity espoused, was often dangerously close to being lumped together with all the other so-called quack sciences. The psychiatrists had to pay considerable attention to distance themselves from all these potentially detrimental associations; but at the same time, these pseudosciences often served as allies in the acceptance of their doctrines by the lay public. They also proved very influential in professional psychiatry’s development of a model of insanity, its cause and its cure.

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<sup>34</sup> For details, see Eric T. Carlson, “The Influence of Phrenology on Early American Psychiatric Thought,” *The American Journal of Psychiatry* 115.6 (1958): 535-538.

<sup>35</sup> In typical American fashion, Reese blames Europe for the fabrication of these humbugs.

## Institutional Legitimization

The advantage the psychiatrists had over their potential competitors was that they could operate out of specialized institutions. Each original member of the Association of Medical Superintendents of American Institutions for the Insane (AMSAMI) managed an asylum; and as the name of the Association suggests, only asylum superintendents could be members.<sup>36</sup> Simultaneously, it points towards the intrinsic and indisputable role of the asylum in the professionalization of psychiatry. There was an absolute necessity for institutional legitimization because the hospital for the insane was the only site of practice for these specialists – only in exceptional cases would any of them make house calls. The asylum was, according to them, also the only site of cure. Insanity could and should not be treated inside the home, even though it had been a “domestic” disease for years and traditionally, it was the family that cared for their mad. The new experts turned this tradition on itself. They argued that remaining in the home, even for a little while, could make the disease manifest and turn it into an incurable case. The sooner the disease was treated, the better the chance of recovery. The individual needed to be removed from the morbid associations with his or her former life. The asylum would “produce new sensations, to change and “break up the chain of ideas, from which the patient could not free himself” and provide the serene and orderly environment that the deranged mind craved and needed to restore its balance (Esquirol, *Mental Maladies* 73). This was a particularly clever maneuver of the superintendents; the asylum was, in Andrew Scull’s words, creating “a demand for its own services” and thus becoming culturally legitimate – and by extension, it was legitimizing their directors as authorities (*Madness and Society* 363).

A look at the thirteen founders of the AMSAMI gives an overview over the most important asylums at that time. The list includes Pliny Earle (Bloomington Asylum, New York City), Thomas Kirkbride (Pennsylvania Hospital, Philadelphia), Luther Bell (McLean Asylum,

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<sup>36</sup> This remained virtually unchanged until the late nineteenth-century, when both its name and its admission criteria changed. The American Medico-Psychological Association (1892-1919) allowed medical staff and other interested physicians, neurologists, and psychologists as members.

Somerville, Massachusetts), Isaac Ray (Butler Hospital, Rhode Island), John Galt (Eastern Lunatic Asylum, Williamsburg, Virginia), William Awl (State Hospital, Columbus, Ohio), Samuel Woodward (Worcester State Hospital), Amariah Brigham (State Lunatic Asylum, Utica, New York), and John Butler (Boston Lunatic Asylum), to name the directors that were most influential in the development of psychiatry. While the practical objective of the founders was the administration of hospitals and patient care, the association's work extended beyond organizational matters.

#### **Faculty Psychology and the Mind-Body Dualism**

Their foremost endeavor was to collect and disseminate the “correct” knowledge on insanity in all its facets and reach a consensus on etiological theory, diagnostic terminology, and therapeutic measures. To develop a coherent body of thought and a distinct *materia medica*, what first needed to be addressed was the underlying, complicated matter of the relationship between mind and body. In the formulation of their model of the workings of the human mind in connection with matter, they built on the already existing and popular theory of faculty psychology.<sup>37</sup> Faculty psychology developed outside of the medical domain and is predominantly associated with seventeenth-century philosopher John Locke. His considerations included that the mind was, at birth, a clean slate, *tabula rasa*. In the course of life, then, the mind processed sensory impressions from the material world which in turn developed a collection of faculties which would allow the procession of external input into ideas and thoughts. Locke's ideas of associationism were reformulated and modified by adherents of what is commonly referred to as the school of Scottish

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<sup>37</sup> It is important to note that, even after the founding of the AMSAII, there was no immediate uniform concept of mental insanity; its etiology and philosophical basis remained a blend of ideas. Depending on the superintendent, his religious and moral upbringings and philosophical tendency, the idiosyncratic formulation of the causes and nature of insanity could include tenets of phrenology, be based on Scottish Common-Sense Philosophy, or played with aspects of behaviorist psychology. The flexible and tolerant psychiatric community allowed for such divergent viewpoints. This changed when John Gray took over the editorship of the *American Journal of Insanity*. He did not allow or publish any text that deviated from his standpoint of insanity as a purely somatic issue. Towards the turn of the century, most psychiatrists had agreed on a deterministic hereditarianism.

Common Sense. Spearheaded by Thomas Reid (1710-1796), the Scottish Common Sense philosophers expanded Locke's "faculties" into including the "passions" and contested Locke's assumption that there were no innate faculties at birth. According to Reid and his disciples, man or woman was born with faculties such as self-preservation, duty, and moral taste, that already provided him or her with tacit knowledge of moral (in the sense of ethical and socially acceptable) behavior.<sup>38</sup>

Such a faculty psychology then paved the way for one of the most contested disciplines, which, despite being regarded with skepticism by most asylum physicians, nevertheless had a considerable influence on the medical model of insanity – phrenology. One of the "imported humbugs" Reese so firmly denounced in 1838, it gained incredible popularity once it reached American shores via George Combe's *The Constitution of Man* (1828) and the author's extensive lecture tours. Phrenology combined Scottish faculty psychology with physiognomic tradition and explained the mind's connection with the organic matter of the brain, or more explicitly, its structure. As already explained, phrenological theory held that established faculties – whatever their number – resided in specific parts of the brain, each faculty being responsible for a cognitive or emotional function. Each faculty could be more or less developed, over- or underdeveloped, each faculty could be strengthened by exercise or weakened by neglect, just like any other muscle of the body. It is no wonder that phrenology proved irresistible to both physicians and metaphysicians as it provided an easily understandable model that connected mind and matter without necessarily offending religious doctrine of the immutability of the soul.<sup>39</sup> Many asylum superintendents openly

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<sup>38</sup> Scottish Enlightenment Philosophy led to the construction of similarly "reformed" asylums in Glasgow (1814) and Edinburgh (1813). Chloe Kennedy gives an excellent overview of the influence of Scottish Common Sense Philosophy on Scottish psychiatric and legal thought in "Ungovernable Feelings and Passions: Common Sense Philosophy and Mental State Defences in Nineteenth Century Scotland." *Edinburgh Law Review* 20.3 (2016):285-311.

<sup>39</sup> However, from its inception, phrenology had always been accused of favoring materialism, and, consequentially, atheism which is why every advocate of the science took considerable care to distance themselves from this accusation. In *A System of Phrenology* (1853), George Combe explains that phrenology was nothing more than a specification of the "accepted knowledge" that "the mind uses the body as an instrument of communication with external nature" (413). The mind, as manifested in its "organ", the brain, remained

sympathized with phrenological ideas, especially in the first half of the nineteenth century. Amariah Brigham (Utica asylum) and Samuel Woodward (Worcester) openly embraced the doctrine, as did, in a more subdued manner, Pliny Earle (Bloomington) and Isaac Ray (Butler Hospital). In fact, most psychiatrists seemed to take over the basics of phrenology and Scottish faculty psychology without necessarily resolving the contradictions between them. They certainly subscribed to phrenology's premise that certain faculties were located in certain parts of the brain – these faculties could therefore be deranged directly (by accidental blows to the head, for example), or through the intermediary of nerves which would attack, overload, derange, or pervert intellectual functions or emotional faculties. This readily adopted link between mind and matter allowed a model of reciprocal influence already proposed by William Buchan in 1772 (63).<sup>40</sup> Any disturbance to the body could lead to a derangement of the mind – and vice versa, any mental shock or overexertion could manifest in bodily symptoms and illness. In such a holistic framework, asylum physicians could label every possible symptom, whether somatic ailment or mental exhaustion, as falling into their domain and thus under their expertise and authority.

#### **“Kick on Stomach from Horse” – Causes of Insanity**

Nineteenth century psychiatry's “official” categorization of insanity was directly copied from Esquirol (the French physician towards whom all American psychiatrists looked for direction and confirmation), who in turn referred to Hippocrates. According to the Greek physician, there were four basic forms madness could assume; the first was mania which was characterized by excitement and violent delusions. Melancholia, the second category, was often accompanied by lethargy and depression. Dementia, frequently thrown together

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immaterial and immortal. To connect the science of phrenology to materialism thus was “vain, trivial, and uninteresting”, and even “unphilosophical”, in Combe's opinion, which all other proponents of phrenology followed (414).

<sup>40</sup> In *Domestic Medicine*, William Buchan states that it was sufficient to “know, that there is established a reciprocal influence betwixt the mental and corporeal parts, and that whatever disorders the one likewise hurts the other.” The way in which “mind acts upon matter, will” he says, “in all probability, ever remain a secret” (63).

with “idiocy”, was always accompanied by organic brain damage. Monomania, finally, accounted for what seemingly was only partial insanity; the so afflicted was “insane on only one subject” with which he or she was obsessed – such as being a teapot, or a barrel – but perfectly reasonable on most other subjects (“Nature of Insanity”, *AJI* 1.1 (1844):111). Often, partial insanity was accompanied by delusions and paranoia.

While this division allowed for a variety of syndromes to be subsumed within and followed traditional medical frameworks of madness, it did not prove to be particularly helpful in actual psychiatric practice. Mania, melancholia, dementia, and monomania were such broad categories that could manifest in different stages or forms, that no distinct therapeutic strategies could be assigned to them. Esquirol, who proposed these as the ultimate categorization for insanity, admits that “[i]nsanity may assume successively, all these forms; monomania, mania, and dementia, may alternate and replace each other, and become complicated in the course of the same disorder, and in the person of the same individual” (30). It is thus not surprising, that these categories were used predominantly in theoretical speculations and as a means of at least theoretically distinguishing between a certain set of symptoms; and were, with the exception of monomania, not useful in day to day asylum practice. Indeed, even the tables of admission we find in almost every annual asylum report, did rarely employ these categories; and if they did, they were never the only means of categorization. Rather, the asylum reports illuminate what the psychiatrists saw as the – various and diverse – causes of insanity, as facilitated by a phrenologically inspired faculty model of the brain and its connection with the rest of the body.

In the first half of the century, psychiatrists concurred that the most promising mode of classification was to distinguish between predisposing and precipitating causes. Remote or predisposing causes dispositioned an individual to fall prey to a mental affliction; among them, we find such diverse entries as hereditary disposition, personality (either overly pessimistic or overly optimistic), but also the climate in which a person lived, the government, whether this person led a sedentary life, or suffered from poor upbringing. Even if

such a predisposition existed, a proximate, precipitating event was needed for the individual to become insane. Such an event, argued the superintendents, was found in the patient's most immediate past and could involve excessive manual labor, excessive mental exertions, masturbation, brain trauma, "ill health", strong emotions or disappointment of the passions; for example, excessive pride, fear, happiness, grief, as well as disappointments in business, politics, or love affairs.<sup>41</sup>

In 1848, Pliny Earle of the Bloomingdale asylum threw doubt upon this model as well. In a section of his *History, Description and Statistics of the Bloomingdale Asylum for the Insane*, which was republished in the *American Journal of Insanity* in the same year, he admits that "in many of the cases of Insanity, it is extremely difficult to fix upon any particular influence which we are satisfied was the origin of the disorder. Sometimes two causes are found, and it is impossible to tell which is the predisposing and which is the exciting" (76). Earle advocates for a different system of classification – the distinction between physical causes ("those which act immediately upon the body") and moral causes ("those whose influence is primarily exerted upon the mind"). Earle then identifies over sixty types of physical causes that had occasioned insanity in his patients at Bloomingdale. "Intemperance" is presented as the main physical cause for insanity in men (97 cases), followed by "masturbation" (37) and "injury from falls" (28). "Epilepsy", "use of opium"<sup>42</sup>, "dyspepsia" and general "ill health" find their way into that list just like "heat from sun", "kick on stomach from horse", "drinking coldwater" [sic], "loss of sleep", and "mesmerism". Among the female patients, causes concentrate, un-

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<sup>41</sup> Late eighteenth-century and early nineteenth-century fiction's depiction of the causes of insanity correspond to the model of predisposition and precipitation. Norman Dain sees Brockden Brown's *Wieland* (1798) and *Edgar Huntly* (1799) as well as Maturin's *Melmoth the Wanderer* (1820) and Hogg's *Confessions of a Justified Sinner* (1824) as examples of how "novelists endowed deranged characters with ... pre-psychotic personalities. They were overly passionate and impatient of opposition, were inherently evil, had previous mental breakdowns, or had a family history of insanity or mental defects. Invariable, the writer exaggerated a peculiar trait until it became an abnormality and served as the weak link in the character's sanity, which collapsed under stress" (42).

<sup>42</sup> Earle equates the use of tobacco with the use of opium, alcohol, and other sedatives and narcotics. In his observation, the insane seem particularly fond of tobacco. If they were not addicted to it before they became insane, they immediately took a liking to tobacco (smoked or chewed) once they had become insane.

surprisingly, on the sexual and reproductive functions. Earle presents 66 cases of insanity stemming from “parturition” and 56 cases occasioned by various menstrual and uterine irregularities. The inclusion of diseases such as typhus, yellow fever, scarlet fever, and syphilis, as well as general “ill health” point toward the physician’s conviction that a weakened body easily falls prey to a mental affliction. Earle also lists twenty-four moral or “mental” causes of insanity; most prolific among them “pecuniary difficulties” which drove 115 males and 15 female patients mad. “Domestic troubles” (65 cases), “death of relatives” (43) and “religious excitement” (93) could just as easily lead to insanity as “mortified pride” (14), “anxiety” (22), “dealing in lottery tickets (1)”, and “novel reading” (3). He then goes on to explain the ways in which each one of the above events and circumstances could affect either mind or body or both, and thus occasion insanity. In an 1857 report of the Friends Asylum, we find etiological entries very similar to Earle’s observations: grief, masturbation, fatigue, intemperance, defective education, domestic trouble, and sudden wealth occasioned insanity. Like Earle, however, the superintendent of the Friends Asylum, J.H. Worthington, did not content himself with a mere numeration of supposed causes. Just like Earle catalogued the eye and hair color as well as the stature of his patients in order to discern whether there were any hitherto undetected patterns (there weren’t, as far as he could tell), Worthington made note on the marital status of his patients and observed that most of them were single. He thus concluded that marriage was a desirable state and conducive to mental health.

What this immensely flexible etiology reveals is that nineteenth century asylum physicians could not agree on a definitive and systematic list of causes, just as they failed to develop a definition of insanity itself. Even Esquirol, with his Linnéan obsession of classification, admitted that the causes of mental disease were “as numerous, as its forms are varied. They are general or special, physical or moral, primitive or secondary, predisposing or exciting” (30). But what also becomes clear is that many of the causes identified by Earle and Worthington arose from the moral and cultural prejudices of himself and his colleagues. In their medical model of madness, moralistic attitudes were all but disbanded; on the contrary, deviations

from social norms and expectations could now be medicalized and pathologized. “Excessive venereal Indulgence”, use of tobacco, reading of novels, masturbation and intemperance were now condemnable on medical grounds (Woodward, *First Report*, 1). Edward Jarvis argued that insanity, and in turn, health, depended on these causes “within the control of man” (*Causes of Insanity* 12). Of course, the medicalization of insanity, the labeling of it as a disease, was intended to “absolve” the patient from guilt and remove moral opprobrium – to a certain extent. As people possessed free will and made conscious decisions to act against the natural laws, insanity remained a thoroughly moral issue. Many people could be saved from falling victim to these immoral and insanity-inducing practices if they only “would take proper pains to guard against them or repel them” (“Proceedings”, *AJI* (1857), 69). Likewise, his colleague Isaac Ray was convinced that “if men were always correct in their ways, manners and habits, physical and moral, we should have little insanity” (“Proceedings,” *AJI* (1876), 279). People, concludes Jarvis, needed to be warned of these potential sources of danger. And who better to warn them if not the specialists?

### **Psychiatrists as Social Reformers and Gentlemen**

Jarvis’ and Ray’s comments illuminate their understanding of their social role. These physicians regarded their duties as extending beyond asylum care, because insanity extended beyond the asylum, and just as cure was on the agenda of the physicians, so was prevention. Jarvis, Ray, and their colleagues saw many of their patients’ individual pathologies as directly linked to larger, increasingly disturbing social patterns. Many of these problems, were, in their opinion, a result of the political and economic instability wrought by industrialization and Jacksonian democracy. Increasing social and economic fluidity and upward mobility inspired Americans to be more ambitious in their careers and life choices. Ambition and speculation, for the superintendents, was a sign of excessive and potentially pathological behavior, not to speak of the consequences once ambitions were disappointed and speculations were followed by financial losses. In America, Edward Jarvis writes, “the increase of knowledge, the improvement in the arts, the multiplication of comforts and the

amelioration of manners, the growth of refinement, and the elevation of morals” created “more opportunities and rewards for great and excessive mental action, more uncertain and hazardous employments and consequently more disappointments, more means and provocations for sensual indulgence”, as well as “more dangers of accidents and injuries, more groundless hopes, and more painful struggle to obtain that which is beyond reach, or to effect that which is impossible” (“Causes of Insanity”, 293). It was no surprise then, for the superintendents, that the numbers of people afflicted with insanity steadily rose; at the same time, they were aware that there existed a strong current of reform spirit that tackled these social problems which they could use for their own self-presentation. Superintendents saw themselves as physicians for the minds of the masses, and thus as reformers and social educators.

This sense of self-importance and duty was not limited to the psychiatric branch of medicine. Nathan S. Davis, in his address at the first meeting of the AMA in 1847, proclaimed that “[o]f all the voluntary social organizations in our country, none are at this time in a position to exert a wider or more permanent influence over the temporal interests of our country than the American Medical Association” (qtd. in Davis 19). Clearly, physicians asserted for themselves a position of authority that went beyond caring for the sick, or a knowledge of health and illness – as Cynthia Davis emphasizes, professionalized medicine had a direct influence and interest in the political, cultural, and social affairs of the country.

By identifying and reframing social transformations and the resulting moral problems in medical terms, physicians and psychiatrists participated in the “spirit of reform” and joined the plethora of educational and humanitarian movements of the antebellum era, but at the same time they furthered the reputation and prestige of their profession – and themselves. In providing “both the essential information that had to precede the formulation of proper public and private policies” and serving “as a prophet and teacher by exposing current evils and offering definitive and authoritative statements of proper behavioral norms”, psychiatrists would not only be physicians, but moral and cultural entrepreneurs (Grob, *Edward Jarvis*, 38). The social and political freedoms unique to the American

republic needed a balancing counter which they would provide – the establishment of a collective moral order. This corresponds to the AMSAII’s members’ self-image. Jarvis, self-assuredly, proclaims:

“[T]he physician should make himself useful to his fellows and hold himself ready as a prophylactic adviser to warn the people of danger and keep them in a path of health. So the world should look upon the medical profession, as guardians of their health, and consult its memories as to the management of their lives; as the commercial and financial world consult the legal profession, and obtain their guidance in the legal and sure way of administration of business and property” (39).

The role the psychiatrists had created for themselves was thus anything but humble. While they might have differed in opinion in minor aspects of their understanding of insanity, they were, as John Minson Galt proclaimed in 1846, in “striking agreement, at least as regards essential points” (*Treatment*, IV).<sup>43</sup> Most of the members of this psychiatric brotherhood came from the same class, and shared the same religious and philosophical outlook. They were equally influenced by the Second Great Awakening; they all subscribed to a Protestantism that had gotten rid of the Calvinist determinism and its central tenet of the depravity of mankind. Perfectibility of humankind, they all agreed, was within reach; and with the expert guidance of the specialists, they could assist the rest of American society to eliminate social evils and foster individual and national health.

### **Specialization and Applicability**

The qualifications demanded of a superintendent were substantial. A knowledge of the current mode of treatment was indispensable, but not enough. According to William Awl of the Ohio Asylum, a superintendent should be endowed with “high moral, social, literary and scientific qualifications” which corresponded to their self-image as gentlemen practitioners and scientists.<sup>44</sup> Like the men of “elegant literature” they envisioned themselves to be, they assembled as much of their ideas as possible in their literary productions. Over time,

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<sup>43</sup> To present a united front was also essential to secure their position and give their recommendations to legislators more weight.

<sup>44</sup> “Ohio Lunatic Asylum.” *Boston Medical & Surgical Journal* 34.2 (1846): 45.

most of them, while remaining attuned to a holistic view of health, specialized in certain fields of insanity. Amariah Brigham dedicated much of his writing to the sensitive subjects of religiously induced insanity and political excitement (*Mental Cultivation and Mental Excitement*, 1833, *Observations on the Influence of Religion* 1838). Edward Jarvis was a life-long advocate of the importance of statistics in the understanding of insanity – he believed that quantitative data would necessarily lead to certifiable knowledge which would enhance his and the profession’s authority and power. He was also convinced that all social problems arose from egocentric behavior, and that the moral was inseparable from the political, the scientific, and the religious; his works, while all based on statistical data, exhibit a strong moralistic tone, as his essays on alcoholism and civilization exemplify. Samuel Woodward’s pet peeves were masturbation (*Hints for the Young in Relation to the Health of Body and Mind*, 1840) and intemperance (*Essays on Asylums for Inebriates*, 1838). Thomas Story Kirkbride emerged to be the national authority on asylum architecture and shaped asylum design for decades to come. Next to Kirkbride, Isaac Ray was probably the psychiatrist with the most enduring influence. His *Treatise on the Medical Jurisprudence of Insanity*, published in 1838, questioned criminal responsibility on the grounds of insanity and spearheaded the development of forensic psychiatry. In 1868, the AMSAII forwarded Ray’s “Project of a Law” which was intended to “protect and regulate” the “personal and social rights” of the insane (Payne 115). In the UK, during the famous M’Naghten trial of 1843, defense lawyer Alexander Cockburn drew on Ray’s treatise extensively to renegotiate what came to be known as the “M’Naghten rules” and the insanity defense, which, with minor adjustments, are still applied in today’s US courts.<sup>45</sup>

The literary productions of the superintendents reveal their concern over societal issues (such as intemperance, religious fanaticism, and masturbation) and their attempt to reframe them as medico-psychiatric problems. Their chosen specialties also point toward their preoccupation with morality – and most of all, the applicability and practicability of their ideas. Apart from Ray’s 1838 work which laid

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<sup>45</sup> For a history and overview of insanity and legal problems, see Carl Elliott, *The Rules of Insanity: Moral Responsibility and the Mentally Ill Offender* (1996).

the theoretical groundwork for medical jurisprudence, the American asylum physicians never made any major contribution to the “science” itself. Unlike their European counterparts to whom they were highly indebted in practice and theory, the American physicians of the mind did not conduct scientific research or made any serious attempts to systematize their beliefs and observations. Above all, this is shown by their inability to provide a systematic definition of insanity. As administrators of hospitals, they were preoccupied with the management and organization of their facilities. They simply were less interested in scientific research than in fulfilling what they saw as their crucial function in society – to disseminate knowledge about the care and cure of the insane, and, probably even more important, on the prevention of insanity in the first place. In short, what they were interested in, was to make known to the public the laws of mental hygiene.

### **3.2 The Laws of Mental Hygiene**

#### **Madness and Civilization**

While having made considerable contributions to the field with his first book-length publication, twenty-five years later, Ray was dissatisfied with what he saw as lack of understanding of insanity amongst the educated lay community and the medical profession. In 1863, therefore, he attempted a sweeping blow to remedy this and delivered a massive book – over 300 pages – that subsumed all current ideas of psychiatric and other authorities. In the foreword to his work, which garnered a lot of attention in Anglo-American circles and was reprinted in 1893, Ray humbly suggests that it was “not offered as a systematic treatise.” Instead, “[i]ts purpose is mainly to expose the mischievous effects of many practices and customs prevalent in modern society, and to present some practical suggestions relative to the attainment of mental soundness and vigor” (*Mental Hygiene*, VII) While other writings by psychiatrists all show their foray into extra-medical fields (Kirkbride’s ideas of therapeutic architecture including proper ventilation and heating; Ray’s own venture into the legal field, and Brigham’s attack on religious fanaticism), Ray’s *Mental Hygiene* evinces that the psychiatrists saw their expertise as

crucial and pertaining to every aspect of everyday life and every aspect of society. This understanding of psychiatry's field of responsibility, which I have addressed in the preceding chapter, is evidenced in Ray's definition of mental hygiene, which I repeat here. For him, it is "the art of preserving the health of the mind against all the incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements." Furthermore, he mentions "[t]he management of the bodily powers in regard to exercise, rest, food, clothing, and climate; the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect, – all come within the province of mental hygiene" (15). Judging from this definition, in Ray's opinion, there was nothing that did NOT influence mental health, nothing that was outside the remit of the psychiatric community. This impression is only strengthened by a closer look at the contents of Ray's manual, which is an exemplary summary of the prevailing psychiatric opinion, but not as original or specific as Ray would like to present it. His manual is written in the tradition of post-revolutionary life-style guides and medical home manuals, the most famous of which is certainly Buchan's *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases, by Regimen and Simple Medicines* (1772), being a veritable bestseller with multiple editions. According to Samuel Thielman, Buchan went through 39 editions between 1800 and 1880 (358).<sup>46</sup> Medical home manuals such as Buchan's and others' – and by extension and later addition, Ray's treatise – are explicitly geared toward the general (literate) reader.<sup>47</sup> Up until the 1850s, this "home

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<sup>46</sup> Apart from Buchan, there was Richard Carter's *Valuable Vegetable Medical prescriptions, for the cure of all nervous and putrid disorders* (1815), Robert Thomas' *A Treatise on Domestic medicine* (1822), Gunn's *Domestic Medicine, or Poor Man's Friend* (1838) – 15 editions according to Thielman! – and many, many more. These printed books, however, were by far not the only source of advice readily available to the common man. With advancement in printing techniques, a plethora of magazines and journals sprung up, many of them concerned with alleviating the ills of man and promoting the "right" lifestyle. For more on home health care literature, see Samuel Thielman, "Community Management of Mental Disorders in Antebellum America." *Journal of the History of Medicine and Allied Sciences* 44.3 (1989): 351–374.

<sup>47</sup> John Gunn's *Domestic Medicine* is, according to its full title, "in plain language free from doctors' terms" and aims to reduce the practice of medicine "to principles of common sense." Thomas' *Treatise on Domestic Medicine*, likewise, is written in "plain language, and as free from professional terms as possible."

health care literature” was virtually the only written source of common knowledge on mental disorders and their treatments (351). Widely distributed, it provided families some assistance in the care of their mentally troubled relatives, which, before the arrival of the public asylum, was the dominant mode and location of treatment. This popular medicine literature was a welcome source of advice with a claim to expertise, as these texts were predominantly written by physicians. Seldom on “mania” or “madness” exclusively, they covered a whole range of ills and diseases. Advice and treatment resolutions, especially regarding insanity, consisted mostly of promoting a change in lifestyle, including diet, patterns of behavior, and surroundings. Therefore, the “medical opinion” in these manuals was a mixture of contemporary “truths and facts” about mental disturbances which were only partly regarded as a medical problem, and more traditional common knowledge on insanity based on religious convictions, or older systems of healing like humoral theory, and interspersed with “facts”, such as the role that civilization and urbanization played in the degenerating health of the people. As we will see, Ray’s manual is no exception in this regard.

*Mental Hygiene* starts with delineating the always contentious relationship between brain and mind, settling on a somatic approach without challenging the religious dogma of the immaterial mind (6).<sup>48</sup> With this sensitive subject out of the way, Ray fully delves into his text, dissecting each aspect of life and lifestyle regarding what to avoid and what to foster. Instead of benevolently proposing a set of suggestions for a good and healthy lifestyle, Ray harshly attacks the present workings of society and takes stocks of the precarious health of the American people. At the beginning of the century (referring to the nineteenth century, of course), he writes, manual work was the primary occupation of the people. Mothers were fully occupied with family care and blossomed through it. No one knew anything “of opera, or dances, or theater.” Instead, free time was devoted to “domestic affections”, perusing the “small family library” and “attending church.” Anxieties revolved solely about “providing for the future”

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<sup>48</sup> Ray uses “mind” in its popular meaning as something separate and distinct from the body and as a generic expression of mental phenomena without reference to their origin or nature (15).

(279) and social intercourse was limited. But the “strong and sturdy” men and women of colonial times and their reasonable habits were a thing of the past (53).

In contrast, “[t]he people of our times”, Ray asserts, “live in an atmosphere of excitement...calculated to impair the vigor of the mind and facilitate the invasion of disease” (277). As proof, Ray presents the numbers drawn from various censuses. In 1847, he shows, there was one lunatic in every 606 people. Only 7 years later, that ratio was 1 in every 300. But not only Massachusetts, the whole Western civilized world – Prussia, Great Britain and France – was suffering from such an increase. Ray correlates these rising numbers of insanity with the “well-authenticated fact, that the prevalence of insanity is proportioned somewhat to the degree of cultivation and refinement which the people have reached.” For him, “the conclusion seems to be inevitable, that much of it [insanity] originates in the incidents and conditions peculiar to the civilized state” (16). In this sentiment, he echoes his colleagues’ conviction that civilization, despite all its advantages, impairs the mental health of the people of a nation.<sup>49</sup>

Neither men, women nor children were exempt from the consequences of living in a “civilized state” and the “atmosphere of excitement.” However, women were especially at risk. Ray presents it as a “fact too lamentable to be questioned” that “the health of our women has been depreciating during the last forty or fifty years” (293). He relates this to the changed conditions of an industrialized and urbanized society. Women of the lower classes were often completely overworked, leading to bodily and nervous exhaustion and “[f]rom this to unequivocal insanity, the transition is only a matter of time” (55). On the other hand, he diagnoses the “absence of work for women” as “one of the great ills” of American life, many leading “a mere butterfly

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<sup>49</sup> Brigham, Jarvis, and Earle all concurred with Ray. As validation, they all referred to Esquirol who had pointed out in *Mental Maladies* that insanity was a disease of civilization, and often induced by political uproar. As one reviewer of the *American Journal of Medical Sciences* repeats, “[i]nsanity is confined almost exclusively to the civilized races of men. It is nearly unknown among the uncivilized and uneducated Indians and negroes. It is uncommon in China, Persia, Hindostan, Turkey, and Russia, and there is but little in Spain and Portugal, while it prevails to a great extent in England, France, Germany, Norway, Holland, and the United States. In all countries it is increased by events that excite deep and general feeling among the inhabitants. The French Revolution increased it in France, the American Revolution in this country” (“Review of Des Maladies Mentales”, 112).

existence consisting chiefly of dress, crochet, novels, and parties”, contributing nothing useful to society or their own education (217). Continuously tempted “by luxuries and leisures”, she devotes her time to “some meeting, some charitable society” or some romantic novel instead of to her household, her husband, and her children (283).

Said children were wasting away in ill-ventilated, overheated classrooms, forced to sit and study for long hours, overexerting their mental faculties and weakening their muscles and organs through their sedentary positions, further worsened by sleeping on feather beds.<sup>50</sup> At home, they were neglected by their parents, and too little rigidity and training spoiled their minds and bodies for the rest of their life. In such conditions, how could they grow up to be upstanding, productive, and healthy citizens of the American republic?

Sons left the home early to “partake in business”. In their “pursuit of wealth” and upward mobility they were overwhelmed with the opportunities presented to them. “A pressure in the money-market banishes sleep from many a pillow” and therefore paves the way for debility (247). Fraud and speculation abounded, and a sudden loss of economic stability threw hard-working and mentally overtaxed men into the way of insanity. Among the well-educated, especially those who depended on their brain for work ignored Ray’s fact that “indolence and sedentary employment” are “most prejudicial to a healthy body and a healthy mind ... Ministers, lawyers, bank employees, literary scholars”; they all lost the “use of muscles for want of practice” and could not keep their mind relaxed, thus fostering both physical and mental irritability (104).<sup>51</sup> Especially in men, then, the overworked brain was a prime pathogenic:

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<sup>50</sup> A considerable amount of Ray’s manual is spent on the issue of child rearing and education. While insanity was not a disease common among American children, the cornerstones of future mental stability and happiness were laid in this crucial period, argues Ray. It is intriguing to note that antebellum etiology never made mention of early childhood experiences as a root of mental problems; this should, of course, change radically with the advent of Freudian psychology and psychoanalysis.

<sup>51</sup> Eerily reminiscent of current discussions on overwork and burn-out, the men of the nineteenth-century cannot “disconnect” even after-hours. As Ray writes, “[l]ong after the visible close of business, the mind is fixed upon the events of the day, and moments that are supposed to be given to repose or recreation are still occupied by the teeming, toiling brain” (114-115).

In the prime of life, and in the midst of usefulness, men rapidly break down, and, after hovering around their customary haunts for a brief period, disappear forever. By insanity, paralysis, and other organic lesions, brains are now “used up,” in the popular phrase, with a frequency that is full of instruction, if we would but heed it. (105)

Much of these unfortunate developments were, in Ray’s opinion, owing to the peculiar conditions of American society, such as the social instability and the fluctuations of a free marketplace. Additionally, the political freedom, unique and admirable as Ray acknowledges it to be, as well as “too many elections” unduly excited many an impressionable mind (283). Ray also points to the upheavals caused by the plethora of religious and social reform movements that swept America from the 1820s onwards. To him, it was not necessarily the cause or motivation behind the movement – temperance, abolition, spiritualism, prison reform, quadrennial presidential elections, and so on – that he found disconcerting but rather “the strength and intensity of thought or emotion” that they carried with them. In the agitation of the modern community, it did not matter “whether the movement that arrests the attention is moral, political, or religious; whether it be to strike a blow for freedom or slavery; to promote the triumph of virtue or of vice; ... the healthy balance of the faculties is equally liable to be disturbed” (181). Caught amidst such a fervent and emotional cause as, for example, abolition, the reformer in question neglects sleep, food, proper clothing, and adequate exercise, inevitably opening the door to insanity. The popularity and diversity of these movements, and the insanity resulting from it, as Ray points out, was not completely unprecedented. He refers to other “epidemics” throughout Western history, that had, by “law of imitation”<sup>52</sup>, society in a firm grasp; the witch confessions and trials of the seventeenth century, religious Awakenings accompanied by various convulsions, occasional waves of suicide, St. Vitus dance, the “mewing nuns”, children who behaved like dogs, the Lutheran reformation, the French revolution, and fits of hysteria (166). No one was exempt from the

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<sup>52</sup> The law of imitation, or the law of sympathy is, as discussed at the beginning of this work, responsible for the internalization of certain fashions, habits, and behaviors, which can either lead to a general societal improvement or to the fanatic and dangerous “epidemics” described by Ray.

tendency to “sympathize in any moral, intellectual, or physical movement”, and from succumbing to imitation and (self)deception. Especially “young women of delicate bodily health” were at risk to fall prey to an imagined disease. Craving the attention and sympathy reserved for the sick and suffering, they initiate a process of self-deception and imitation – and finally, the “[s]uffering, at first simulated or imagined, becomes real at last” (177). Isaac Ray, in 1863, already delineates what Thomas Szasz would focus on in 1987 in *Insanity – The Idea and Its Consequences*; the problem of malingering. But to malingering, to imitate a (mental) illness, to *perform* insanity, presupposes an idea of what it means, or rather, what it looks like to be insane, or sick.<sup>53</sup> This precondition of imitation in turn demands a collective agreement on the markers of sanity and insanity – an agreement which, to a certain extent, already existed in (American) society but which the early psychiatrists took up as their cause.

### **The Springs of Society – Newspapers and Light Literature**

Another influential factor in the rise of insanity among the American population, and one that Ray seems to have a special bone to pick with, was the mass production of literature and its contents. “The newspaper, the pamphlet, the novel” are “[t]he secret springs of society”, and display “the objects and aspirations by which large masses of men are swayed”, he admits. For Ray, the reading material of the people always “revealed the hygienic condition of the popular mind” – and he was abhorred by what he saw. (159). Newspapers were full of “murder, suicide, crime, and vice” which, again, invited imitation (161), or at least disturbed man’s peace of mind.<sup>54</sup> “The columns of a single newspaper”, laments Ray, “... contain more materials for stirring the sympathies of men, for good or for evil, than the unwritten lives of countless multitudes” (236). Reading about murders, trials, catastrophes will “blunt the edge of [the mind’s] finer sensibilities”, leading to men’s inability to perceive moral distinction, possibly

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<sup>53</sup> This is probably the reason why there were so many reports of waves of “hysteria” as this “condition” was accompanied by strikingly visible markers.

<sup>54</sup> Ray refers to large numbers of suicides as proof of his argument. Detailed descriptions of suicides in newspapers enable others to follow the example. The main motivation to commit suicide, in Ray’s opinion, is “to be talked about” (237).

sympathizing with the wrong-doers and inadvertently becoming morally corrupt.<sup>55</sup> The largest – and most dangerous – part of current literature, for Ray, consisted of works of imagination; but instead of uplifting, morally sound, and pedagogic texts written by well-educated “men of good character”, it was “young women, hardly arrived at the age of legal majority” that “put forth books that sell by thousands” (241). Addressed to the “emotions and passions instead of reason”, they were read merely for amusement rather than edification, “with no wish to gain information, or enjoy the higher charms of literature” (56). Instead, they

... kindle strange emotions; they display the morbid anatomy of the passions; and their tendency is to loosen the hold of the mind on eternal principles and allow it to wander on in its dim and perilous way, with no better guide than the allurements of sense or the humors of the time. It remains to be explained why it is that literature, whose proper function is to strengthen the intellectual faculties, to quicken the moral perceptions, to widen the field of sympathy, to establish the supremacy of the higher sentiments, should be made, in this our day and generation, to serve a very different purpose, – to stimulate a prurient imagination, to bring the aspirations and sympathies within the circle of an intense selfishness, and substitute a sickly sentimentality for those sharp moral distinctions that spring from true, practical, healthy views of life. Some may think it a fanciful speculation to suppose that the characteristic traits of the popular literature may be fairly attributed to our extraordinary proneness to ill-health. But we instinctively speak of the prevalent taste as *unhealthy*, as if it were the only epithet that could suitably express its character, and we certainly cannot explain it on any other hypothesis [*italics in the original*]. (57)

Ray thus reciprocally correlates the tone and content of contemporary popular literature with the alleged ill-health of the American population and fails not to single out juvenile literature as particularly pernicious, corrupting and vitiating young minds, even comparing it to a biblical plague (267). He goes as far as accusing literature of directly causing various forms of insanity. Ray’s argumentation is thus: “[i]n these books, the tender passion is presented with none of those refinements with which it is associated in pure and cultivated

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<sup>55</sup> This was the accusation launched against Hawthorne’s *The Scarlet Letter* and Flaubert’s *Madame Bovary*, Nabokov’s *Lolita*, and many other controversial classics.

minds. It is designedly made carnal and provocative of impure desire, and the youth who surrenders himself to its seductions become thenceforth a stranger to every manly sentiment” (275). While the young man may still have a sense of shame, he will keep reading, in secret, for years, engaging in “self-indulgence.” Describing the pathological phenomena resulting from this “self-indulgence” – failing muscles, nervous irritability, hopelessness, fatigue, suicide – Ray makes no secret that he is talking about masturbation (277).

Of great importance in his derogation of “light literature” is also his emphasis on the excess of emotions, passions, imagination, and “intense selfishness” – the same excess that he found in “poetry, popular lectures, romance, education, philosophy”, politics, and religion, bordering often dangerously close on monomania, or, what today would most likely be called extremism:

Oppression under any and every form must be immediately abated by an appeal to force, reforms are to be thrust upon the world, regardless of time or season; abuses are to be torn up by the roots, careless of the healthy grow[sic] around that may be injured by the process; and individuals are held to be responsible for any wrong with which they may be ever so remotely connected. (147)

In essence, what he seems to criticize is what he regards a peculiarly American “fondness for the intense”, for exaggeration, and for sensation; a fondness that was picked up by others as well (148). J.W. Palmer, an alcoholic treated at the New York State Asylum, explains his addiction to rum with the same “Americanness” Ray criticizes.

There is a disease of the nervous organism, almost peculiar to this people, which sprang from seeds of self-indulgence sown in the moral, social, and physical lives of our great-grandparents, and which has acquired fearful aggravations of extension and virulence with each succeeding generation. It assumes a form painfully familiar to the physician and the moralist, in that craving for intellectual and physical “sensation” which expresses itself, without blush or tremor, in the popular performances, displays, and disclosures, of the pulpit and the theatre, literature and art, the press and the criminal courts, the costumes of the women, the prodigality and license of private entertainment, and the graphic eccentricities of popular sports. (“Our Inebriates, Harbored and Helped. By an Inmate of the New York State asylum,” *Atlantic*, July 1869):18-19).

One is left to wonder, in such conditions, could there be any sane and healthy person left in the Republic? Ray's following prescriptions for a good, healthy, and productive life read like a standard lifestyle guide and less than exciting after painting such a scathing picture of society.

### **Moderation and Habit - A Question of Responsibility**

For Ray, the key to prevent insanity and general ill health lay in the establishment of "good habits" and moderation, a quality which Americans supposedly lacked as they favored excess. "What the American brain wants", argues Ray, is "a steadier movement. The quality of character in which we are peculiarly deficient is ... moderation" in all areas of life (223). For example, a "proper" diet would abstain from spices, too much meat and white flour (79). Temperance was a must, regarding both alcoholic beverages and other stimulants such as coffee, tea, and tobacco. Exercise should be useful, diverting the mind, and executed daily. If "walking" was to be the exercise of choice, Ray recommends collecting plants and minerals along the way to distract from thoughts on business and anxieties. Shakespeare, Burke, Scott and Newton, he points out, kept themselves healthy and sane through this kind of exercise (50). Occupations should be chosen wisely according to one's own disposition. A woman should "devote that leisure which she owes to the allotments of a kind Providence, to those benevolent ministrations which her nature renders her so well-fitted to perform", including charities, church work, and above all, domestic care. Children's education was to be thoroughly reformed; three school hours were sufficient since the home was to be the crucial location for the education and improvement of the nation (217). "Here, then," writes Ray, "if anywhere, we are to look for that moral training which is to fit our youth for the active pursuits of life". Domestic education must "prepare them to meet [life's] seduction and duties ... resisting the impulses of lower appetites; of discerning ... right and wrong" (259). Children need a "firm but gentle sway that quietly represses or moderates every outbreak of temper" (262). The essential aim of education should be more than just "the acquirement of knowledge", but rather, the securing of "discipline" and "honest frugality" (262). Most essential in

Ray's treatise is thus his emphasis on (early) habit formation. "Habit" is regarded by him as the most powerful method of moral and intellectual training, both in adults and, much easier to achieve, in children. The primary goal of education was for them to achieve the ability to "repress or moderate every outbreak of temper", the securing of "discipline" and a "temperance that restrains every excess". One of the "laws" that Ray formulates (of mental hygiene and thus, in his view, also of nature) is "that emotions, propensities, and processes of thought, once distinctly manifested, tend to repeat themselves, automatically, as it were" (201). Through this repetition the habit sinks deeply into a person's understanding of self and is a comforting and stabilizing pattern to recur to in case the mental and physical faculties are in agitation.

Work, in Ray's opinion, is one of the most important and productive habits one could incorporate and resort to in times of need. Even though work is "the condition of our being", Ray laments, "few of us, I imagine, are fully aware how much we owe on this score, to those daily recurring pursuits which fix our thoughts and task our energies" (210). Of course, the current mental habits of the American people were deplorable; instead of pursuing useful work, they turn to "frivolous entertainment" and "novel reading". Instead of moderately pursuing noble national and individual goals, they indulge in excess and self-gratification. The mind, excited and weakened by such activities, thus "wanders and falls prey to morbid tendencies", ultimately, again, leading to insanity (210).

Ray's scaremongering, once we set it in relation to his suggestions and propositions, clearly pursues a very specific goal – namely to open people's eyes to the consequences of their actions. On the one hand, he posits the current deteriorating state of the nation and its individuals and the looming threat of insanity as result of inappropriate behavior; on the other hand he positively positions the drive for individual reform and dangles perfectibility – national and individual – as a possibility, nay, a certainty; that is, once the laws of nature and mental hygiene were followed and deeply embedded in each citizens' consciousness.

Individualism, as an American value, was fostered within the theory of mental hygiene; not an "unchecked and unprincipled" one, but

a disciplinary individualism, that hinged on self-control and that was shaped “to serve a higher law” (Wrobel, “Phrenology as Political Science,” 137). The philosophical foundation of disciplinary individualism can also be found in Scottish Common-Sense thought which grants idiosyncratic desires and pleasures to the individual. Socialization and moral behavior relied upon the exertion of self-control over these desires and pleasures. As traditional measures of external control – being part of a close-knit rural or religious community – waned in the nineteenth century’s move towards urbanization, measures of self-control became infinitely more relevant, both for a social-control and capitalist agenda.<sup>56</sup>

Despite Ray’s emphasis on self-directed hygiene and self-controlled behavior, he admits that not everyone could be so vigilant and effective as, for example, Walter Scott, and, probably, himself.<sup>57</sup> He calls, instead, for the constant surveillance of one’s own and other’s mental state, bringing to mind Foucault’s concept of *police* (1975). The term refers to a set of rules, laws, and customs that regulate behavior. Within the discourse of mental hygiene, both external and interior police (disciplinary individualism) were encouraged.

In Ray’s vision, as a first step, the diagnosis of a sound or deranged mind “must be left to the intelligence and directions of friends” and family (308). Clearly, Ray sides with his colleagues’ opinion that the ability to recognize and assert insanity – at least in others – was deeply rooted and in the repertoire of everyone’s tacit knowledge. With the “especial advice and direction” his treatise offered, relatives should know exactly what to do with their deranged – namely, refer them to a mental physician (308). Ray thus cleverly shifts the role of

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<sup>56</sup> In his definition of the personality type created (and called for) by modern capitalism, Max Weber singles out the qualities of self-restraint, frugality, orientation towards work, and prudence; the same qualities Isaac Ray and other mental hygienists hailed as essential for good mental and physical health, and consequentially, collective social health. For a more detailed description, see Max Weber’s *The Protestant Ethic and the Spirit of Capitalism* (1904).

<sup>57</sup> Ray singles out Scott because of his “daily habits of exercise and recreation” and the consequential “remarkable power of endurance” (51). Scott also limited himself to a reasonable six hours of work a day. However, even Scott ends up as a cautionary tale, a “chapter in literary history unsurpassed by any other in its deep, tragic interest” – Ray argues, that once Scott exceeded his labor hours, “[h]is health soon suffered, and that noble intellect ... utterly broke down and passed away” (112-13).

responsibility to the family, and of authority to himself and his colleagues. The families and friends were to function as watchdogs for insanity in their immediate vicinity; but a cure at home, while the traditional approach, was impossible. Rather, the afflicted were to be signed over into the care of one of those professionals, who, after all, did “learn a thousand arts of management, and acquire a degree of skill in the performance of their duties, quite unknown to others” (319). But more importantly, the patients were to be physically removed to “establishments designed expressly for the custody and cure of the insane” – the asylum (315). The nineteenth century asylum, as Ray presents it, was nothing less than the ultimate embodiment of mental hygiene and the key principles that Ray implicitly highlighted as the best preventative measures of sanity: regularity, habit, work, exercise and a moderation of mental stimulation. In and around the asylum, everything was designed according to the laws of mental hygiene; ranging from “architectural arrangements,” and “systematic regularity in daily routine” to the physician’s “gentle manners”, “judicious firmness”, and “vigilant supervision” (320). The patient, “saved from the advice of good-natured friends” and “withdrawn from outward excitements”, persons, and scenes connected to his mental affliction, would naturally grow calm and open-minded and seek repose in labor, exercise, and amusement (319). What the patient would learn in the asylum was exactly what he had failed to learn in his previous life and which consequently led to his derangement: quietude, self-control, orderly and respectful behavior – and, as we will learn, submission to the higher will and the standards of normalcy set by the superintendent.

## **3.3 Mental Hygiene Manifest**

### **3.3.1 Building for Sanity – Therapeutic Architecture**

#### **First Impressions**

As the eponymous heroine of Fanny Fern’s bestseller *Ruth Hall* determinedly enters an institution for the insane to visit her friend confined hither, she cannot fail to remark on its outward appearance. “Fair rose the building in its architectural proportions; the well-kept

lawn was beautiful to the eye”, she duly notes, and “terraced banks, smoothly-rolled gravel walks, plats of flowers, and grape-trellised arbors” reached as far as the eye could see (138). Ruth ventures beyond the gate and follows the gatekeeper “up the ample steps into a wide hall” (139).

Three things become clear in this short and fragmentary description. First, that the facility and its site were, without doubt, an impressive sight. Second, that at least from the outside the asylum in no way resembled the dark dungeons of Bedlam that had become ingrained in the public mind as the archetype of a madhouse.<sup>58</sup> And, finally, that, for a spectacular and potentially powerful location such as a fictional insane asylum, relatively few words are spent on its description. Fern knew, however, that no more words were needed to conjure up an image of the asylum in the mind of a nineteenth century reader. Not only could she rely on pre-existing culturally entrenched notions of madhouses, but also, at the time *Ruth Hall* was published (1852), Fern could be sure that many of her readers would be well familiar with the looks of a modern, mid-nineteenth century asylum. A “well-kept lawn”, “terraced banks”, and “ample steps” – an unsuspecting reader might think that Ruth and her daughters were about to embark on the lands leading up to a rural mansion, and in fact, many a nineteenth century asylum has been described as such. In 1870, in the annual asylum report of the Hartford Asylum, the editors proudly describe the newest addition to their institution as “more resembling a country residence of a private gentleman than a public building or a hospital” (21). Asylum architecture had been of

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<sup>58</sup>I have previously discussed the development of “Bedlam” into a powerful image denoting more than just the original hospital. Yet, it is curious how Bethlehem, originally a general hospital became “Bedlam”, the absolute archetype of a madhouse; especially considering that its records do not indicate a large population of “lunatics”. In 1598, there were only around 20 so-called inmates. In its peak time, around 1650, still only fifty “patients” were housed within its damp walls. The “new Bedlam”, designed by Robert Hooke and erected in 1676, continued to function as a collection basin for the insane; this Moorfields institution is the one that came to be properly known as “Bedlam.” It’s fascinating to see, how, retrospectively, there is no real specification which one was “Bedlam” – the word seemed to denote all its manifestations, including the latest one that was built in Southwark in 1815 as the Moorfields institution became overcrowded. For a detailed history of the Bedlam concept and its different manifestations, see Jonathan Andrews’ edited volume *History of Bethlem* (1997).

no particular concern beforehand. Utilitarian Jeremy Bentham's infamous panopticon design of 1791 did not catch on in America at that time and has always been more influential in (critical) theory than in practice.<sup>59</sup> Prior to 1815, there were almost no specifically erected receptacles for the insane, most "madhouses" were repurposed jails. In the 17<sup>th</sup> and 18<sup>th</sup> century, as W.A.F. Browne almost gleefully describes, the insane were automatically "associated with criminals" and held in "Gaols, in Cages, in Caves, in Dungeons" (89). Those, whose families were not rich enough to board them out were left to beg on the streets or confined in workhouses and poorhouses. Even those who were removed to a hospital could not expect better care. The Pennsylvania Hospital contained a separate ward for insane patients – it consisted of a few cells in the basement and medical treatment focused mostly on blistering and bleeding. With the advent of medical psychiatry, however, and its support by the state, attitudes towards the insane and asylum design radically changed.

#### **Revolutionary Asylum Designs – the Kirkbride Plan**

Over the course of the nineteenth century, over a hundred asylums were built all over the country, "along the Eastern Seaboard from New York to Massachusetts and Virginia, across the Midwest from Ohio and Kansas, and throughout the south from Kentucky to Tennessee and Georgia" (Hermsen 42). The appearance of these new constructions could not have been a starker contrast to what Browne described. Not only were these new hospitals purpose-built,

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<sup>59</sup> The design and implication of the panopticon is often exclusively discussed in relation to Foucault's one-sided reception. In *Discipline and Punish* (1975), Foucault sees the panopticon as the ultimate metaphor of governmentality and social control while Bentham's incipient concern was the ultimate economic efficiency of the penal system. Foucault's description of the implications and underlying ideas of the Panopticon can, however, be transferred to the new asylum architectural style, which was also an attempt to create docile minds and bodies. Just like the panopticon, the new asylum design expresses the nature of "disciplinary techniques through which human subjects were converted into responsible ... bodies ..., whose labours would serve to strengthen social forces" (Philo 264). However, as Foucault argues, the panopticon works because it inspires fear of constant potential surveillance – therefore the inmates (prisoners) would internalize mechanisms of controls and internalize self-control. The asylum of the nineteenth century functioned – at least in theory – exactly the other way around: an impression of freedom and liberty provided by the high-ceiled buildings and spacious gardens would inspire a sense of self-reliance and thus self-control.

specifically designed for the needs of the insane, but they were also immense free-standing structures that followed either a linear or a cottage plan. Instead of being confined to the basement of existing hospitals, the insane were now housed over several floors. The cottage and pavilion styles were characterized by several detached and semi-detached buildings arranged around the central administration building.<sup>60</sup> This style was favored by many European asylums such as the famous institution in Gheel (Belgium), and later adopted by American superintendents such as John Galt of the Eastern Lunatic Asylum in Williamsburg, Virginia. The Cottage Plan allowed for more distinctive spatial separation among the insane according to their symptoms and stages of the disease, and gave more an impression of a community, a town, rather than a hospital. Other superintendents thought that the distance between the scattered cottages and semi-detached pavilions would make supervision and proper care far too difficult. To ensure efficiency and counteract the possible detrimental effects of complete segregation of the chronic insane, these superintendents supported the linear or corridor plan, which envisaged a monolithic edifice consisting of the central administration building symmetrically flanked by expanding wards. This was the style most often adopted from the mid-nineteenth century onwards and was called, after its most vocal and committed proponent, the Kirkbride Asylum.<sup>61</sup> But whether the asylums followed a cottage or a linear plan, all of them were structures that were built for one exclusive purpose, and they were designed to incorporate the newest medical findings as well as accommodate medical research. The emphasis being not on confinement but on rehabilitation, these new designs held huge potential for the better care of the presumably insane.

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<sup>60</sup> A detailed overview of the intricacies of asylum architecture is provided by Carla Yanni's *The Architecture of Madness. Insane Asylums in the United States* (2007). Yanni situates her study of insane asylums in a larger context and researches the functions and underlying belief of the asylum in relation to other state-funded buildings at that time, especially universities. For her, these two are comparable, because one "attempts to educate healthy minds through university buildings" and the other "to re-educate unhealthy minds through asylum design" (8).

<sup>61</sup> There exist, especially later in the century, many variants of the original Kirkbride style; for example, H.H Richardson put a Romanesque refinement to it in his design for the Buffalo asylum.

In 1854, Thomas Story Kirkbride, superintendent of the Pennsylvania Hospital for the Insane in Philadelphia from 1841 until his death in 1883, published a book of his views *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, which would change the asylum landscape for decades to come.<sup>62</sup> In this influential text, Kirkbride deals not only with the floorplan, the amount of land, and the cost of building, but dedicates long chapters to the details of construction and essential features of a “scientific” building.<sup>63</sup> He writes about an elaborate heating and ventilation system, the importance of using fire-resistant materials, on the provision of fresh water supply and enough water-closets, the advantages of Venetian blind shutters and muslin veranda awning – there is nothing that he leaves up to chance.

Apart from the extremely lengthy chapter on toilets, the most memorable aspect of this manual is the elucidation of what Kirkbride proposes to be the “best and most economical form” of an insane hospital (12). His architectural ideal was adopted throughout the states. Trenton State Hospital in New Jersey was the first original Kirkbride building, opening in 1848. Over the next few decades, Kirkbride plans were adopted for the new asylums in Indianapolis (1848), Jacksonville (1848), Harrisburg (1851), Washington, D.C. (1855), Kalamazoo (1859), Poughkeepsie (1868), Worcester (1877), and many more. The floorplan of the Kirkbride institution resembles an echeleon, a flat V, or, the term more frequently used to describe it, a bat. The “heart of the bat”, the central administration building, or “principal edifice” contained the offices and private rooms of the superintendent, the assistant physician, and the matron. Additionally, the

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<sup>62</sup> An earlier version of Kirkbride’s ideas is found in an article “Remarks on the Construction and Arrangements of Hospitals for the Insane” which was published in the *American Journal of the Medical Sciences* in 1847. Until 1890, approximately seventy asylums were built according to Kirkbride’s plan.

<sup>63</sup> As we can imagine, the cost of erecting these buildings was immense. In his treatise, Kirkbride refers to “competent architects” who estimate the cost of erecting such a building according to his outlines as being around \$155,000. Adding appliances, heating and ventilation instalments, furniture, and farm equipment, Kirkbride allows a generous 200,000 dollars as the entire cost of a well-equipped asylum, assuring the readers that “the best constructed, best arranged, and most liberally managed hospitals are always cheapest in the end”, evoking the responsibility (and interest!) of the state to provide for its deranged citizens (30). As is the case with most large-scale buildings, the actual cost exceeded the estimated one often by four times or more.

central building housed “the kitchens, main storerooms, a reception room for patients, a general business office, ... medical office and library, visiting rooms for friends of patients, a public parlor and managers’ room, the lecture room and chapel” (12). The long, rambling wings spreading out on each side of the “bat” were designed to let in as much therapeutic sunlight and air as possible, and to provide as much privacy and comfort as possible. The “wings” were two- or three-tiered, allowing for easy future expansion without disruption of asylum routine, and were meant to house up to 250 patients.<sup>64</sup>

Kirkbride, although the undisputed authority on hospital construction, acknowledged that his book was not revolutionary in the suggestions it contained (3). Rather, his objective was to summarize what he and his colleagues, speaking from long years of experience, had settled upon as the points most essential to build new, cost-effective, and practicable buildings (instead of making costly and, in the long run, ineffective alterations to existing buildings). But, recalling Fern’s description at the beginning of this chapter, and looking at illustrations and photographs of these large imposing buildings, “cost-effective” is not a word that comes to mind. Built on at least one hundred acres of land most of which was extensively manured or prepared as farmland, these Victorian Era facilities were three stories high, not counting the basement and attic, and boasted highly ornamented facades and decorative imposing pillars.<sup>65</sup> Being similar to other institutional buildings of the time, such as universities and state houses, the asylum architecture conjured up associations with those institutions of learning and government – an association which the superintendents certainly thought appropriate and the producing of which can be taken as intentional. In many cases, the architects of the asylum were not external. Often, the responsibility of design and execution fell to the superintendents.<sup>66</sup> As

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<sup>64</sup> The wings themselves could be traversed by a corridor, with apartments on either side. Every floor had a dining- or sitting-room at its end. The patients’ rooms were, judging from the plans of the Bloomingdale asylum, nine feet six inches long, six feet six inches wide (2,9m x 2m).

<sup>65</sup> “It is hardly likely under any circumstances”, says Kirkbride, “for such an institution to control too much land immediately around it” (8).

<sup>66</sup> In Europe, we find some architects that specialized in asylum design – among them, George Thomas Hine, who built distinctive red-brick asylums in Hertfordshire, Lincolnshire, Surrey, East Sussex and Worcestershire, and who was joined, later in the century, by

Kirkbride states in the *American Journal of Insanity* in 1854, the men who had “to choose the site, decide upon the plan, superintend the erection of the building, and control its subsequent management” necessarily needed to be familiar with the needs of the insane. Naturally, they also had to be “men of high character, strict integrity, active benevolence, and of business habits” (6). His opinion was seconded by his transatlantic colleagues. In 1861, William Dean Fairless, a Scottish alienist, held “that as the treatment of the insane is conducted not only *in*, but *by*, the asylum, so no architect is competent to plan the building unless he possesses some knowledge of the treatment of the inmates” (7, emphasis in the original). Fairless, just like Kirkbride, obviously believed in the therapeutic potential of architecture that could, however, only be attained if a specialist took over the role of architect. Since there were no precedents on which to build their designs, “no half ruined monasteries to be converted into asylums” as in Europe, Americans were at liberty to innovate and determine what such an institution could look like (Clark 149). They were, however, also confronted with the “predicament of precisely how to go about it” (Rothman, *Discovery*, 136).

Samuel Woodward, Amariah Brigham, Isaac Ray, and Luther Bell did not hesitate to take on this challenging task, and managed and supervised the construction and expansion of “their” asylums as closely as they could. Therefore, the buildings had not only a representative function for the psychiatric community but for the superintendents of these buildings in particular. As Ellen Dwyer points out “[t]hese men felt that massive formal buildings signified the importance of their therapeutic mission” (8). After all, they were out to cure all of American society! Besides, as Kirkbride states, none could really fathom at this point how important it was “that the building should be in good taste.” Not only should it “impress favourably ... the patients, but their friends and others who may visit it.” A hospital for the insane should avoid everything “repulsive and prison-like” at all costs, “and even the means of effecting the proper degree of security should be masked, as far as possible, by arrangements of a

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Henry Burdett, who both worked in close communication with asylum superintendents. Nowhere, however, was the inclusion of superintendents in the architectural design so pervasive as in America, reflecting the “hands-on” approach of American psychiatrists.

pleasant and attractive character.” Kirkbride sees the costly provision of “trees and shrubs, flowering plants, summer-houses, and other pleasing arrangements” as conducive to this masking, and additionally, as a measure of gaining the confidence of patients’ friends and their “readiness to give a steady support to a liberal course of treatment” (11). As such, the buildings held immense communicative power. But Kirkbride’s real hope was the effect the building and grounds would have on the patients:

No one can tell how important all these may prove in the treatment of patients, nor what good effects may result from first impressions thus made upon an invalid on reaching a hospital, – one who perhaps had left home for the first time, and was looking forward to a gloomy cheerless mansion, surrounded by barren, uncultivated grounds for his future residence, but on his arrival finds every thing [sic] neat, tasteful and comfortable. (12)

In the same manner, Galt writes that “in many instances, patients received into an asylum are taken from close confinement at home, or from dark disagreeable rooms in a jail.” Coming from such situations, then, “if the asylum is comfortable and pleasant, the mere change itself is soothing and restorative” (*Annual Asylum Report of the Eastern Lunatic Asylum*, 1844, 25). The managers and directors of the institution clearly thought that the tranquility and serenity of the asylum had a directly verifiable effect on the insane. Often, like Kirkbride implies, patients expected a dismal facility – instead, they were awe-struck by the palatial design. Inspired with “sentiments of grandeur”, Dwyer explains, “feelings of degradation” would soon be displaced and replaced by moral (self-)discipline (8). Andrew Scull describes this process – the raving lunatic instantaneously calms once he is welcomed beyond the gates of the asylum – as “quasi mythical”, as it was reported again and again by both English and American psychiatrists (“Domestication” 245). This presumed effect is rendered more understandable for a modern-day reader once he considers that in the early nineteenth century, large imposing buildings of the form the asylum eventually assumed were a rare sight. Most Americans lived in rural surroundings, and even in the rapidly expanding cities, “public buildings ... were still remarkably modest in scale”, as Nancy Tomes remarks (xvi). The grandeur of the Kirkbride

buildings is such that even today the few who are still standing do not fail to exert an impressive atmosphere on the visitor.

### **Rural Paradise and Pathogenic Urban Space**

Kirkbride's and his colleagues' belief in the curative potential of appropriate architecture is readily apparent. In his essay "The Quest for Sanity", Barry Edginton approaches asylum architecture not from a perspective of a historian of psychiatry, but from the viewpoint of architectural discourse and comes to the same conclusion. He argues that the discourse surrounding the asylum was not necessarily focused on "function", as most scholars have declared, but rather on "potential" (376). What he sees as the key factor in approaching asylum architecture, is not its actual use, but "the builders' vision of sanity" and thus its conceptual development" (376). While Edginton lacks a clear understanding of nineteenth century psychiatry, its concept of mind and body, sanity and insanity, medicine and morality, his impression of the superintendents' focus on potential is correct. As is evinced by Kirkbride's tract, the physician manipulated and prescribed every aspect of the institutional environment so that it mirrored and complied to his therapeutic ideal – regardless whether this ideal was achieved or not. Kirkbride and his colleagues saw the modern asylum as a unique opportunity to counter and remedy social transformation processes and problems. More than just an example of the American trend for institution building in that era, the asylum movement also evinced the unrelenting optimism and utopian strain of the antebellum period. For the emerging group of psychiatrists, the asylum offered a chance to put into practice what they formulated as the laws of mental hygiene, the outcome of which resembles a utopian experiment. As one reviewer of Browne's influential *What Asylums Were, Are, and Ought to Be* (1837) states, asylums were configured as "miniature worlds, whence all the disagreeable alloys of modern life are as much as possible excluded, and the more pleasing portions carefully cultivated" (*Phrenological Journal and Miscellany* 10, 697). As I have shown, the ideas of mental hygiene were not completely new but a melting pot of extra-psychiatric and psychiatric consensus, traditional and modern ideas, and certainly imbued with the moral concepts of the superintendents and a particular view of

the world and mankind. Since the superintendents, as already discussed, were both the “architect and administrator” of the asylum, the structure and organization of asylums can be regarded as direct reflection of their ideas and values.<sup>67</sup> This is evident in the layout and conception of the institution and starts with the selection of its very location.

Preferably situated on a hill, the ideal asylum ought to have an unobstructed view of the surrounding landscape, which consisted of farmland, forests, and carefully manicured gardens. The well-ordered natural surroundings would restore the natural order of the mental faculties as well, speaking to the influence and importance of sensationalist thought in nineteenth century psychiatry, as well to the growing role of environmental determinism in the idea that surroundings shaped human behavior (cf. Rothman, *Discovery*, 133). Even the buildings themselves, despite being monolithic blocks, were designed to focus “outwards” towards nature. The flatly staggered arrangement of the wings extending from the central building allowed as much therapeutic sunlight as possible to enter the wards. High ceilings and large expansive windows ensured an airy feeling and good air circulation. The position of the windows was designed to allow, wherever possible, for a wide and unobstructed view of the countryside. Verandas and winter gardens enabled access to nature even in the warmest months of summer and during winter. All in all, architectural features were designed to be uplifting, and ensuring access to nature.

The elevation of “natural” country living was inevitably connected with the simultaneous condemnation of urban space. Cities were described as congested and disease-ridden, as the ultimate breeding ground for mental dysfunctions. This idea persisted well into the nineteenth century as industrialization and urbanization progressed. “[E]specially in the large cities and manufacturing communities“, writes Henry Putnam Stearns, director of the Hartford Retreat for the Insane in Connecticut, there was an abundance of “[i]mpure air, from

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<sup>67</sup> However, Carla Yanni points out in her *Architecture of Madness*, that “at times, the gap between rhetoric and achievement yawns” (7). The actual role the superintendents took in the construction and design of the buildings was often less grand than they liked to present it.

overcrowding, the effect of which upon the delicate tissue of the nervous system is deleterious in the highest degree" (13). Stearns reflects the nineteenth-century's preoccupation with proper ventilation, stemming from the still widely accepted miasma theory which held that diseases were caused by bad air. In 1825, Robert Waln of the Friends' asylum in Frankford, held that "[t]he free circulation of air, the great supporter of life, is of primary importance, – without proper ventilation," he argues, "the resources of medicine may be developed in vain; the miserable sufferers are suffocated in the effluvia of their own bodies, and a long train of physical evils are added to their mental miseries" (24). The risk of contagion was immeasurably higher in congested cities than in sparsely populated agrarian surroundings. As the fear of contagion reached its height in the mid-nineteenth century, so did community- and state-sponsored sanitary efforts increase around that time; and concomitantly, the rhetoric of contagion and sanitation found its way into domestic, medical, and legal publications.<sup>68</sup>

Even though "bad air" was certainly the dominant concern for medical professions, Stearns also identified "the lack of all facilities for bathing; the insufficient, irregular, and often unwholesome food-supply, and its improper preparation for use" as major factors in the deterioration of urban citizens' mental and physical health. These specific condemnations reflected contemporary convictions such as the belief in the curative effect of hydropathy (aka the water-cure) and concerns over the growing industrial processing of food (21<sup>st</sup> century crusades against white refined flour have their beginning here). While all these may well impair bodily health, most alarming, according to Stearns, were the "immoral practices which grow out of such surroundings and practices" (13). The degradation of urban space and its accompaniments was thus strongly linked to the degradation and immorality of its inhabitants, once again reinforcing the connection between ill health, immorality, and insanity. In short, the city was pathogenic, and the asylum provided refuge.

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<sup>68</sup> For example, Horace Bushnell, a close acquaintance of Olmstead, speaks of contagion as an unconscious influence that could migrate from one person to another, but also from the environment to the person. Bushnell's theories held that environment was both geographical and social – he thus corresponds to Ray's impression that in congested cities not only physical disease was infectious but also moral diseases like vice and crime (77).

This idealization of rural life was, again, a resumption of extra-psychiatric values, and indeed a frequent feature of American public life and thought. Thomas Jefferson purposely built the University of Virginia in the rural setting of Charlottesville to shield inquisitive young minds from deleterious urban influence. Landscape architects such as Frederick Olmstead, received several assignments for reshaping urban cityscapes to include “natural” refuges, alleviating the alienation from rural surroundings.<sup>69</sup>

In their selection of the ideal asylum site, despite their misgivings about the pathogenic influence of the city, the superintendents had to ensure a relative proximity to it which would make sure that the facility was readily accessible to all who needed it; and according to the hypothesis of the pathogenic city, it was urban dwellers who prospectively needed it the most, as they were exposed to the detrimental moral atmosphere and “bad air” of the city. Furthermore, if close to a patient’s former home, friends and relatives would overcome hesitation to send them to the institution as they could easily visit (even though they were discouraged to do so). Having a city, or preferably a small town in the vicinity of the asylum would also facilitate the purchase of provisions and make use of local craft- and handymen if needed. And finally, it would enable convalescent patients to gradually participate in social activities of the community – after all, complete rehabilitation of the insane was the ultimate professed goal of the asylum directors.

### **Insanity as the “Great Leveller” – Social Bias and Segregation**

While the configuration of the grounds and building exposes (extra-)psychiatric consensus on the benefits of clean air and the healing powers of nature, the architectural layout reveals a more unpalatable concept concerning social bias. Flanking the central administration building, the tiered wings offered the possibility of intricate segregation of patients; not only by gender (female patients were housed

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<sup>69</sup> Most famous as the visionary responsible for New York’s Central Park, Olmstead also designed five asylum landscapes, again putting his theory of unconscious environmental influence into practice. For more on Olmstead’s directing vision, see Lee Hall’s *Olmstead’s America* (1995) and Charles Beveridge’s excellent *Frederick Law Olmstead. Designing the American Landscape* (1998),

in the left wing, men in the right wing), but also by “stages of derangement.”<sup>70</sup> Whereas the rooms of the “convalescent” and better-behaved patients were located on the upper floors and closer to the central administration buildings, the “raving lunatics” would be placed in the outer wards and on the lower floors. This already implies the existence of a less than scientific system of diagnosis. Since diagnostic criteria were not standardized and traditional distinction of insanity into “mania, melancholia, and dementia” deemed useless for the therapeutic imperative, “stages of derangement” were put on a level with “behavior”, and thus exposed itself as a system of classification based on measures of self-control. This system, moored in the design of the Kirkbride buildings, was not the end of classification and, consequently, segregation. Gerald Grob, one of the few historians who has looked at the nineteenth century American asylum against the background of class, shows that in practice the system was based on “socioeconomic characteristics”, and that superintendents often “employed social, educational, cultural, and religious criteria for classifying patients” instead of medical ones (*Mental Institutions* 226).<sup>71</sup> This reality runs counter to what the psychiatrists propagated – namely, that the asylum was run according to medical and scientific principles, and an equally safe haven and refuge for all, regardless of gender and socioeconomic standing. After all, insanity was an egalitarian disease, as Kirkbride proclaims, “truly the great leveller of all the artificial distinctions of society”; an “accident ... to which we are all liable, and ... without any direct agency of our own” (*Construction* 18). Nancy Tomes argues that the use of the inclusive pronoun here is meant to work towards a de-stigmatization of the insane, as well as the absolving of blame of the individual. Insanity, Kirkbride implies, was something that just happened. However, this contradicts much of nineteenth century moral philosophy. Individuals placed themselves on the road to mental disease through abnormal or immoral behavior – after all, they possessed free will and made

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<sup>70</sup> The separation of sexes was a point of no discussion and quite strict as to avoid “pernicious influences” (*Construction* 14). Female patients were only attended by female staff and vice versa.

<sup>71</sup> His observations have led him to the conclusion that shifting demographics and the increasing heterogeneity of the American population (with rising immigration) were the source of shifting approaches to class in mental health care.

conscious choices. If all choices were involuntary, as Kirkbride seems to suggest, then any concept of morality would be superfluous. But insanity, he holds, is found “among the purest and the best of all dwellers upon earth, as well as those who are far from being models of excellence” (18). Indeed, Kirkbride’s design and theory seem, at a first glance, to be truly reflective of alleged American values of equality and democracy. Whether merchant, lawyer, or poet, whether wealthy or indigent, whether curable or chronically ill – all were liable to insanity, and all had access to the state-funded asylum, and within the asylum, all were surrounded by the same ornamental gardens, and all were treated according to the principles of mental hygiene. The differentiation and discrimination between certain classes are found, however, both in the causes of their disease, and in the specific handling of the patients. While it might have seemed indisputable that both the wealthy and the poor, both the foreign and the native were struck by insanity, they were so for often very different reasons.

On the one hand, there was a pervasive tradition of considering the wealthy upper classes as more liable to insanity. For one, they were more educated, their senses and sensibilities more refined, and thus in greater danger of irritation and strain. Historian Norman Dain points out the physiognomic and phrenological side to this argument; since the upper classes were more educated, their brain was larger – therefore, “the mind, in proportion as it is expanded, exposes a larger surface to impression” (15).

On the other hand, many voices emerged that sought to identify a proclivity to insanity in the poor and foreign. The 1854 *Report on Insanity and Idiocy in Massachusetts* reflected this tendency. Ordered by the Legislature of 1854, this report tasked the committee, consisting of Increase Sumner, Levi Lincoln, and Edward Jarvis, to ascertain the number and condition of the insane in the State, to distinguish between native and foreigners, to examine the present condition of hospitals for the Insane, and, if necessary, to propose future action. Throughout the report, there is a clear tendency to make poverty into one of the preconditions of insanity – it was almost presented as an inherited defect. “Poverty”, according to the committee, “is an inward principle, enrooted deeply within the man, and running

through all his elements; it reaches his body, his health, his intellect” and even “his moral powers”! Continuing this line of reasoning, they argued that not only was there more ill health “among those whom the world calls poor”, but also “more idiocy and insanity” (52). In fact, they saw insanity as “a part and parcel of poverty; and wherever that involves any considerable amount of persons, this disease is manifested” (52).

Additionally, the report reflects anti-immigration feelings, certainly connected to the issue of poverty. Using admission statistics, it exposes anti-Irish sentiments, analyzing the Irish as most excitable, troublesome drunkards whose insanity was often incurable (87). According to the committee, however, the lasting impression that more foreigners than “natives” were insane was merely a prejudice resulting from the fact that native born often kept their deranged at homes whereas for poor immigrants the asylum was the only resort.

Many articles written by the superintendents but also asylum visitors depicted the asylum society as classless, and the community dwellers as united by their shared experience. But just as Orwell has pointed out, in every classless utopia, some are more equal than others. The desire of the managers and physicians of the asylum to present their institution as well as the disease as classless is closely entwined with the “American-ness” of their version of insanity. Since their country was presumably a democratic Republic with equal chances for everyone, and since the asylum represented a microcosm of this society – just a more utopian one, a more perfect version of society – it follows that the institution had to be modelled after the Republic as well. But this “grand experiment” fails to withstand even the least scrutinous of glances. The institution, both on the outside and inside was everything but a democratic community – on the contrary, it was a patriarchal, almost monarchical design and concept, and as the 1855 Report shows, certainly one motivated by class and race bias.

Discrimination was found in every aspect of asylum life, foremost in the habitations of the patients. The wealthy resided in spacious apartments – close to the central administration building and situated on a higher floor to enjoy better views of the landscape or portico. They could bring their furniture, their books, and even their

servants with them, whereas the wardens of the state and poorer patients slept in standard chambers or dormitories (Tomes 5).<sup>72</sup> Race, too, was a spatially segregating factor, even though, in the eyes of most superintendents, race and class coincided. Immigrants such as the Irish, Germans, and Italians, were housed separate from “native Americans” and were often not allowed to mingle for fear it would upset and adversely affect the “more cultivated” Americans. The Committee in charge of the Report held that

[t]he association of races is productive of many evils and not a single benefit is to be found ... On the native patient, the effect of separation would be equally, if not more beneficial. Those whose disorder is not so grave as to deprive them of all sense of social propriety, or to destroy their susceptibility to all moral impressions, must necessarily be annoyed and disquieted by persons whose looks and manifestations are of the most disagreeable kind. (96)

Foreigners, according to this quote, were automatically morally inferior to the native patient and thus needed to be separated. Foreign races, as the examples in the report show, encompassed mostly the English, Italians, the Germans, and the Irish.<sup>73</sup> African Americans, whether slaves or free Blacks, remain conspicuously absent from the records of the presumably enlightened Northern asylums.<sup>74</sup> There was only one institution in America that, from the start, accepted African Americans both as patients (freed blacks) and as caregivers (slaves); this was the Eastern Lunatic Asylum of Virginia, Williamsburgh, the oldest asylum of the nation. Other asylums started to accept freed blacks only after the Civil War, and even then, spatially segregated them from the rest of the patient population. In 1872, African Americans accounted for 18 percent of all admissions into the

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<sup>72</sup> Utica State asylum, for example, had twenty dormitories each of which could contain 6 to 8 patients. Even though separated, at least the rich and indigent were in the same building and in the immediate vicinity of each other – very much in contrast to the cottage plan which was proposed by some younger psychiatrists, but which Kirkbride saw as un-American, as this structure “tacitly accepted the permanent existence of a large pauper class and rigid social distinctions” (Tomes 17).

<sup>73</sup> Superintendents held the large influx of immigrants partly responsible for the increase in insanity. As David Rothman illustrates, in 1851, more than 40 percent of the patient population of Worcester asylum were made up of immigrants (*Discovery* 273).

<sup>74</sup> Minstrel shows, however, enjoyed considerable popularity within the asylum, as Benjamin Reiss has analysed in detail in the second chapter of *Theaters of Madness* (2008).

Alabama Insane Hospital. Its superintendent, Peter Bryce, notes that they were “assigned to the extreme lower wards”, meaning that they lived in the basements, almost underground, and certainly not exposed to the therapeutic air, sunlight, and unobstructed view the other patients enjoyed (cf. Yanni 69).<sup>75</sup>

Social hierarchy was thus not extinguished within the walls of the asylum but, to a certain extent, replicated, and as the exclusion of African Americans shows, reformulated; the concept of the asylum as microcosm of “American society depended on its all-white character” and even struggled with the inclusion of immigrants (Tomes XXI). A look at the application of moral treatment in the next chapter confirms the impression that the asylum was the manifestation of a very specific view the psychiatrists had of what constituted the ideal American society and how it should function.

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<sup>75</sup> The role of race within the asylum movement and the development of nineteenth century psychiatry remains a woefully under-researched area; probably also, because most of the superintendents mentioned here chose to ignore this issue. Nevertheless, the issue of race and especially the situation of African Americans is a particularly important and multifaceted one in this context. Psychiatric rhetoric engulfed the discourse on abolition and slavery, especially in the South. Southern Doctors used the psychiatric consensus of the benefits of a rural and regimented life and the dangers of an urban, competitive city life, and argued that their slaves enjoyed perfect mental health; whereas freed black men allegedly turned almost instantly insane because they could not cope with the new burden of freedom. “Insanity” was used as a diagnosis for slaves that did not behave subserviently enough; Cartwright coined the term “drapetomania” which signified a distinct sort of mental illness, its symptom being the desire to run away. Race is an extraordinarily fruitful and complex issue when it comes to showing how psychiatric theory and diagnostics were often biased and used to legitimize certain values and opinions that persisted well into the 20<sup>th</sup> century. In 1908, for example, William Drewry of the Central State Hospital for the Insane repeated what antebellum Southern physicians had argued before the Civil War. Drewry believed that the regular simple life, the freedom from dissipation and excitement, steady and healthful employment, enforced self-restraint, the freedom from care and responsibility, . . . nourishing food, comfortable clothing, the open air life of the plantation, the kindly care and treatment when sick, in those days, acted as preventive measures against mental breakdown in the negro” (qtd in Hurd, *Institutional Care* Vol 1: 373). For a conspicuously long time, this topic has failed to attract the research it obviously calls for. Exceptions are Samuel Thielman’s article on “Southern Madness: The Shape of Mental Health Care in the Old South” in *Science and Medicine in the Old South* (1989), and Todd Lee Savitt’s *Medicine and Slavery* (1978). Thankfully, Wendy Gonaver has recently dedicated a book-length study to this complex issue. The 2019 publication *The Peculiar Institution and the Making of Modern Psychiatry 1840-1880* puts race and especially African Americans front and center in her study of the development of psychiatry as socio-medical discipline.

### 3.3.2 Moral Treatment – The Asylum as Laboratory

Moral treatment was framed as a revolutionary approach in psychiatric care, placing the emphasis on treating the afflicted as rational beings; by mid-nineteenth century, it was implemented in varying degrees in asylums all over the state. But like so many other things relating to the asylum movement, moral treatment was not an “invention” of the American superintendents, but a European import that was appropriated as an American specialty. Most often presented as the originator of *traitement morale* was Philippe Pinel, who implemented this approach at the Bicêtre hospital in Paris and described it in detail in his seminal 1806 *Treatise on Insanity*. Mechanical restraints and repressive management were to be replaced with “consolatory language, kind treatment and the revival of extinguished hope”, and a positive environment would aid the restoration of sanity and self-control (100).<sup>76</sup> His student and successor, Esquirol, who was cited as a major influence by many American superintendents, pushed Pinel’s approach even further and proposed fundamental reforms to the care of the insane. One of his requests involved the separation of the patients from their usual surroundings and outside influences, their immediate removal to the insane asylum, and therefore the assessment of the hospital as the only place of cure. Another one of his reforms, notably, argued that the “physician must be ... the vital principal of a lunatic hospital” and “should be invested with an authority from which no one is exempt”, firmly positioning insanity as a disease (qtd. in Chase, 20). Simultaneous and seemingly independent from his French counterparts, the Quaker William Tuke devised a similar new hospital system in England, as did Vincenzo Chiarugi in Italy. As the name suggests, Tuke’s York Retreat, founded in 1796, was imagined as a haven for mentally afflicted people who needed refuge from the stresses of society; a place where they could restore their depleted mental and physical energies. Mechanical restraints were eschewed as far as possible.

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<sup>76</sup> Pinel was made into a quasi-mythological figure by his American brethren. A famous painting by Robert Fleury is often referred to as the epitome of Pinel’s achievement; it depicts the doctor determinedly ordering the chains to be removed from female (insane) patients at the Salpêtrière (1876).

Treatment strategies included a carefully monitored diet, daily washings, a strict routine, and enough sleep.

The transatlantic community of the Quakers brought moral treatment directly into the United States. In the Friends Asylum, founded 1817, in Frankford, Philadelphia, the same tools were applied. Just like the Retreat, the Friends Asylum was modelled after a country farmstead, set in a rural environment, with farm animals ranging the grounds.<sup>77</sup>

Pinel's and Esquirol's theory of *traitement morale* and Tuke's extension of it with an environmental concept served as the models for American moral treatment.<sup>78</sup> In essence, it denotes a "humane" treatment of the patient within a supportive environment that replaced existing systems based on the principles of confinement. Instead of being chained to the walls and subjected to excessive venesection, the afflicted were supposed to be treated like rational beings, cared for individually and kindly, and subjected to a strict regimen including all that was deemed healthy and proper – religious observance, education, and occupational therapy –, all that corresponded to the laws of mental hygiene summarized by Isaac Ray in 1863.<sup>79</sup> It is a common misconception that the primacy of moral treatment meant the dissolution of all medical treatment (disregarding that moral treatment was also considered medical). American superintendents did in fact turn away from many of the medical interventions that their predecessor, Benjamin Rush, encouraged; the gyrator was sent to retire, copious bleeding was the dominant method no longer.<sup>80</sup> But that did not mean that heroic and invasive measures were relegated to the past. Superintendents still bled their patients, still prescribed laxatives and emetics, and generously discussed and distributed opiates and narcotics. For example, the advantages and disadvantages of drugs were far more often the subject of interest in the

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<sup>77</sup> While American superintendents espoused Pinel's and Tuke's therapeutic approach, they saw the French hospital buildings as a negative counterfoil against which they could present their architectural designs in an even better light – these were, in turn, a development based on Tuke's York Retreat (Yanni 26).

<sup>78</sup> Tuke's influence is often undervalued in comparison to Pinel's, argues Norman Dain (14).

<sup>79</sup> Dain presents a detailed overview of the development of moral treatment and how it was received and applied in American asylums (1-52).

<sup>80</sup> The gyrator, devised by Benjamin Rush, consisted of a horizontal board on which patients were strapped and spun quickly to stimulate the circulation of blood.

letters the superintendents were writing each other, than the subtleties of moral treatment. New York, it was generally agreed upon, was the best place to acquire high quality narcotics and opiates. Additionally, they made use of cold and hot baths and showers, influenced by the popularity and seeming harmlessness of the “water-cure” movement. To cure the mind, they were convinced, they must first cure the body. In short, medical treatment was indispensable, even though, they claimed, never could drugs alone deliver a cure for the mind.<sup>81</sup>

In addition to being a hospital they felt that “an asylum should be a grand moral school and reformatory” (Browne, “Moral Treatment,” 315). To the modern reader, the term “moral” might insinuate a somewhat sinister motivation of the superintendents to re-educate patients according to society’s ideals of morality. However, one must be aware that in the nineteenth century, “moral” was the counterpart to the material. The new treatment appealed not only to matter, the body, but also to the mind, encompassing the soul and the emotions. In its original meaning then, moral meant “psychological” and did not necessarily imply an ethical imperative. Nevertheless, it can be assumed that the later meaning of the word developed in the course of the application of moral treatment and its slow transformation into moral management. As Jenny Bourne Taylor, in her evaluation of psychology in Wilkie Collins’ works, argues, even in its original meaning the term carried with it the association of the normative. She assesses “moral” as an always “prescriptive term, concerned with reinforcing a benchmark of values, codes of conduct, and proper living which had roots both in evangelicalism and utilitarianism” (23).<sup>82</sup> “Values”, suggestions of “proper living”, and desirable “codes of conduct” are the core of Isaac Ray’s mental health manual – and they are, unsurprisingly, also the core of moral treatment. Consequently, the innovative approach of this system lies not in its appeal to the mind instead of the body, but in the appeal to the individual as part of a larger social framework; the professed goal being to “stimulate the

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<sup>81</sup> This seems ironic as a century later the pharma industry claimed that only drugs could effect a cure.

<sup>82</sup> Nancy Tomes similarly argues that moral treatment had its roots in both “the secular humanism of the Enlightenment and the pietistic doctrine of evangelicalism” (5).

patients' latent reason and capacity for self-control" and to install a new approach of (self-)care taking (Tomes 5) – all under the guidance of a benevolent medical father figure who mediated the desirable outcome to the patients.

### **The Replication of Domestic Structures**

As discussed in the last chapter, the asylum physicians saw themselves as more than just physicians, but also as reformers and public educators. Hence, they set up the asylum as a "moral school", the relationship between doctor and patient seemingly modelled after a student-teacher relationship. In fact, the aim of moral treatment was similar to that of a school system. "The pivot of this system [of moral treatment]", historian Ruth Caplan explains, "was education and the imposition of regular habits of life and work, appropriate mental stimulation, orderly thinking, and correct values", therefore carrying with it "a highly didactic and authoritative flavor" (26). Undoubtedly, superintendents thought they were doing a better job than regular schools, considering their frequent scathing remarks about the deplorable American school system.<sup>83</sup>

On a closer look, however, the hierarchical organization of the asylum resembles that of an extended family unit, speaking to the high regard in which antebellum society (and the superintendents) held the beneficial influence of family life.<sup>84</sup> This seems somewhat at odds with the first credo of the asylum movement: to cure a lunatic, one must immediately transfer him from the home to the asylum. Superintendents argued that in such a case the family had failed its duty to instill orderly moral sentiments and behavior in the patient in question. The "new family" in the patient's new home was there to remedy these failures. As Gerald Grob explains, "the mental hospital – irrespective of its medical role – was primarily an institution

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<sup>83</sup> In fact, actual schools, and educational programs specifically for the insane were implemented in most asylums. Inspired by the success of "idiot schools" or "schools for imbeciles", first attempted by Edward Seguin in France, Brigham envisioned that "in every institution for the insane", patients should be able to "engage in reading, writing, drawing, music, arithmetic, geography, history, and also study some of the sciences, as chemistry, mineralogy, conchology, physiology, etc." (Brigham, "Moral Treatment" 12)

<sup>84</sup> Defenders of slavery also often employed the terminology of family in describing slaves as dependent family members, like women or children. For more details, see Gonaver 134ff.

designed ... to assume functions that previously had been the responsibility of the family.” In this analogy, the superintendent was the *pater familias*. As Ellen Dwyer argues, these men assumed the roles of “loving fathers” but acted more like “biblical patriarchs” (56). The wife of the chief physician acted as the matron and the role model for the female patients of the facility.

“The asylum as family” is more than just a retrospective metaphor. As Andrew Scull has revealed, domestic rhetoric was actively employed by the superintendents in their writings and especially their annual reports, in which they attempted to transfer patient and staff interactions into the frames of idealized family life.<sup>85</sup> Even the architectural layout of the facilities pay tribute to this; the interior, by equipping each ward with a dining room and a parlor, was broken up into a “facsimile of domestic space” (Yanni, 55).

A crucial difference between home treatment and asylum treatment consists in the question of who harbored authority to heal. Whereas in the preceding decades, the “maternal physician”, the mother, took precedence in caring for the sick (and mad!), the nineteenth century saw a shift in power relations. Exclusively male physicians jumped on the bandwagon of professionalism, even taking over traditionally “female areas” of medical care such as obstetrics, thus turning medicine, and psychiatry especially, into a deeply paternalistic enterprise.<sup>86</sup> Many medical and social historians, says Ryan Murphy, “have chronicled this shift in authority, some have equated it with medical and male usurpation of control” or, in a more reconciliatory patriarchal manner with “the birth of modern, improved obstetrics and gynecology” (33).

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<sup>85</sup> Families would not feel so bad for banishing their relatives because these rhetorical strategies allowed them to frame their action as sending their close ones to another “family” in another “home”. In *Founding Friends* (2006), Patricia D’Antonio explores how each group of people – families, patients, and staff – negotiated and felt about their roles as “family” and “family members”.

<sup>86</sup> Of course, women were not stripped “of all responsibility for family medical care. On the contrary”, as William Buchan’s *Domestic Medicine* and, later, Isaac Ray’s manual on *Mental Hygiene*, show, “an integral part of the physician’s enterprise was to enhance woman’s familial health-care role” (Murphy 33). The shifting roles of women as healers or victims are traced by Barbara Ehrenreich and Deirdre English in *Complaints and Disorders* (1973), *Witches, Midwives, and Nurses* (1973), and *The Sexual Politics of Sickness* (1973), and *For Her Own Good. 150 Years of the Expert’s Advice to Women* (1978).

As I will demonstrate in consecutive chapters, the assumed absolute authority of the “pater familias” of the asylum, the superintendent, was a problematic one in antebellum America when monarchical authority figures increasingly were a thorn in the eyes of Americans. Exposés by former patients, amongst other texts, often pictured the physician in charge as a patriarchal autocrat, a “monarch of all he surveys from the great palace to the hen-coops, from pills to muffs and hand-cuffs, from music in the parlor to confinement in the prison rooms”, as lawyer and social reformer Dorman Eaton puts it in 1881 (Everts, 122).<sup>87</sup> In Eaton’s eyes, the superintendent reigns with “unparalleled despotism extending to all conduct, to all hours, to all food, to all medicine, to all conditions of happiness, to all connections with the outer world, to all possibilities of regaining liberty”, in short, completely contrary to the ideals of the republic (*ibid*). Correspondingly, we frequently encounter the depiction of the superintendent as despot in sensationalist and popular literature of this era.

Regardless of whether one interprets the asylum physician as a teacher, father figure, or autocrat, the patients were treated as if they were children – rational children, maybe, but children nevertheless, who had to be (re-)educated, who could not make legal contracts, whose caprices had to be dealt with, and whose behavior could be steered and manipulated with a system of reward and punishment.<sup>88</sup> Misbehaving patients were moved to a less comfortable, more violent ward, and privileges like access to the asylum library were disbanded whereas “good patients” could expect to be moved into closer proximity to the administrative building (where the superintendent resided with his family) and rewarded with gingerbread (Tomes 21). Exceptionally well behaved patients – and, as we can assume, those coming from the wealthier classes – were even invited to dine with the doctor and his family, who in turn served as role models, as

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<sup>87</sup> Granted, the superintendents had to answer to board members and state legislators; but inside the walls of their own institution, they reigned supreme and possessed absolute medical authority and “total control of every institutional detail” (Tomes xvii). Thus, they also assumed total responsibility over the medical and moral treatment of their patients.

<sup>88</sup> In fact, Esquirol openly acknowledges that “the insane are but grown up children, children too, who have received false notions, and a wrong direction. So many points of resemblance do they bear to children and young persons, that it will not be surprising, if both one and the other should be governed on similar principles” (76).

primary examples of normal and desired behavior. The asylum was thus imagined as a proper domestic space, a therapeutic community that was at the same time an important space of training regarding the building of moral character and mental defenses, and the learning of behavior according to expectations and norms of polite society.

### **A Day in the Asylum – Moral Treatment in Practice**

Each aspect of daily asylum life was manipulated to effectuate the desired outcome of inculcating into the patient what normalcy meant and how to attain it. A crucial starting point for this endeavor was superintendent John Minson Galt's and others' conviction that the insane mind was not so different from the sane one. "Indeed", says Galt, "it has been a doctrine advanced by standard authority, that the best policy in the general management of the lunatic consists in deviating as little as possible from the ordinary daily life and habits of the sane" ("The Farm of St. Anne", 356). Clearly, it depended on the point of view of the respective superintendents what the "ordinary daily life and habits of the sane" should be. In any case, imitation of "normal life" – domestic structures, well-ordered and well-balanced occupations – would, so the theory, gradually replace delusional thoughts with healthy ones. Let us have a look at the standard daily routine of a nineteenth-century mental hospital:<sup>89</sup>

A brief foray into the standard daily routine of a mental hospital, pieced together from various asylum reports, will show how these goals would be attempted to attain in practice.

The days at the asylum were highly structured, according to the schemes laid out by the superintendents. Little was left to chance. To the ring of a bell, non-medical personnel would rise between the hours of 4 and 5 a.m., depending on the season, and start to awaken and attend to their allotted patients – they instructed the able-bodied to start cleaning their rooms and the wards, and helped their feeble charges to wash and dress themselves. Many nineteenth century asylums had communal dining halls, sometimes even one for each

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<sup>89</sup> The following routine is a conglomeration of the routines described in various asylum reports. They rarely vary.

ward, in which the attendants and attendees would congregate to take breakfast between 6 and 7, excepting those who were too feeble or too violent to participate. After breakfast, many superintendents made it a point to visit every patient individually to check on their physical and mental state, and eventually alter or adapt his medical or moral prescription.<sup>90</sup> Most patients would then be taken outside – either sent off to their respective workplaces at the farms and various shops, or allowed to walk the courtyards, play ball, or enjoy other recreational and other supervised activities. Dinner was served around noon in the dining halls and patients were responsible to clear and clean the tables after each meal. Again, they would be directed to stay outside their rooms, continue to work or amuse themselves as they saw fit. After the last meal of the day, tea at 6, many institutions provided evening recreation. In his Bloomingdale facility, for example, Pliny Earle implemented a series of evening lectures that was attended by both patients and visitors.

Routines were only rarely changed and everyday life proceeded with clockwork regularity. This proved to be tedious for some restless patients, others were sent into a trance-like state, having lost all sense of the passage of time and days. That, however, was exactly the goal the superintendents aimed at.

According to the laws of mental hygiene as laid out by Ray and Sweetser, a well-regulated life provided not only the best safeguard against mental derangement but also held the key to happiness and contentment – and life in the asylum was nothing if not well regulated. Specific times allotted for taking meals, sleeping, working, recreation, and socializing settled the patients into a steady course of life which the superintendents hoped they would internalize and apply after their release from the institution. As Ruth Caplan says, “the entire therapeutic program was designed to inculcate normative cultural values and modalities so that the individual could return to society

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<sup>90</sup> What the asylum physicians would term “moral treatment” also involves what we would call “psychotherapy.” The physician would visit each patient each day and have a conversation with them about their condition and experience. However, in doing so, they did not follow a systematic technique, nor did they ever develop one. As asylums grew bigger and more overcrowded in the last third of the nineteenth century, this task was often shared or taken over by an assistant physician, or in many cases, completely neglected.

better able to cope with its demands” (38). While a prearranged schedule for all might seem at odds with the psychiatrists’ claim to individualized care, they merely followed their deep-seated convictions that a life according to the “natural” laws of mental hygiene was the ultimate panacea for the psychological and physical troubles of mankind. “Given that insanity was characterized by irregularity in mental and physical functioning”, Nancy Tomes writes, it was logical that treatment “should include the imposition of order, harmony, balance, in terms of both visual stimuli and behavioural patterns” (XVI). Of course, what also might have come into play was the realization that only through a routinized and strict schedule could superintendents and staff cope with ever-rising number of patients.

What is striking is not just the plan by the bell but the features of which it consisted: entertainment and recreational activities, physical exercise, occupational labor, and most importantly, responsibility – the first three effecting the fourth. Their equal appraisal also points toward the fact that nineteenth century psychiatry espoused a very holistic approach towards health; it gave equal weight to mental and physical (re)education. Most cases of insanity allegedly stemmed from the unnatural mental exertions that a civilized American society demanded; additionally, many spent their days in sedentary positions, which, according to Ray, further deteriorated the muscles and put unnatural stress on the mental faculties. In the asylum, therefore, a strong emphasis was put on physical exertion to keep the mind at ease and in balance. “As a hygienic measure for all”, Pliny Earle of the Bloomingdale asylum encourages patients to have daily outdoor activities which could consist of extensive walks, or even dumb-bell training and gymnastic classes. Those who were particularly well behaved could go on extended walks of several miles, even leaving the premises and visiting neighboring communities. Patients at the Bloomingdale asylum also were permitted to go to the river and bathe or fish. This asylum could also boast of two horses and a carriage for patient use (Earle, *History of Bloomingdale* 31).

Samuel Woodward, director of the Worcester State asylum, held that “[t]here can be no difference of opinion as to the utility of riding, walking, and other active exercises” (*AR 12 Worcester* 112). Together with “dancing” and “music”, these activities proved useful “to occupy

the time and divert the mind” and to “promote health by the exercise which they give and the pleasure they afford” (ibid.). The inclusion of “dancing” and “music” in the treatment of the insane might sound somewhat confusing at first – after all, they were often counted as frivolous indulgences which led to insanity in the first place. However, the dances and balls that were organized in the asylums, and which often were described as curiosities by magazines and newspapers such as *Harpers Weekly*, and *Frank Leslie’s Illustrated Newspaper*, held a solid position in the treatment strategy; a ball demanded the following of “formal steps and expectations of decorum” and was thus an opportunity to reintroduce patients to social behavior (Yanni, 75).<sup>91</sup> Additionally, dancing allowed for liberal physical exercise.

The most effective treatment, however, was manual labor as it combined both physical exertion and the occupational aspects of recreational activities. For women, opportunities were scarce. “By previous custom and nature of their avocations” they were mostly assigned to sewing circles and other typically female employment like cooking and cleaning (*History of Bloomingdale* 31). Men had a larger range of occupations to choose from. Labor opportunities at Worcester Asylum, for example, included gardening and woodwork, shoemaking, or farm work. It could also boast an on-site carpenter’s shop, and a mechanic’s shop. While all superintendents saw work as vital in their therapeutic scheme, there naturally existed some degree of discrepancy as to which inmates should or could carry out which kind of work. As Wendy Govaner writes, “the nature of assigned work varied greatly based on age, class, gender, and race. The division of labor at the asylum”, she continues, “reflected hierarchies in the world beyond the institution’s grounds”, referring to the assignment of hard manual labor to the lower classes (121). The variety of work opportunities also paid tribute to the diversity of patients as regarded their former occupations – everyone should have the chance to pursue his vocation even during his or her “time-out” in the asylum.

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<sup>91</sup> In Earle’s Bloomingdale facility, there was a “party” once a week for convalescent inmates and a dancing ball once a month.

### **Utopian Self-Sufficiency and Capitalist Imperatives**

The asylum's emphasis on patient labor gave rise to several Marxist interpretations by scholars. For Benjamin Reiss, patient labor was an example of how "philanthropy toward the insane is exposed as a cover for the economic exploitation of the vulnerable" (138). In this, he follows the reasoning of Andrew Scull, who, over the course of four decades viewed the development of the asylum movement in Europe and the US as following capitalist imperatives. For Scull, the alleged benefit of physical exertion and manual labor was merely a pretext of the superintendents. He sees patient labor programs as a tool designed to ensure the economic efficiency of the institution as well as responding to the demands of the extra-mural American marketplace. While Scull's harsh diagnosis certainly rests on plausible arguments, his Marxist view is often limiting and fails to consider the utopian strain that pervaded the organization of the asylum.

Scull also presents the very existence of the profession of "asylum superintendent" as an outgrowth of capitalist motivations. These men specialized in the treatment of insanity, he argues, to escape the uncertain career prospects of the general medical marketplace. In erecting facilities in which to confine society's undesirables, they provided a service for which they were generously remunerated. However, Scull fails to consider that several superintendents rejected financially attractive job offers, or the temptations of private practice, and often complained about their low salary and the long working hours that this job entailed. William Awl, superintendent of the Ohio Lunatic Asylum, receiving a 1000 dollars per annum, complains about the high demands and little return of his station: <sup>92</sup>

How men of eminent qualifications can be procured, or rather persuaded, to drudge on through life for a sum that will no more than pay school bills for their children, and back the tailor's accounts, is to us unaccountable. The salary to superintendents of lunatic asylums should be liberal; and then, when overtaken with grey hairs, and enfeebled bodies, without the physical ability to cope with the ups and downs of every-day practice, they would have something to fall back upon. It is abominable for legislatures to demand high moral, social, literary and scientific qualifications of the medical superintendents of such institutions, and yet pay them less than a grocer's

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<sup>92</sup> A 1000 dollars at the time Awl was writing amounts to approximately \$ 33,971 in 2021.

### 3 *Psychiatric Utopia*

clerk gets by the year for weighing out soap and candles. (“Ohio Lunatic Asylum” 45).

Yet Awl and his colleagues stayed on, not least because they thoroughly believed in the importance of their mission.

Like other utopian experiments of the nineteenth century, the asylum experiment foregrounded self-reliance and independence from a larger consumer culture and marketplace. While the large expensive facilities could, of course, never be wholly self-sufficient in their production of food and other necessary goods, the annual reports reveal that the superintendents obviously took pride in the output of their farms and workshops, which was consumed in the asylum or sold. In their 7<sup>th</sup> annual report, the trustees of the Worcester State Hospital, for example, were delighted to state that “[t]he produce of the farm this year, is estimated at \$1914, without including the cattle and swine”. The shoe-shop, likewise, produced goods with a market value of “about \$1822”. Yet the worth of farming and cattle raising, and the shoe-shop, cannot be measured in money, they argued – but by its “manifest agency in promoting the rapid recovery of several cases of very active insanity” (14).<sup>93</sup> To raise their own animals and plant and harvest their own crops and vegetables gave much-needed responsibility and pride to the patients and was considered far more important than the actual monetary outcome.

Another argument that can be used to rebut Reiss’ and Scull’s theory of “economic exploitation” is the fact that patient labor, even though heavily supported and encouraged by the superintendents for the reasons outlined above, was – if we want to take the superintendents word for it – voluntary. Horace Buttolph of the New Jersey asylum offered “voluntary useful labor” to the patients, “[a]dapted to their taste, capacity and previous habits” (Yanni 46). Work was also available at the New Hampshire asylum, writes Andrew McFarland, “for such as choose it” (*Asylum Gazette*, 1). To the chagrin of the superintendents, most chose not to work. In a report on the proceedings of his facility, Pliny Earle, under whose tenure work became a vital therapeutic measure in the Bloomingdale asylum, complained

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<sup>93</sup> Rothman points out how labor would “train inmates to proper habits, bringing regularity to disordered lives”, as well as prepare them to “withstand the tension and the fluidity of Jacksonian society” (*Discovery* 144, 154).

bitterly about the small number of patients “who devote much of their time to labor”. One reason for this is that “[a] large proportion of the inmates, as will be perceived by the table of occupations, are from the classes unaccustomed to manual labor” (*History of Bloomingdale*, 27).<sup>94</sup> The main reason, however, was that many “paid for their board” at the asylum and did not feel it warranted to further support the economic viability of the institution through their manual labor. While work was ostensibly not forced, psychiatrists made clear that their ideal of society and mankind included the love for labor:

In the Hospital, as in the world, the industrious are the healthiest, the happiest, and the most sincerely respected. The disposition, and the power to labor usefully, form a treasure more valuable than wealth alone; for they give the possessor, what wealth may not, a claim to the respect of others, and a feeling of contentment with himself. (*7th AR Worcester* 14)

Useful work, then, is presented as a precious asset for the mental well-being of the individual, as a valuable commodity for society, and as a means of reinstalling the self-possession and self-worth that was seen as lacking in the insane. Thus, the capitalist imperative identified by Andrew Scull must be combined with what we can identify as a transcendentalist impulse evidenced by the Worcester report and other statements, and firmly fitting into the dominant values of antebellum American society.

### **Imagined Utopia**

Within their institutions, superintendents attempted to create those “miniature worlds” imagined by W.A.F. Browne, “whence all the disagreeable alloys of modern life are as much as possible excluded, and the more pleasing portions carefully cultivated.” The asylum experiment shares a remarkable amount of parallels with other utopian experiments of the nineteenth-century such as Brook Farm, Fruitlands,

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<sup>94</sup> In his table of occupation, Earle lists a substantial amount of “Men Of leisure and young men without employment”, who, we can assume, resisted manual labour (42). Additionally, Earle might have also referred to merchants, poets, painters, or lawyers.

New Harmony, and the Shaker Settlements.<sup>95</sup> All of these were attempting to create a mode of living that eschewed the encumbrances of modern, capitalist life, that emphasized the worth of manual labor, the removal from urban centers, and the benefits of rural living. The asylum went a step further. Not only was it a state-funded (and thus state-sanctioned) utopian experiment, it could also refer to the medico-scientific legitimacy of their approach. As we have seen in the case studies of architecture and moral treatment, the superintendents failed miserably in their attempt to “create a space free from social pressures”, as they brought their own cultural, social, and racial bias into their therapeutic program (Rothfield, *Discovery* 64). We can safely assume, however, that they did not see it as a failure, on the contrary. The institutional space was a laboratory in which they could imagine the potential of an American society that would live, love, and work according to “natural” laws. But the asylum was merely the physical form of the ideas and ideals of their creators and the society that supported their erection. Thus, it is not surprising that core antebellum values found their way into the rhetoric, but also the very structure of organization, the most conspicuous example being the reproduction and reformulation of domestic structures and a patriarchal family hierarchy. The success of the utopian experiment of the asylum hinged upon the question whether their therapeutic program of re-moralization, re-education, a strict regimen, and physical exercise worked – and, according to the superintendents, it did. Kirkbride notes that patients seemed to respond exceptionally well to the therapeutic measures and the authority of the doctor (himself). In fact, he observes that once in the asylum and following the laws of mental hygiene, patients immediately behaved better – even the most hopeless cases seemed to rapidly improve

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<sup>95</sup> Founded by Unitarian minister George Ripley but made famous by Nathaniel Hawthorne’s literary processing in *The Blithedale Romance* (1852), Brook Farm was a purely secular endeavour which planned that members farmed collectively for their own needs, which would give them ample free time to pursue literature and science, which then would benefit the rest of society. Fruitlands was likewise a community that was based on self-sufficient farming – its regiment was much stricter than Brook Farm and much more oriented towards an extremely rural life; meat and intoxicants (including spices) were forbidden, as were hot water baths and electric lights. These and other strict rules led to the dissolution of the community in the first winter. New Harmony, founded by Robert Owen, was imagined as a communitarian think-tank for scientists, writers, and philosophers.

once exposed to the healing system these experts devised (Tomes 21). Directors of other facilities repeated similarly positive results. The release tables published in the annual reports seemed to confirm the outstanding success of moral treatment – the cure rates ranged between 80 and 98 percent. Convinced of their enterprise and the potential that their system held for the application to the whole nation, superintendents were willing for the public to see their theories in action, and possibly inspire them to adopt them for their own lives.

### 3.4 Visiting the Utopia

#### **The View from Afar – Photographs and Pictorial Works of the Asylum**

A postcard from the beginning of the twentieth century shows the State Insane Hospital of Worcester, Massachusetts, built in 1876. The picture taken from the distance shows a wide, manicured lawn, and a broad street meandering among trees towards the impressive Kirkbride style building. There are no gates, fences, or people to be seen, and the photo conveys a tranquil and stately atmosphere. While from today's viewpoint this might seem a curious and even macabre fragmentary ephemera of the turn of the nineteenth century, this postcard of Worcester asylum is not a singular occurrence. In fact, there exists a large number of postcards depicting a variety of asylums, among which we find the Danvers State Insane Asylum (built in 1874), the Northampton Asylum (built in 1858), the Utica asylum (built in 1843), the McLean Hospital (built in 1811), and many more. Most of these postcards come from an era that Robert Bogdan has identified as "the golden age of asylum postcards, from 1905-1935" (56). The sheer quantity of these ephemera points toward the firm establishment of the insane asylum as a tourist destination at that point, a development that really started to take off in the mid-nineteenth century.

In a chapter on asylum postcards, Bogdan analyses his vast, personal collection and finds that many of them use the same perspective and depict the same objects (60). Of the earlier postcards, the majority follows the type of the postcard depicting the Worcester Asylum discussed above. The institution is shown from a distance,

sometimes even from a bird's eye view, and pictures part or the whole of the institutional building. The buildings, as my previous chapter on therapeutic architecture has made clear, were "large, imposing and architecturally ornate", usually being located "in well-landscaped surroundings with manicured lawns, trees, and shrubs". Often omitting people completely, the images show scenes that "are almost idyllic, with babbling brooks, calm lakes, lush vegetation, and blooming flowers" (60). Depicting the asylum in such pleasant and flattering colors was not a unique feature of asylum postcards. In fact, these ephemera were an almost seamless continuation of the drawings, sketching, prints, and lithographs of asylums that characterized the preceding century. Even before the postcard craze moved the asylum firmly into the visual consciousness of the American public and gave the institutions' managers an opportunity to "accurately" and flatteringly present their institutions, pictorial works depicting asylums were widespread. They were either produced by artists who were deeply impressed with the sheer size and ornate architecture and saw the institution as a regional and national landmark; or instigated by the managers and directors of the institution who incorporated these graphic works into annual reports, pamphlets and other promotional purposes, and saw visual representations "as conscious strategic part of their public-relations arsenal" (Bogdan 66). Lithographs and drawings from the nineteenth century, however, show one marked difference in depiction to the asylum postcards of the twentieth century; they feature actual people.<sup>96</sup>

### **(Im)pervious Isolation? – Visiting the Asylum**

An 1851 engraving of the McLean Asylum depicts the asylum from a distance, putting Boston's Mystic River between the viewer and the building.<sup>97</sup> However, in contrast to the postcards, the engraving foregrounds people. Two men are seen heaving logs into a horse-led wagon. Behind them, a raft is in the process of anchoring on the banks of the asylum grounds. The street leading to the asylum's

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<sup>96</sup> All visual material discussed here is to be found at the American Antiquarian Society in Worcester, Massachusetts.

<sup>97</sup> Hammat Billings, Charles Howland. *McLean Asylum for the Insane, Somerville, Mass.* Boston, 1851. Engraving from a sketch. Graphic Arts, American Antiquarian Society, Worcester.

entrance is populated with well-dressed people walking towards it. A mid-century hand-coloured lithograph of the Lunatic Asylum at Spring Grove sees two horse carriages dropping off and picking up visitors, some of which are seen strolling around the asylum grounds.<sup>98</sup> An early graphic work in *Thomas Moore's Lithography* shows visitors arriving by carriage at the famous State Lunatic Asylum of Utica.<sup>99</sup> An incredibly detailed lithograph shows the Willard Asylum for the Chronic Insane from a bird's eye view, revealing the almost 440 acres that pertained to the institution, and showing abundant signs of life; visitors walk on the grounds and towards the administrative building, more visitors arrive via a large steamboat. On Seneca Lake, many are rowing or sailing—it remains unclear whether these were visitors or patients or both.<sup>100</sup>

These graphic works from between 1835 and 1875 strongly indicate that insane asylums were not at all as isolated as often presented, but, in the nineteenth century, become hot spots of an emerging bourgeois visiting culture. In fact, Janet Miron, as one of the few who has taken on this highly under-researched area of asylum history, compellingly argues that, instead of being the social and physical margins of society, asylums were deeply rooted in the social and cultural context and, most importantly, in their communities (2009; 2011). But who came to visit and why, if not out of a macabre desire to gaze upon the insane? Visitors to the asylum, as I will show, had a variety of motivations to venture inside the gates of the institution, and this practice was also vital in the strategy of the psychiatrists to legitimate and popularize their science. Despite their efforts to present the asylum as a scientific and humane house of care and cure, “popular responses could oscillate between fear and respect” (*Knowledge*, 247). An open-access policy, meaning the permission of visits, promised to change public opinion toward the latter.

Those who entered the asylum freely encompassed, naturally, the friends and families of the patients. But, as Graham Mooney writes

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<sup>98</sup> *Lunatic Asylum at Spring Grove*. Charles Magnus & Co, Maryland (between 1858 and 1860). Lithograph, hand-coloured. Graphic Arts, American Antiquarian Society, Worcester.

<sup>99</sup> *State Lunatic Asylum, Worcester, Mass.* Thomas Moore's Lithography, Boston, between 1835 and 1841. Lithograph. Graphic Arts, American Antiquarian Society, Worcester.

<sup>100</sup> Goist, P.F. *Willard Asylum for the Insane, Willard, Seneca Lake*. New York, 1875. Lithograph. Graphic Arts. American Antiquarian Society, Worcester.

in the introduction to his edited volume *Permeable Walls* (2009), "visiting involved the comings and goings not only of relatives and friends, but also of administrators, managers, philanthropists, lay care-givers, priests and ministers, entertainers, and tourists" (8). The latter constituted most certainly the largest group, as Janet Miron argues. In her book, she gives numerous examples "of the thousands of ... visitors" who "poured into the prisons and asylums both connected to and outside of their immediate communities, hoping to inspect the buildings and the people confined within them" (4). Among them, as we know, were persons of national and international fame such as Charles Dickens and Dorothea Dix.<sup>101</sup>

But in fact, a visit to an insane asylum seemed to have been a fixed part of many a traveler's itinerary. At the end of the nineteenth century, asylum tourism was on the rise – as entries in guidebooks such as Miller's *New York As It Is* (1880) and *The Englishman's Illustrated Guide Book to the United States and Canada* (1874) reveal, the asylum was firmly established as a point of interest for the nineteenth-century traveler. Miller's guidebook allows insight into the nature of traveling in the nineteenth century. It contains a detailed railway itinerary with descriptions and recommendations of sights and activities at each railway stop. The expansion and improvement of the railway system enlarged the number of visitors to the asylum which formerly were most often visited by curious people from the neighboring communities and cities. Again, a graphic work illuminates this point. A lithograph of the State Asylum for the Insane in Morristown, New Jersey, shows a particularly detailed depiction of the institution, almost certainly including patients. What makes this lithograph even more special is that we can see railroad tracks leading to it, and a steam train arriving at the station which seems to be located directly behind the asylum.<sup>102</sup> In Mooney's edited volume *Permeable Walls* (2009), Janet Miron shows that reports by visitors were predominantly favorable – a fact, that most certainly must have

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<sup>101</sup> Dix cooperated with the superintendents as soon as she saw that their support was helpful, even necessary to achieve her goals of alleviating the plight of the insane.

<sup>102</sup> *State Asylum for the Insane, Morristown, New Jersey*. Philadelphia, Thos. Hunter, 716 Filbert Street, 1875. Lithograph. Graphic Arts, American Antiquarian Society, Worcester.

delighted the superintendents, anxious to present the asylum as a salubrious, idyllic place.<sup>103</sup>

### **From Human Zoo to Place of Enlightenment – Reframing Asylum Tourism**

Asylum visiting, even though it constitutes a particularly outstanding part of the nineteenth century asylum movement, was not a phenomenon unique to this era. On the contrary, this practice already did look back upon a long, and not particularly flattering, tradition; one, that was and is forever connected to the asylum still dominating the mythology of madness. The unsavory imagery of Bedlam and similar institutions in Europe, such as the Narrenturm in Vienna, and America, such as the infamous Williamsburgh asylum in Virginia, as well as those of private madhouses of the Elizabethan era, held considerable sway over the public imagination.<sup>104</sup> In those early public and private facilities, before “madness” was firmly reframed as a medical problem, the such afflicted were treated not unlike prisoners or dangerous criminals – and in many cases, even worse, since, especially in enlightenment thought, humanity was irrevocably linked to reason. A loss of reason thus constituted a loss of humanity altogether which is why the insane were isolated as much as possible and not much

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<sup>103</sup> As an example, Miron presents a visitation report to Blackwell asylum published in *Harper's New Monthly Magazine*. The visitor describes the location, the grounds, the architecture, the interior, and the practices, including the “amusement programmes”, and he writes about the patients, all in very favorable terms. New York, as he says, can be “justly proud” of the lunatic asylum (“A Day in a lunatic asylum,” *Harper's New Monthly Magazine*, 9.53 (1854): 653-659). This report is just one among many that firmly establish the public interest in asylum affairs. Newspapers such as *The New York Times* reprinted annual reports of asylums, magazines such as *The North American Review* and *Harper's* frequently featured articles on therapeutic strategies and the architecture asylums. Naturally, these reports encouraged people's curiosity and consequential visits, which in turn led to more visitation reports in newspapers and magazines. See, for example, S. Osgood, “Mental Health,” *Harper's New Monthly Magazine* 28.166 (1864): 494-500; “New York State Lunatic Asylum,” *Tribune* 13 (February 1968); “The Insane Asylum,” *New York Times* (29 October 1873); “Visit to the State Lunatic Asylum,” *The Cobleskill* (25 January 1873).

<sup>104</sup> The first facility exclusively dedicated to the insane, the Narrenturm in Vienna, opened in 1784, had a reputation for fostering abuse and mistreatment and often stood at the center of public outcries. For its controversial history, see Alfred Stohl, *Der Narrenturm* (2000). The Williamsburgh asylum similarly was a desolate place and was only reformed according to the system of moral treatment and mental hygiene after John Minson Galt took over in 1841.

care was given to their comfort. On the contrary, they were perched together in small cells, shackled to the walls, or chained to their beds. Contemporary medical measures like bloodletting were used excessively to calm down the afflicted. The proceedings at Bedlam (Bethlehem Royal Hospital in London), the most infamous madhouse, are well documented in Andrews' *History of Bethlem* (1997). For a small fee, visitors could gaze upon the raving lunatics and expect to be shocked and titillated.<sup>105</sup>

These deeply ingrained tacit expectations were not lost on the superintendents and they were acutely aware of the negative image the "mad-house" held within the public imagination. However, in a clever maneuver, instead of feverishly ignoring their heritage, they consciously made use of the gloomy image and drew on it as a negative foil. Instead of deploring the public's curiosity fed by Bedlam's imagery, they welcomed public interest and saw it as a perfect opportunity to re-present their institutions, endeavor, and science in a humanitarian light. Isaac Ray was one of the first superintendents to take the matter of visiting seriously. He prepared a talk on "The Popular Feeling Towards Hospitals for the Insane" that was later published in the *American Journal of Insanity*. While he lauded the fact that lay opinion was, in general, sympathetic towards these hospitals and that "[m]ost of the States have endowed and fostered them with unusual liberality", he warns that "there is a strong under-current of a very different character. None but those who have our opportunity of knowing, can have any adequate idea of the amount of bad feeling, gross misconception, scandalous gossip, and even fierce hostility, that quietly pervades the community, with the effect of circumscribing more or less their sphere of usefulness" (3). He therefore felt the need to advise his colleagues "on the best methods of saving our hospitals for the Insane from the odium and scandal to which such institutions are liable, and maintaining their place in the popular estimation" and took particular pains to stake out the crucial question "how far is the community to be allowed access to such Hospitals"

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<sup>105</sup> This visiting practice arose from the public's curiosity and the manager's or physician's desire to make money. As early as 1770, Bethlehem "forbade open spectatorship"; but as we will see the practice of visiting persisted and rose to new heights in the nineteenth century for much the same motivations than in the 17<sup>th</sup> and 18<sup>th</sup> century (Yanni, 29).

(1852). Another superintendent who very early realized the necessity to welcome the public to the institution, was Amariah Brigham, director of the Hartford Retreat and the Utica asylum. Revered by his fellow psychiatrists for his untiring contributions to the professional community, and comparatively well-beloved by his patients and their families (as he greeted each of them personally at the gates), Brigham's main concern was always the popularization of the study of insanity. To him it was evident that the desired de-stigmatization of the insane and legitimization of psychiatry could only occur once the public understood the basic tenets of this disease, and overcame their inhibitions of asylums. Brigham therefore eagerly welcomed visitors to the asylum, urging them to inspect the building and "its internal arrangements" and passing their hopefully positive impression on to others (Miron, *Knowledge*, 248). To ensure a good impression, he often welcomed visitors at the gates or, when it was a visitor of higher rank or influence, he arranged a personal tour such as he did with Charles Dickens in 1842 (Goodheart, 89).

Brigham and most of his fellow superintendents had few inhibitions to showcase their institutions. They regarded their facilities as developed and run according to the newest scientific and moral principles. Convinced of the legitimacy and success of their system, they saw no reason to bar their gates from the world but were willing to publicize it as much as possible. Since they saw their facilities as centers of medical knowledge and scientific knowledge production, or, as Jonathan Reinarz calls it, "sites of knowledge transfer", the superintendents welcomed professional visitors – their national and international brethren of the psychiatric and medical specialty – with whom they "freely shared technological and organisational information" (37).<sup>106</sup> Gathering information and attaining knowledge is also what Janet Miron identifies as one of the major motivational factors in the wave of lay asylum tourism.<sup>107</sup> Firmly convinced to live in an era of unprecedented progress, tourists flocked to the asylums, "believing that these institutions represented something exceptional

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<sup>106</sup> Jonathan Reinarz speaks of general hospitals in nineteenth-century provincial England – but his insights hold true for nineteenth century American asylum culture as well.

<sup>107</sup> Miron frames asylum tourism as part of a larger custom of visiting custodial institutions, including prisons, orphanages, and penitentiaries, all of which she sees as a hallmark of a burgeoning bourgeois culture.

in society that needed to be seen in person" (244). While most of these visitors were of the middle and upper middle classes, the hordes of tourists were astonishingly diverse. According to Miron's research, these visitors were a colorful mix of different social classes and ethnic origins, visiting from different locations; either from surrounding communities or travelling abroad, all desiring "to be part of the growing endeavour to study insanity" that Brigham envisioned (244). Not all superintendents were as enthusiastic as Brigham. Thomas Kirkbride, wary of the potential dangers of visiting, complained that many visited not for enlightenment and education, "but merely from an idle curiosity" (*Construction* 68).<sup>108</sup> Brigham, too, was certainly aware that many tourists visited his establishments at Hartford and, later, at Utica, motivated more by voyeurism than thirst for knowledge. But instead of lamenting this fact, he hoped to effect more than just satisfying morbid curiosity but to use public interest to the advantage of the asylum movement.

### **Dispelling Prejudice and Achieving Public Legitimation**

One function that institutional visiting fulfilled was to dispel the deep-seated fears and prejudices the Americans harbored towards the asylum, and to replace them with an enlightened and favorable disposition. Who, thought the superintendents, could venture towards the grounds of the new asylums, and not be impressed with the stately buildings and fine architecture? Who could think of abuse and mistreatment, when patients were seen strolling through immaculate flowerbeds and carefully planned vegetable gardens? Who, in their right mind, would not be convinced by the success of the medical and moral treatment once they conversed with seemingly rational, but presumably "mad" lunatics? Seeing, the superintendents knew, was believing and the first step in making the new medical and holistic model of mental hygiene understood. Additionally, allowing the public to "see for themselves" the organization and management of asylums functioned as a strategy of legitimization of

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<sup>108</sup> In fact, with the exception of the scholars discussed here, most academics that have engaged with asylum visits, like Anne Digby, Ellen Dwyer, and Patricia Allderidge, have focused on the voyeuristic motivation of visitors and neglected the manifold motivations and the variety of visitors.

the enterprise.<sup>109</sup> In 18<sup>th</sup> century England and America, madhouses were privately owned institutions, run by self-proclaimed “benevolent gentlemen” who were accountable to no one except the friends and relatives of their boarders. The asylums of nineteenth-century America, in contrast, were state-funded facilities. While the (publicly appointed) superintendents retained a tendency to fashion themselves as educated, well-meaning, and morally superior gentlemen, monitoring, oversight, and regular investigation by external visitors was of utmost importance. So-called “house visitors” or “house committees” consisted of physicians, legislators, and concerned citizens of the upper class. They were specifically appointed to regularly inspect the conditions and management of the facilities and ensure the quality of care.<sup>110</sup> Additionally, by allowing the broader public into the asylum as well, superintendents could pre-empt and spurn any suspicions or accusations of mismanagement and abuse. Having visitors, then, was a way of automatic legitimization of their practice.

### **Benevolence and Donations**

For the superintendents and many American visitors, “the asylum”, its existence and management, was deeply emblematic for their own maturing country. On the one hand, the asylum with its new system of moral treatment was an example of the humanistic reform impetus and the “institution-building” movement that characterized mid-century America; additionally, it seemed to offer a solution for the rapidly increasing rates of insanity in the country. On the other hand, the “increasing rates of insanity” were attributed to industrialization and seen as the hallmarks of a civilized and highly intellectual society. In essence, the asylum and its progressive mission was evidence of society’s progress and seemed to unite medico-scientific knowledge and the reform impulse of antebellum America.

By welcoming visits by the public, especially on civic holidays, Brigham reframes and advertises asylum tourism as “leisure with a moral purpose”, appealing to the (scientific) curiosity as well as to

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<sup>109</sup> Seeing must be thought of as the primary mode of scientific enquiry, as the first step in understanding, but, of course, seeing was also inevitably voyeuristic.

<sup>110</sup> Kevin Siena sees those house visitors as the continuation of medieval, early modern, and eighteenth-century ecclesiastical visiting (179).

the benevolent reform spirit of the antebellum era (Miron 247). Kirkbride, despite being reserved towards visitors, acknowledges that “[i]n the vicinity of most public establishments of this nature, especially those provided by the States, there will always be found a large number of persons, who, with a kind of feeling of right, are anxious to have an opportunity of inspecting their arrangements.” And, indeed, Kirkbride continues, “[c]arried to a reasonable extent, this kind of visiting is advantageous”, because it provides an opportunity to dispel “old prejudices” within the community, and “of knowing something of the science, liberality, and benevolence which are now sought to be enlisted in the care of the insane” (*Construction* 68).

Liberality and benevolence are the key words here. Asylum directors of the past charged a small entry fee to people desiring to look at madmen. While monetary compensation of such kind was far off the superintendents’ thinking, financial support was still something they hoped to obtain from asylum tourism. Even though mostly state-funded, the management and maintenance of the building was incredibly cost-intensive, and the institutions mostly relied on private donations for such things as interior décor, furniture, games, and books. “Seeing for themselves” the wonders and success of the modern asylum would not only sway the visitors’ opinion of the asylum in general but also appeal to their philanthropic impulse.<sup>131</sup> In order to further entice donations to their cause, the managers of the institutions implemented an approach that allowed the wealthier classes to “take some pleasure in the rewarding act of conspicuous contribution” (Siena 176). Subscribers who would make regular small donations could nominate a “deserving” person to be admitted into the respective asylum. This practice paid tribute to the fact that the available spaces in mental institutions filled quickly; it also reframed admission to an asylum from a punishment into a privilege, and it ensured that donors felt good about their financial contributions: only deserving people would benefit from their charity. This hand-picking of worthy subjects was quite popular, as the lists of regular benefactors in the asylums’ annual reports show. Not only could the

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<sup>131</sup> The central role of philanthropy in asylum discourse recalls and strengthens the Habermasian notion of the power of institutions in shaping public life, especially bourgeois life.

subscribers feel as good Christians, but this practice allowed a cooperation between institutions and society in the instalment of social discipline regarding the question of what constituted a worthy subject of charity.

Over the nineteenth century, the surge of visitors steadily increased, and in many cases, exceeded the limit of what the management could safely handle. John Gray reports that in 1876 over eleven thousand visitors had come to the asylum – not including other physicians, ministers, or officials (Dwyer, 87)! Superintendents were afraid that such an onslaught of visitors would overwhelm the asylum, and rightly so. The large number of tourists interfered with institutional proceedings, and members of staff often complained that the visitors disturbed their duties and their ability to care for the insane, a fact, that the press didn't hesitate to pick up on.<sup>112</sup> The whole system of moral treatment was based upon its execution within a calm and tranquil atmosphere which the permanent humdrum of strangers disrupted. Patients' care was therefore often impaired by institutional visiting. How did the patients themselves, whom this practice affected the most, feel about visitors?

### **Patient responses**

Most certainly, the majority of the patients would have welcomed the occasional or regular visit from friends and family. However, friends and family were often not allowed to see the patient on a regular basis. Psychiatrists were convinced that the reason the asylum was such a successful therapeutic space lay in the fact that the patient was completely removed from the circumstances in which he became insane in the first place. Everything that would remind the patient or motivate him or her to make a connection to those circumstances before he or she was definitively cured would likely result in a relapse. Instead of seeing friendly and familiar faces, then, visitors were confronted with strangers. From what we can gauge from newsletters and reports, it seems that for many patients, the visitors broke up the ennui of the asylum routine. Some of the patients did not particularly mind, or even enjoyed the presence of the public as it made

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<sup>112</sup> See, for example, "The State's Insane Wards." *New York Times* (4 July 1887): 46.

them feel less alienated. Additionally, it was also a way of gathering information about the outside world. As Miron argues, “the institutionalized used the presence of visitors for their own purposes, often as a means to improve the condition of their confinement and to distract themselves from the tedium of institutional life” (88).<sup>13</sup> In in-house organs such as the Utica-based *Opal*, the presence of visitors is described as a regular and enjoyable diversion from asylum routine:

All the hum of business and pleasure recedes for a quiet social gathering in the parlor. A lady visitor is with us ... to regale us with reason's power for a while. It is a pleasure to be in this sway – quiet is the condition it brings us to enjoy, and what more fitting than this mind to end a day, a week. (*Life in the Asylum Part 1* 13).

Not only does the subject of “lady visitors” come up often in the *Opal* and similar asylum newsletters, but it is also a particularly salient one in the antebellum asylum context as it clearly exemplifies the social and cultural role ascribed to women in that era. Women were thought to be morally superior and used for the “religious and moral rejuvenation of the patient” (Mooney 13). Fostering the visits of women and allowing them to be in direct and prolonged contact with patients was, for the superintendents, a way to replicate family structures and to rehabilitate patients for a domestic life that antebellum reformers and psychiatrists thought would shield Americans from mental illness altogether. For women of the middle class, visits to institutions such as orphanages and asylums were part of what they saw as active philanthropy – a way to leave the home and attain a greater sphere of influence, without compromising their socially ascribed role. The complex attitudes towards female nature and female responsibility within the mental hygiene movement will be discussed in a later chapter.

However pleasant the interactions with visitors, such as the one above described, patients were still the object of study and most were

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<sup>13</sup> Patients could also engage and interact with the visitors. In some instances, there was even a trade starting up between visitors and patients, the latter of whom asked for substances that they could not get their hands on in the asylum, such as tobacco and liquor. Janet Miron has explored the various patient-visitor relationships in *Prisons, Asylums, and the Public*, 87-113.

aware of that. Since the asylum newsletters, although they were written by the patients, were censored by the superintendents, it is understandable that there was no open opposition towards the practice of visiting. We find more explicit commentary on visitation practice in texts by patients, who had been released from the asylum and could offer their opinion more freely – without fear of being censored, or of the possibility that their criticism could be interpreted as a sign of persistent insanity. Hiram Chase, the reverend of a small ministry in Utica, who was committed to the Utica asylum for two years, published his experience several years later in *Two Years and Four Months in a Lunatic Asylum* (1868). In his expose, he finds strong words about tourists; he and many of his fellow patients felt like "a gazing stock for the multitude of visitors who daily flock to the asylum, take a walk through the first hall, gaze on the patients as they would look upon wild animals in a menagerie, and then depart" (56).

This short but scathing paragraph unpacks a lot of information. First, it is confirmation that there was a large daily influx of visitors to the asylum. Second, it reveals that many of the patients must have felt uncomfortable being gazed upon on a regular basis. Chase's description of how he perceived visitors to look at patients like "upon wild animals in a menagerie" strongly and immediately conjures up the mostly inhumane and macabre side of asylum tourism that was embodied by Bedlam. Bedlam and its connotations of being a "human zoo", a freak show, also provided an image in which patients could frame their experience, as Hiram Chase did. Both patients and visitors came from mostly the same cultural background and therefore commanded the same culturally formed concept of the nature of a madhouse. Thus, many tourists were shocked once they entered the insane asylum – not because of the terrible raving lunatics but because they were exposed to the opposite of what they may have secretly expected; a clean, well-ordered mini-republic where things seemed to go just like in the world outside – and in many cases, even better. As the commentaries by Ray, Brigham, and Kirkbride have shown, superintendents and managers were aware of the impact that the visitors' experience might have in the securing and future of their

institutions. Even though, as we have seen, not all psychiatrists were in favor of asylum tourism, none denied the necessity of allowing it.

### **Staging Madness – The Institutional Visit as performance**

Asylum visiting reduced the potential for accusations of mismanagement and abuse. But in order to obtain the positive image change the superintendents desired, they needed to control what was seen and thus reported to the outside by the ever-increasing hordes of tourists, the latter of which was an issue of considerable concern. The sheer number of visitors did not only disrupt asylum routine for the patients but made it impossible for the staff to fulfil their duties of care, and to make sure that visitors would not exceed their welcome (Smith 203). For Kirkbride, installing visiting regulations would help “[t]o secure the comfort of the patients” (*Construction* 67). While the concern for his patients was certainly not entirely a pretext, curbing the access of outsiders would also ensure “the good discipline” of the hospital, encompassing the safeguarding of daily institutional proceedings, but also of patient behavior and visitor behavior (*ibid.*). Thus, the institutional visit is turned into a matter of performance.

In his book *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (1854), Kirkbride calls for the complete authority of the attending physician (the superintendent) over visitation practice. The superintendent had to decide whether visitation would benefit or impair the patient in question – which also means whether the asylum would benefit or be impaired from allowing the patient to be seen by visitors.<sup>14</sup> At a closer look, one realizes that the visits must have been vigilantly stage-managed, often turning, as Erving Goffman describes the institutional visit, into what resembled a theatrical performance (*Asylums* 1961). The visitors were only ever shown the front wards which housed the “better

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<sup>14</sup> The psychiatrists’ conviction was that the patient should be as far removed from friends and families as possible. In most cases, Kirkbride implies, visits by close connections may show “unpleasant results” and any “real friends” of the patient would certainly not wish to impair his or her recovery (67). Therefore, “interviews with friends should not be allowed in a ward” (68). What Kirkbride and his colleagues rightfully feared, was, that patients might feel at ease to complain about certain aspects of asylum practice to their close acquaintances, who would in turn make their friend’s complaint public and thus impair the asylum’s image.

behaved” patients and which had the best sanitary conditions. Kirkbride proposed a three-hour daily timeframe for visiting purposes, so that attendants could “be prepared promptly to wait upon company” and ensure that tourists would only see appropriate parts of the asylum. Normally, there were a few public rooms and selected wards that were specially prepared for the visitors’ tour. In Ebenezer Haskell’s asylum exposé, we find a description of such a model ward, to which Kirkbride took a newspaperman. Suddenly, Haskell writes, he “found the floors well scrubbed, the parlors richly furnished, the grounds extensive, the ventilation good, and supper excellent” (45). Francis Delilez, another former asylum patient, reports similar procedures. Whenever visitors were coming, the directors of the asylum managed “to conceal the evil from visitors and investigators and to show them only what is clean, bright, and beautiful” (146). The superintendents themselves admitted that the asylum was not as transparent as they liked to present it. “There are certain wards”, Kirkbride confesses, “into which ordinary visitors should never be taken”, which were presumably the outer wards which housed wardens of the state as well as the “excitable” patients. Every visitor “should always be accompanied by an officer.” Patients were encouraged to show their best behavior on visiting days – after all, this was their chance to show that they could be safely rehabilitated. But officers and patients were not the only parts of this performance – visitors also had a role to play. The superintendents demanded that the visitors treat the patients with the utmost respect, “as ladies or gentlemen”. They must refrain from “levity and rudeness of behavior” and “childish and unfeeling remarks, or impertinent curiosity” (Construction 69). As Graham Mooney, historian of medicine, says, “[t]he requirement to fulfil the role of disciplined visitor was traded with expectations that hospitals and asylums would protect local communities – either from infection or the mad – and restore the health of patients” (23). Each participant of asylum tourism thus – ideally – followed a carefully scripted procedure that was designed to present the asylum as a well-ordered and successful example of American progress and values. This staging of the institution (as utopia) went beyond the daily visits. Especially Brigham attempted “to make the asylum itself a hub of social activity and community involvement”

(qtd. in Miron, *Knowledge* 247). Regular events at the asylum welcomed visitors again as spectators, participants, and performers. Annual asylum fairs, “often topped with spectacular firework displays” such as those at Utica or Blackwell attracted considerable attention from visitors and newspapers, as they promised to provide the spectacle of madness combined with an appeal for philanthropy and enlightenment (ibid.).<sup>115</sup>

The managers of the institution saw themselves in the difficult position to negotiate the interests of the patients, the public, and their own. Regarding the latter, they were torn between the desire to protect the patients' dignity and to maintain a productive therapeutic environment without interference from noisy visitors, and the awareness that they needed some sort of open-door policy in order to legitimize their endeavor in the eyes of the public. The conflicting attitudes to and motivations for asylum visiting show how tenuous and complex the matters of negotiating madness and the response to it were, as three groups (managers and staff, outsiders, and patients) attempted to ascertain expertise, knowledge, status, understanding, and self-understanding – a struggle that reaches new dimensions on the battleground of literature.

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<sup>115</sup> Patients sold hand-made items that they had produced as part of their “occupational therapy” and visitors could thus take a souvenir from their experience with the mad home.

## 4 Literature and the Asylum

### 4.1 Literature and the Asylum – The Madhouse in Popular Fiction

The notable efforts undertaken by psychiatrists to promote the reformed and humane asylum, to alleviate the public's fear of institutionalization, and to convince public and private philanthropists to support the needs of the facility proved to be quite successful. Well-attended asylum fairs and asylum tourism in general did not only show the public's curiosity and fascination with the subject of insanity, but, as Janet Miron shows in her 2011 book *Prisons, Asylums and the Public* outsiders' visits contributed to an improved image of the institution. However, the benign image of the institution that the superintendents liked to present to the outside was not necessarily reflected in American popular literature. In fact, Benjamin Reiss has convincingly argued that "[i]n the world of nineteenth-century fiction ... the moral treatment movement in asylum medicine never happened" (180). Indeed, the literary processing of the institution often worked against the efforts of the superintendents. Both the madman and the asylum eloped from their material entrenchment and launched into the pages of newspapers, the sensational press, and literary magazines. Be it debates about the construction and architecture of new facilities, or rallying essays calling for legislative petitions, there is no doubt that the press was a key factor in popularizing the daily routines of the asylum and bringing the madman to the forefront of the public consciousness. While the superintendents must have been thrilled with the publicity offered by the periodical press, their cause being made into such an object of fascination for the public, they could not have anticipated nor welcomed the flurry of popular novels that put the "mad-house" and its inhabitants – both patients and staff – center stage. The surge of newly built asylums in the first half of the nineteenth century and the professed interest in the subject evinced by the public turned the lunatic asylum into an incredibly alluring motif for nineteenth-century US writers; its elaboration, however, was often the opposite of flattering, especially in so-called sensation novels. The works subsumed under this relatively

short-lived but incredibly popular genre predominantly tend to engage with “sensational” aspects of bourgeois life, often including violations of decorum, sexual mores, political scandal, murder, and abuses of power and authority. Given these topics, it is not surprising that the asylum and the mysteries presumably obscured within its walls feature prominently in many sensational novels.

### **The Asylum as a place of punishment**

The works of best-selling author E.D.E.N. Southworth regularly feature female madness and mental institutions, such as in *The True and the False Heiress* (1855) and *Broken Pledges* (1855). In Southworth’s most popular serial novel, *The Hidden Hand* (1859), the heroine’s mother is held captive at a mansion for eighteen years before being drugged and falsely incarcerated in an insane asylum in which the attendants repudiate her story as delusional – all of this instigated by a powerful and cruel male antagonist who wants to keep the family inheritance to himself.<sup>116</sup> Southworth’s novel is an excellent example of how popular fiction played with the public’s fears and prejudices towards – unwarranted – institutionalization, but by far not the only one. In Fanny Fern’s sentimental bestseller *Ruth Hall* (1854), the eponymous heroine receives a billet written by her dead friend Mary: “I am not crazy, Ruth, no, no—but I shall be; the air of this place stifles me; I grow weaker—weaker. I cannot die here; for the love of heaven, dear Ruth, come and take me away” (141). This episode evokes the widespread fear of being wrongfully accused of insanity; at the same time, Fern points towards the relative ease with which husbands could have their wives committed once they grow tired of them – which is exactly what had happened to Ruth’s friend Mary.<sup>117</sup> The content of the note directed to Ruth also mentions the “stifling air” of the place which made Mary “grow weaker”, clearly presenting the institution as the very opposite of a therapeutic space. A more sensational approach is taken by dime novel writers George Lippard and George Thompson. In *Dashington* (n.d.), Thompson presents a

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<sup>116</sup> Another one of Gilbert’s and Gubar’s “madwomen in the attic.”

<sup>117</sup> Emphasizing this connection, Fern includes another woman’s backstory. During her visit to the asylum, Ruth sees another patient, “a crazy woman”, according to the matron, whose “husband ran away from her and carried off her child with him, to spite her” (140).

grim institution led with an iron hand by a maniacal superintendent who does not shy away from raping and dissecting his patients. Lippard's infamous *Quaker City; or, The Monks of Monk Hall* (1845) also features an asylum under the directorship (or rather, dictatorship) of a dubious physician. Joining the group of writers who made use of the asylum as a location for their sensationalist plots was utopian reformer and dime novel writer A.J.H. Duganne. In *Knights of the Seal; or, the Mysteries of Three Cities: A Romance of Men's Hearts and Habits* (1845), Duganne's portrayal of the asylum is, in Lisa Hermsen's words, "almost absurdly bleak" (61). Like in *Quaker City*, the asylum in Duganne's city mystery is based in Philadelphia and is described in terms similar to Lippard's.<sup>118</sup> Duganne explicitly invites the reader to follow him on what can only be described as a tour through human misery and horror. As the reader is led into the asylum, the dark passageways grow "wild with horrible cries – laughter that curdles the blood, – low plaintive moans of misery – curses and prayers are mingling. This", the author states intently "is a mad house" (7). Duganne thus frivolously presents his fictional asylum as a representative depiction of a mental institution. Consciously, he draws upon the register of all the horrors his audience might associate with the asylum; as the reader passes the cells that look like "cages for wild beasts" he encounters a man, "chained and naked, dashing his bleeding hands against the bars of his cell, howling ... with white foam on his lips" and a woman sits "in bitter and ceaseless misery ... swaying her weak limbs to and fro" (7). The asylum, so described, emerges as a gothicized structure with a tyrant – Doctor Palmarin – reigning over it.

Reiss argues that expository works of fiction pose a "fierce corrective" to the propagandistic textual output of the superintendents (165). On a closer look, though, it seems more plausible that writers

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<sup>118</sup> At the time in which Duganne and Lippard used the asylum and the trope of the "mad mad-doctor" in their works on Philadelphia, there were at least two institutions operating in the city, one being the influential Friends Hospital (also known as Asylum for Persons Deprived of the Use of their Reason), the other the equally famous Institute of the Pennsylvania Hospital, administrated by Thomas Story Kirkbride from 1841. Considering that both institutions enjoyed a sound reputation, it seems unlikely that Duganne and Lippard based their fictional asylums on either the Quaker hospital or the Pennsylvania Institute but played rather freely with prejudices towards institutions for the mad.

such as Southworth, Lippard, and Duganne, rather than criticizing the asylum movement, which, in Reiss' words "never happened" in fiction, engage and play with an already deeply entrenched image of the asylum and the public's tacit expectation of the mad-house as a novelistic setting which had more in common with the privately owned run-for-profit madhouses of the eighteenth century than the reformed insane asylum of the nineteenth century.<sup>119</sup>

It would be tempting – and certainly not wrong – to argue that sensationalist writers fall back on stereotypical images of raving lunatics, and thus perpetuate cruel and dangerous misconceptions. Yet, to a certain extent it is actually the contemporary medical literature that may have fed the writer's imagination when it came to "accurately" depicting mania, and which cemented the image of the raving madman as a threatening and degenerated being. This might seem like a bit of a paradox; after all, was it not the principal aim of the self-proclaimed philanthropists and superintendents to re-humanize and de-stigmatize the insane? In their endeavor to establish asylum medicine as a distinct and accurate science, physicians closely followed Esquirol's revolutionary treatise *Mental Maladies* (1838) which was built on a new classification system, a distinction between various kinds of madness, and a rejection of the old notion of "general madness" or "total insanity" and its replacement by "partial insanity." Curiously, the notion of mania, albeit somewhat differentiated from other categories of insanity by Esquirol, persisted and found its way into American medical textbooks and common usage.<sup>120</sup> What the term mania – first described in ancient Greek texts<sup>121</sup> and hence enjoying a long and uninterrupted relevance – denotes are

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<sup>119</sup> That is not to say that (sensational) fiction writers were untouched by the reform impulse of the nineteenth century. David Reynolds has placed most of the writers discussed in this work in the tradition of ambivalent "dark reform" (*Beneath the American Renaissance* 67-68).

<sup>120</sup> Amongst others, these textbooks include Ray's *Mental Hygiene* (1863), Sweetser's *Mental Hygiene* (1843), and Bucknill's and Tuke's *Manual of Psychological Medicine* (1858). In his interpretations of Shakespeare, Ray casually writes about the "maniacal wildness and disorder" in the Bard's texts ("Shakespeare's Delineations of Madness", 291). In fact, terms like "maniac" and "maniacal", always connotated with violent outbursts and often animalistic behavior, proliferate throughout the nineteenth century, not only in medical writing, but also in literary writing and everyday language.

<sup>121</sup> Mania, just like other forms of madness, were then explained with Galen's humoural theory.

symptoms that closely resemble “traditional” and performative perceptions of madness, even, or especially in Esquirol’s textbook.<sup>122</sup> According to Lisa Hermsen, Esquirol’s seemingly modern treatise “was a bridge that transported deep-rooted notions of madness to current [nineteenth-century] clinical diagnostic criteria for mania” (14). She insists, however, that even though mania and madness may coexist or be embedded in one another, they have always denoted two different things (15).<sup>123</sup> Mania and its accompanying symptoms such as rage, outbursts of anger and excitement, as well as a propensity to violence were, nevertheless, basic components of every nineteenth-century psychiatric manual.<sup>124</sup> But whether the wild lunatics that populated sensational novels of the mid-nineteenth century were reformulations of stereotypes or informed by contemporary medical literature, they certainly tapped right into culturally ingrained anxieties and the classic depiction of the madman as more beast than human.<sup>125</sup> In their elaboration of the madhouse as a reform experiment gone wrong, sensational novels also joyously draw on the literary conventions of their predecessor, the classic eighteenth-century

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<sup>122</sup> “In mania, the multiplicity, rapidity, and incoherence of ideas, . . . exalt the passions of the maniac, occasion errors of judgment, corrupt his desires, and impel him to determinations more or less strange, unusual, or violent,” writes Esquirol (377-387). He reinforces the chaotic and raving characteristics of the maniac through his accompanying illustration of the madman suffering from mania – a man with feral facial expression and disheveled hair, crouching on the floor as he is constrained in a straitjacket. Hermsen devotes a whole chapter to the partly evolving, partly stagnant textbook descriptions of mania in her book *Manic Minds: Mania’s Mad History and Its Neuro-Future* (2011).

<sup>123</sup> Nineteenth-century medical literature suggests, though, that mania alongside melancholia merely denoted different stages or degrees of insanity. Norman Dain has elaborated on the significance and evolving meanings of these often-overlapping terms in his seminal book on *Concepts of Insanity in the United States, 1798-1865* 5-9; 60-81.

<sup>124</sup> Bucknill’s and Tuke’s manual, one of the most influential textbooks, still equated mania with “Raving Madness” in 1858 (296).

<sup>125</sup> The figure of Nebuchadnezzar is certainly one of the strongest and influential images of the madman as more beast than man. In the biblical book of Daniel, the Babylonian king Nebuchadnezzar is punished by God for his hubris; “he was driven from men and ate grass like oxen; his body was wet with the dew of heaven till his hair had grown like eagles’ feathers and his nails like birds’ claws” (4.33). William Blake’s famous 1794 print of Nebuchadnezzar illustrates the animalistic features of the king’s madness as described in the book of Daniel vividly, his nails resembling talons, his muscular body crawling on all fours. Additionally, Blake equipped his mad king with unnatural skin shades of blue, green, and gray. The most striking feature of Blake’s depiction, however, is Nebuchadnezzar’s face, with “wild eyes full of sullen terror”, as Blake’s contemporary biographer Alexander Gilchrist describes them (409).

Gothic novel. Although there were major differences between the two genres (the English Gothic novel generally took place in the past and mostly presented aristocratic characters), the early American sensation novel shared its antecedent's predilection for illegal incarceration, murder, impersonation, multiple secrets, blackmail, and rape.<sup>126</sup>

### **From Mad-Doctor to Mad Doctor**

The architectural nature of the new asylums also did nothing to dissuade fiction writers from using it as the central location of cruelty and mystery. As beautiful as these buildings appeared from the outside, their sheer size and imposing facades naturally conjured up images of gothic castles; the fences surrounding the grounds and the massive gates made them seem like fortresses. Their rural location and half-hearted isolation from urban centers and communities only served to steer the public's imagination in the direction of the potential mysteries and secrets confined within. Orpheus Everts, in languishing over the allegedly mounting – and in his opinion, unfounded – suspicion of the public, regrets that for many outsiders, the buildings resemble “the castle of an enchanter, whose dread power can only be dissipated by tearing down its walls” (129). As Everts implies, in most of the above-mentioned sensationalist texts it is not only the asylum per se that is painted in bleak and cruel colors. The superintendent is explicitly likened to an “enchanter”, echoing the manifold accusations by former patients and political opponents that the hierarchical structure of asylum management turned the director of the institution into an autocrat, and consequently, a tyrant whose “dread power” was not only absolute, but completely unfit for a Democratic republic. While these accusations may not have been always justified in the real world, in nineteenth-century fiction, almost all superintendents were made out to be sadistic villains.<sup>127</sup> Indeed, all the dreary fictional institutions for the insane are

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<sup>126</sup> Allen Grove has explored the common features of the gothic novel and the American sensational novel in “Coming Out of the Castle: Gothic, Sexuality and the Limits of Language.” *Historical Reflections / Réflexions Historiques* 26.3 (2000): 429–446.

<sup>127</sup> This is not to say that there were no superintendents in nineteenth-century America that did not fit the literary mold of the villainous autocrat. In her close study of the Utica asylum,

populated with matching attendants. Fanny Fern presents the asylum's matron as "gaunt, sallow and bony, with restless, yellowish, glaring black eyes" (139). Fern's description plays with the expectations of what a matron of the insane would look like. The superintendent, Mr. Tibbetts, in contrast, is "a tall handsome man, between forty and fifty, with a very imposing air and address" (139); he, however, is revealed to be as corrupt and partisan as one can imagine.

In *Knights of the Seal*, Duganne exacerbates Fern's notion of the immoral superintendent. In the asylums of Philadelphia, the mad-doctor becomes the mad doctor. Early in the novel, Doctor Palmarin's methods of coercion seem subtle and humane, and are strongly reminiscent of Benjamin Rush's suggestion of employing "the gaze." Rush was convinced that a violent patient could be subdued by a piercing stare, breaking the patients in like an unruly horse. His counsel is the following:

The first object of a physician, when he enters a cell or chamber, of his deranged patient, should be to catch his EYE and stare him out of countenance. The dread of the eye was easily imposed on every beast of the field. The tiger, the mad bull, and the deranged dog all flee from it: now a man deprived of his reason partakes so much of the nature of those animals, that he is for the most part easily terrified, or composed by the eyes of a man who possesses his reason. (*Inquiries* 175)

Palmarin seems to have taken a page out of Rush's book. Attacked by a lunatic, Palmarin, "his eye quailing not", tames the "raving maniac" after he has managed "to catch his fiery eye" (122). Soon it is revealed, however, that the subduing gaze is not the only method of coercion Palmarin, who reigns over the asylum with absolute authority just like the "enchanter" mentioned by Everts, employs. The physician

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Ellen Dwyer sketches the career of John Gray and reveals him to be the black sheep of the AMSAII. Following Brigham in the position of superintendent at Utica, Gray spent less time treating the insane and more time enjoying the spotlight, testifying in many trials as expert witness (for example in the well-publicized trial of Charles Guiteau, who had assassinated James Garfield in 1881), buying award-winning show-cattle with asylum funds and otherwise enriching himself at the expense of his patients and the state. Additionally, as the editor of the *American Journal of Insanity* and thus in a position of considerable power within the psychiatric community, he misused the Journal to discredit those who opposed him, openly feuding with members of the legislature, colleagues, and his own staff, which he frequently fired for minor infractions (Rosenberg 1968, Dwyer 1987; 1982).

resorts to blackmail, threats of flaying, and violence directed not only at the patients but also at his staff who are afraid to expose the abuses that are apparently rampant in the asylum (122). Additionally, Palmarin is extremely choleric – his mood can change from one minute to the next. In one of his outbursts of passion, he throws an “idiot boy” into the cell of a fitful maniac. Instead of attacking the boy and tearing him apart, the madman calms down and treats the child well, consequently exposing that the superintendent is far more prone to violence and unreason than his patients. This impression is irrevocably cemented in another episode of the novel. Upon seeing Palmarin, a patient cries out “So soon come to torment me?” The physician’s response comes promptly and maliciously: “[n]ow and forever...[t]ill the last drop of blood is dried within your veins, or till mine can feel no more the luxury of tormenting you!” (44). The predilection for torture thus exposed, the superintendent is positioned as the dangerous lunatic instead of the presumably deranged patient. As the reader reaches the end of the novel, Palmarin is firmly established as “[t]he maniac physician” who spends the rest of life “in the ravings of his madness” (194).

Duganne, as well as Lippard and Thompson, and to a lesser extent Fern and Southworth, criticize and warn against the concentration of power in a single individual (the superintendent) which would necessarily lead to an abuse of that power.

### **Poe and the Performance of In/Sanity**

While all the sensational texts discussed above engage with the notion of (abusive) authority in one way or another, another common feature is that they accentuate the fine and often arbitrary line between sanity and insanity, reason and unreason, and the fact that the drawing of these boundaries is irretrievably enmeshed with the problematic issue of authority and (self-)control. This circulatory entanglement is nowhere more apparent than in Poe’s well-known dark comedic short story “The System of Dr. Tarr and Prof. Fether” (1845).

The famous short story follows the narrator touring the European continent. While travelling through Southern France on horseback, he realizes that he is in the immediate vicinity of a “*Maison de Santé*” and is taken with a desire to visit the mental hospital to see the

widely hailed “system of soothing” applied practically (*System* 642-643). His companion does not share his eagerness and expresses his “horror at the sight of a lunatic” (642). He is, however, acquainted with the superintendent, Monsieur Maillard, and proposes to introduce the narrator since the superintendent does not allow unknown visitors roaming the institution. Poe’s “system of soothing” is a thinly veiled circumscription of the “traitement morale”, the system of moral treatment introduced by Pinel and Tuke, adopted by most institutions in the United States. Similarly, Poe describes Maillard in exactly those terms the asylum physicians used in their description of desirable qualities in a superintendent. Maillard, “a portly, fine-looking gentleman of the old school, with a polished manner” possessed a “certain air of gravity, dignity, and authority”, very reminiscent of Ruth Hall’s Mr. Tibbetts (643). The narrator, who remains nameless throughout the story, is duly impressed with Maillard’s composure and the splendid array of “[m]any books, drawings, pots of flowers, and musical instruments”, which were the staple of every reformed asylum (643).

From the beginning, the narrator doubts his judgment to readily recognize the insane. The first person he encounters in the institution is a young woman, dressed in black from head-to-toe, playing the piano and singing an aria. The narrator feverishly seeks for hints to determine whether the young lady in front of him was one of the patients, “and in fact, there was a certain restless brilliancy about her eyes which led me to imagine that she was” (643). Having made a tentative diagnosis, he is bewildered and impressed how “[s]he replied in a perfectly rational manner to all that I said...but a long acquaintance with the metaphysics of mania had taught me not to put faith in such evidence of sanity” (643). He is embarrassed at his incapability of making a distinction between sanity and insanity once Maillard reveals to him that the “patient” in question was his niece and not institutionalized. The narrator’s immediate assumptions fueled by some minuscule details of the lady’s comportment point toward the ease with which diagnoses of insanity were made, and how suspicious people were of “evidence of sanity” when it was insanity that was expected. The narrator’s epistemological confusion continues as Maillard leads him through the asylum without them

encountering a single patient. Upon broaching the subject, Maillard explains that at this institution they had abandoned the system of soothing and that the narrator would have a chance to see the patients after dinner.<sup>128</sup> The set-up of the dining room is completely at odds with what the narrator imagined; the table is “loaded with delicacies”, almost “barbaric” in its profusion, and runs counter to the proclaimed frugality of asylum economy; the arrangements of the room are of “very little taste”, and the “twenty-five or thirty” people who made up the director’s dinner company were, although “certainly of high breeding”, bedecked in ill-fitting, inappropriate clothes and jewelry (646, 645). Again, the narrator’s suspicion is awakened – did Maillard possibly deceive him, and was he dining with the patients after all? But again, he dispels his suspicions on account of the director’s assurance, and after conversing with some of his dinner companions who apparently give a satisfying impression of sanity. Shortly into dinner, the director and staff members animatedly discuss their patients’ delusions and support their descriptions with pantomimic gestures – the narrator thus beholds alternating and increasingly absurd and spectacular impersonations of a donkey, a bottle of champagne, a frog, a tee-totum, and a “chicken-cock” (649). After a while, the performance is disturbed “by a series of loud screams” which, the narrator observes, excessively frightens the dinner company (650). Maillard, attributing the noise to the patients, explains his motivation in abandoning the system of soothing; “no very long while ago” the patients had succeeded in overthrowing the keepers and imprisoning them. The narrator automatically assumes that “a counter-revolution was soon effected” and the power-relations returned to the status quo (653). Yet, as the dinner company is suddenly attacked by the presumed lunatics, the plot reaches its explanatory climax – the narrator, and thus the reader, realizes that the “counter-revolution” never really took place; that the “lunatics” are actually the keepers who have broken free of their cells in which the

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<sup>128</sup> The director’s description of the “soothing system” that had formerly been in place again reinforces the impression that it directly corresponds to the moral treatment employed in all the modern American asylums. Through recreations and amusements such as “music, dancing, gymnastic exercises generally, cards, certain classes of books” the patients would pass their time socially and enjoyably, the objective being to treat the patients as if they were not deranged, but reasonable citizens (644).

real patients had confined them; and that Monsieur Maillard and his eccentric companions were the patients in question.

In retrospect then, all the weird occurrences the narrator has observed gain a new dimension. For one, what is quite startling in this story, is the narrator's shortcoming in detecting the charade. Despite obvious hints that there was something odd going on, despite extensive foreshadowing of the twist, and despite the narrator's strong personal misgivings he puts faith in the director's explanations, illuminating that a diagnosis and interpretation of insanity is always set within a framework of expectation, and directed by authority. Owing to the position of authority the narrator grants the director, he adheres to all of Maillard's directives except the one that would have provided him with the ability to see through the deception: "Believe nothing you hear, and only one-half that you see" (645). Once having grasped the reversal of the patient-staff-relation, one must also take a second look at the episode in which Maillard and the patients, confronted with screams from another part of the asylum, "grew as pale as so many corpses, and shrinking within their seats, sat quivering and gibbering with terror, and listening for the repetition of the sound" (650). The terror with which the "staff" is instilled by the prospect of the real attendants' outbreak points towards the expectation of severe punishment, which in turn gives rise to the question over the nature of the relationship between patients and attendants before the latter's incarceration. How "soothing" was the system really before it was overthrown? Additionally, the turmoil accompanying the escape of the attendants causes the narrator to exclaim that "the lunatics have most undoubtedly broken loose." And indeed, the episode following "another series of yells" describes the hitherto incarcerated attendants as exactly that. With "loud shouts and imprecations" they beat the door "with what appeared to be a sledge-hammer, and the shutters were wrenched and shaken with prodigious violence" (654). The attendants enter, "fighting, stamping, scratching, and howling", presenting the stereotypical image of the raving madman.<sup>129</sup> Even the narrator, who at this point does not doubt that

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<sup>129</sup> The whole "revolutionary" scenario is accompanied by a cacophonous version of "Yankee Doodle", ironically connecting the American war for independence with the one fought out by the lunatics.

they had been attacked by lunatics, receives “a terrible beating” (655). In this turn of events, Poe very consciously plays with the performative qualities of madness, again pointing towards the role of expectation when it comes to distinguish and define sane or insane behavior. This notion of the performativity of insanity is even more salient when applied to the behavior of the real patients throughout the story, and set in relation to the concept of self-control (which is one of the fundamental aims of the system of mental hygiene and moral treatment). Patients not adhering to this system – be it experiencing a mental episode, refusing to do allocated work, or not participating in the daily routines of the asylum – were punished by the revocation of privileges and removal to a more violent and less comfortable ward. In turn, well-behaved patients who seemingly adopted the normative class and family structure were rewarded with privileges and the transfer to better quarters. Naturally, the patients in Poe’s *maison de santé* learned very quickly what the attendants regarded as normal behavior and acted accordingly. “Soothing” not themselves but the staff by performing sanity as well as they could, they were able to overthrow their keepers and invert the asylum power structure. Likewise, in nineteenth-century asylums, the patients’ survival and eventual release hinged upon whether they could convince the superintendent and assistant physician of their sanity, meaning whether they could successfully show the ability to self-control and self-censor. As the last part of this chapter will show, the importance of self-censorship and self-control is not only relevant in everyday behavior but even more so in the published writings of the patients.

In Poe’s short story, the patients successfully perform sanity; they manage to overthrow their keepers, and, despite occasional hiccups, keep up their performance for the narrator. At the dinner table, their performance reaches a new dimension. Impersonating the staff members, they animatedly discuss their “patients” and their delusions. In imitating these delusions, they turn the dining hall into Reiss’s “theater of madness” – they give performances of insanity all the while performing sanity. Retrospectively looked at in full understanding of the inverted positions, the dinner company, imitating donkeys, frogs, and bottles of champagne, reenacts their own delusions and thus gives an irrational self-performance. They talk

exclusively about themselves while pretending to talk about others, presenting what Jonathan Elmer calls the “displaced self-exposures” of Poe’s protagonists (1995, 144). It remains ambiguous and open to interpretation whether the patients enact their true self or whether the spectacle is merely a performance of a performance. It is clear, however, that Poe openly calls into question the parameters of the evaluation of sanity and madness. In this story, he confronts the real-world issue of competing and incompatible notions of insanity’s epistemological boundaries, all while he throws doubt on the concept of sanity itself. Maillard gleefully gives voice to this when he describes the madman’s cunning as “proverbial and great. If he has a project in view, he conceals his design with a marvellous wisdom; and the dexterity with which he counterfeits sanity, presents, to the metaphysician, one of the most singular problems in the study of mind.” Finally, “[w]hen a madman appears thoroughly sane . . . it is high time to put him in a straitjacket” (653). What the sensational novels thus share with Poe’s story is the deconstruction of bulletproof diagnoses, the emphasis on the epistemological uncertainty of insanity, and the fact that notions of insanity are contingent on both tacit expectations and performativity. Poe’s Maillard joins the long line of mad-doctors becoming mad doctors who collectively point toward the entanglement of authority with the power of diagnosis, and consequently the power over freedom; all hinging on whether one can convincingly perform this authority. Both in Poe’s short story and the novels, this notion is of utmost saliency; these works of fiction subvert the notion of authority altogether, pointing out how the ones in charge are at least as “insane” as the patients, if not more so.

### **Superintendents versus “Yellow paper literature”**

While the superintendents certainly did not agree with the depiction of asylum practice and misplaced authority, they must have been even more distraught since most of the novels mentioned above were extremely popular and read throughout all social strata, by both men and women. Southworth’s *The Hidden Hand* began its serial run in the *New York Ledger* in 1859 and proved to be an immediate suc-

cess.<sup>130</sup> Southworth was the most-read female novelist at that point, only outsold by Warner's *Wide Wide World* (1850), Cummins' *The Lamplighter* (1854), and Beecher Stowe's *Uncle Tom's Cabin* (1852). With 60,000 copies sold in the year of its publication, Lippard's *The Quaker City* (1845) was the best-selling novel in all of America until the publication of *Uncle Tom's Cabin* (Reynolds VII). The popularity and success of these stories indicate the writers' acute sensibility of the public taste and interest in insanity. The duress of these works and writers also points toward their influence on readers and other writers. However, it was exactly that kind of "yellow literature", exposing the shortcomings and potential danger of the asylum, that superintendents thought to be generative of moral and mental sickness. In their opinion, sensationalist fiction such as the works by Lippard, Southworth, and Thompson were prime examples of what was wrong with American literature. They accused popular writers – and especially female writers – of "sickly sentimentality", overt sensationalism, and of failing to fulfil every American writer's mission to uplift the morals of the public and American culture (*Mental Hygiene* 58). First and foremost, this was due to the novels' often ambiguous moral nature (Loesberg 115). Isaac Ray warns that reading stories full of immorality, vice, crime, and violence would corrupt even the purest of souls (*Mental Hygiene* 56). A few years later, the psychiatrist's warnings are processed literarily in Louisa May Alcott's *Little Women* (1869). Jo March, determined to enter the writing business, takes the popular writer Mrs. S.L.A.N.G. Northbury – an obvious allusion to E.D.E.N. Southworth – as a model. However, reading as much as she can on "folly, sin, and misery" for inspiration, young Jo March unconsciously begins "to desecrate some of the womanliest attributes of a woman's character. She was living in bad society, and imaginary though it was, its influence affected her, for she was ... fast brushing the innocent bloom from her nature by a premature acquaintance with the darker side of life, which comes soon enough to all of us" (275). The corruption of the mind, manifesting itself on the

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<sup>130</sup> The *New York Ledger* had an impressive subscription of 400,000 around the mid-1850s. *The Hidden Hand* was published in 23 installments, starting February 5<sup>th</sup> and wrapping up on July 9<sup>th</sup>, 1859. It was published as a book only in 1888.

physical appearance as well, that results from the exposure to “sickly” novels was a matter of considerable worry for the asylum physicians who were concerned with a holistic system of health that included both mind and body. The determination to oppose such “tales of fiction” was motivated by the fact that they took personal offence; not only did these works actively contradict the superintendents’ claims, and slander asylum practice, they also presented values and characters that ran counter to the conservative psychiatrist’s expectations and ideals (*Mental Hygiene* 56). Often deliberately disregarding the fact that sensationalist writers often wrote according to an economic imperative, responding to the public’s interest in insanity, the superintendents thought the negative depiction to be intentional (Pykett 3). “[T]he greater part of this kind of literature”, complains Ray in 1863, “is calculated, if not designed, to debase the tone of moral sentiment, to suggest impure ideas, and send forth the imagination to wander into unhallowed paths” (274). To make matters worse, “this kind of literature” was everywhere:

Once, the yellow-covered literature, as it is called, was to be found only on railroads and steamboats, and, in corporal dimensions, seldom exceeded the modest limits of a pamphlet. Within a few years it has greatly enlarged its pretensions, and become an institution of the times. It has swelled into the more respectable dimensions of the duodecimo and octavo, it rejoices in all the attractions which the printer and engraver can give it; it forms the staple of the circulating library; it has secured a place upon the centre-table; and claims a notice from the reviews. (*Mental Hygiene* 57)

Confronted with this circumstance, Isaac Ray found a way to explain the existence and popularity of “unhealthy” literature (57). In a sweeping statement, he diagnosed the reading public as already diseased and attributes “the characteristic traits of the popular literature . . . to our extraordinary proneness to ill-health.” While the cause of this latent morbidity and sickness of the American society was not remedied, “[w]hile so large a portion of our people labor under a feverish pulse, a disturbed digestion, and irritable nerves, there will be, as natural consequence, this craving for an intense and exciting literature; and even here we have no exception to the prevalent law of demand and supply” (58). Ray implies here that much of the American public would undoubtedly benefit from an extended stay in the

asylum. The superintendents' preoccupation with what constitutes "right" and what encompassed "wrong" literature accurately mirrors the eighteenth- and nineteenth-century debate on the dangers of reading and explains their difficulties regarding the question which reading material would be appropriate for asylum libraries.

## 4.2 **Literature on the Asylum – The *American Journal of Insanity***

### **Remedial Measures**

Aware of the negative image of the asylum deeply rooted in the public consciousness and confronted with the proliferation of that image in popular fiction, early psychiatrists were compelled to seek more ways in which to counter this view and make the public aware of the benefits of the new and reformed asylum. Overall, they went to great lengths in their attempts to disperse knowledge about the nature and treatment of insanity, and, concomitantly, to convey a positive image of the professional madhouse — and, as an immediate consequence, of themselves. Personal efforts included public lectures at their respective institutions as well as extended lecture tours through neighboring communities and medical colleges.<sup>131</sup> Another strategy of public outreach constituted, as has been mentioned, the enabling and encouraging of visits both of interested community members and travelers from afar who wanted to see the trans-atlantically hailed system of moral treatment applied in practice, and of legislators and other potentially influential parties who were given extensive tours. In addition to all their practical efforts to open the doors of the institution physically, to dispel the fears of the public, and gratify its curiosity, the superintendents laid much of their trust in the published word. Nearly all the thirteen original founders of the AMSAII were prolific writers and published a substantial number of treatises, tracts, and essays in book-form as well as in magazines. Not limiting

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<sup>131</sup> Especially Pliny Earle attempted to both educate his patients about the world outside as well as educate the public about his patients, as shows the twenty-seven-lecture course he arranged at Bloomingdale. Additionally, he made efforts to recruit new physicians by delivering clinical lectures for medical students, such as before the Berkshire Medical College, Massachusetts.

themselves to medical outlets, and taking advantage of the relatively eclectic nature of popular magazines in the antebellum era, early psychiatrists such as Edward Jarvis (the “statistician” of the AMSAII) and Pliny Earle (superintendent of the Bloomingdale Asylum) published in the *Atlantic Monthly*, which ensured them a larger audience than purely medical journals.<sup>132</sup> Other outlets the physicians resorted to include the *Southern Literary Messenger*, various Boston-based magazines, and religious periodicals like *The Christian Examiner*.<sup>133</sup> The resident physicians also encouraged their visitors to report their experience in local and trans-regional newspapers and did not shy away from making use of their connections to other contributors to periodicals.<sup>134</sup>

In their studies of nineteenth century asylums, Benjamin Reiss and Lawrence B. Goodheart imply that the exclusively flattering depictions of insane asylums and their management in the works of the widely popular poet and essay writer Lydia Huntley Sigourney were partly inspired by her intimate connection with Amariah Brigham.<sup>135</sup> I find several factors supporting this impression. Brigham was the Sigourney’ family physician and close friend for many years before assuming the position of superintendent first at the Hartford Retreat

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<sup>132</sup> During 1869, Edward Jarvis wrote a series of articles on the “Increase of Human life” in the *Atlantic Monthly* and underpinned his essays with frequent remarks on the professional authority of asylum physicians, their superior knowledge on the subject of “human life”, and the perfect conditions of the utopian asylum (Vol 24, 495; 581; 711). Jarvis continued to write for the *Atlantic Monthly* during and after the Civil War, having been named a leading member of the U.S. Sanitary Commission (“Sanitary Condition of the Army.” *Atlantic Monthly* 10 (October 1862): 463-497). He also offered his opinion about immigration in connection with mental health (“Immigration,” *Atlantic Monthly* 29 (1872): 454-468).

<sup>133</sup> See for example C.B. Hayden’s article “On the Distribution of Insanity in the United States” in the *Southern Literary Messenger* (1844). *The Christian Examiner* also frequently reprinted annual asylum reports, for example the “Sixth Annual Report of the Trustees of the State Lunatic Hospital at Worcester” (1839), pointing out the “successful operation of an institution, in which the whole community takes a deep interest”. The paper also frequently featured articles on asylums such as “A History of McLean Asylum” written by Edward Jarvis (1849).

<sup>134</sup> Dorothea Dix was well-known to many superintendents and in close communication with some of them as they all had the improvement of conditions in asylums at heart. Dix toured most of the American asylums and wrote extensive pieces to showcase the plight of the insane and to rally public and governmental financial support. One of these pieces on “The Insane of Massachusetts” was, for example, published in the *North American Review* 56, Jan 1843: 171-91.

<sup>135</sup> Sigourney also wrote an elegy on Dr. Eli Todd of the N.H. Retreat, another family friend.

in 1840 and then at Utica in 1843 (Reiss 227, Goodheart 95). In *Scenes from My Native Land*, a mélange of poems and essays presenting a mainstream vision of America, Lydia Sigourney reports on the impressions that her recent visits to institutions of the insane – which were, somewhat conspicuously, the Hartford Retreat and the Utica State Asylum – had made on her. In her account, the latter should unquestionably be regarded as one of the city's "marks of opulence and prosperity" with a "magnificent front . . . well-arranged offices and appendages . . . sufficient for the comfortable and even luxurious accommodation of several hundred patients". She also remarks approvingly on the grounds and its opportunities for exercise, the library, schools, and the music room, all made possible through the "munificent endowment" of New York – something that, she sneeringly remarks, "her sister States" would do well to take as "a noble example" (129). In much the same manner, Sigourney introduces the Hartford Retreat for the Insane, "a noble and spacious building" with extensive "pleasure-grounds" (244), and echoes Brigham's sentiment that the scenery would be "well adapted . . . to medicate a mind diseased." She even cites Brigham verbatim and extensively over two whole pages, although referring to him only as "the superintendent." Sigourney quotes Brigham' enumeration of the various means of entertainment at his institution designed to dispel melancholy, and his account of the happy and cheerful mingling of attendants, his own family and children, with the patients, so "that they are hardly to be distinguished, and oftentimes, to the amusement of all, mistaken for each other" (255). In her account, Sigourney makes sure to mention not only all aspects of moral treatment – the library, the carriages, the attending chaplain – but also the "recovery of a great proportion" of the insane; all the things that the superintendents continuously took pains to communicate to the public (256). Sigourney even takes up the traditional flattery and appeal to philanthropy frequently employed in institutional rhetoric and remarks on the "beauty of that benevolence which is the glory of any people" pervading the very walls of the asylums and reflecting positively on the community (129).

Her work being predominantly favorably reviewed in various magazines as influential as *Graham's* and *The Southern and Western*

*Monthly Magazine and Review* (edited by William Gilmore Simms) and as diverse as the *Massachusetts Ploughman and New England Journal of Agriculture* and the *Christian Register* certainly helped the superintendents' cause.<sup>136</sup>

### Participating in the Publishing Market

Early psychiatrists were acutely aware of the massive influence and rapidly growing popularity of periodical publications. Isaac Ray of the Butler Hospital even called them “the secret springs and forces of society ... by which large masses of men are swayed” (*Mental Hygiene* 158). Thus, it is not surprising that these men wanted to harness that potential for themselves and to participate in the thriving market with a publication of their own which would best serve their manifold intentions.

In June 1844, the first edition of the *American Journal of Insanity* was published by Amariah Brigham, then superintendent of the influential Utica State Hospital. Although Brigham authored almost the entire first issue (containing six essays on insanity and a list of existing public and private asylums in the country) all by himself, from the start the journal was presented as the official organ of the emerging psychiatric community. Four months later, at the first and founding meeting of the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL), the thirteen members unanimously accepted the *AJI's* status as the voice of the guild.<sup>137</sup> Under the continued editorship of Brigham, the journal thrived. Tracing the issues from 1844 to 1854 (after which John Gray took over the position as both editor and superintendent), I found that they became consecutively larger and their contributors more diverse, as did the contributions themselves. As several favorable notices, reviews, and reprints of the journal's articles in both American and European magazines indicate, the *AJI* quickly established itself as the

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<sup>136</sup> *Graham's American Monthly Magazine of Literature, Art, and Fashion* (June 1845); *The Southern and Western Monthly Magazine of Literature, Art, and Fashion* (June 1845); *Massachusetts Ploughman and New England Journal of Agriculture* (29 December 1844); *Christian Register* (7 December 1844; 28 December 1844).

<sup>137</sup> Amariah Brigham. “Meeting of the Association of the Medical Superintendents of American Institutions for the Insane.” *American Journal of Insanity* 1.3 (1845):253-254.

first (and only) medical specialty publication in the field of insanity. In the following years and decades, under the editorship of John Gray and afterwards George Alder Blumer, the journal's success story continued. In 1894, the journal which had for the last fifty years belonged to the Utica institution, was sold to the AMSAII (which at that point had renamed itself the American Medico-Psychological Association) for the sum of \$944.50, finally assuming its status as the official journal of the Association.<sup>138</sup> Today, with an impact factor of 14.119, the *American Journal of Psychiatry* is one of the most widely read psychiatric journals globally.<sup>139</sup> It is also "the oldest continuously published medical specialty journal in the United States", as *AJP*-editor Nancy C. Andreasen proudly proclaimed in her article celebrating the journal's sesquicentennial in 1994, and again in her 2001 book *Brave New Brain*. Even though, in 1844, Brigham could not possibly have imagined the incredible longevity and scope of what was essentially a personal pet project, he had high hopes and expectations for the journal right since its inception. These he summarized in the description of the publication's aim, which was put out as official advertisement and reprinted, inter alia, in the *Boston Surgical and Medical Journal* (1844). "The object of this Journal [capitalization in the original]", he tells us, "is to popularize the study of insanity – to acquaint the general reader with the nature and varieties of this disease, methods of prevention and cure. We also hope", he continues, "to make it interesting to members of the medical and legal professions, and to all those engaged in the study of the phenomena of the mind" (n.p.).

While Brigham's description immediately points towards the programmatic approach for the *AJI* – to discern the nature, prevention, and cure of insanity –, the most eye-catching feature of the advertisement is its proclamation of the expected and hoped-for diversity of audience.

### **Resorting to European authorities as validating knowledge**

Nevertheless, the publication was obviously primarily designed as a scientific specialty-journal. The contents of the early editions of the

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<sup>138</sup> *American Journal of Psychiatry* 151.6 (June 1994), Sesquicentennial Supplement. 2.

<sup>139</sup> The impact factor stated here is taken from 2020.

*AJI* focused mostly on gathering and condensing knowledge of their emerging medical branch. Various writings on the causes, symptoms, and treatments of insanity were presented, and then tentatively developed into allegedly universal systems of etiology, symptomatology, and therapeutics. Rarely, however, were the American superintendents' productions original or revolutionary. While they stubbornly maintained that the nature of the disease manifested differently in the US, thus needing a national approach to treat peculiarly "American" forms of insanity, they drew extensively on the research of Europeans. Especially in its early issues, the *AJI* contained multiple excerpts from the writings of "real revolutionaries" like Philippe Pinel, William Tuke, Jean-Étienne Esquirol, and Vincenzo Chiarugi, and even in their own writings, American alienists continuously referred to these prestigious writers. Considering their ongoing quest for authority, which rested on shaky grounds from the start, this can be read as their subconscious attempt to establish the third of sociologist Max Weber's criteria for authority and leadership: tradition (the other two being charisma, and a legal-rational basis). The psychiatrists could not refer to such a tradition as their profession had been virtually nonexistent before the nineteenth century (with the notable exemption of Benjamin Rush), and their professed task to interpret and cure the wanderings of the mind had rested firmly in the hands of clergymen, philosophers, and writers. Therefore, with no scientific antecedent to speak of, in their works American psychiatrists resorted mostly to the French writers who already enjoyed a substantial reputation in the medical domain, and particularly in the treatment of insanity. The inclusion of European asylum reports and of research being conducted in foreign centers of psychiatry, interspersed with comments on its American application and applicability, served to convey the impression that the American psychiatric brotherhood was up-to-date and at the forefront of medical progress. The lack of scientific predecessors, and their fledgling and not yet sufficiently cemented self-image motivated the aspiring psychiatrists to turn to another profession for metaphysical, practical, and ontological knowledge, that would both substantiate and complicate their claims to expertise, and their relationship with literature.

### **Writers as Source of Medical Knowledge – Superintendents as Literary Critics**

Brigham's lead article in the first number of the *American Journal of Insanity*, entitled "Insanity. Illustrated by Histories of Distinguished Men and by the Writings of Poets and Novelists" sets the tone for successive numbers of the journal and foreshadows the importance of analyses of literature within psychiatric writing. Brigham's essay, as I have shown in the first chapter of this dissertation, emphasizes the "wonderful power of observation" of "fictitious writers" (9). For him, Shakespeare, Molière, and Byron provided the new profession of psychiatry with invaluable insight into the human mind. As we remember, the prevalence of literary pieces on Shakespeare and the mind of his characters, as well as other authors, served as a "declaration of culture" with their readers, and to present the psychiatrists as gentlemen of high literary education (Blumenthal 3).

The plastering of the pages of the AJI with "countless allusions to English poetry, lengthy articles concerned with literary criticism" and "elaborate studies of the 'poetic temperament'" was more than just a "declaration of culture" of the psychiatrists (Blumenthal 3). For one, their additional undertaking of the task of literary historian and literary critic enabled them to read literature with an agenda and to re-interpret well-known and well-respected literary works in their own framework and for their own intentions. Furthermore, as already mentioned, they considered some literary authors to be "endowed with superior skills of observation", and thus a useful source of knowledge and understanding. However, a third train of thought and theory is traceable throughout the issues of the AJI; namely, that poets and writers were so apt in describing the symptoms of morbidity, melancholia, and mania, because they were writing "from their own personal experiences" (4). While not entirely a new idea, the relationship between madness and creativity already being part of a collective tacit knowledge, it offered the psychiatrists the opportunity to denounce the "light literature" they so despised, which encompassed the novels formerly discussed. After all, they claimed, these novels must have been written by a morbid and sickly mind, ravaged by long exposure to insanity. On the other hand, they could explain why men of letters seemed to have such an insight into the

(aberrant) workings of the mind. Supported by already existing works such as Richard Madden's *The Infirmities of Genius* (1833), they started to diagnose not only the maladies of the fictitious characters, but the authors themselves. This equation of author and work when it comes to problems of mental health had far-reaching consequences; the pathologizing of literature reached its height in the era of psychoanalysis, and the retrospective diagnosing of characters and authors still enjoy considerable popularity in both literary studies and psychology. Cementing the already culturally accepted correlation between insanity and genius was not limited to the American psychiatric brotherhood. Famous English psychiatrist Henry Maudsley subjected Edgar Allan Poe to an in-depth analysis and interpreted his morbid storytelling in the light of his alcoholism and personal erratic episodes ("Edgar Allan Poe"). What is most fascinating about the contributions to the *AJI* which explore the mental maladies of "men of letters" is that the authors in question are exactly those that were deemed to be the most insightful, and geniuses as well; Byron, Johnson, Bulwer, Rousseau - and yes, Shakespeare. In describing these men as "geniuses" and their "afflictions" as stemming from overly developed sensibilities and literary talents, while denouncing the works of sensationalist writers as morally depraved and mentally deviant, the superintendents expose their cultural bias.

### **Medium of Exchange**

The journal fulfilled its primary function as a medium of professional exchange on an international level, but on a more local basis as well. Despite yearly meetings of the Association and extensive communication via letters – such as the correspondence between Bloomingdale's Pliny Earle and Butler's Isaac Ray, and between the notoriously overwhelmed Amariah Brigham and Pliny Earle –, the physicians specializing in mental science and moral treatment had only rare occasions to exchange curious cases and debate theoretical concepts in person. Asylums were widely dispersed throughout the country and often, obligations at their own institutions hindered them to participate in the Association's annual convention. However, receiving the journal enabled them to follow the proceedings of the yearly meetings of their guild, inform themselves of the newest and most

interesting books published in this country or abroad, and follow their fellow psychiatrists on their travels abroad to visit European institutions for the treatment of the Insane.<sup>140</sup> In turn, the journal offered them a place to present their own theories and findings, or to report on curious, interesting, or obstinate cases of insanity so that their colleagues might offer advice and suggestions for treatment.

Under Brigham's editorship, the journal had a universal – if not miscellaneous – and inclusive character. Despite its eclectic featured articles, it also functioned as a stabilizing and unifying medium of the American psychiatric profession and presented a united front to the public. While the journal certainly was (and still is) an instance for the standardization of views on and of psychiatry, the intellectual and etiological flexibility of the asylum physicians allowed for a variety of viewpoints and fruitful exchange. The permissive nature of the *AJI* changed fundamentally once John P. Gray assumed leadership in 1854. The “united front” began to crumble as internal squabbles and intra-professional fractures arose. Instead of letting the difference of (clinical) opinion be resolved in the pages of the *AJI*, Gray took a much more selective approach. As an adamant somaticist, convinced that insanity was in essence a purely physical disease, Gray attacked “detractors” or physicians who expressed opinions and theories other than his own, and whenever possible, he refused to publish their contributions (Dowbiggins, 11-12). Still, there were submissions he could not dismiss; according to Ruth Caplan's research “he commented on the annual reports and speeches of colleagues with often brutal sarcasm” (107). Gray's volatile and egocentric actions, exclusionary as they may have been, may nevertheless have contributed to the creation of the desired image as a professional and concordant brotherhood.<sup>141</sup>

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<sup>140</sup> Such as Pliny Earle's tour of thirteen European institutions in 1840, which he repeated in 1853.

<sup>141</sup> That Gray had made few friends in the psychiatric community by his quarrelsome and narcissistic character is shown by the lack of support he received after having been made the subject of a hearing at the State Legislature in 1881. His “enemies”, amongst them neurologists and his own colleagues, accused him of misappropriating substantial asylum funds, and covering up abuse at his asylum as well as making unwarranted and excessive use of mechanical restraints such as the infamous Utica Crib (Gambrell 126). In 1884, after a well-publicized incident involving three attendants and a patient suffering seven broken ribs, a broken jaw, and a punctured lung, Gray was again a person of interest in a two-month long

### **Swaying the Legislature**

A frequent feature of the journal consisted of extracts from the annual reports of the state-funded institutions; specifically, their statistics of admissions and releases. These were always accompanied by comments underscoring the extremely high recovery rates effected in the establishments operating under the system of moral treatment. While this might be interpreted as some sort of intra-professional contest for best or most effective management, the release statistics represent more than just a competitive or merely self-congratulatory move.

The cost related to the building and maintenance of the stately asylums was immense. For example, the Lunatic Asylum of Ohio, built in 1835, cost around \$61,000. The original budget for the famous Utica State Lunatic Asylum amounted to \$50,000; while the actual sum varies depending on the source it can be safely assumed that the cost of construction including the 1870 expansion of the Utica facility ranged between \$400,000 and \$800,000.<sup>142</sup> The Worcester Lunatic Asylum, one of the first state-funded facilities in the United States, opened its doors for 120 patients in 1833, having been heavily supported by the philanthropic community, and constructed at the cost of around \$50,000. When overcrowding became a problem, a new and larger facility was necessary. The massive building, designed in the popular but expensive Kirkbride style, cost well over a million dollars when it was finished in 1877.

The directors and boards of trustees often found their institutions inadequate to accommodate the ever-rising number of admissions, to provide them with bed and board and appropriate treatment. While the earliest American asylums had been built and maintained largely by community charity and benevolent individuals, by the late 1830s it was evident that private philanthropy was no longer sufficient to answer to the demands of an enlarging asylum system, and that state support was imperative for the continuation of that system.

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hearing and in headlines of New York newspapers. Gray was never as popular with his patients as his predecessor Amariah Brigham; on one occasion he was shot in the face by his former patient Henry Remshaw.

<sup>142</sup> A very critical but stance on the cost of construction and repairs of the Utica facility is taken by the *New York Times* in an article on “Corruption and Abuse” (31 March 1891).

“The day has gone”, writes Samuel Bayard Woodward, superintendent of the Worcester State Hospital, in 1840, “when individual munificence will establish institutions for the insane.” In his opinion, from now “the states must establish and sustain them” (qtd. in Grob, *State and the Mentally Ill* 117). The philanthropic spirit of the antebellum era proved to be advantageous for that cause. However, the considerable financial expenditures that superintendents demanded from the government forced them to lobby state legislators and policymakers. One of the ways in which the physicians sought to convince the government that they were deserving of state funds was a continuous emphasis on the – certainly hopelessly inflated – cure rate. The cure rates of American institutions during the height of the asylum era ranged between 87 and 100 percent as compared to a meagre (but probably more truthful) 40 percent in English asylums in the 1860s. American physicians took that as supportive evidence for the superiority of their system and their already state-funded institutions, implying that these rates might fall if further financial support were withheld.

Thus, the *American Journal of Insanity* was a means of advertising the institutions’ success and efficacy, and of bolstering appeals for the continuation and increase of state support.

### **Public Instruction**

However, as Brigham emphasizes in his description of the journal, its intended audience were not only his national and transatlantic brethren, as well as potentially supportive legislators; it was also explicitly directed to a lay community. Editors and contributors of the journal hoped that in providing non-professional communities, “general readers”, with accurate information about the “nature and varieties of this disease”, they would be able to dispel deep-rooted fears of madness and lead to a de-stigmatization of the insane. Thus instructed, it was hoped, people would be attuned to an early perception of the symptoms and manifestations of derangement; after all, the sooner a “lunatic” was delivered into the hands of the experts, the better his chance of speedy recovery (since insanity, as the early psychiatrists saw it, was a progressive disease and thus called for early intervention). Additionally, by providing some (flattering) insight

into asylum practice, physicians strived to combat the negative image of the asylum rooted in the public consciousness, and to replace it with an image of the asylum as a charitable, progressive, and transparent institution. Their strategy for achieving this involved playing with the public's tacit knowledge of the workings of a mad-house by invoking exactly that image of the asylum which the sensationalist writers presented; a dark and filthy place administered by unsuitable and indifferent staff who treated the patients like animals and subjected them to cruel experiments, or even provided no treatment at all. Many articles in the *AJI*, especially the annual reports, describe these horrid scenarios at length, only to then present their new and reformed institutions, benevolent staff, and progressive medical measures in stark contrast. This clear-cut strategy to sway public opinion by first admitting inhuman conditions, then instantaneously and strongly relegating them to the past, and finally extolling the asylum as a beacon of philanthropy was also employed by their English brethren, which makes for a fascinating transatlantic parallel. The institutional repetitive rhetoric on both sides of the Atlantic borders on cheap propaganda and can be seen carried to the extreme in W.A.F. Browne's influential *What Asylums Were, Are, and Ought to Be* (1837). The *Journal of Insanity*, like Browne's publication, thus also functioned as a medium in which to renegotiate public prejudice and tacit assumptions about the nature of a madhouse.

However, to reach a standing from which to successfully educate, inform, and indoctrinate antebellum society, the journal had to be read first. By pricing the magazine at a yearly subscription rate of one dollar and repeatedly pointing out the publication's superb price-performance ratio, the Association hoped to increase its attractiveness. Brigham, as the editor, urged existing subscribers to advertise and recommend the journal to their friends and acquaintances, especially those working in the fields of religion, law, and general medicine.

We hope those who now receive it, who are friendly to such a periodical, will call the attention of others, especially of Physicians, Lawyers, and Clergymen to the work, and induce them to subscribe for it. We venture to make this request, being convinced from numerous communications, that the work is thought to be valuable and worthy of being sustained, and the price

is very low. No exertion will be spared to make the Journal useful and instructive. ("Notice" 288)

To secure an even more extensive circulation, in addition to placing it at a low price, many copies of the journal were distributed gratuitously. Through easy accessibility to the journal, Brigham hoped to ensure its expressive object, "to popularize the study of insanity" (288). The dissemination of knowledge about the nature of insanity was about more than staging their expertise and presenting their institutions in a positive light. As Ruth Caplan points out, the journal was undoubtedly also designed as "a vehicle for public instruction" (13). The superintendents saw their writing as a kind of public service, familiarizing their readers with the principles of mental hygiene that they actively sought to instill in the patients at their institutions. These principles, as already mentioned, pertained to every imaginable aspect of life, from proper diet, regulation of sleep, the "right" kind of recreation, and the importance of exercise, to more obvious aspects such as methods of coping with work-related stress, the dangers of sedentary habits and mental overexertion, religious or political over-excitement, and of "vicious books" (*Mental Hygiene* 274).

The psychiatric brotherhood saw the journal not as a self-serving medium, but as one serving the community. It provided measures of self-control while at the same time elaborating and supporting core values such as the belief in perfectibility, individual responsibility, and the health of the community which was, as the psychiatrists saw it, of national importance. This approach corresponded to how the members of this emerging specialty saw themselves; as Grob points out, "they conceived of themselves as guardians and promoters of the general welfare" (*Edward Jarvis*, 22). Their conviction that "a true physician was at the same time a social activist and educator", and that mental hygiene was a system of holistic principles, explains and justifies their sweeping intervention into all aspects of every-day life (3).

### **Summarizing Objectives**

To briefly sum up, the journal had a variety of explicit and tacit purposes. It functioned as a medium of professional exchange between

transatlantic and locally dispersed centers of moral therapy, and at the same time it served as a unifying vehicle in the psychiatrists' strategy of professionalization. The journal was used as a means of communicating with and appealing to policymakers and provided convenient access to psychiatric knowledge to interested lay readers. Additionally, it conveyed "interesting and useful facts" about anatomy, physiology, and prescriptions for a healthy lifestyle to a general reader. Most importantly, its optimistic and informative articles alleviated public concerns about the nature of asylum treatment and thus rallied the necessary public support and enthusiasm needed for continuous expansion and improvements of asylums. And finally, it provided a space in which the superintendents could begin to fashion a self-image. In essence, the psychiatrists realized the potential of the printed word to open a dialogue between their own close-knit community and the public.

### **4.3 Literature in the Asylum – Asylum Libraries and Bibliotherapy**

#### **Books as part of moral treatment**

While the *Journal of Insanity* was the psychiatrists' attempt to reach beyond the walls of the institution, to connect with the outside world, and to instruct the general educated reader, asylum libraries fulfilled a similar function within the walls of the institution. Repeatedly and favorably mentioned in accounts of travelers and visitors such as Lydia Sigourney, Charles Dickens, and Harriet Martineau, libraries for the insane were part of the larger recreation and (re)education program appurtenant to the system of moral treatment.<sup>143</sup>

Even though most of the better psychiatric facilities in Europe had established libraries at the end of the eighteenth century, histories of

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<sup>143</sup> Lydia Huntley Sigourney. *Scenes in My Native Land*. Boston: James Munroe & Co., 1844, 129; Charles Dickens. "The Star of Bethlehem." *Household Words* 16.386 (August 1857):145-150; Harriet Martineau. "The Hanwell Lunatic Asylum." *Tait's Edinburgh Magazine* (June 1834). For a more general overview of hospital libraries and the development of bibliotherapy, see Nancy Mary Panella "The patients' library movement: an overview of early efforts in the United States to establish organized libraries for hospital patients." *Bulletin of the Medical Library Association* 84.1 (Jan 1996): 52-62.

psychiatry often regard Benjamin Rush, the founding father of American psychiatry, as the first physician to write explicitly about the beneficial effect of reading and, concomitantly, a patient library (Levin 89; Weimerskirch 510).<sup>144</sup> As early as 1802, Rush, in a lecture "On the Construction and Management of Hospitals", suggested that "[f]or the amusement and instruction of patients in a hospital, a small library should by all means compose a part of its furniture" (*Lectures* 192).<sup>145</sup> He expanded his recommendations to encompass the insane in 1810, in a letter to the board of directors of the Pennsylvania Hospital (*Letters* 1046). Finally, he laid out his recommendations in detail in what was to become the first American textbook on psychiatric care; in one part of his influential *Medical Inquiries and Observations Upon the Diseases of the Mind* (1812) he encouraged other physicians to let patients engage in "amusements" like reading. Rush notes that "as soon as our patients begin to discover any marks of the revival of the mind" it would be salubrious "to oblige them to apply their eye to some simple and entertaining book." Furthermore, he suggested letting the patients copy manuscripts, as well as reading aloud to those who were illiterate. These activities, in his opinion, would fix the deluded mind on one subject, different from that on which it was deranged (*Inquiries* 210). His suggestions were partly adopted in the first private mental institution of the United States, located in Rush's hometown Philadelphia, the "Asylum for the Relief of Persons Deprived of the Use of Their Reason", also known as the Friends' Asylum, founded in 1813. In their first annual *Account of the Rise and Progress of the Asylum* in 1814, the committee makes clear that they would take "considerable care in the selection of books for the use of the insane" (63). The managers' minutes of 1816 record "[t]he establishment of a library for the use of the Asylum" which contained "a judicious selection of books [that] will be highly useful to the

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<sup>144</sup> The use of books is one of very few of Rush's therapeutic ideas that outlived him. Rush's conception of insanity as a disease resulting mainly from brain inflammation led him to propose venesection as a primary panacea in all cases, with the occasional adjunct method such as the spinning chair. Unsurprisingly, only a few years later, when American asylum medicine became a rapidly growing field heavily influenced by French clinical medicine, his suggestions of treatment would be abandoned.

<sup>145</sup> In emphasizing the important balance of "amusement and instruction" Rush reminisces Horace's dogma of *delectare et prodesse*.

patients” (n.p.). In this respect, the Quakers’ retreat for the insane proved to be an influential model for the rest of the nation.

Although France and Germany might have been at the forefront of psychiatric research in general, and early supporters of patient libraries, by the middle of the nineteenth century the American asylum library system was second to none. Nearly every American institution for the insane, public or private, housed a library expressively for patient use, as the superintendents were careful to point out (Galt, *Reading* 583). Pliny Earle, superintendent of the Bloomingdale Asylum as successor of William Wilson from 1844 onwards, proudly boasted of the extent of the patient library in his institution, comprising “one thousand volumes [...], and five daily and eight weekly newspapers, two monthly magazine and four quarterly reviews” (*History* 34). While not all institutions could match Earle’s collection, assiduous efforts were made to ensure the availability and enlargement of reading material. Superintendents and the board of trustees appealed to communities and private individuals alike to donate books to the in-house libraries.

Inmates also had a chance to participate in the acquisition of funds for literature indirectly. The patient-produced *Asylum Gazette* of the New Hampshire Asylum for the Insane in Concord explicitly stated that all proceeds from the sale of this monthly-published paper were to go towards the stocking of their in-house library. The same statement, albeit enlarged and emphasizing the dire need for books, presents itself on the first page of every edition of *The Opal*, the patient journal of the Utica asylum.

The Opal commends itself to the generous and philanthropic, whose sympathies are with the unfortunate, and whose hearts are open to contribute to their relief. One great source of benefit and happiness to all of us, and especially to those whose residence here will perhaps be life long, is the perusal of interesting books, but we are in a great measure deprived of the advantages derived from this source, since the State has made no appropriation for a Library for our use. Our grand object in publishing the Opal, is to extend a knowledge of our wants to a generous public, who can not but be interested in our welfare. From Authors, Publishers and Booksellers, also from humane societies, churches, and private individuals, we shall be happy to receive contributions, either in subscriptions to the Opal, books, or money; and if in money, we will apply it to the purchase of books they may direct: and if no direction is given, will expend it in adding to our library,

such books as will in the judgement of the officers be most proper and useful. All contributions will be promptly acknowledged in our columns. (*Opal* 3.10, 280)

Additionally, these papers were sent out to magazine offices and circulating libraries for exchange. To say that all proceeds of the journals would serve as funds for the library was also a method of clever advertising. By appealing to the philanthropy of potential readers – since “[e]very subscriber to the paper will thus become a benefactor to the Insane, by contributing to the means of their recovery” – the editors hoped to enlarge their audience (1).

However, the most significant aspect of this appeal is the direct link between the enlargement of the library and the patients' recovery, positing the access to and use of reading material at the forefront of the therapeutic program.<sup>146</sup>

### **Bibliotherapy gaining traction**

Although Benjamin Rush was the first American physician to support the act of reading as a healthful measure, he did not invent the concept of bibliotherapy.<sup>147</sup> By the time of his adoption of it, the belief in the curative potential of literature could already look back on a long tradition. It is no coincidence that the ancient Greeks chose Apollo as the God for both poetry and healing. As Rhea Joyce Rubin remarks

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<sup>146</sup> Bibliotherapy especially blossomed from the 1930s onwards and has been a vibrant field of research. It is now applied in prisons, therapy centers, as well as in schools. “preventive bibliotherapy” – a measure of mental hygiene without the requirement of a present illness – is seen as particularly useful for children as a way of coping with difficult situations. There is an abundance of essays and studies dealing with bibliotherapy as a means of countering or understanding grief, shame, ADHD, loss, autism, the COVID pandemic, and much more, both for children and adults. The effects of bibliotherapy on clinical disorders such as PTSD and depression have also been documented. For further information, see Gualano, M. R., et al. “The long-term effects of bibliotherapy in depression treatment: Systematic review of randomized clinical trials.” *Clinical Psychology Review* 58 (2017): 49–58; and Glavin, Calla E. Y., and Paul Montgomery. “Creative bibliotherapy for post-traumatic stress disorder (PTSD): A systematic review.” *Journal of Poetry Therapy* 30.2 (2016): 95–107. Bibliotherapy and its application is also a frequent topic in essays on *Psychology Today*.

<sup>147</sup> The term is Greek and composed of the words *biblion* meaning “book” and *therapeio* meaning “healing”. According to Silke Heimes, the expression was coined by Samuel McCord Crothers in 1916 and first used in his article “A Literary Clinic” in *The Atlantic Monthly*, in which he suggests the use of books in hospitals to help patients with self-understanding (13).

in *Using Bibliotherapy*, the ancient Greeks considered libraries as repositories for the "medicine for the soul" (13). This expression was also the inscription that, according to historian Diodorus Siculus, was placed over the entrance to the library in Thebes (*American Magazine*, 341).<sup>148</sup> Similarly, Aristotle's concept of *catharsis* involves the therapeutic release of the audience's emotion in his tragedies. In "Plato's Pharmacy", Derrida muses on Plato's conflicted position towards the written word; while Plato expels the poet from his *Republic* on the grounds that art threatens the rational, in his *Charmides* he muses that "[i]f the head and body are to be well, you must begin by curing the soul" which is to be effected by "fair words" (441). 1<sup>st</sup>-century Roman encyclopedist Aulus Cornelius Celsus, presumably the first to use the word "insania" (insanity), explicitly links medicine and literature in his progressive treatise *De medicina*, in which he also dedicates lengthy section to mental disorders. He proposes that the work of great orators be read aloud to patients suffering from depression, melancholia, and delusions to strengthen their critical judgment. In Shakespeare's 1594 play *Titus Andronicus* the eponymous hero offers Lavinia to "[c]ome, and take choice of all my library, and so beguile thy sorrow" after her mutilation, implying the potential of literature for edification and distraction (Act 4, Scene 1, lines 34 and 35). At the end of the eighteenth century, German poet and playwright Friedrich Schiller singles out the power of literature against the "Verkrüppelung der Seele" [the crippling of the soul] in his treatise *On the Aesthetic Education of Man* (Unterholzer 19). Those are just a few spotlights of the past that show the traditional association of literature and medicine which might have served as impetus for Rush and his successors. But what exactly was it that made reading such a vital therapeutic practice in nineteenth-century asylums?

### **Galt's five arguments for reading**

At the third meeting of the AMSAII in 1847, the board assigned the task to enquire further into the past, present, and future role of reading within moral treatment to John Minson Galt II. Galt, superintendent of the Eastern Lunatic Asylum in Williamsburg, Virginia, was

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<sup>148</sup> Established by Rameses II (also known as Ozymandias).

the logical choice since he had been, after Rush, the physician most vocal about the need for cultural activities for insane patients. At that point, he had already written regularly about the theory and practice of bibliotherapy in his annual reports as well as in his influential textbook *The Treatment of Insanity* (1846) in which he had called for the establishment of libraries as basic elements of moral therapy and described the libraries of eleven asylums in detail (566). In 1848, he presented the results of his assigned inquiry in front of the Association. His lecture "On the Reading, Recreation, and Amusements of the Insane", which got published in 1853 as an essay in *The Journal of Psychological Medicine and Mental Pathology*, contained five major arguments for the usefulness of literature in therapy.

Reading, Galt proposes, was "one of the great revulsive modes of acting upon the insane mind" ("Reading" 581). Reminiscent of Rush's suggestion, he argues that by intensely focusing on a different subject, the patients would be at least temporarily distracted from their "own delusions and morbid feelings." Furthermore, delving into a book was an excellent way to pass the time and to alleviate the ennui felt by many patients. Especially for the chronic insane, Galt reports, who had been long confined "in the cloistered retirement of the asylum", literature would provide comfort, consolation, and amusement. He also realizes the inherent function of literature to convey knowledge. Through a directed course of reading, he fantasizes, "instruction could be acquired"; instruction on different subjects, both practical and metaphysical, which could then be put to practical use by the patients after their release. What was more, patients seemed to respond exceptionally well to the opportunity to obtain books. The very act of providing the patients with these was a means by which the officers of the asylum could show "in a clear light the kindly disposition thoroughly felt by them towards their afflicted charge", effecting the suppression of suspicion harbored by the insane, and thus contributing to a more congenial atmosphere and relation between attendants and inmates. Finally, Galt points out that reading would please and occupy the patient, making him or her more manageable ("Reading" 581). What Galt implies is that a directed course of reading could provide patients with a sense of accomplishment and contribute to reinstalling the self-possession and self-control so

necessary to their restoration (cf. Older 515). Overall, Galt holds that a library would prove advantageous even for those “unfortunates who might have never learned how to read” (“Reading” 585). The popularity, which libraries enjoyed within the general patient population, might induce them to acquire basic literacy through the help of fellow inmates; in pauper asylums and other institutions in which most of the occupants would be illiterate, Galt urged the attendants to read from newspaper articles and other shorter unchallenging pieces of writing.

Wrapped up in his suggestions for the reading and recreation for the insane, Galt seems to make a larger argument for the benefit of books and the effects of reading as pertaining to all strata of society. “Looking through the long line of ages”, he found proof that recreation, and reading as a relatively modern and sophisticated part of it, always had been conducive and essential to mental and physical well-being but that this practice gained new suitability in the New Republic. For Galt, books were an equalizing and democratic means of edification; a library was “a treasure-house of thought . . . open to all”, enabling conversations with genius. Literature was a comfort to people in every imaginable situation and position, “a mode of abstraction from earth’s cares and anxieties.” The starting point for these musings is his conviction of the “similitude of the diseased to the undiseased mind” (585). In fact, he stresses that since most of the mental faculties of the insane are “in a comparatively undiseased condition”, the patients must consequently enjoy the same benefits of reading as the sane; in many instances, even more so since the insane had a greater need for distraction, insight, catharsis, counsel, and edification, all inherent in literature (582). How serious Galt was about the necessity of engaging with literature is revealed in his suggestion on how to deal with those that seemingly lacked interest in the perusal of the library. In cases where patients showed “torpor and apathy” towards books, “due exertions to conquer this indifference” should be implemented. Galt remains silent on the exact nature of these “due exertions” – probably, because, even to him, forced reading sounded quite ridiculous. All in all, Galt expresses his strong conviction that the practice of reading and the content of literature was essential to mental improvement and well-being.

There were only two classes of patients in whose treatment reading was deemed unwise or inapplicable. One group consisted of those "whose minds are reduced to idiocy"; the other group was comprised of those who were suffering from an "acute or paroxysmal state of maniacal attack" ("Reading" 582). In the first case, efforts of persuading them to read would be lost because they could not understand or appreciate works of genius or less challenging products of the press; in the latter, reading would act as a stimulus and cause of excitement and thus prolong the attack. Similarly, Galt follows French psychiatrist Georget's recommendation that "[t]he ideas and passions of a patient should never be excited in the direction of his delusions" (Georget as qtd. in Galt), meaning, that if some person harbored delusions on a certain subject (monomania) he or she must be prohibited from reading material on said subject. This applied especially to persons whose cause of admission was recorded as "religious insanity" or "novel-reading."<sup>149</sup> On the other hand, Galt and others suggested that the material provided at the library should correspond to the patients' interests and abilities, including books in foreign languages, and scientific treatises on a variety of subjects. Moreover, since he saw the library as an intellectual pharmacy, he proposed to acquire books specially requested by patients, or for patients with an exceptional taste in subjects – after all, he argues, one would acquire a special medicine for rare physical diseases as well ("Reading" 583).

American superintendents all seemed to agree on the importance of reading as therapeutic measure. Even Isaac Ray, the greatest skeptic among the group, complained that although his newly built facility in Providence "fully answered his expectations, they were yet to have a library in place" (*Report*, 8). This universal accordance in feeling expressed itself in a most material fashion; Thomas Kirkbride's influential asylum design after which over thirty facilities were built post-1854 called for two patient libraries, one for women, one for men.

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<sup>149</sup> Religious insanity was anything but a rare diagnosis. For example, religious excitement accounted for over 190 cases of insanity in the *Thirty-Fifth Annual Report of the Officers of the Retreat for the Insane* at Hartford, Connecticut (April 1859), 17. Likewise, the reading of (too many) novels was often specified as a direct cause of insanity in various asylum admission statistics.

Superintendents often went out of their way to ensure the continuous stocking of their patient libraries. John S. Butler, resident physician of the Hartford Retreat, for example, repeatedly instigated private and public fund-raising campaigns and wrote letters in which he, aside from financial support, asked for paintings, furniture, but most of all for reading material (1860).<sup>150</sup>

In a clever strategic maneuver of flattery, enticement, and publicity, the donors of “parcels of newspapers ... and pamphlets ... assorted bibles ... elegantly bound volumes” would then be listed by name in the annual reports of the institution, providing the details of their gifts, and making their charity public (AR 35 Hartford, 29).

### **"A judicious selection of books" – Genres and Transmural Debates**

While a patient library was almost a matter of course in a mid-nineteenth century asylum, its healing potential accepted, the question of what kind of literature patients should be offered and encouraged to read was subject to much more divergent sentiments. In many ways, the opinions expressed by the mental physicians mirrored the lively and ongoing debate about the powers and dangers of literature. Having reached a climax in mid-eighteenth-century Europe already, this debate obtained new impetus by antebellum reformers and moralists in America and was a matter of urgency for asylum physicians who had to consider the respective mental states of their protégées. Nineteenth-century reformers often adhered to a basic binary opposition between good books and bad books. However, the distinctions between those categories was never "as absolute, as universally accepted, or as simple as they appear" (Pearson 7). This is nowhere more apparent than in the vague and often contradictory recommendations of asylum superintendents for the stacking of a general patient library.

It is difficult to ascertain what books the patients were encouraged to read. Not only did the psychiatrists remain vague about specific titles but they also widely differed in their opinions on genre. One

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<sup>150</sup> "Letter [soliciting pecuniary aid]." *Retreat for the Insane*. Hartford, July 20<sup>th</sup>, 1860.

point on which almost all seemed to agree, however, was the beneficial influence of nonfictional yet narrative-driven works. Galt recommends that, of the books in an asylum library, "the principal portion ... should be, perhaps, travels, biography, history, and the many miscellaneous works which form the charming polite literature of the English tongue" (583). Another superintendent speaking up in favor of these genres was Isaac Ray, who, in the *Trustees' Report of the Butler Hospital* of 1848, singled out travel-writing as the most appropriate kind of composition (18). A survey of the recommendations of other American and Scottish alienists such as W.A.F. Browne reveals that recommendations of histories, travel-writing, and biographies are consistent and unchallenged.<sup>151</sup> The reason for that can be inferred from the very nature of their genre as opposed to that of, for example, novels. While the latter were being treated cautiously based on their fictitiousness – or proneness to “lies” –, the allegedly fact-based truthfulness of travel reports, histories and biographies made them appear to be a more fitting reading material for the insane. With these genres, patients could enjoy a narrative-driven text, taking their mind off its own delusion while not encountering the risks associated with imaginative fiction. The exposure to “facts”, the physicians argued, would prompt, and support the patients’ mind on its way back to reason. This was the same line of reasoning by which the superintendents recommended the reading of scientific works. Many patients still had the ability to appreciate "the sublime truths of nature, as revealed in the various departments of science", as the physicians of the Friends Asylum maintained in their 1841 report, which is why they provided works of botany, zoology, physics, medicine, and mental hygiene (14).<sup>152</sup>

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<sup>151</sup> The affinity for travel-writing may also be connected to the eighteenth- and nineteenth-century custom to send the (wealthy) mentally afflicted on extended travels. This practice hinged upon the belief that the melancholic or outright insane needed to be removed from the environment that had potentially occasioned their affliction and had to be given new stimuli as well as distractions from their delusion or depression.

<sup>152</sup> The supplying of the insane with material on insanity and its prevention constitute a measure of help to self-help. While the superintendents were of course quite keen to present themselves as the primary (and necessary!) authority on all questions regarding insanity, they realized that in order to curb the apparent epidemic of mental illness they would need to instruct the general public on preventative measures of mental hygiene. In making these measures available in written form for the patients under their care, they hoped to deliver

A somewhat conflicted approach was taken towards the provision of religious texts. Benjamin Rush wholeheartedly recommended the Bible for all his patients, but especially for the old and melancholy. As support, he invoked the authority of the English writer Robert Burton. In his famous seventeenth-century treatise *The Anatomy of Melancholy* (1621), which Rush quotes extensively, Burton compares the Bible with “an apothecary’s shop, in which is contained remedies for every disease of the body” as well as for cases of “languor and depression of mind which occur in the evening of life” (*Inquiries*, 124). The patients seemed to have shared that sentiment. As John Galt remarks, the bible was “the book most desired and read” by the inmates of his institution (*Remarks*, 566.) However, he showed more reserve than Rush; while he shared the pioneer’s trust in the Bible as a means of consolation and edification for melancholic patients, in his opinion, selected Psalms and passages from the New Testament were more appropriate than the whole text. A large group of patients, however, was advised to stay clear of the Bible or any other religious texts. The diagnosis of “religious insanity” or “insanity caused by religious excitement” pertained to a substantial number of cases within nineteenth-century asylums, as William Sims Bainbridge found out in his survey (1984). Amariah Brigham, who specialized in *Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind* (1835), pleaded that inmates suffering from this particular affliction should not be indulged by scriptural readings. Thirteen years later, Galt identifies the same problem and notes that “[s]ometimes patients read and search the Bible to find passages to substantiate their delusions” (584). The fact remains that the Bible was amongst the most needed and popular items in asylum libraries.

### The Case of Novels

The most divisive genre proved to be, unsurprisingly, novels. The novel reading debate we find predominantly in moralistic tracts and the periodical press gained a new sense of urgency in the medical

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instruction to those that needed it most. The system of moral treatment sought to instill a sense of self-control and self-reliance which would, as was hoped, prevent cases of recidivism.

domain – if the excessive and injudicious reading could potentially endanger the mental and moral faculties of the “sane”, then how much more would the vulnerable minds of the deranged be jeopardized by immoral or imaginative material? In assuming stewardship over the contents of the patient libraries, the superintendents acknowledged their responsibility for the mental welfare of their proteges but at the same time attempted to project their ideas of a healthful consumption (meaning moderate) of healthful cultural goods (meaning sanctioned by them) unto the patients. While, as I have shown, the superintendents were in universal accordance with each other on the therapeutic potential of literature due to its didactic and distracting qualities, the same properties held the potential for further derangement. Novels, which were by far the most popular type of writing in the libraries aside from the Bible, came under increasing suspicion. On the one hand, they were well suited for moral and emotional instruction because of their affective qualities; on the other hand, the massive influence on the mental state ascribed to novels could also further existing delusions or create new ones. For nineteenth-century physicians as well as the lay community, this was a well-established fact, and reflected in the etiological category of “insanity by novel-reading”, traceable in most of the statistical admission tables of asylums that are featured in the annual reports of the respective institutions.

Rush originally maintained that all patients should be exposed to fiction. Emphasizing the transformative and, above all, absorptive qualities of novels, he believed that this genre of writing was most suitable to divert the patients from dwelling upon their own delusions and instead fix their mind upon a coherent plot (*Inquiries* 210; Dunkel 279). Novels, he argues “contain a series of supposed events which arrest the attention, and cause the mind to forget itself. It is because they so uniformly produce this effect that they are often resorted to by old people even of elevated understandings, in order to divert themselves from the depression of spirits which the death or treachery of friends, bodily pain, and the dread of futurity, create in their minds” (*Inquiries* 125). In his seminal textbook, he relates specific cases in which reading apparently alleviated or even obliterated the symptoms of mental derangement, especially of the melancholic

nature (Weimerskirch 513; *Inquiries* 124). To further substantiate his claims, Rush references Rousseau and other well-known persons who resorted to novels and romances as a means of defending themselves against impending mania after a day of hard studying (*Inquiries*, 144). Rush's successors, however, took a more skeptical approach towards fiction, and some outright refused the acquisition and donation of novels in their libraries. Isaac Ray, superintendent of the Butler Hospital in Providence, Rhode Island, offered sharp criticism on the disease-generating fictional literature of the day, and, in line with those views, saw "cheap novels and trashy newspapers" as endangering rather than contributing to sanity in that these materials would "overly excite" the vulnerable minds of the insane. His denunciation encompassed the sensationalist novels that I have discussed previously, and which Ray saw not only as pathogenic, but also as an expression of moral sickness (*Mental Hygiene* 241-2).

### **Supervision, Surveillance, and Control**

Since, to my knowledge, no inventories of the libraries' contents existed, or if so, didn't survive as part of the archive, it remains largely obscure what specific texts the patients could expect to retrieve. It is even more difficult to ascertain which books proved to be popular among the patient population, and which works may have led a neglected existence on dusty shelves. Within their project on *Quakers and Mental Health*, the Haverford College Libraries show that the trend-setting Friends' Asylum housed such diverse works as Frederick Beechey's *Narrative of a Voyage to the Pacific, and Beering's Strait* (1831) and David Hume's *History of England* (1754-61), as well as Milton's *Paradise Lost* (1667), as well as works on zoology and botany. While most of these books were printed mid-century, due to the lack of official records it is almost impossible to say when they were acquired for the library, whether the books were accessible for every patient, and whether they were in demand.

Asylum physicians remain vague and quite general, as Ray's aversion to sensational fiction, and Brigham's warning of exciting religious materials indicate. Through close and contextualized reading, however, one can at least deduce the genres of writing that were deemed most favorable, and which included, as I have shown,

predominantly non-fictional writing. Dispersed throughout treatises and lectures, however, there are a few names of writers of fiction that are repeatedly singled out as valuable. Ray admits that “Johnson or Fielding” as well as “Shakespeare and Scott” were capable of “arousing our sympathies for unadulterated, unsophisticated goodness, truth, and beauty” (244).<sup>53</sup> Galt saw “standard writers of fiction, as Sir Walter Scott, Miss Edgeworth, and Mrs. Sherwood” as having a rightful place in the shelves of every library (“Reading” 584). The recommendation of these authors is not surprising. The undisputed reputation of greatness that Shakespeare, Scott, and Johnson enjoyed was such that the asylum physicians would have opened themselves up to ridicule if they would have attempted to denigrate them. Additionally, they continuously cited these writers as authorities in their own texts, as I have previously explored. “Miss Edgeworth, and Mrs. Sherwood”, on the other hand, were writers of thoroughly didactic and moral works, deemed especially suited for the moral instruction of the insane. An unexpected wealth of information regarding specific authors, further cementing the moral tendency of “appropriate” literature, is found within the pages of *The Opal*, the patient produced periodical of the Utica asylum. In an article presenting “Life in the Asylum”, the narrator invites the reader to join him on a tour of the institution and provides a glimpse into the contents of the library.

[W]e are drawn within doors to the prospect of the "Opal Library," and here is the mind fed from the purest literature of the past and present age; and here we must commend the authorities laid open for strengthening reason and purifying the heart. Medicine divine is most conspicuous; Bibles, with able commentators; religious charts and encyclopedias; the best sermons of the best divines, those who go to the fountainhead of earthly power in the divine will revealed from heaven, – Hobart and Spring, Wesley and Watson, Edward and Alleine, are side by side; – the best of poetry from Cowper, Young, Milton, Tennyson, &c.; – a few of the best selected tales of fiction.

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<sup>53</sup> It is fascinating that the writers called upon by the superintendents to be valuable and morally sound are the same writers that they use as examples of morbidity, congenital mental defects, and as illustrations of the connection between literary genius and madness. While Ray commends Johnson for his writing, he also labels him as an example of the “congenital conjunction of sanity and insanity, which no medical or moral appliances will ever remove”, and which Ray sees as a kind of mental dualism (31).

### 4.3 Literature in the Asylum – Asylum Libraries and Bibliotherapy

No parent need fear to feed his child's mind from the "Opal Library." ("Life in the Asylum, Pt.1." 5).

What inevitably catches the scholar's attention is the dominance of English, Irish, and Scottish authors in both the recommendations of the physicians and the enumeration of works in the Opal library, and the almost complete absence of American writers; a curious fact, that I will explore in the consecutive chapter. What is further indicated in Brigham's warning of exciting religious writings, Ray's outright denunciation of "trashy novels", and the *Opal's* insistence on moral imperatives is the fact that not all patients were granted unrestrained access to the libraries' content. This raises the question of the library's management and the supervision of patients' reading. In 1810, Benjamin Rush makes the following suggestion:

That an intelligent man and woman be employed to attend the different sexes, whose business shall be to direct and share in their amusements and to divert their minds by conversation, reading, and obliging them to read and write upon subjects suggested from time to time by the attending physicians. (*Letters* 1046)

As Philipp Weimerskirch points out, what Rush called for was "a recreational-bibliotherapist" who would organize and supervise the multifaceted cultural and recreational activities offered in the asylum and realize the "directed course of reading" Galt envisioned in his lecture on the reading of the insane (511). Galt's idea of library management, however, was much more regulated than Rush's concept, and conjures up images of censorship and surveillance. To assure some control over the reading habits of patients, Galt recommends the nationwide adoption of William Awl's system at the Ohio Lunatic Asylum. Instead of having an open access policy, common at other institutions, Awl's system limited the retrieval and return of books to one day a week. Akin to circulating libraries, the patients had to request the desired volumes at the desk instead of browsing the shelves by themselves. The assistant physician was tasked with handing out the books – and with controlling whether the material asked for was appropriate for the patient. The assistant physician would then report to the director of the hospital, because "[a] rule", Galt says, "which we cannot but view as highly important is, that the

superintendent of an asylum should have a complete knowledge of the reading in which each of his patients engages" ("Reading" 585). This "rule" simultaneously reveals the immense influence attributed to literature, as well as the superintendents' desire for exclusive jurisdiction over each aspect of their patients' life. Even such a seemingly private act as reading was subject to surveillance.

The retrieval of books from the library was also connected with educational measures. Patients were instructed to handle the books carefully and to return them with as little wear and tear as possible. Neglect of this advice was followed by moral disciplining. Granting or denying access to the library's holdings was a popular method of steering patient behavior. If well-behaved and acting accordingly to the rules of the asylum, inmates would be rewarded with the loan of more interesting literature, or books in better condition, whereas if a patient would exhibit defiant or unruly behavior, his or her reading privileges would be withdrawn (Older 516). Escapism from the ennui of asylum life through literature – which for the patients was a window to the outside world – was thus bought for the price of submission to asylum rules. The highly selective access to books and the overall administration and management of the library system mirrors the arguments and objectives of the social and cultural debate on novels and condenses them in an attempt to sanitize the imagination of the hospital patients, to inculcate norms and values sanctioned by cultural and medical authorities, and to respond to literature in the way the superintendents thought appropriate – namely, as a way of learning and moral instruction.

#### **4.4 Literature from the Asylum – Patient Periodicals and Propaganda**

##### **The Periodical Press in America**

The existence of patient periodicals is another facet of the entanglement of literature to literature within the realm and context of the asylum. A unique product of the nineteenth century program of moral treatment, these magazines were written and printed by the inmates of the asylum themselves. Their mere existence points toward the influential role of the publishing industry, which at that

point had come a long way from its fragile beginnings. In the early eighteenth century, “American” magazines were directed exclusively at the gentry, consisting of a meagre four pages, and containing information of general interest and news. The nineteenth century, however, saw an explosion of magazines, journals, and newspapers, especially in America, where the miscellaneous products of the periodical press were posited as an equalizing and democratic means of conveying useful knowledge and thus uniquely suited for the Young Republic.<sup>154</sup> Magazines were everywhere, and for everyone (Fischer 1992, Meyerowitz 1985). Industrial printing and its vastly improved printing techniques, as well as postal expansion and postal subsidies meant that a larger quantity of reading material could be printed faster, and more cost-effective, and its dissemination was made easier and cheaper. The expansion of the railroad and postal system ensured that magazines could reach even geographically isolated communities. Most important, however, was the immense growth of literacy during the first decades of the nineteenth century which enabled the magazines to cater to a broad audience.<sup>155</sup> In her study of the nineteenth-century magazine industry, *Magazines and the Making of America: Modernization, Community, and Print Culture, 1741–1860* (2015), Heather Haveman argues that “any individual or group with information to disseminate, a point to promulgate, a community to build, or a cause to promote can arrange to publish a magazine” (8). As I have demonstrated by example of the *American Journal of Insanity*, the superintendents of the AMSAII had made conscious use of that potential to build, amongst other objectives, their own psychiatric community. Of course, they were not the only ones. While general religious and literary magazines held the lion’s share of the literary market, other magazines emerged that specialized in specific subjects and followed a certain agenda. The success as well as the plethora of reform movements is reflected in the diversity of their adopted print products. Various religious denominations used

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<sup>154</sup> According to Heather Haveman’s extensive research, around mid-nineteenth century, about a thousand magazines were published yearly (27-31). For a nineteenth-century overview of and commentary on the American printing industry, see North’s *History and Present Condition of the Newspaper and Periodical Press of the United States* (1884).

<sup>155</sup> Between 1820 and 1860, free public schools were established in New England and most of the Midwest (Link 2000).

magazines as tools in mobilizing and recruiting adherents. The *Graham Journal of Health and Longevity* espoused Sylvester Graham's doctrines such as the emphasis on vegetarianism and whole grain bread, and informed travelling readers of lodgings in which their dietary requirements were accommodated. The adherents of hydropathy subscribed to R.T. Trall's *Water Cure Journal*, which, according to the editor, soon "attained an extent of circulation equalled [sic] by few monthlies in the world" (230). A flurry of phrenological magazines was printed by the influential Fowler Brothers and provided information on how to accurately read one's skull. A large number of journals was dedicated to abolitionism and the temperance movement and mobilized their readers through poetry, inspirational tales, and serialized novels.<sup>156</sup> While each of these publications had a certain viewpoint, their contents encompassed more than just musings on their specific pursuit. Like the most influential magazines of that time such as *Godey's Lady's Book*, they contained a variety of genre writing such as poetry, travel-writing, political essays, local and international news, and letters to the editorial board. The range of the periodical press reflected in these publications also allowed the participation of the seemingly disenfranchised – the asylum patients – in this thriving market, thus granting a voice to the presumably voiceless.

### **Asylum Journals – an Overview**

Patients at the asylum had extensive access to newspapers and magazines, as Galt's survey of asylum libraries reveals. For him, the great prevalence of magazines in American mental institutions in contrast to European asylums is a marker that these products were in some ways a distinctly American genre ("Reading" 583). Galt speaks, in general, very fondly of the periodical press. He expresses his gratitude and admiration for "the generous sympathy evidenced by editors of the periodical press in this country, for the inmates of so many of our asylums; year after year this noble fraternity . . . continue to send their winged messengers to bear comfort to the hearts of the

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<sup>156</sup> Among these, Harriet Beecher Stowe's *Uncle Tom's Cabin* (1852) certainly constitutes the most famous and successful example.

afflicted and despairing” (“Reading” 583-584). Not only were these tokens of philanthropy readily consumed by both staff and patients alike, but the patients of many asylums rallied to send out some “winged messengers” of their own.<sup>157</sup>

I argue that patient-produced periodicals constitute more than “a literary curiosity, an experiment or a humbug” of the asylum era, as the editor of one of them self-consciously mocks (*Opal* 5.6, 189). They were an integral part of the system of moral treatment, and a concession to the therapeutic powers of writing and to the literary potential of the seemingly deranged.

Alongside his series of lectures designed for the education of the insane at the Bloomingdale asylum, superintendent Pliny Earle established composition classes in which the patients could freely pen their thoughts and ideas and read their drafts to an audience.<sup>158</sup> The overwhelming success of these courses prompted Earle to present his thoughts on “The Poetry of Insanity” in the *American Journal of Insanity* (1845). The connection between madness and literary composition was well established at that point. Authoritative figures such as Benjamin Rush and Philippe Pinel had repeatedly remarked that certain professions, and poets and writers among them, were more susceptible to insanity than others, and that, vice versa, unprecedented artistic talents could unfold in a madman.<sup>159</sup> But Earle did more than just reinforce the common image of the mad author. In his essay on “The Poetry of Insanity”, he was actively working towards reconfiguring the public image of the creatively insane.

As Caplan points out, Earle’s conviction of the poetic potential of madness was “based not only on observation of actual cases but also

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<sup>157</sup> The *Asylum Gazette* proudly asserts that as many as ten periodicals were received every day (1.1 (1846): 1.

<sup>158</sup> Earle also used these classes to present much of his own poetry before publication.

<sup>159</sup> Benjamin Rush writes that “[t]he records of the wit and cunning of madmen are numerous in every country. Talents for eloquence, poetry, music and painting, and uncommon ingenuity in several of the mechanical arts, are often evolved in [a] state of madness . . . The disease which thus evolves these new and wonderful talents and operations of the mind may be compared to an earthquake, which, by convulsing the upper strata of our globe, throws upon its surface precious and splendid fossils, the existence of which was unknown to the proprietors of the soul in which they were buried” (*Inquiries* 153-154).

on theory, both aesthetic and medical.”<sup>160</sup> The suspension of disbelief necessary on both the poet’s and the reader’s side to appreciate fictional literature rendered the insane superior – since they had “no disbelief to suspend” (Caplan 42). Additionally, Earle considered their “imagination [to be] untrammelled by the serious duties of a working world” which invoked the asylum as a place of both peace and inspiration (193-194). In his attempts to dispel prejudices against the insane, Earle, as one of the most adamant and vocal advocates for the insane, inadvertently blunders into the opposite end of the spectrum. By comparing his protegees with children and poets, and crediting them with intuitive “moral beauty” and “those emotions which are attributes of angels”, he ends up almost sanctifying insanity, tacitly recalling the concept of divine madness (194). Just like Brigham bestows upon authors a peculiar insight into human nature, so does Pliny Earle grant the same insight and knowledge to the insane. These two convictions are eerily combined in what Poe’s narrator in the poem “Eleonora” muses upon:

I am come of a race noted for vigor of fancy and ardor of passion. Men have called me mad; but the question is not yet settled, whether madness is or is not the loftiest intelligence – whether much that is glorious – whether all that is profound – does not spring from disease of thought – from moods of mind exalted at the expense of the general intellect. They who dream by day are cognizant of many things which escape those who dream only by night. In their grey visions they obtain glimpses of eternity . . . They penetrate, however rudderless or compassless, into the vast ocean of the “light ineffable”. (*Eleonora* 446)

In this episode, the poem’s speaker throws doubt on the superiority of “general intellect” and hails madness as providing “the loftiest intelligence”, revealing the hidden and obscure, and enabling artistic excellence. Although Earle, as a medical superintendent, must have had complete restoration of all mental faculties of his patients as his priority, he seems to agree with the poem’s speaker on all points. In his essay, which was published four years after “Eleonora”, he repeats that insanity “develops powers and faculties of the mind” which had hitherto been “dormant”. To prove his point, he intersperses his

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<sup>160</sup> The medical theory was mostly based on Rush’s explanation of the convulsing mental faculties.

writing – which is meandering, rhetorically exuberant, and poetically inclined itself – with examples of prose and poetry written by his patients, whose literary ability he certainly views under a romanticizing prism (197). While almost unreadable in its rhetoric and poetic flourishes, Earle’s essay attracted considerable attention and was followed by a flurry of articles in the *American Journal of Insanity* on the connection between insanity and creativity, which cemented the trope of the mad but genius author – not least, because these articles invariably started with Dryden’s famous couplet “Great wits to madness closely are allied / And thin partitions do their realms divide.”<sup>161</sup>

The literary potential and abilities of the insane thus recognized and ratified, a number of mental hospitals enabled patients to write their own magazines. These, in turn, would be sold for profit as well as sent out to editorial offices of periodicals written and published outside institutional walls for exchange. In 1845, the *American Journal of Insanity* officially and proudly acknowledged the existence of several American patient-journals and detailed their development in an article on the “Progress of the Periodical Literature of Lunatic Asylums”. In their estimation, the very first of these was the *Retreat Gazette*, which was conducted and published by the inmates of the influential Hartford Retreat in Connecticut. First published in 1837, the initial and consecutive issues were edited by a patient called Barber Badger who had been editor for the *Christian Advocate* before his admission to the asylum in 1831. According to Mary de Young’s research, over 4000 copies of the first number were sold to the public at an initial price of six cents per copy (118). The paper was also read by inmates and staff alike and sent out to other asylum libraries.<sup>162</sup> Five years after its establishment, the *Retreat Gazette* was joined by the *Asylum Journal* of the Brattleboro Asylum. According to the *AJI*’s article, this journal was received very favorably and had quite an extensive circulation, and parts of it were even reprinted in the

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<sup>161</sup> Most of those essays can also be read as pieces of literary criticism. They often dealt with one or more authors whose life, work(s), and mental constitution were dissected and interpreted. Ray’s and Kellogg’s numerous analyses of Shakespeare are examples of these. Groundbreaking, of course, was Brigham’s “Insanity – Illustrated by Histories of Distinguished Men, and by the Writings of Poets and Novelists” in the first issue of the *AJI*.

<sup>162</sup> Patient periodicals were also intended and available for the public but naturally had a limited circulation.

*Knickerbocker* magazine (26.9, 1845). Soon after that, the ranks of patient periodicals were enlarged by *Asylum Gazette* of the New Hampshire Asylum in Concord in 1846, *The Illuminator* of the Pennsylvania Hospital for the Insane, *The Pearl* at the Friends' Asylum, *The Meteor* of the Alabama Insane Hospital in Tuscaloosa<sup>163</sup>, and the *Opal* of the Utica Asylum. Patient periodicals could be found on the other side of the Atlantic as well, although they were mostly confined to Scotland. *The Morningside Mirror* was published by the inmates of the Royal Edinburgh Asylum, set in place as part of the moral treatment regime implemented by superintendent William Mackinnon. In contrast to the relatively short-lived American publications, the *Morningside Mirror* ran from 1845 to 1912. The influential physician W.A.F. Brown encouraged the production of *The New Moon; or Crichton Royal Institution Register* at his institution of the same name and temporarily functioned as its editor. Two other Scottish asylums were home to a patient produced periodical, whereas in England, only two of these could be found in asylums – the *York Star*, running from 1861 to 1877, and the *Bethlehem Star*, starting as late as 1875 and being overtaken by its successor *Under the Dome* which ran until 1930. Although, as we can see, patient-produced periodicals were not an exclusively American phenomenon, just like asylum libraries they did rise to an unprecedented amount and popularity in the United States even though they admittedly remained a niche product of the American literary market.

### **Panegyrics and Propaganda**

A closer look at these curious productions reveals that most of the asylum journals were modelled after standard publications of their time. While focusing on the specific subject of insanity and asylum life, the general nature of the journals was quite eclectic and included miscellaneous writings such as jokes, poetry, and opinion pieces on various topics other than insanity. Among the American productions, I consider the *Opal* of the Utica asylum to be an outstanding

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<sup>163</sup> This asylum newsletter had, according to Mary de Young, a “lucidly political tone”, often addressing state officials to inform them of the needs of the asylum (119). The persistency and tone of these demands leads to the suspicion whether Bryce, the superintendent, was not writing these editorials himself.

publication. Printed by the same presses that produced the *American Journal of Insanity*, it had a better print and paper quality than comparable publications. Additionally, the essays were written in a high-brow manner, pointing towards the education and social standing of the contributors. These factors, alongside the fact that most issues of the *Opal* survived in the archive, led to its discovery by scholars as a unique source of information, as is evinced by Maryrose Eannace's doctoral study on the *Opal*, *Lunatic Literature* (2001). In *Theaters of Madness* (2008), Reiss devotes the first chapter to an in-depth exploration of the significance of literary culture within the walls of the asylum. This exceptionally well-researched chapter focuses on the *Opal* in all its facets.<sup>164</sup> As to content, the *Opal*, just like its competitors, included a variety of subjects. Yet, it is not surprising that most of the contributions dealt with life in the asylum. The writings on insanity, however, whether in the *Opal* or other periodicals, whether in poetical or prose form, do catch the eye of the scholar instantly. What is so remarkable – and suspicious! – about them, is a consistent streak of optimism, flattery, and outright propaganda. It is understandable, that superintendents kept a close eye over the content of the periodicals; after all, they were not designed to merely entertain the rest of the patient population, but sent out to other asylums, and available for public consumption. What the patients wrote thus necessarily reflected upon the asylum and concomitantly on the director of the institution.

On the first page of each issue of the *Asylum Gazette* we find an illustration accompanied by a relatively short descriptive text. The illustration shows the asylum, situated in a tranquil and rural environment. The corresponding text describes the institution, pointing out the idyllic location, the possibility for agricultural work “for such as choose it”, and emphasizing the variety of recreational activities such as games and sports available for both men and women. The description is written by Andrew McFarland, the superintendent of the New Hampshire based institution. Unsurprisingly, since he has a

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<sup>164</sup> Apart from these commendable efforts on behalf of patient periodicals, and an article by Emily Clark in the *Arizona Journal of Interdisciplinary Studies* in 2015, the subject remains tragically under-researched. Mila Daskalova, at the University of Strathclyde, is currently at work to fill this gap with her PhD research on *Printing and Periodical Culture in the Nineteenth-Century Asylum* (in progress).

legitimate interest in the promotion of his establishment, his description is saturated with the most flattering terms and reads like an advertisement for a wellness center. While the motivation for the efforts of the superintendent to portray the asylum in the most flattering colors is evident, the continuation and, in many cases, exaggeration of this tone in patient-produced contributions is somewhat startling. Within all the asylum periodicals the reader is bound to find endorsements by public personalities, and encomiums from former patients (for example, in the *Brattleboro Asylum Journal* 1.5). Additionally, the pages of the journals are plastered with enthusiastic poetry. In “Are We Crazy?—Are We Lazy?,” published in the *Asylum Gazette* in 1846, the poet writes: “Glad that fate and fortune call us, / Bravely shelter’d ‘neath this dome, / Still whatever may befall us; / Here we find a happy home.” This poem, signed by “J.F.,” is just one of many examples in which the asylum is depicted as a welcome refuge. A particularly enlightening composition is found in the *Opal*:

I have no care for copper or coin,  
I have no fear of any one's frown;  
I'm fed by the hand that feedeth the best,  
And seldom molested is my sweet rest.

I have walks to take, and news to read,  
With chit-chat and work the hours to speed;  
Good company, age, as good as the great  
Who have the charge of the "Empire State."

When ill, we have nurses; kind they be,  
And doctors too, without extra fee;  
When well, we can leave for homes far and near,  
While the Word of Life may be conned with care.

Though sad, we may wait till brighter we grow,  
And health and good humor our faces make glow;  
When merry music may lend us her thrall,  
And consoling each other be less sad withall.  
("Asylum Life; or, The Advantages of A Disadvantage" 228)

Here, like in J.F.'s poem, the institution is depicted as a truly humanitarian place. The patients are presented as free of financial anxieties (having “no care for copper or coin”) and as being on a thought-out

diet (“the hand that feedeth the best”); all part of the mental hygiene regiment. The recreational aspects of the moral treatment are also mentioned – “walks to take and news to read”, that, together with “chit-chat and work” served to pass the time and to make it meaningful. The poem also implies the existence of healthcare that went beyond moral treatment, and which encompassed attention towards physical illness. Overall, the patient who wrote this poem presents the feelings of gratitude that he or she and his or her fellow patients harbored towards the institution. The only negative or disturbing aspect of having their sleep interrupted (“seldom molested is my sweet rest”) is mentioned in passing, and only alluded to. In a lengthier prose composition, spread out over two consecutive issues of the *Opal*, we find similar statements and sentiments. The reader is invited on a tour through “Life in the Asylum” (1855). As the anonymous author leads the reader through the different halls and wings of the asylum, he consciously tries to convey the impression that life in the asylum “does not differ much from life out of the Asylum.” In the “ladies’ apartment . . . all are busy, as in a home parlour – some with book, – some with needle – all look happy, in neat and becoming attire.” While this scenario still might seem somewhat plausible, the author goes one step further in purporting that “[t]he rich and poor meet here without livery or pride, each maintaining true self-respect; for each is content and helps to bear the burthen of the other” (2). The asylum is presented not only as an ideal domestic space, but as a true democratic utopia in which the rules of class and social position are disbanded. As I have demonstrated, this is far from the truth since the “better” classes occupied different wings and followed a different routine than the lower classes.

Pursuing on the tour through the asylum, the reader is confronted with more accounts of almost comic harmony. In the halls of the asylum, “[b]irds begin to sing with cheering note, responding to cheering voices, who have called them up” (3). The lady, whose merry company had attracted the birds, is described “plying her needle in . . . fantastic shapes”, only working “for the good of the house” which makes “her happy face beam [...] with goodness” (4).

Frequently, the writings of the patient also had as their subject the attendants of the asylum. Unlike the sensational articles of news-

papers whose penchant were blaring headlines declaring scandals in the asylum (such as the mistreatment of patients by members of the staff), or the asylum fiction of Lippard, Thompson, and Duganne, the contributions in asylum journals predominantly emphasize the benevolent and compassionate behavior of the staff and superintendent towards their protegeses.<sup>165</sup> The *Opal*, for example, featured a poem on John Gray who “charms away the dismal mood / With precepts ever wise and good.” The description of his “face benevolent and kind” which bespoke “the feelings of his mind” are the exact opposite to his later reputation as a narcissistic, cruel director and self-serving editor of the *AJI* (“To Dr. G” 346).

In the second number of the *Retreat Gazette*, we find a poem dedicated “To the Assistant Matron” which, in less than sophisticated terms, expresses its “grateful emotion – true heart felt devotion” for the “mending and starching [of]...collars and shirts” (“Progress of the Periodical Literature of Lunatic Asylums” 77). The hymns of praise of the patients seem almost formulaic. They are also completely at odds with what former patients report in their exposés, in which they detail the abuses and indifference they suffered at the hands of the matrons, stewards, physicians, and general attendants. There are several ways in which to account for the nature of asylum journals. One obvious way to explain these almost parodic gushes of “heartfelt” gratitude and admiration both for the staff and the very existence of the institution is by a Foucauldian framework of surveillance and (self-)censorship. At first glance, the asylum newsletters seem to be a mere mouthpiece of the asylum management, and indeed, as Mary de Young puts it, asylum journals were “house-organs” that effec-

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<sup>165</sup> Newspapers preferably printed scandalous stories of abuse and mistreatment in the asylum. This kind of reporting increased as the quality of care dwindled towards the end of the century, but also, as more and more shocking crimes and events were attributed to people suffering from insanity, and the public withdrew its compassion from the insane. See for example, “Asylum Keepers Accused”, *The Evening World* (New York), July 30, 1888, 1; “Mere Baby Adjudged A Maniac and Will Be Curbed in his Murderous Tendencies after Being Committed to the Insane Asylum at Napa”, *San Francisco Call* (San Francisco, CA), Oct 10, 1900, 1; “Inhumane and Brutal Treatment Charged,” *White Oaks Eagle* (White Oaks, NM) May 28, 1903, 1. Besides reports of asylum keepers mistreating the patients, the newspaper articles also mirrored the apparently persistent fear of being wrongfully imprisoned as insane: “Mother and Daughter Railroaded to U.S. Asylum and Kept 2 Years Though Sane.” *Spokane Press*, Nov 26, 1906, 4; “Sane - but Locked up for Months with Lunatics.” *The Ogden Standard* (Ogden City, UT, Jan 2, 4 o’clock edition, 1920).

tively propagandized “the asylums, the expertise of the superintendents, and their progressive treatment” (118). We might explain the somewhat startling patient-written panegyrics as the product of close surveillance by the superintendents. Often, the directors of the institutions functioned as the editors of these patient periodicals, and even if not explicitly mentioned, one can assume that every contribution to the journals was subject to managerial censorship before publication. Aware of this procedure, the patients were careful to put out a “sanitized version of the truth” (Clark 46). Therefore, the patient periodicals can certainly not be regarded as providing the “perspective of a person with disability”, as Laurie Block suggests (147). Such a reading must be approached with caution for the reason outlined above. But while the patient periodicals are not to be taken as genuine and authentic sources of patient experience, I want to argue that they do indeed provide a window through which to examine patient experience in the asylum; both on a superficial and a deeper level. Vice versa, they also provide a window to the outside world for the patients themselves.

### **“Brothers and Sisters of Asylumia” - Community Building and Self-Presentation**

In her study on the antebellum literary marketplace, Heather Haveman’s main argument is that not only were magazines “central to modernization”, but they also enabled the building and development of local and translocal communities (8). This can be readily applied to the case of the patient periodicals. Just like the *American Journal of Insanity* was a vital factor in establishing a transregional, and even a transatlantic psychiatric community, the patient periodicals can likewise be considered as fulfilling such a purpose; only in this case, for the inmates of the American mental institutions. The function of community building for the respective asylum patients hinged upon, I argue, two factors: the facilitation of communication and the opportunity for self-presentation.

The flow of communication enabled by the patient periodicals ran in various directions and layers. First, it afforded the contributors an opportunity in which to they express their thoughts, allowing them a window of agency for individual self-presentation (for example in

political opinion pieces, or commentary upon contemporary events), as well as a creative outlet (as is evidenced by the many compositions of poetry, fictional prose, and jokes). Second, the journals facilitated an exchange of ideas and thoughts between the patients of a respective institution. Within the journals, they could communicate to each other and in a more direct way than one might expect. In the *Opal*, for example, one finds friendly poems from one patient to another, direct questions or complaints addressed to particular patients, and even flirtations (Eannace, 214). Especially the latter were only made possible through this written medium since women and men were housed in separate wards and rarely allowed to intermingle. The most frequent contributions consisted, however, of pieces offering the author's opinion on such diverse topics as current political events, the dress fashion of the day, the role of women, various reform movements, American literature, and, as I will show in a moment, very often, the various aspects of asylum practice, medical theory, and public perceptions of insanity. Most of the pieces were either signed with "anonymous", and more frequently, acronyms or pseudonyms. In the *Opal*, for example, we find pen names such as "Asbestos", "Addison", "J.F." or "Cecilia", the prevalence of female pen names pointing towards the large number of female contributors. Pen names were assumed by the patients to protect their "true" identity and to avoid stigmatization of themselves or their families. At the same time, this practice allowed them to adopt a persona through which they could make their voice heard. Thus, through writing, they could create an identity and fashion a self; not necessarily their "true" self, or what they perceived to be that, but one through which they could cope with the reality of being confined in a mental institution.<sup>166</sup> The writers' adopted selves could also contribute to the

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<sup>166</sup> Benjamin Reiss summarizes the special status that "Opal writers" occupied; they were, counter to what one might expect, at least in some sense "rhetorically liberated": "[t]heir publication within a "house organ" allowed them to develop relatively stable literary personae that were free from the pressures of the literary marketplace; their anonymity and social exclusion removed some of the personal consequences of literary transgression; the physical force behind their confinement removed some of the pressures on overt ideological accommodation; and even their acknowledged insanity sometimes obviated the need to demonstrate their rationality in print" (44).

fashioning of another identity – that of the collective, the community, the insane.

As we have seen in previously discussed journal pieces, both the managers and the inmates of the institution espoused the idea of the asylum community as a utopian one. Truly democratic, truly classless, “[t]he rich and poor meet here without livery or pride”, as the *Opal* proclaims, all “Brothers and Sisters of Asylumia” (“Pinel.” *Opal* 2.1 (Jan 1852):22). Again, this notion does not hold up when compared to real asylum hierarchies, and is already revealed in the fact, that “most of those who write for the journal came from bourgeois or even upper-class backgrounds”, as Benjamin Reiss points out (27). In her study of the *Opal*, Maryrose Eannace has compared the patient casebooks of the Utica asylum with the contributors of the journal, finding out that most of them were indeed members of the upper social strata; among them lawyers, professors, and physicians (70). While the journal may not have been as inclusive and democratic in its contributions as it liked to present itself, it was certainly read and feedbacked by a wider asylum population, not only of this particular institution but also by the patients of those asylums with which there was an exchange of papers.

Within and through the asylum newsletters of Utica and other facilities, the patients developed a community of shared experiences, resulting in a feeling of “brotherhood” and “sisterhood”, as the *Opal*’s evocation of these terms denotes. After all, each and every one of them was “insane”, connected by the diagnosis and all its ramifications. Even in this context, however, the periodicals afforded agency and a chance for collective self-presentation.

### **“Not as mad as you think!”**

Protected by their anonymity and pseudonyms, the contributors and editors, upper middle-class as they might have been, could work towards the goal of alleviating public prejudice and redefine connotations of insanity; a goal that would not only benefit the patients’ self-understanding but that was also to the liking of the superintendents, and which they hoped the asylum newsletters to effect from the start. The mottos of the respective journals point towards their professed goal. “Dedicated to Usefulness” was their magazine, the *Opal* self-

consciously asserts, in the endeavor of changing public perception of the insane, which still was enmeshed with “traditional” and persistent images of madmen as “lazy, useless, and even counterproductive, violent, and, significantly, voiceless”, as Eannace puts it (2). The very existence of the journal thus counteracts this view; the insane are given a voice, through which they could present themselves as productive, useful, and harmless, eager to participate in the rest of society. “[T]he Asylumians”, the *Opal* proudly asserts, are truly “independent, wonderful persons” (“Editor’s Table”, *Opal* 2.10 (1852): 317). The *Asylum Journal* of Vermont even goes a step further. Their motto *Semel insanivimus omnes* (“We have all, at some time, been mad”) daringly attempts to redraw the boundaries between sanity and madness, aggressively normalizing insanity as something that could happen to anyone, anywhere, and at any time (Andrews 43). Instead of merely presenting themselves as (reasonable) human beings, or even lamenting their situation, the contributors feel that their status – as diagnosed “lunatics”, as residents of an asylum – affords them an opportunity to speak truths that are otherwise silenced, and puts them in an exalted position concerning the topic of insanity. After all, who, if not the insane, who could speak from experience, had access to that most obscure pool of knowledge?

In a recurring section of the *Opal*, “Letters to the Editor”, we find this point of view explicitly addressed. In one of those “Letters”, a judge inquires over the editor’s (whom Benjamin Reiss identifies as A.S.M.) definition of insanity. The correspondent, claiming to be a Justice of the Supreme Court, is confronted with a case in which the defendant who had committed a “capital crime” will probably invoke the insanity plea.<sup>167</sup> Unsure about how to determine the accused’s mental state, he asks for the editor’s insight: “I understand that a number of insane persons are kept at the Lunatic Asylum; indeed, it is said, that you have a touch yourself. As therefore, you are fully

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<sup>167</sup> Once “reformed” notions of insanity based on transatlantic medical opinion entered the legal discourse, courts saw more and more cases in which the defendants or their lawyers pled not guilty by reason of insanity. One of the many fascinating insanity cases in US history involved Abner Rogers, an inmate of the Massachusetts State Prison, who killed a warden, claiming that voices have informed him of the warden’s intent to kill him - so he merely defended his life. Aber was ruled not guilty by reason of insanity, the presiding judge being Herman Melville’s father-in-law, Lemuel Shaw.

qualified to advise me, and as I should be sorry to order the poor fellow to be hung, if he is innocent” (“Editor’s Table” *Opal* 2.2, 92).

Of course, one cannot be sure whether this was a genuine inquiry. It is rather more likely, that the “letter to the editor” was written by the editor himself, providing him with an opportunity to not only answer the question posed, but at the same time present his opinion about insanity, the madman’s status within society, and consequently, his own. He responds graciously and eloquently to the inquiry. First, he commends the judge for his “teachable spirit” and his willingness “to learn”, as well as the Judge’s intuitive turn towards the one, that should know best – the madman. After all, the editor reminds the reader, “idiots and lunatics were considered by the ancient wise men as worthy of special veneration”, their minds filled with special knowledge sent to them by the Gods (92). In this clever maneuver, the editor self-consciously historicizes the madman’s epistemological status and his place in literature and history before analyzing the legal and historical dimensions of the insanity plea.<sup>168</sup>

He holds, that Erskine’s assumption that “an insane man argues correctly from false premises” is not sufficient as a basis for judgment, which everyone, who had spent some time in the company of the insane, would have known.<sup>169</sup> To prove his point, following Erskine’s premise, he asks whether even the judge does not find himself “occasionally insane. . . that is, has he not, sometimes, after pursuing with the utmost care a process of reasoning, found himself landed in an embarrassing falsehood, simply because he had not been regardful of his premises?” (92). The editor suggests that the judge should not only familiarize himself with historical court cases

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<sup>168</sup> He manages to evoke the Renaissance trope of the wise madman already cemented in the collective imagination by Shakespeare.

<sup>169</sup> Lord Thomas Erskine (1750-1823) gained a considerable reputation as a lawyer for his defenses of Lord George Gordon, Thomas Paine, and most importantly, James Hadfield, who had tried to kill George III. The Hadfield case effectually altered the law’s understanding of insanity and introduced markers of psychopathology to legal proceedings, evoking current medical opinion and setting a precedent for future cases. Erskine’s considerable influence is noted upon by Forbes Winslow in 1843 (*The Plea of Insanity in Criminal Cases*) and Henry Maudsley in 1876 (*Responsibility in Mental Disease*). For more information on Erskine and the evolution of the insanity plea, see Donald H. J. Hermann. *The Insanity Defense. Philosophical, Historical, and Legal Perspectives*. 1983, and Norman J. Finkel. *Insanity on Trial* (2012). In America, Erskine’s influence considerably lessened once Isaac Ray published *The Medical Jurisprudence of Insanity* in 1838.

but look towards a different source of authority and insight; “[a]ll the general knowledge” on insanity can be found in “Beck, Calmeli, Shakspeare’s “Hamlet.” [sic]” (93). Just like Brigham, Ray, and Kellogg in the *AJI*, the editor of this patient journal references literature as providing insight, as unveiling the secrets and true nature of madness.

The judge’s “letter to the editor” may be genuine or not; my interest lies in what the response to it manages to achieve. The editor clearly and eloquently shows that the presumably “insane” like himself are capable of complex and coherent reasoning, his wit and self-awareness drawing doubt on his diagnosis as he writes. Most striking is his refusal of directly answering the Judge’s question. Through this evasion he invites the judge, and by extension, the reader, and society, to educate themselves about the current shifting views of insanity, and to be wary of the plethora of conflicting opinions and interpretations on said subject. Therein, the editor echoes Poe’s Maillard who advises his guest to “learn to judge for yourself of what is going on in the world, without trusting the gossip of others” (“System” 656). However, the editor’s refusal to give a definition of insanity may also partly be due to the seeming impossibility of this task; as we have seen, none of the medical literature managed to accomplish a coherent and non-conflicting definition, either evading the question altogether, or asserting their trust in a collective intuitive understanding of the disease.<sup>170</sup>

In his sweeping response to the Judge’s inquiry, the editor accomplishes many feats; to call into question the boundaries between sanity and insanity, and for that matter, the sanity of the judge himself, to direct those hungry for enlightenment towards literature, and finally and most importantly, to present the insane – and himself – as critically reasoning, self-aware, and possibly more enlightened than the sane population.

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<sup>170</sup> Which is nothing more than another self-conflicting approach. The medical literature points out repeatedly how insanity was a “disease that everybody knows” and that everybody could recognize; at the same time, it laments how long and how profoundly society had misunderstood this affliction and that selfless experts such as themselves were needed to educate the public.

### **“A Literature of Our Own”<sup>171</sup> - National Discourse in the *Asylum Gazette***

As the section above clearly indicates, the asylum newsletter did offer more opportunities than just the obvious one of creating literature as a means of alleviating the ennui of the asylum, or staying sharp intellectually; it afforded the patients a means of communicating with and taking part in the outside world. As another essay, this time in the *Asylum Gazette*, shows, the patients were also actively interested in participating in establishing a national literature to which they did not only offer their own humble contribution but also their opinion. This interest is evidenced in a long column on American literature that spans through three consecutive issues of the *Asylum Gazette*. In it, “Mr. S” (James Saunders from North Carolina, a patient of the New Hampshire asylum, son of a foreign minister, and frequent contributor to the journal) offers his opinion on the “deplorable” state of American literature, echoing the sentiment found in general, literary, and even medical magazines, that a truly national literature had yet to be forged, both in the field of fiction and medicine.

In 1848, the “Report of the Committee on Medical Literature”, led by Oliver Wendell Holmes, admits, that “[i]t cannot be denied that the great *forte* of American medical scholarship has hitherto consisted in “*editing*” the works of British authors [emphasis in the original]” (286). This, as Holmes insists, would not do for the future, as the American constitution differed “from the European in outline, in proportions, in obvious characters of the skin and hair – why should it not differ in the susceptibilities which, awakened, become disease?” (287). This, argues Holmes, was “the true field for the American medical intellect; not to set English portraits of disease in American frames”, but observing the seemingly unique American constitution, cataloguing American diseases, and preparing a correspondingly unique American medical literature.

“Mr. S” of the *Asylum Gazette* seems to share not only Holmes’ belief in American exceptionalism, but also his predilection for the

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<sup>171</sup> “Report of the Committee on Medical Literature”. *Transactions* Vol 1, Appendix F. American Medical Association. (Philadelphia: Printed for the Association, 1848): 249-288; 288.

medical; what jumps at the reader at once and makes it a uniquely fitting piece for the *Asylum Gazette* is the use of clinical and diagnostic language that Saunders employs throughout the essay to make his point. “American literature” his designated subject, is personified and treated as a patient. In his elaboration, Saunders follows a medical template of symptomatology, etiology, diagnosis, and treatment; he ventures to “first point out the state of our patient, then the cause, and lastly the medicine, or healing remedy” (6). What qualifies him for this endeavor is his being “somewhat of a doctor”, or “at least ... extremely partial to the medical profession” (6). Thus, he sets himself on par with the asylum physicians regarding clinical expertise, and in his essay, assumes the role of literary critic and diagnostician; the same role that superintendents occasionally take on in the *American Journal of Insanity*. Saunders mirrors their preoccupation with literature in connection with disease and emulates much of their rhetoric and views.

True to his mission statement, Saunders starts with the diagnosis. “Our literature”, he trumpets, is “in a sad state”, and he accuses “our literary quack doctors, instead of honestly telling us its true condition” of keeping “back the truth, and dose and dose on until the patient dies” (2). Already, the complexity of his metaphor – literature as a patient – reveals itself. His attack on the “literary quack doctors” is not exclusively directed at literary reviewers but encompasses their medical counterparts; pseudo-professionals rampant in antebellum America dealing in ineffective or potentially dangerous pills and tonics but also orthodox physicians still following an allopathic and heroic approach who “dose and dose on” with mercury and calomel, “until the patient dies.” The patient in question is, of course, American literature, which, “though in a state of consumption, is by no means incurable; at least to one who has strong faith in the latent energies of our country as ourselves” (6). Here, Saunders presents his disastrous assessment as the first step towards a cure, and simultaneously reveals his belief in the potential – almost inevitable – glory of American literature once the latent literary powers of the country were awakened.

He is certain of two things; for one, that American society was a “purer” one than any other and thus in need of a morally sound

national literature. Akin to other nineteenth-century voices, not least of them those of Isaac Ray and other psychiatrists, this is essentially a denunciation and an attack on European literature as depraved “romances of rascality”, as they are described in the *Young American’s Magazine of Self-Improvement* (260). At the same time Saunders points towards the intrinsically perceived need of a literature that is distinct from European paragons, the same need that is expressed by the superintendents in their desire for an American *materia medica*.<sup>172</sup> Yet, just like in the case of the physician’s elaboration on that matter, Saunders cannot help but refer to European authorities in his derogatory evaluation of what some refer to as American literature. “Bird’s novels, Willis’ poems” are, as Saunders says, “written in a sickly sentimental strain – fit only for children and old women. Instead of regenerating the public mind ... they but make bad worse, by pampering unto a depraved and vitiated taste”, concluding that Samuel Johnson, whom he evidently regards as a literary genius and a role model, would certainly call them “trash” (3) “A good lashing” by the English poet, Saunders concludes, would bring American writers to their senses and prove quite advantageous for the quality of future productions. While this confident assertion of physical violence to achieve a “better behaviour” of authors may be nothing more than a humorous quip, considering the context in which this essay is published – by a patient of a mental institution, in an asylum journal – it inadvertently (or deliberately?) raises suspicions whether this practice may not be occasionally applied in the institution (3). All the while, Saunders professes his bewilderment at “the truth . . . , that with the exception of a few novels, magazines and reviews amongst us, we have no literature” (2). In such a vast country, he wonders, should there not be an “abundance of great literary men”, exceeding the limited examples consisting of “Irving, Paulding, Bryant, Franklin, and Marshall”? After all, Saunders argues, literature is the twin sister of liberty, the two of them “help-meets unto

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<sup>172</sup> Saunders’ essay mirrors other complaints on the lack of “American” novels. For example, in an 1849 issue of *The North American*, a contributor points out that there is no “class of novels illustrative of American life and character, which does some justice to both. Novelists we have in perilous abundance ... But a series of national novels, illustrative of the national life, the production of men penetrated with an American spirit without being Americanisms, we can hardly plume ourselves on possessing” (qtd. in Baym 246).

another”; and since “America is the cradle of liberty” it follows that it should be the cradle of literature as well (2).

Saunders’ essay, despite its pessimistic outset, is pervaded by the optimistic streak so characteristic of the reform era; literature, as diseased as it may be, is not yet incurable, on the contrary – but to alleviate the patient, one must first look for the cause of the disease. Saunders finds it in the root of all evil; money. The contemporary American writer is “sordid, selfish, mercenary” and purely motivated by “the love of money.” From this motivation, however, nothing of worth may be ushered into existence; although it “imparts life to the pen whilst writing”, it also “pervades the whole spirit of composition when written” (6). While Saunders emulates a distaste for authors “writing for money” he clearly sees the bigger picture and attributes this deplorable situation to the principles and imperatives of the literary market. Instead of chastising the writers, he faults an economic model of supply and demand and the necessity of fast production in large quantities. The current plight of adequate national literature “is not the *fault* of our literary men [emphasis in the original].” Rather, Saunders admits, “it is their *misfortune*. Most of them must write for money or starve.” And, in a daring turn, he adds:

It is the fault of *us as a nation* [emphasis in the original] . . . Did we love our literature, did we think more of the improvement and edification of our minds, and less of laying up money, in order to administer to the pleasure of sense, we would encourage our literary men, and then they would not feel cramped for fear of starvation. Were they liberally patronized, they would then write for fame, and not merely for a livelihood. We venture to say that even in “Young America” there have been born into the literary world, an Addison, a Pope and a Milton. But they never grew up to maturity, and why? They were not patronized. They had to write for money or starve; and their energies were crippled or rushed, by the fear of wan, or poverty. (6)

In his elaboration of the cause of the disease of American literature, Saunders already foreshadows his prescription. To remedy the situation, he proposes that Congress should set apart a sum of money for a sinking fund “for the benefit of literary men” (8). Additionally, writers of merit, nominated by either the Senate or the president, should be awarded pensions. Saunders must have been aware that his proposal of subsidized literature would encounter considerable objec-

tions by many who might see this use of state funds as misappropriation because, as he continues, he makes a bold claim for the importance of literature for the nation. Congress, he argues, gives away money all the time for internal improvement of the country – why not for “intellectual improvement”? If it weren’t for literature, he implies, “we spend our lives engaging only in the senses and neglect the mind, the greatest gift of God. . . Let us shake off this insatiable thirst for gold, dirt, dust, trash and LET US BE A NATION [emphasis in the original]; a wise and literary nation” (11). A literature of its own, Saunders is convinced, would go a long way to further the development of the new Republic and its reputation. “Those tattling, lying, literary “gypsies” Dickens, hall, Trollope, Martineau, and Rubio, [will] dare not publish to the world such miserable lying trash as they have against us”, since the new American literature would reveal the – apparently undeniably noble – truth about the American character. Once literary patronage was assumed by congress, the rest of society would surely see the merit of this system. With the appreciation and support of not only congress but the public, Saunders dreams, American literature would soon reach its rightful exalted state, its emissaries standing side by side with the likes of Byron and Shakespeare. This would, in turn, “lift the present tone of the public mind” since literary men would be free to write and publish as they (and Congress) saw fit, finally being liberated from “the temptation of pampering the present vitiated literary taste, merely because it is popular” (11). Although Saunders has included female authors in his account of writers encroached by financial concerns which, in his opinion, resulted in “sickly” writing, women remain conspicuously absent in his prescription; state support was to be granted to literary men only. For women, Saunders had a different task in mind. To somewhat alleviate the affront of creative disqualification, he falls back on the familiar flattering rhetoric of domesticity, true womanhood, and moral superiority. As tastemakers and guardians of their families’ moral and mental sensibilities, they must “discard from their libraries, parlors, centretables and their little coteries, all the light, ephemeral trash of the present day; works written only to sell, and not to read; decked out in the most costly apparel, like a dandy with his all on his back, in order to take the eye; to please the senses

and not the mind.” Finally, ministers, “in conjunction with the female public” will also be “effectual instruments in regenerating our present diseased literary taste – in turning the popular current – in causing men of real literary merit to be patronized, and in putting down all. . . immoral . . . trash of the day” (11). Despite his proposal never being fully realized, Saunders’ essay is a fascinating multi-layered and profoundly political text. In writing thus about literature, he participates in a transatlantic discourse on “bad books” and “good books” that was, as we have seen, particularly salient in the asylum environment.<sup>173</sup> Removing the strains of capitalism and economic viability for producers of literature, so they could concentrate on craftsmanship and quality, was not a radically new idea – the concept of patronage dates to at least the Augustan period. But Saunders dreamed of indirect patronage by all, a democratic state-subsidized literature that was supported by what he saw as the three most influential forces in antebellum society: Congress, ministers, and women. In turn, authors would be able to work independently from the publishing industry and develop an ethics according to their new position as one in which they were responsible for public taste and morals. In the end, what Saunders imagines is a redefinition of the literary market as a truly classless community purely based on meritocracy.

Both the *Opal’s* “Letter to the Editor” and the *Asylum Gazette’s* “American Literature” are preoccupied with fictional literature, and both emphasize its relevance. While the “Letter to the Editor” repeats the notion of literature as a source of knowledge, emulating Brigham’s and Ray’s enumeration of established authorities to whom one must look for enlightenment in matters of insanity, Saunders’ essay stresses the political importance of literature as a vital part in establishing a national identity, echoing and responding to a prominent nineteenth-century American desire. These columns are only two among many examples which show that the inmates of mental

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<sup>173</sup> “Good books,” as *The Young American’s Magazine for Self-Improvement* states, “are the most precious of blessings to a people; bad books are among the worst of curses. The romance of rascality in the imagination, will”, so the author reasons, “be followed by the reality of rascality in the conduct” (“The Romance of Rascality” 267). As is often the case, however, the author does not necessarily specify what counted as “good” or “bad” books.

institutions were not existing in such isolation as was often expected, and prove, that literature in general, and patient periodicals in particular, provided a two-sided window of communication. For the world outside, reading the asylum newsletters constituted a means by which to gather seemingly firsthand information on asylum practice, facilities, and treatments. Furthermore, they allowed a direct glimpse into the minds and inner lives of the allegedly deranged themselves, satisfying the public's scientific (or morbid) curiosity for the world within the walls of the institution.

The readership was largely comprised of patients themselves. Partly, these were the patients of the individual institutions at which the respective journal was edited and published, and partly, these were patients at other institutions to which the journals were sent and exchanged with other "winged messengers." This made the periodicals into a vehicle of communication between inmates and enabled the formation of a patient community, a "brotherhood" and "sisterhood" of "Asylumians" on a local, an interstate, and even a transatlantic scale. In this creation of a community, the periodicals' contributors participated substantially and consciously by often-times explicitly addressing their fellow sufferers, and by actively working towards a corrective reformulation of "the madman" and thus by extension, an alleviative self-presentation of the "collective insane". In their columns, poems, essays, the writers of the asylum could directly address their sane readership, asking them candidly to change their opinion about the deranged; after all, as the *Vermont Asylum Journal* states, "[w]e have all, at some time been mad." Via the periodicals, the insane – the seemingly voiceless, seemingly powerless, seemingly disenfranchised – had a voice, a channel through which to participate in society. As is evidenced by Saunders' essay on "American Literature" and A.S.M.'s opinions on the legal dimensions of insanity, and a myriad of other pieces dealing with current topics and concerns of antebellum America, the insane entered political discourses of national importance, and often offered a distinct and unique perspective.

### **“A Semblance of Sanity” – Self-Censorship, Subversion, and the Quest for Freedom**

Enabling patients to write, as I have mentioned, was part of the system of moral treatment, just like enabling them to read. Superintendents like Pliny Earle, and Benjamin Rush before him, were pioneers in pointing out the merits of scriptotherapy. While Rush predominantly valued writing as a means of distraction and entertainment, Earle’s establishment of composition classes was based on the belief that not only was there considerable – and unexploited – creative potential slumbering in the minds of the presumably insane, but also that writing constituted an effective way in attaining and maintaining psychological and emotional well-being. Prompting patients to write about their own experience was regarded as therapeutic practice. Writing was, as I will show, a creative outlet, a coping strategy, and for many patients, a means of survival.

But just like bibliotherapy hinged upon a pre-assessment of what constituted “appropriate reading”, the success of scriptotherapy – in the eyes of the physicians – was contingent on “appropriate writing”, redirecting us to the notion of (self-)censorship. That the journals’ contents were subject to rigorous censorship is more than just an assumption. Even disregarding the circumstance that often the superintendents or assistant physicians functioned as editors of the papers (as Browne did for the *New Moon* and Bryce presumably did for *The Meteor*), upon a closer look we find the suspicion of censorship confirmed in the pages of the journals, referenced and concealed within the contributions. The *Asylum Journal* of Brattleboro features a political column pledging “The Crazy Men’s Ticket for President Samuel Goodhue”, and referring to a “board of censors” that generally forbids political pieces (*Asylum Journal* 1.4 (1842): 3). In the *Asylum Gazette*, we find the reference to oversight tucked away as an afterthought in a column on duelling. The author of this column directly addresses possible public concerns about the meaningfulness and decency of the insane’s published opinions; but whatever was published in the *Gazette*, he exonerates himself, was the responsibility of the physicians. If someone were to take insult at the content of the patients’ writing, “[t]hey must look to the Doctor. He is responsible for what we say. We say what we please, and if he thinks proper

to publish our sayings, why, he must answer for them” (*Asylum Gazette* 1.3 (1846):10). It remains highly doubtful, however, whether the contributors could “say what we please.”

That is not to say that the patient writing was devoid of subversive potential. In his chapter on literary life in the asylum, Benjamin Reiss questions Erving Goffman’s declaration that publications such as asylum newsletters could only reflect the official line of asylum management. Instead, by following James Scott’s notion of a “public transcript” and a “hidden transcript”, he productively reads the *Opal* – and by extension, all asylum periodicals – as a Janus-faced medium; on the one hand actively legitimizing asylum ideology, but on the other hand criticizing and subverting it (Reiss 26-27, Scott xiii). While the attempts of legitimization are openly recognizable for every reader, the lines in which a “hidden transcript” becomes legible are exactly that; hidden, obscure, often ambiguous, and only discernible by the attentive reader. “Reading between the lines of their praise for their doctors and their acceptance of their treatment, we can hear complaints, insecurities, longing for lost loved ones, shame, self-doubt, and even hints of rage and rebelliousness,” says Reiss (“Listening to Patients”). As one of his examples, Reiss takes an *Opal* article called “A Crazy Man’s Common Sense”, in which the author designates the speeches of religious and political radicals as “crazy”, urging the public not to listen. What starts out as a self-reflexive humorous analogy between asylum residents and extramural fanatics quickly turns into a veiled complaint on the inhibition of the insane from speaking publicly, which Reiss reads as “a bitter kind of defense against having one’s ideas pathologized” (44). Additionally, he points out the frequent contributions on the cause of abolition found in the *Opal* (and for that matter, also in all other American patient periodicals). The insane often explicitly likened their plight to those of slaves, as both groups were deprived of their freedom, both were forced to work and not paid for their labor. By using slaves as their literary substitute, the insane could express their discontent and even outrage concerning their own situation.

In well-selected examples taken from Eannace’s study of the *Opal*, Emily Clark similarly points out how the “Opalians utilized a number of strategies for hiding meaning within text”, for example by

metaphor and poetry, and “misdirection through the use of euphemisms or substitutes for the truth”, as well as sarcasm (52; Eannace 202-210). The most expressive example for that are a few lines of a poem on courting between women and men. The latter will “find, most sure, when ‘tis quite too late, / That aid they need in finding a mate, / Vexation deep will poison their way. / And mittens warm they’ll get for their pay” (“Leap Year”. *Opal* 2.4 (1852):102). Clark points out that the use of the term “mittens” is of relevance within a psychiatric context, since it denotes “a kind of restraining device used on male patients to prevent masturbation” but also as a punishment for other sexual transgressions. The cases of self-censorship that Reiss, Eannace, and Clark present exemplify the tacit ethical, cultural, and political codes that were imposed upon the patients by the asylum management. The double-entendre of this poem, just like Saunders’ nonchalant reference to corporeal violence in “American Literature”, also implies that patients were acutely aware that any openly inappropriate or subversive writing would be withdrawn and not published, and what is more, that punishment of a kind would follow. This might not necessarily be an act of physical punishment but a “punishment” in accordance with the system of moral treatment – for example, the loss of privileges such as perusal of the library, or the removal to less comfortable quarters. This system of reward and punishment worked toward an internalization of the superintendents’ sense of decorum and behavior, which in turn can be applied to analyze the nature and motivation of the patient’s journal contributions. Reiss adopts Goffman’s term of “conversion” to explain the writers’ seeming adoption of the “asylum’s code of conduct” and the “institution’s vision of him or herself with apparent enthusiasm, posing as the “perfect inmate” by lavishly praising the authorities (47). However, as Reiss argues, it did not matter whether the conversion was genuine or not, whether the patients believed in the cultural and moral codes imposed on them. The very existence of the journals and their “proper” contents were regarded “as a reflection of its authors’ successful internalization of appropriate modes of conduct and rhetoric” (34). The theory espoused by the psychiatrists purported that the patients, by being constantly exposed and subordinated to tacit and explicit models of conduct and thought, to the

principles of mental hygiene, would eventually be molded into “sociable subjects fit to sustain” an “orderly democracy”, and in immediate consequence, be cured (5). The nature of the periodicals thus was, for the superintendents and assistant physicians, proof of the internalization of self-censorship, and concomitantly, self-control, a core value which they sought to instill in their patients.

One is inevitably reminded again of Poe’s *maison de santé* and the performance of sanity that the insane delivered and even openly admitted to. The simulation of sanity, as Maillard mischievously echoes the American superintendents, allows the patients to adapt more easily to asylum life, to make it more enjoyable (better quarters, no punishment), and eventually, to shorten their stay since one had only to behave according to the behavioral norms that were continuously inoculated, in order to be proclaimed cured: in short, to successfully perform sanity.

A return to the report of “Life in the Asylum” allows us to pursue and back up this argumentation. This two-part contribution in the *Opal* has originally been discussed in relation to its overly cheerful (and thus suspicious) tone. However, while parts of it do indeed evoke the classless and humanitarian utopia the superintendents liked to imagine, the last lines of the “Second Day” give cause for a second reading. The day closes with a theatrical performance of the patients:

The actors appear, and in different scenes exhibit and satirize life out of the Asylum. The insane who live by borrowing, the benevolent who insanely lend, were exhibited in the Pettigrew scenes. There was an allegory personifying the village gossip, and the fantastic dress of the actors made it a crazy performance, and many like it we have figured in among the gossips. Housewifery and its cares, with the plague from Paddies to puddings, were well depicted. Music and dance closed the scene, the curtain falls, and Dr. M. gives poetic thanks, which all admire. (“Life in the Asylum Pt. 2.” 10)

What seems to be an innocuous depiction of a good-natured mode of entertainment in the asylum is an obfuscation of the real theatre and acts of make-believe that are going on at the asylum: “[t]hey cheat us, in the semblance of liberty, and I this night retire to rest. I shall sleep in the semblance of sanity” (11). The core of the moral treatment consists of allowing the asylum residents the greatest

possible “freedom” in their everyday routines, but as the narrator pointedly realizes, it is merely a “semblance of liberty.” The inmates are expected to enact their own part in return – those of increasingly rational patients seemingly responding to this mode of treatment. It is exactly that semblance of sanity the Opalians and the other “brother and sister Lunatics” pursued in their actions and behavior on paper.

Successfully performing sanity, or as Poe’s Maillard puts it, “counterfeiting sanity” is what enabled the residents of the author’s fictional asylum to overthrow their keepers and regain their liberty.<sup>174</sup> In nineteenth-century America, by successfully incorporating the principles of mental hygiene (or successfully pretending to have done so), by simulating the markers of sanity that the superintendents had determined, and, most importantly, by expressing them as written testimony in the house organs of their respective institutions, the patients effectively made use of their fellow madman Saunders’ assertion in his essay on “American Literature”; here, literature truly is the “help-meet” of liberty.

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<sup>174</sup> What is baffling in Poe’s short story is the fact that the patients once they have managed to lock the keepers choose to stay within the walls of the asylum and with their fellow inmates instead of venturing out.

## 5 Literature beyond the Asylum: Fe/Male Insanity and the Gendered Experience

### 5.1 “We need fathers, but we have only boys” – Asylum Exposés, (Medical) Patriarchy, and the Construction of Self through Literature

#### Women and Madness

In 1840, Elizabeth T. Stone, a factory worker, was tricked by her brother Stephen S. Stone to accompany him on a ride, not knowing that her brother was leading her straight into the McLean Asylum in Charlestown, Massachusetts, after he had hired a doctor to declare her insane. She would remain at McLean for more than sixteen months, suffering from isolation and maltreatment, all the while proclaiming her sanity. Her crime consisted of following a different religious denomination than her family. In 1842, she published *A Sketch of the Life of Elizabeth T. Stone*, a bitter account of her stay at McLean, and a reckoning with the practices employed there.

On July 13, 1857, Adriana P. Brinckle, unmarried, was placed at the Harrisburg State Hospital for the Insane in Pennsylvania. Committed by her father because of her “extravagance” (amongst other things, she had the audacity to conduct economic transactions of her own and sold some furniture), she would remain at the mental institution for 28 years, being released only after a new law was passed by the State Committee on Lunacy in 1884. She could place her account “Life Among the Insane” in the *North American Review*.<sup>175</sup>

By orders of her husband, Elizabeth Packard was kidnapped and carried off to the Jacksonville Insane Asylum in Illinois on June 18th, 1860. She had “defended some religious opinions which conflicted with the Creed of the Presbyterian Church” which gave her husband grounds to claim that her mind was unbalanced (3).<sup>176</sup> Elizabeth

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<sup>175</sup> Adriana P. Brinckle, “Life Among the Insane,” *North American Review* 144 (February 1887): 190-199

<sup>176</sup> Packard maintained that just as God was the father of Christ, so the Holy Ghost was his mother. She asserted that her husband forbade her to share her views on the subject publicly.

Packard was released after three years in the asylum and wrote four books strongly arguing against the ways in which the asylum was run.<sup>177</sup>

What these three women experienced was a fate they shared with countless other women – but not all of those eventually escaped the institution.<sup>178</sup> Even fewer women would have the opportunity and courage to publicly reminisce and recapitulate this particular time in their lives, and fewer still would write exposés detailing their harrowing experience at the asylum as Packard, Brinckle, Stone, and a few others did. These exposés show a common narrative of women who were – apparently wrongfully – accused of insanity and committed to a mental institution – by brothers, fathers, and husbands – because they deviated from the ways in which ideal womanhood was defined in nineteenth-century America. In the following, the exposés will serve as a starting point to explore antebellum ideals of femininity as represented in psychiatry, fiction, and in the exposés themselves. I will also show how these women employed a variety of rhetorical and literary strategies to reach a large audience and reclaim their identity.

The first-person accounts position themselves as a counternarrative to the one by the superintendents which posited the asylum as a humanitarian, philanthropic institution. The asylum, as a co-product of various antebellum utopian movements aimed to better the condition of the disenfranchised, and the therapeutic practice of moral treatment it embraced was designed to reform and cure the bodies and minds of the insane – not as a convenient way to get rid of one’s inconvenient wife, sister, or daughter. Yet the shared plot of these “captivity narratives”, predominantly written by women, suggests exactly that.

The asylum exposés, emerging as a unique genre of nineteenth-century literature, join a long line of accounts that link madness with

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<sup>177</sup> *Marital Power Exemplified, or three Years Imprisonment for Religious Belief* (1864); *Great Disclosure of Spiritual Wickedness in High Places* (1865); *The Mystic Key or The Asylum Secret Unlocked* (1866); *The Prisoners’ Hidden Life, or Insane Asylums Unveiled* (1868).

<sup>178</sup> From doctor’s notes, we can gain some insight into other female patients and surmise why they have been put there and how they fared – even though we might need to read between the lines. See Gonaver, 116-122; she portrays some of the female patients of Galt at the Eastern Lunatic Asylum who were admitted between 1842 and 1843. These show how every possible behaviour could be interpreted as insanity.

5.1 “We need fathers, but we have only boys” – *Asylum Exposés, (Medical) Patriarchy, and the Construction of Self through Literature*

femininity or rather, show how madness and femininity were often seen as inevitably linked. Seminal studies by feminist critics Elaine Showalter (*The Female Malady* 1985), Sandra Gilbert and Susan Gubar (*The Madwoman in the Attic* 1979), Jane Ussher (*Women's Madness: Misogyny or Mental Illness?* 1991; *The Madness of Women: Myth and Experience* 2011), and Phyllis Chesler (*Women and Madness* 1972) have amply demonstrated that the convention of associating insanity and womanhood has an impressive tradition, both in fictional representations and medical theories. In fact, “women’s insanity” and – famously and particularly – hysteria is traceable all the way back to ancient Greece. Hysteria’s very etymology is connected to women’s particularities (*hysterikos* meaning womb). Eagerly, antebellum American doctors jumped on this bandwagon and joined in the production of a variety of texts, all engaging in the construction of an ideal of womanhood and the potentially perilous consequences of its compromising. Sentimental novels, women’s magazines and domestic literature are well known to have contributed to the establishment of the ideology of True Womanhood and its domestic agenda, but the mental hygienists also contributed their fair share. The separation of gendered spheres and the erection of the non-productive woman “into a symbol of bourgeois class hegemony” were supported by the antebellum psychiatric community with bio-medical arguments (Smith-Rosenberg, 13). These self-assumed experts claimed that men were naturally guided by will and reason, whereas women were dominated by their reproductive organs and a weaker nervous system, successfully supporting men’s assignment to the public sphere and women’s assumed place in the private sphere. Every attempt to step out of the prescribed role was deemed unnatural and inevitably led to physical and mental disease.

Unsurprisingly, the psychiatrists put considerable emphasis on women’s bodily and mental constitution and their peculiar susceptibility to certain kinds of insanity. According to Esquirol, whom many American asylum physicians took as an absolute authority, women “become more frequently insane before the age of twenty years”, presumably because of their emotions; they “are more subject to dementia; and their delirium is religious or erotic. Almost all their insanity is complicated with hysteria.” Additionally, he says, women “practice

during their disorder, more concealment than men, they speak with more repugnance of their condition, and try to hide it from themselves and others” – meaning, when accused of madness, they maintained that they were, in fact, sane (37). Every distinct female body part – the ovaries, the fallopian tubes, the uterus – was regarded as a potential predisposing locus of insanity, every distinct moment of female “crisis” – menstruation<sup>179</sup>, marriage and sex, pregnancy, childbirth – was regarded as a potential precipitating cause (Goodell, 295).<sup>180</sup> This put women in an awkward position, since the fulfilment of her allocated role saw her as a menstruating married mother of many. The unexpected demands of marriage might well cause exhaustion and despair in a young girl, hitherto unexperienced with the company of men; however, the statistics might not consider that it was the young husband who felt the marriage to have been a mistake and sought to undo the marriage by removing his bride to an asylum. It is also ironic that “mothering”, so essential to the female ideal, was stressed as one of the leading causes of female insanity.<sup>181</sup> While pregnancy could potentially terminate insanity, “puerperal insanity”, as it was termed by psychiatrists, was the type and cause of insanity of one in eleven insane women, as assistant asylum physician Richard Gundry reports (295). Either during gestation, childbirth or lactation the woman suffered a nervous breakdown (or refused to take care of

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<sup>179</sup> Many interpretations of the archetypal literary madwoman Bertha Mason point out that her attacks of violence are linked to the color of the moon (when it was “blood red”) which these scholars tie to female menstruation (see, for example, Jane Ussher, *Myth and Experience*, 70).

<sup>180</sup> Wendy Govaner points out the curious but unsurprising fact that psychiatrists “increasingly chose to focus on [especially black] women’s reproductive and sexual organs as productive of insanity rather than address what may have destabilized so many women – violence,” as this would have forced them to examine the shortcomings of an unequal and patriarchal system (112). There were a few asylum physicians, however, who were not unaware of the often complicated domestic background of their female protegees. Ellen Dwyer unearthed several cases of patients under the care of Brigham at Utica, whose insanity was occasioned by violent and alcoholic husbands. Brigham notes, for example, in one case, that “the present husband is a bad man and his conduct – spending her property, abusing and leaving her, are the causes of insanity” (94). For such women, Dwyer argues, the asylum was a refuge, even though one born out of domestic desperation.

<sup>181</sup> Galt’s musings on the nature and reason for menstruation indicate how little was understood of women’s bodies, and how much was imagined and imposed. His theory of the function of menstruation, for example, was that it accustomed a women’s body for pregnancy through the “large quantity of blood” (qtd. in Gonaver, 114).

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her appearance) and was removed to the asylum (Theriot 73). In general, women were “more under the influence of feelings and emotions” and prone to go mad through the loss of a loved one or a disappointment of affections (Jarvis, “Comparative Liability” 150). The unique circumstances of a modern industrializing and urbanizing society put women under additional stress. As Ray has pointed out in his manual on mental hygiene, women in nineteenth century America suffered from general “ill health”, which implied “a state of nervous exhaustion and enfeeblement produced by excessive labor and trial, in a constitution endowed by nature with little power of endurance” (54). Even though the ideal conception of the new American family saw the woman “merely” as wife, mother, and organizer of the household, the reality saw many women, especially of the lower classes, working. Ray, while acknowledging multiple stress factors, also faults women’s social aspirations:

The cares of an increasing family, without increasing pecuniary means, seem to forbid the slightest rest from the daily routine of toil; their duties are all within doors, in overheated apartments, while a certain regard for appearances, and a perpetual straining after a higher social sphere, give rise to an uneasy, if not repining state of mind. At last, the appetite fails, the nervous system becomes irritable under the slightest impression, the sleep is diminished, the flesh reduced, and the mind depressed by unaccountable gloom and apprehension. From this to unequivocal insanity, the transition is only a matter of time. (55)<sup>182</sup>

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<sup>182</sup> While not altogether as gloomy as Isaac Ray, Catharine Beecher shared most of the convictions of her psychiatric contemporary. As she writes in her well-known *Treatise on Domestic Economy* (1841), “[n]o women on earth have a higher sense of their moral and religious responsibilities, or better understand, not only what is demanded of them, as housekeepers, but all the claims that rest upon them as wives, mothers, and members of a social community. An American woman who is the mistress of a family, feels her obligations of being a good influence on her husband, and a still greater responsibility in rearing and educating her children. She feels, too, the claims which the moral interests of her domestics have on their watchful care. In social life, she recognises the claims of hospitality, and the demands of friendly visiting. Her responsibility, in reference to the institutions of benevolence and religion, is, deeply realized. The regular worship of the Lord’s day, and all the various religious meetings and benevolent societies which place so much dependence on female influence and example, she feels obligated to sustain. Add to these multiplied responsibilities, the perplexities and evils which have been pointed out, resulting from the fluctuating state of society, and the deficiency of domestic service, and no one can deny

In the delineations of women's anatomical and alleged mental peculiarities, the asylum physicians seem to perpetuate and fortify the association of femininity and madness, put into focus by Showalter, Chesler, and other feminist critics as paving the way for continued female oppression through medicalization.

Oppression by a social and medical patriarchal system is the overarching theme of all asylum narratives written by female patients. The only way to escape the institution was, as one patient puts it, to adhere to "asylum codes" and a "passive state of being", "to suppress a natural characteristic flow of spirits or talk... to sit in lady-like attire,...smoothed down with a moral flat-iron", in short, to act out the perfect submission to the rules of good conduct, and behave according to societal expectations (Geller 120). The superintendents saw this "reformed" behavior as the successful outcome of moral treatment.<sup>183</sup> To analyze the stories of these women in detail – the lack of privacy, brutal treatment by staff, their personal difficulties with adjusting to the situation –, is unfortunately, beyond the scope of this work. Rather, I want to focus on the way these women told their stories for them to gain as much publicity as possible.

### **A New Captivity Narrative? – Rhetorical and Literary Strategies of Asylum Exposés**

When Elizabeth Packard published *The Prisoner's Hidden Life, Or Insane Asylums Unveiled* in 1868, she could not have fathomed its profound political impact.<sup>184</sup> However, she was clearly aware that there was substantial public interest in a narrative such as hers, as she was able to raise the funds for the publication of her book in advance.

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that American women are exposed to a far greater amount of intellectual and moral excitement, than those of any other land" (22).

<sup>183</sup> That is not to say, however, that no medical measures were taken. As Wendy Gonaver states, "heroic measures persisted when it came to women's bodies even among the most vocal proponents of moral medicine" (115). I can think of no better example than Amariah Brigham, who conducted several clitoral amputations despite no indication that the patients consequently got better. Similarly, William Goodell, who served as a professor of clinical gynaecology at the University of Pennsylvania, advocated for the routine removal of ovaries in cases of female insanity ("Clinical Notes on the Extirpation of the Ovaries for Insanity." *The American Journal of Insanity* 38.3 (1882):294-448).

<sup>184</sup> In her book *Elizabeth Packard – A Noble Fight* (2010) Linda Carlisle writes about the actual change in laws resulting from Packard's efforts.

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Packard, even more than her fellow exposé authors, had a predetermined goal in mind: to “unveil” the abuses she and others were suffering and still suffered in the asylum, and to openly push for radical reforms in the system. To make their voices heard, these women had to reach as large an audience as possible. In order to achieve this, they employed a number of textual genres and rhetorical devices, paying tribute to the diversity of their hoped-for readership – reformers, educators, lawmakers, and the broad public. We find such diverse arrays of texts as the sermon, the autobiography, sensational features, testimonies, illustrations, and, in Lydia Smith’s case, a large bulk of poetry. I am convinced we must regard the employment of multiple genres as a conscious decision of the authors. After all, none of these exposés were written as a diary or private account to friends but instead they were always meant to be published.

### **Sensationalist and Gothic Novel**

To reach the broadest of audiences – the general literate public – was not particularly difficult. After all, the setting alone sparked people’s interest, which, as I have shown in a preceding chapter, many sensationalist authors used to their advantage. The asylum narratives played with many novelistic genres. The common plot these narratives shared evoked, for example, a strong association to the gothic novel. The women were abducted and held against their will in a sinister institution. The role of the villain, so indispensable to every gothic novel, was assigned multiple times, most often to a male member of the woman’s inner circle (husband, brother, father), and, once in the institution, this role was taken over by the superintendent. In Packard’s case, this was Andrew McFarland, whose principles of treatment, Packard writes, were “contrary to reason, to justice, to humanity” (*Modern Persecution*, 120).

Openly sensationalist features, too, were employed. To claim their sanity and wrongful imprisonment, many exposé writers included depictions of their fellow patients who were “truly mad” and “demented creatures”, playing into the public’s tacit expectation of the raging madman and the hysteric madwoman (134). Horrific abuses by the staff were also extensively discussed. Brinkle reports how a harmless patient was “attacked and beaten because she would not

work. One nurse knocked her down and then called another with homicidal mania to join and they pounded the unfortunate creature until she was black and blue” (qtd. in Geller, 112). Clearly, it was the staff that was “homicidal” and crazy and violent, not all the patients, and certainly not the woman unveiling these institutional abuses; that was, at least, how Brinckle wanted the readers to see it. Many also worked with titillating chapter titles that sparked the reader’s interest, such as Lydia Smith’s “The night of terror”, or Packard’s “My Abduction”, “My Life Imperilled”, and even complemented these with several illustrations, using them as another persuasive device.

### **Autobiography, Captivity and Slave Narrative**

Of course, the underlying genre of each of these texts was the autobiography. Elizabeth Packard, Phebe B. Davis, and Elizabeth Stone relate their life before their committal and their experiences during and after their stay in the asylum. The asylum constituted a break in their ordinary lives – being involuntarily removed from their familiar surroundings, friends, and families. Benjamin Reiss called this sort of autobiography a “new genre of captivity narrative”, the latter being a popular genre of the seventeenth century whose tradition was continued in its nineteenth-century re-appropriation by abolitionists and slaves (169).<sup>185</sup> The authors of asylum narratives openly draw parallels to the slave narrative and employ the rhetoric of involuntary confinement. “Under our present system”, Packard states, “we are regarded and treated as their slaves, or as convicts in a Penitentiary, condemned to work or risk the penalty of disobedience”, referring to the practice of patient labor that the superintendents, whom she called “slave masters”, encouraged (269).<sup>186</sup> At the time these asylum narratives were published, the abolition movement was in its heyday and certainly on everyone’s radar. To compare themselves, the

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<sup>185</sup> (American) Captivity narratives generally were accounts (factual or fictional, and often both) of men and women taken captive by native Americans. The most famous example is certainly Mary Rowlandson’s memoir, *A Narrative of the Captivity and Restoration of Mrs. Mary Rowlandson*. First published in 1682, it enjoyed considerable popularity on both sides of the Atlantic.

<sup>186</sup> Packard also directly addresses Andrew McFarland, the superintendent of the institution she was held in, as a man whose “salary is thus earned for him by his slave [the patient]” (204).

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patients, to slaves, was a clever strategic maneuver to appeal to the public’s consciousness. Why not start another campaign on the behalf of the oppressed? Packard used the same rhetoric the abolitionists employed and appealed to the egalitarian and benevolent self-understanding of the republic, invoking such central values as individual freedom, human rights, and the sanctity of the constitution, calling the current practice of asylums “one of the greatest systems of oppression and cruelty to human beings the world ever witnessed” (269). This set of parallels has been argumentatively renewed by Thomas Szasz in 2002. In *Liberation by Oppression*, he shows how the justification of psychiatry utilized the same rhetorical devices as the justification of slavery did in the United States.

**The language of true womanhood – a countersubversive strategy**

These women were acutely aware of the narrow political role a patriarchal society had assigned to them. After all, it was their transgression of these boundaries that landed them in the asylum in the first place. Piety, purity, submission, and domesticity are, as Barbara Welter famously declared in 1966, the essential values and domains of American antebellum true womanhood, which were, especially in the case of submission, also enforced as markers of sanity in the asylum. Their best chance to be taken seriously in their appeals and attempts at regaining control over self-presentation as sane women for these former patients was, then, to lean into the concept of womanhood that was deemed proper, while at the same time pushing against the boundaries of that very concept.

A prime example for this is Elizabeth Packard’s use of the page as pulpit, and religious sermon as one of the genres she chose to incorporate in her exposé. This was a comparatively dangerous maneuver because she was admitted to the asylum by her Calvinist husband who disagreed not only with her religious beliefs per se but even more with the fact that she taught a weekly bible class, and there spoke freely about her views on spirituality. Additionally, the sermon was traditionally a “male” form of writing. However, piety was one of the core values of True Womanhood and women were regarded as naturally religious creatures. Packard, after her release from the

asylum, continued to utilize religious rhetoric in her post-asylum defense, reframing what was once deemed a marker of insanity (her refusal to quit her religious speech) into a marker of her sanity and true womanhood. Women were the spiritual and religious guides of the household in antebellum America, but Packard extended her sphere of influence to a greater audience. This allowed her to appeal to the Christian values of her god-fearing readers. "When will my countrymen fear God, more than they do the oppressor?", she asks. "Gentleman, action, investigation, is demanded of you, by this appeal, in order that your souls be found guiltless in this matter. Dare to do your duty, and God will bless you" (185).<sup>187</sup> It is crucial to note here that Packard not only clearly depicts current asylum practice as unchristian, but also explicitly addresses men to embrace her cause, calling upon them to fulfil their God-given but hitherto neglected role of protecting innocent women.

The inclusion of features of the sentimental novel, a "feminine" genre, partakes in the same strategic endeavor. The language of the sentimental novel was, just like that of the conduct manual which we also find in the exposés, familiar to middle-class women. The appeal to emotions and empathy proved a powerful tool for female authors, as it turned their alleged weakness of being less grounded in logic into a strength; emotional and moral superiority.<sup>188</sup> Just like in temperance narratives (another predominantly "female" genre), sentimental rhetoric was then mixed with "facts" such as testimonial evidence, that in turn strengthened the impact of the argument. "For

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<sup>187</sup> Packard employs a similar ministerial language on many occasions in her publication, see also pages 397 and 123. Likewise, Elizabeth Stone continuously directly addresses her "Christian readers" and appeals to their sense of Godly justice and empathy (Geller 40)

<sup>188</sup> The power of and through affect is probably most visible in the petitions and speeches of Dorothea Dix. Throughout her life, she worked tirelessly – and successfully – towards her pursuit of reforming the care of the insane. Not only did she maintain correspondence with many important lawmakers, reformers, politicians, and physicians, she also gave rousing speeches. In 1843, she presented her petition to increase the size of the Worcester asylum before the State Legislature: "I proceed, gentlemen, briefly to call your attention to the present state of insane persons confined within this Commonwealth, in *cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience!* [emphasis in the original]" (623). Utilizing gothic, sensational, and sentimental conventions, she effectively realized what Tompkins has called "sentimental power" into actions. For the full speech, see "I tell what I have seen" – the reports of asylum reformer Dorothea Dix. 1843." *American Journal of Public Health* 96.4 (2006): 622-5.

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similar reasons”, Wendy Gonaver writes, “Packard’s attacks on the abuse of authority at the asylum were not viewed as unfeminine since the hospital was perceived as a domestic space rather than a political arena (133).

The multiplicity of genres these women employed in their narratives seems baffling, at first. However, they were aware that to be heard by as many people as possible, they had to create a good story for everyone. The choice of genre determines how a text is read and by whom – authors act consciously by choosing a genre and determining what a text should thus accomplish. Packard and her sisters incorporated multiple rhetorical and literary devices, and chose genres that asked for diverse reactions from the readers – aiming for affect and empathy in the sentimental novel readers, outrage and gossip in those who enjoyed the sensationalist aspects, shame and concern in law-makers and public officials, and support in reformers.

### **Pathogenic Patriarchy**

The writing and publication of their experience enabled these women to regain an opportunity for self-presentation. They surely were aware that their status as former patients of a mental institution made them, and their stories suspect. In fact, there were multiple voices that interpreted their narrative as a clear sign of lingering delusion – a fate that befell, for example, Clarissa Lathrop’s remarkable *A Secret Institution* (1890).<sup>189</sup> One reviewer in the *Catholic World* held that her story “may or may not be true” and that “[h]er narrative was written in a way which was strongly suggestive of long standing delusions in her own mind” (133).<sup>190</sup> In a similar vein, the *Belford’s*

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<sup>189</sup> Confined in 1880 at the Utica asylum for two years, at behest of her mother and sister who thought she labored under the delusion that a secret enemy was planning to poison her, Lathrop maintained the veracity of her claim. Regardless, she was imprisoned unlawfully.

<sup>190</sup> Attacks also came from within the asylum, mostly from the superintendents themselves. Isaac Ray wrote that insane persons were essentially “liars by nature” and that they had a “tendency to have a hostile attitude toward the institution that had helped them in their recovery” (“Popular Feelings”, 39). Often, superintendents declared the existence of exposés to be proof that the patients had obviously fallen back into insanity. Superintendents were acutely aware that the success of the asylum experiment hinged upon the reputation of the asylum in general and the respective facility and its management in particular.

*Magazine* concluded in 1891, that despite the fact that “her insanity was not demonstrative it is no evidence that it did not exist” (83). In the sequel to Phebe B. Davis’ original exposé, which saw four reprints, the author remarks upon a review of her first book in a local paper, which saw “the extensive sale of her work” as proof “that there are more lunatics out of the Asylum than inside of it” (*Travels*, 27).

Their authenticity thus hinged upon whether they could convincingly portray themselves as having been rational while in the asylum and continuing to be rational outside the asylum. Despite frequent verbal assertion of her sanity, Packard also utilized the illustrations in her books to make that point. The most famous sketch “Kidnapping Mrs. Packard” depicts the scene of her being carried away by two gentlemen, in front of a crowd. Instead of fighting against her abductors, which would be an understandable reaction, she seems docile, her hands neatly folded in her lap, her hair properly tucked away under a cap – a hardly plausible depiction of her kidnapping. However, she thus defies the traditional image of the hysterical madwoman with dishevelled hair and a furious countenance, immortalized in Charlotte Brontë’s Bertha Mason.<sup>191</sup> Instead of merely portraying herself as a rational woman, she gave herself the appearance of a proper lady, which made the affront committed against her even more grievous. From the gathered crowd, there emerges a voice: “Is there no man in this crowd to protect this woman!”<sup>192</sup> There is none, as her husband herself ordered her committal and had therefore, in Packard’s eyes, failed his role and social function. “All good influences seemed to have forsaken him”, she writes, “I have never had a protector in my husband. He has only been my persecutor!” (*Hidden Life* 38). It seems here, that she defends traditional gender roles rather than defying them; but this was a clever rhetorical strategy to

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<sup>191</sup> Almost ridiculously overdrawn, Bertha’s wild hair, red eyes, and sexual depravity remains a powerful stereotype of the “mad woman” which was meticulously analyzed by Gilbert and Gubar in 1979.

<sup>192</sup> Another illustration in Packard’s publications show her grieving because of the separation from her children, emphasizing her motherhood and angling for an emotional response of her readers. Other sketches include the depiction of abuse by the staff (“Popular mode of curing insanity”), depicting the attendant as maniac instead of the patient, and a picture of the Jacksonville Insane Asylum from a wide-angle view, showing carriages arriving (“General jail delivery!”). Whenever Packard herself is depicted, she is shown as appropriately dressed and well behaved.

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bring as many people on her side as possible while indirectly and directly urging a reform of women’s rights. The problem, she argued, was not the existence of the asylum per se, but the tricky situation women found themselves in.<sup>193</sup> Unmarried women were seen as more liable to insanity and other diseases, and they were also socially frowned upon. But once a woman married, she gave up all freedom and legal rights and could be treated as property. Informal and unjust commitment laws were, in Packard’s eyes, a result of this unsustainable power relation. Her own commitment process exemplifies this. On June 18, 1860, two physicians ordered by her husband felt her pulse, and accordingly declared her to be insane. In her words, “[t]his was the only medical examination I had” and even more egregious, “[t]his was the only trial of any kind that I was allowed to have, to prove the charge of insanity brought against me by my husband to be a false charge. I had no chance for self-defence whatever” (51). This was a fate that many women experienced. Elizabeth Stone’s brother hired a physician, “a perfect stranger” to declare her insane and succeeded. “By this power” of the physician, Stone writes, “every free born-citizen of the United States can be deprived of their liberty and happiness” (qtd. in Geller 40). Tirzah Shedd, in a testimony included in Packard’s *Modern Persecution* (1873), reports a similar experience preceding her “incarceration” in the Jacksonville Asylum on July 7<sup>th</sup>, 1865:

My baby was five months and a half old, when I was taken from her, and my two other little girls, and forced entirely against my will and protest, into this prison-house, for an indefinite length of time, on the charge of monomania on spiritualism, brought against me by my husband (78).<sup>194</sup>

She claimed to have had a mere “mock jury trial at Geneva courthouse”, which condemned her as insane, placing her fate into the hands of her husband, who was determined to place her at Jacksonville. In contrast to Packard’s self-presentation as ladylike and docile,

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<sup>193</sup> This is an important point. Even though Packard describes “insane asylums” as “the Inquisitions of the American government”, none of the women deny the necessity of the institution or its original and potentially benevolent intent, nor the existence of truly deranged people (*Modern Persecution*, 132).

<sup>194</sup> “Testimony Presented to the Committee by Mrs. Tirzah F. Shedd, of Aurora, Illinois”. In Packard, Elizabeth W.P. *Modern Persecution or Married Woman’s Liabilities* (1873)

Shedd proclaims to have shown “vigorous resistance, by fighting single-handed [sic] and alone my six strong men captors, for forty-five minutes” (78). In the end, she was “bruised and sore from this brutal assault”, put into the carriage, “with the handcuffs dangling at my side, leaving my little girls screaming in agony at this unnatural bereavement of their tender, loving mother.” Shedd, in her testimony, emphasizes the violent and sensational aspect of her capture, and appeals to the sentiments by evoking her now motherless children, before moving on to a direct attack on the violation of American values: “[a]nd yet this is a land of religious freedom! It may be a land of freedom for the men, but I am sure it is not for the married women!” (78). Shedd also reports the fate of a woman, who was seemingly completely sane, but already imprisoned seven times by her husband (79). In *Behind the Scenes, Or, Life in an Insane Asylum* (1878), Lydia Smith, a former patient of the Kalamazoo Insane Asylum from 1867-71, similarly reports:

It is a very fashionable and easy thing now to make a person out to be insane. If a man tires of his wife, and is befooled after some other woman, it is not a very difficult matter to get her in an institution of this kind. Belladonna and chloroform will give her the appearance of being crazy enough, and after the asylum doors have closed upon her, adieu to the beautiful world and all home associations (117).

The fates of Wilkie Collins’ heroine in *The Woman in White* (1859), *Jane Eyre*’s Bertha Mason (1847), and Mary, Ruth Hall’s unfortunate friend in the novel of the same name, thus do not seem far-fetched but grounded in the fact that it was apparently quite easy to effectively rid oneself of difficult or inconvenient women – if one happened to be a man. Once discarded into the asylum, most women felt that they had been delivered from one unjust male oppressor to another. Shedd called Andrew McFarland, superintendent of the Jacksonville institution, “heartless” and “not worthy of the unbounded trust and confidence he was then receiving from the people of Illinois” (78). She claims that McFarland admitted her sanity but did, regardless, at the behest of her husband, “pronounce her hopelessly insane, because she will not say she has changed her mind” regarding the topic of spiritualism. Similarly, Lydia Smith writes of Dr. Vandusen’s conduct as exhibiting true “villainy”, “intrigue and de-

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ception” (134). While the “matron was an excellent person”, Smith thought the doctor to be “a cunning, artful, designing, calculating man” who spent his time with “misrepresentations and efforts to keep all unpleasant things hid and covered up—varnished with a gloss of his own fabrication” (28; 135). Phebe B. Davis claims that “[m]ost of the Drs. that are employed in lunatic asylums do much more to aggravate the disease than they do to cure it”, also bravely mentioning the names of the physicians that she found lacking while in care herself – Benedict, Gray, Cook, and Porter. The exposés present the superintendents as despotic tyrants who only had “surface knowledge of things in the institution”, and who cared more for their salary, lifestyle, and reputation than their patients (Davis qtd. in Geller 52).<sup>195</sup> Treatment or even release of the patient rested on the Doctor’s “capricious feelings”:

[A] patient who will not minister to the self-love of the physicians, must expect to be treated with great severity. For that reason, the ladies in the better halls make a real trade to flatter the Doctors to gain favors and get away from there; and then they make sport of it to each other. (Davis, *Two Years*, 23)

Female patients suffered under the indifference, arbitrariness, or downright cruelty of the superintendent and his assistant physicians, who, as it seems, did not fulfil the role they had envisioned for themselves – as benevolent, loving fathers in the domestic space of the asylum.<sup>196</sup> Davis quotes the remark of a fellow patient which stuck in her head: “We need fathers here, but we have only boys” – boys, who should not have the unprecedented authority to decide over these women’s freedom (24). One of the greatest aims of Packard, Stone, Davis, and others was, therefore, besides the reform of informal commitment laws, the redistribution of marital power relations, and a

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<sup>195</sup> As Lydia Smith puts it, “the heads of the institution... had the cream, and the rest of the boarders skim milk, badly watered” (221).

<sup>196</sup> “Unlike slaveholders”, Packard writes, the superintendent had no selfish interest in his proteges. As his “salary is secured by law... he can torment and abuse unto death, and his interests are not impaired by this wreck of human faculties and human life” (*Modern Persecution*, 85). Here, certainly, Packard exaggerates for the sake of outrage. All superintendents depended on state-funding which in turn rested on the good reputation of the asylum, hinging on steady cure rates, regular inspection, and encomiums by former patients.

general strengthening of women's rights, to curb the – in their eyes, unlimited – power of the medical superintendent.

### **The Literary Re-Construction of Self**

The stories of these women invite the scholar to plunge deep into their experience and the context in which they were created. More than just autobiographical accounts from a certain period in their lives, these exposés are surprisingly complex texts. Through their adoption of multiple genres, they achieve a lasting impact on the reader – and achieved a lasting impact on nineteenth-century asylum politics. By use of sensational and sentimental novelistic features, they played with the public's expectations and reframed prevailing and preconditioned knowledge about the asylum, enabling their readers to get a glimpse into patient experience and institutional practice. They also paved the way for later expository and influential works such as investigative journalist Nelly Bly's *Ten Days in a Mad-House* (1887) and Clifford Beers' *A Mind that found Itself* (1908). Furthermore, and most importantly, these exposés constitute a nascent literary protest literature, as they explicitly address inequality and injustice towards women, and propose, like Elizabeth Packard did, a set of bills that would regiment the admission of any insane person. Unlike later female exposé writers like Clarissa Caldwell Lathrop who identified herself as "secular political organizer" and whose activism was not based "on the separation of spheres but on a political equality" that was "superseding gender", Packard, Davis, Brinckle, and Stone fully embraced the concepts of domesticity and womanhood in order to beat their presumed oppressors with the same arguments that were employed to incarcerate themselves (Wood 78). Their endeavors proved successful. Packard's works, supported by those of her sister patients and by the efforts of Dorothea Dix and other reformers, achieved a reform of confinement laws that were known, state-wide, as the Packard laws, which prevented women from being sent to an asylum on merely the husband's say-so, and granted a fair trial to everyone charged with insanity. A personal victory, surely, was the resignation of superintendent Andrew McFarland in 1869 because of the Packard controversy. The considerable sales of her publications also afforded financial independence to Packard. The power

## 5.2 *Beleaguered Masculinity – Mad Men and Domesticity outside the Antebellum Asylum*

of print was not something the authors of these exposes underestimated, and their belief was rewarded financially and politically.

Writing about their harrowing experience could not have been easy for many of these women. Of course, they were outraged over the procedures of admission and institutional practice but on the other hand, by writing and accusing publicly they stepped outside of their allocated sphere and opened themselves up to ridicule, to recurring accusations of insanity. Yet, however painful the chronicling of months, and in many cases, years of imprisonment and abuse may have been, it was also an opportunity for the process of self-healing. They may have been labeled insane in the past, but writing was their chance to prove that this diagnosis was wrong all along, a chance to retell their story, reclaim the identity that others had taken from them, or establish a new identity rather than accepting one that was imposed upon them by their fathers, brothers, husbands, or doctors. Packard, who felt her “identity was ignored” through incarceration, reconstructed herself as a proper woman with strong Christian values (*Hidden Life*, 293). Instead of leaving the asylum physically and mentally weakened or even broken, like the eponymous heroine in Wilkie Collins’ *Woman in White*, these women “never lost [their] reason” and emerged stronger than before (293). Just like the patients contributing to the asylum periodicals discussed in the previous chapter, these former patients realized and utilized the power of literature to forge a community (of women and fellow oppressed), as a persuasive device, and as a tool for self-empowerment. In writing these exposés, then, they gained their personal liberty from their experience at the asylum.

## **5.2 Beleaguered Masculinity – Mad Men and Domesticity outside the Antebellum Asylum**

### **Monomania and the Marketplace – Melville’s Pathological Men**

Father, husbands, brothers could and did commit their daughters, wives, and sisters to the asylum. Declarations and certificates of insanity came from male judges, lawyers, and physicians. Superintendents were exclusively male. There is no denying that the asylum

enterprise was a deeply patriarchal one – men labelled women insane and sought for them to be confined; men oversaw their care; men decided when they were sane enough to return to society, if ever. But it was not necessarily only women that the psychiatrists saw at risk. While there is no doubt that nineteenth century medicine did not miss any opportunity to teach women how to regulate their body, their mind, and their behavior, a closer look at asylum reports reveals that there were not more women institutionalized than men. In fact, the statistics show a small preponderance of male patients in American asylums (140).<sup>197</sup> Asylum statistician Edward Jarvis interpreted this as resulting from the fact that men’s “intellectual functions are oftener exercised ... their inclinations and propensities, of whatever nature, intellectual, moral, or physical, are more powerful and uncontrollable, and they are more likely to over-work and disturb the brain than women” (*Comparative Liability* 150). Jarvis relates men’s greater susceptibility to mental exhaustion to their being exposed to “the varies and changes in life and fortune, accidents and injuries” of the mid-nineteenth century (151).

So, just like women repeatedly broke down under the demands of an industrializing, urbanizing society, the advances of civilization, so did the freedom in politics, and the fluctuations of the marketplace put a potentially pathogenic strain on men. Even though it was often assumed that women have always been more liable to insanity, up until the eighteenth-century madness was actually wearing a “masculine face” before it was domesticated and transformed into feminine forms (Busfield 13; 121).<sup>198</sup>

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<sup>197</sup> Esquirol already stated in *Mental Maladies* (1838) that the “disparity in numbers between men and women, is much less considerable than is usually supposed”, refuting the widespread and lasting assumption that there were far more insane women than men (37). He does, however, allow for certain national differences. In France, for example, he found a preponderance of insane women which he relates to the reading of romance and the “frequenting of plays and society” by French girls, whereas in England, young girls received a “more substantial education; they lead a more a retired life, and do not take so important a part in public affairs” which apparently safeguards mental health (36).

<sup>198</sup> This assumption is not only pertaining to nineteenth century popular opinion but reiterated and reinforced by contemporary scholars such as Elaine Showalter who defines madness as “the female malady” and calls upon a few statistics of British asylum. This evidence is insufficient, as most statistics show a balanced proportion between genders and in many cases, the number of male patients surpassed that of female patients.

Depictions in literature and the visual arts pay tribute to that fact, or, as Penelope Doob phrases it:

Madmen and wild men abound in literary forests and perhaps in real ones; they grace numerous manuscript margins, and occasionally, in the guise of Charles I of France or Henry VI of England, they emerge from literary obscurity to sit in the highest places. They figure in cautionary tales from the pulpit and in sophisticated romances, in history and in lyric poetry, in drama and in saints' lives. (ix)

“Finding Nebuchadnezzar’s children is easy”, she continues, “whether we look among kings or peasants, knights or pagan lords or priests”, or, in our case, at literature (ix). From Herod over Lancelot and Merlin to Dr. Jekyll and Gogol’s Poprishchin, the madman is a stable trope over the centuries. As Charles Taylor Pridgeon shows in *Insanity in American Fiction* (1970), American writers were no exception. In fact, he argues that almost no American writer of distinction failed to include the madman into his literary corpus (iv). Focusing on high-brow literature, Pridgeon puts Charles Brockden Brown’s “psychosomatics of insanity” on an elevated place and focuses on *Wieland* (1798) and *Edgar Huntly* (1799). In the following century, more and more writers followed into Brockden Brown’s footsteps – Pridgeon mentions, amongst others, Simms, Paulding, Neal, Cooper, and, naturally, Hawthorne, Poe, and Melville. In his 1997 study on the “popular insanity tale”, Werner Reinhart also identifies a variety of madmen in American literature. Reinhart argues, as we remember, that psychological depictions in nineteenth-century fiction, whether lowbrow or highbrow, cannot be productively read under the lens of emerging asylum medicine and its affiliated sciences (27). However, even at a first glance, this assumption does not hold up to scrutiny.

As Paul McCarthy shows in *The Twisted Mind* (1990), Melville’s fiction alone is teeming with madmen whose configuration rest on popular phrenological and psychiatric discourse. Melville’s madmen cannot be reduced to a simplistic literary template or psychiatric diagnosis alone but instead they are complex and nuanced psychological characters who can never be fully explained, only approached.

*Moby Dick* (1851), of course, serves as a textbook example. Ahab, charismatic captain of the Pequod, dedicates his life to hunting and killing the white whale, and dies pursuing this goal.

Melville leaves no doubt that Ahab is, in fact, insane.<sup>199</sup> Not only does the captain call himself “mad” twice during the novel, but Ahab’s insanity is declared by Ishmael and other characters, time and time again; they call their captain “crazy”, “lunatic”, “mad”, and most importantly, “monomaniac.” Monomania, the term developing early in the century, was a popular, predominantly male diagnosis in asylum medicine. Coined by Jean-Etienne Esquirol, it was often used synonymously to “partial insanity”. People afflicted by this particular species of insanity were rational on all but one subject or area. As the disease progresses, delusion and increasing paranoia would follow and intensify. As admission charts show, most cases of monomania pertained to love, politics, religion, relationships – or, in Ahab’s case, a whale, and his revenge on the mammal.

Melville offers explanations for Ahab’s madness that espoused the mind-body-dualism generally accepted by nineteenth century psychiatrists but leaned more towards a somatogenic model. For one, it was the “violent circulation of blood, which, causing destructive friction, leads to an overheated condition within the physiological system as a whole” which led to Ahab’s episodes (qtd. in Fuller Torrey and Miller 233). Similarly, Melville positions the origin of the captain’s monomania as a result of bodily injury.<sup>200</sup> After the white whale “reaped away Ahab’s leg”, the seafarer spends many months trying to recuperate from his wound. Ahab feels “agonizing bodily laceration, but nothing more” (*Moby Dick* 148). As the months went on, “Ahab and agony lay stretched together in one hammock”, and “his torn body and gashed soul bled into one another; and so interfusing, made him mad” (148-149) As Ishmael tells it, it was at this exact moment “that the final monomania seized him.” Ahab’s crew, frightened by his raging delirium, put him in a straitjacket until the captain regained his sanity – or rather, until he gained the ability to simulate sanity well enough to convince the crew. But behind Ahab’s

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<sup>199</sup> As McCarthy demonstrates, everyone and everything in the novel is diagnosed as insane – including the sea, and the whale itself. Ishmael, the novel’s narrator, got variously assigned with onset melancholia and neurosis (Henry Nash Smith 1978) and hypochondriasis (McCarthy 1990).

<sup>200</sup> The idea, that sudden bodily infirmity or injury manifested in the mind as well, and might change a person’s character, or very essence, was a popular one, and, for example, productively elaborated in Silas Weir Mitchell’s “The Case of George Dedlow” in 1866.

performance, Ishmael believes to recognize that “Ahab’s larger, darker, deeper part” remained below the surface, and “in his hidden self, raved on” (149). Ahab’s performance of sanity – he waits a whole month before telling the crew his true objective – is necessary to regain his freedom, as the patients in Poe’s *maison de santé*, and as the contributors to the patient periodicals realized, too. To further hunt the whale, Ahab had to resume his post as the captain; and to be reinstated, his crew had to believe him rational. Ahab’s maneuver uncannily echoes Maillard’s warning of the madman’s “cunning” and the lengths he will go to achieve his objective.<sup>201</sup> Similarly, Ishmael describes “[h]uman madness [as] oftentimes a cunning and most feline thing. When you think it fled, it may have but become transfigured into some subtler form” (149). To kill the whale means more to Ahab than mere gratification of a delusional desire. Moby Dick, as Ishmael describes the whale, is not only himself suffering from “mammalian insanity”, but functions as scapegoat: “[t]he White Whale swam before him as the monomaniacal incarnation of all those malicious agencies which some deep men feel eating in them, till they are left living with half a heart and half a lung” (148). Ahab externalizes “[a]ll that most maddens and torments; all that stirs up the lees of things; all truth with malice in it; all that cracks the sinews and cakes the brain; all the subtle demonisms of life and thought; all evil, to crazy Ahab, were visibly personified, and made practically assailable in Moby Dick” (148). For him, the whale embodies his madness; and the whale’s eradication will be the eradication of his insanity, and the only means by which he could regain his psychological freedom.

Despite Starbuck’s voice of reason, who openly defies the rationality of his captain’s objective – “Vengeance on a dumb brute!”, cries Starbuck, “that simply smote thee from blindest instinct! Madness!” (133) – and the crew member’s incomprehension of Ahab’s fixation, as the quest continues, Isaac Ray’s “law of imitation” applies. The madness onboard the Pequod seems to be infectious, paying tribute

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<sup>201</sup> As Maillard says about the madman, “[h]is cunning, too, is proverbial and great. If he has a project in view, he conceals his design with a marvellous wisdom; and the dexterity with which he counterfeits sanity, presents, to the metaphysician, one of the most singular problems in the study of mind. When a madman appears thoroughly sane, indeed, it is high time to put him in a straitjacket” (*System* 653).

to the idea of insanity as contagious disease, and spreading to other members of the crew; Elijah, Pip, Gabriel, and even the ship, which at times “seemed the material counterpart of her monomaniacal commander’s soul”, do not seem untouched by Ahab’s monomania. Even Ishmael himself feels the captain’s madness affecting him: “A wild, mystical, sympathetic feeling was in me; Ahab’s quenchless feud seemed mine” (313, 144).<sup>202</sup>

While gleefully employing the language of science and pseudoscience – phrenology features heavily in *Moby Dick* and is even applied to the Whale – and openly espousing the nineteenth century category of monomania and the idea of insanity as contagious, in the figure of Ahab Melville seems to ridicule the superintendents’ conviction of moral treatment as the ultimate redeeming therapy for insanity. Ahab’s madness is a grandiose entity which is not easily imagined as being tamable by the course of kindness, peace, and quiet that moral treatment prescribed. But then, like the superintendents, Ahab is also hell bent on the eradication of insanity. For the superintendents, the disease figured as their own white whale.

Insanity is, as Melville implies, everywhere – in the sea, in the whale, in the ship, and most of all, in Ahab himself who is, like most of Melville’s (and Poe’s) madmen fully aware of his madness. In fact, he even embraces it: “I am madness maddened!”<sup>203</sup> He embodies that “wild madness that’s only calm to comprehend itself”, evoking Foucault’s assertion that the madman can, indeed, know his own mental state (136).<sup>204</sup> In accepting his state, elevating it into some-

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<sup>202</sup> Dismissing political radicals as insane made for effective devaluation and dismissal, as can be seen in the case of James Hadfield or any abolitionist. But even more salient is the idea of insanity as infectious, very often discussed in a political context. The fear of politically motivated mobs, a collective destructive insanity was thoroughly present; repeatedly, politicians and law-makers made reference to the French revolution as a bunch of madmen, whose infectious disease resulted in crowd violence. The way psychopathic collective mania was described resembles the description of the “moral plague” in Dicken’s *Barnaby Rudge* (1841): “The contagion spread, like a dread fever: an infectious madness, as yet not near its height, seized on new victims every hour, and society began to tremble at their ravings” (*Barnaby* 403). As we can see, the organic language of contagion, seemingly more appropriate in discussions of physical epidemics like cholera or typhoid, permeates accounts of (political) insanity and thus adds another metaphorical layer unto madness.

<sup>203</sup> Self-identifying as madness itself, and vowing to destroy it, is, of course, foreshadowing his own eradication.

<sup>204</sup> Foucault saw madness as the mirror of a developed consciousness.

thing sublime, even professing it to be his “most desired health”, he also echoes the divine, underworldly aspects of the Ancient Greek and Renaissance madmen, while at the same time turning into a Nebuchadnezzarian figure of madness – more beast than man (383). By combining traditional and contemporary concepts, Melville created one of the most iconic madmen of the nineteenth century.

In another story, he pays tribute to what his contemporaries Ray, Jarvis, and Beecher identified as the major factor in male insanity: the marketplace. *Bartleby the Scrivener*, first published serially in Putnam’s Magazine in 1853, is, as the subtitle specifies, “A Story of Wall Street”: a tale of the marketplace, the pressures it exerts on its participants, and the lengths a man will go to eschew its demands.

The story, which, as Graham Thompson argues, “stands at the threshold of modern American anxiety about the crisis of male definition in capitalist culture”, is narrated from the perspective of a Wall Street lawyer, who employs three scribes to help copy legal documents; Turkey, Nippers, and Bartleby (5). All three exhibit eccentric characteristics. After noontime, Turkey grows choleric and cantankerous, and has manic episodes, blotting documents and breaking pens, exhibiting “a strange, inflamed, flurried, flighty recklessness of activity about him” (19). Nippers, on the other hand, is characterized by his “dyspeptic nervousness”, his “grinning irritability” and his constant teeth grinding (23). Their employer is understanding and excuses their idiosyncrasies as resulting from the hardships of working on Wall Street. Bartleby, on the other hand, is described as “pallidly neat, pitiably respectable” and “incurably forlorn” (24). The lawyer is impressed with Bartleby’s “steadiness, his freedom from all dissipation, his incessant industry ... his great stillness, his unalterableness of demeanor, under all circumstances.” As such, Bartleby is “a valuable acquisition” and embodies the perfect worker – competent, reliable, predictable (31). Whereas Turkey’s and Nipper’s eccentricities can be read as attempts to retain individuality in the objectifying anonymity of the marketplace, Bartleby has no such disruptive idiosyncrasies. Instead, he works conscientiously – that is, until one day, he is asked to copy a legal document and answers “I’d prefer not to” (25). From this moment on, Bartleby’s erratic behavior intensifies. His employer discovered that the scrivener, who always seemed to have

made the office his home, had been living in the office space, concurring that his employee must be “a victim of innate and incurable disorder” (42). By various scholars, this “disorder” has been retrospectively diagnosed as “moral insanity” (McCarthy), autism (Pinchevski 2011), and “simple or residual” schizophrenia (Beja 1978; Fuller Torrey and Miller 2001). McCarthy’s evaluation is probably closest to a nineteenth century diagnosis, though for different reasons than he argues. Bartleby’s symptoms, including “a diminution of emotions, melancholy, absence of interest in people, places, or activities, and no apparent impairment of cognitive faculties” all point towards a loss of “vital energy” (104) This was a widely discussed issue in not only medical texts at that time, but also in the popular media, as the loss of vital energy was seen as directly connected to what the nineteenth century public perceived as one of the major ills of the time. Masturbation, especially in young men, was both a cause and a symptom of mental derangement, according to physicians. In 1716, a pamphlet first introduced the term “onanism”. *Onania, or the Heinous Sin of Self-Pollution*, distributed in London, warned of the “frightful consequences” this practice would have in both sexes, including “disturbances of the stomach and digestion, loss of appetite or ravenous hunger, vomiting, nausea, ... impotence, lack of libido, disorders of the eye and ear,” but also, reminding us of Bartleby’s appearance “paleness, thinness”, and of course, “madness, idiocy, epilepsy, fever and finally suicide.” Despite its bulky full title, *Onania* was incredibly successful and translated and distributed in multiple languages.<sup>205</sup> Physicians’ interest in masturbation as pathogenic, immoral activity continued and finally reached American asylum medicine.

Samuel Bayard Woodward of the asylum at Worcester was convinced that “no cause is more influential in producing insanity” (*Hints for the Young* 26). Similarly, Luther Bell, director of the McLean asylum, identified masturbation as the leading cause of insanity amongst men, masturbatory material abundantly provided by the dreaded sensational novels (*An Hour’s Conference with Fathers*

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<sup>205</sup> Amongst dire warnings by the author, it also included letters and testimonials from victims of “self-pollution.”

5.2 *Beleaguered Masculinity – Mad Men and Domesticity outside the Antebellum Asylum*

*and Sons in Relation to a Common and Fatal Indulgence* 1840).<sup>206</sup> Both a transatlantic and a traditional concern, masturbatory insanity could best be prevented, as Robert Ritchie posits in 1861, by marriage.<sup>207</sup> Since single men constituted over 90 percent of the victims of that “solitary vice”, marriage was advocated as an effective preventative and remedial measure. Alas, *Bartleby* remains unmarried, with no preventative counterpart for his unenergetic despondency. Another contemporary explanation for his increasingly neurotic state is his very profession. Asylum statistics and medical texts alike show that “bankers, merchants, and lawyers” are particularly prone to intellectual overtaxation, leading to exhaustion and, finally, a mental breakdown.<sup>208</sup> In fact, the principal defense in the trial of the forger Charles Huntington in 1856, rested on the argument that “[i]f there be moral insanity anywhere, it is likely to manifest itself in Wall Street” (“The Case of Huntington” 110).

Melville, like in all his fiction, thematizes and negotiates the line between sanity and insanity in this story – Turkey and Nippers are certainly not the models of sane masculinity asylum physicians hoped for; but their idiosyncratic eccentricities are excused because they are still able to function in the workplace without intervention, in contrast to *Bartleby*, whom his employer had such high hopes for. *Bartleby* is, from the outset, an excessive worker, making the office, literally, his home, but he increasingly diminishes his productivity, and in the end, refuses to work at all.

In many ways, *Bartleby*’s “madness” is the opposite of Ahab’s. He is not grandiose, not a monomaniac; instead of passionately pursuing

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<sup>206</sup> For more on the relevance of male masturbation in asylums, see Benjamin Reiss, *Theaters of Madness*, 186-188.

<sup>207</sup> The “great masturbation panic”, as it was retrospectively called by Alan Hunt, had Britain in a firm grip. In 1861, English physician Robert Ritchie called for an open discussion of the “libidinous pleasure” and sexual pathology in general. Ritchie, like his American counterpart Samuel Bayard Woodward, criticizes that most of the writers on mental derangement had passed over the important cause of masturbation, and misinterpreted young men’s insanity as resulting from studying excessively, when in reality they were just excessive masturbators. (Robert P. Ritchie, “An Inquiry into a Frequent Cause of Insanity in Young Men.” *Lancet* 77.1955 (1861), 59). For an overview of Victorian obsession with masturbation, see Alan Hunt, “The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain.” *Journal of the History of Sexuality*, 8.4 (1998): 575-615.

<sup>208</sup> Silas Weir Mitchell’s *Wear and Tear, or Hints for the Overworked* (1871) specifically focuses on this at-risk-group.

a vengeance, he prefers not to do anything. Bartleby opposes both the economic imperative of the marketplace, and the speed and fluctuation of antebellum culture, exemplified by the railroad and financial speculation, and repeatedly remarked upon by Beecher and the asylum superintendents as potentially pathogenic. In a world, where, as Catherine Beecher says, “every thing is moving and changing”, Bartleby is “motionless”, “sedate”, and “stationary”; all his employer’s attempts to mobilize him, rehabilitate him, force him into action – bribing him, firing him – fail spectacularly (Beecher 18, Melville 25).

Bartleby’s refusal to conform to the expectations and demands of the workplace are accompanied by a consequential refusal, or inability, to conform to the demands of survival. As his former employer visits Bartleby, who is now in jail, he discovers that the scrivener even refuses to eat. The agoraphobe<sup>209</sup> has thus added an anorectic dimension – often interpreted as another sort of passive resistance – to his neuroses, finally culminating in the termination of self. One wonders what asylum physicians would have made of Bartleby and how they would have interpreted his behavior. Would they have focused on his refusal to eat? His refusal to assume his functions at the workplace? Would Bartleby have conformed to the imperative of moral treatment, manual labor, and recreation? He probably would have preferred not to.

### **Men in the Asylum**

That men held a somewhat higher position than women in antebellum society did not mean they fared any better in the asylum. Rarely, we find accounts of men that retrospectively acknowledged their deranged state of mind and admitted that they needed help to overcome it, such as the Reverend Johnson Olive. In his autobiographical account, published posthumously in 1886, he details his struggles with depression, alienation, and a fanatic obsession with his own presumed irreligion. Wrecked by guilt over his inability to serve his function as a spiritual and family father, he attempts to overcome his problems in much the same way as Arthur Dimmesdale in

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<sup>209</sup> “Agora” literally means marketplace, making this description exceptionally fitting for Bartleby.

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Hawthorne's *The Scarlet Letter* (1850). The more guilt he builds up, the less religious and just he feels, and the more he studies; his preaching becomes louder and more fervent in order to convince himself – unsuccessfully. Reverend Johnson Olive, while seeking the advice of a physician on account of his insanity, never entered an asylum voluntarily, nor was he forced to.<sup>210</sup> Those who were, however, and lived to tell the tale, felt robbed of their freedom, and treated unjustly. Hiram Chase, Robert Fuller, Moses Swan, and Isaac Hunt had similar experiences and wrote about the same subjects in much the same way as their sister patients did. They, too, “likened asylums to some historic monument of tyranny” (Clark 61). Robert Fuller called the asylum “a worse Spanish Inquisition ... where the claims of humanity are disregarded” (*An Account* 23).<sup>211</sup> Hiram Chase argued that mental institutions should “be classed with those ancient Bastilles” (31). Isaac Hunt, similarly, accused the American people to “aid and abet the inquisitors of my dungeon, more atrocious than any part of the French Bastile [sic] in the bloodiest days of the Revolution” (14). Likewise, they complained of undue procedure of their admission; Ebenezer Haskell, for example, got his insanity certified by a dentist (3). Men felt just as objectified as women did; during his stay in the asylum, Hiram Chase felt himself as part of a “gazing stock”, his humanity reduced to being a “wild animal in a menagerie” (40). They, too, appealed to the public for help in not abolishing, but reforming the institutions they were confined in and luckily escaped from. Just as with the exposés of Packard, Stone, and Davis, the narratives of these men hinged upon whether the claim of their own sanity was convincing. In their narratives, the asylum is a necessary place because there is true madness, which manifested exactly as

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<sup>210</sup> Instead, Johnson Olive was boarded out several times, a common practice before the rise of the state-funded asylum, when the family felt unable to care for the afflicted themselves. Other alternatives to the asylum in the nineteenth century included hydropathic institutes and spas as well as exercise routines; depending on the state of the patient, of course. The practice of “boarding out” the mad never fell out of fashion for several reasons, and, towards the end of the nineteenth century, experienced another surge as asylums became hopelessly overcrowded and their reputation suffered.

<sup>211</sup> In *The Manufacture of Madness* (1970), Thomas Szasz takes up this metaphor and compares the whole profession of psychiatry to the inquisition. In his eyes, the objectives and strategies are the same; merely the language and the vocabulary are different.

what the public would like to believe; wild, dangerous, animalistic.<sup>212</sup> Elizabeth Packard professed to fear for her life, as she was “exposed, by the violent hands of these maniacs” (*Prisoner’s Hidden Life* 91). Consciously utilizing these popular conceptions of the maniac in order to set a stark contrast to himself, Hiram Chase professed to be frightened of the “raving maniacs” that were his fellow patients:

Many of them are so crazy they are obliged to be kept bound, some in cribs, some hand-cuffed, some tied down in seats, some with muffs, and many of them in strait jackets. I am not censuring anybody for this, unless it be the patients themselves, who have brought themselves to this state by imprudence and debauchery. (48)

The existence of madmen – and their moral failings – was thus not something up for debate; but it was other patients, or the staff, that were truly mad, not Packard, Stone, or Chase; or at least that is what these expose writers attempted to convey.

Just like the narratives of Elizabeth Packard and Lydia Smith were described as proof of lingering delusion, so the men’s tales opened themselves up to ridicule. After Hiram Chase, a reverend, published a memoir of his experiences being *Two Years and Four Months in a Lunatic Asylum* (1868) in Utica, openly condemning the treatment and authoritarian rule by the director, the superintendent of the institution, John Gray, felt the need to respond personally, and, as Benjamin Reiss has unearthed, reprinted the patient notes he made on Chase’s case, which framed Chase as an enfeebled male wrecked by delusions (Reiss 186). Gray took Chase’s book as proof of his lingering delusions:

[T]he next thing we hear of our clerical friend is through a sensational book, a loose disjointed production, full of evidence of a threatened return of his former condition. This book of the unfortunate man, written under the shadow of disease, or rather, under the illumination of a disordered fancy, he calls his experience; and it may be received by many as such, although it is but the reminiscence and reflected flashes of his insane delusions during

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<sup>212</sup> Karen Halttunen explores what the conventional images and associations with madmen and madwomen encompassed in *Moral Problems in American Life* (1998), 50-57.

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his stay in the asylum, and is just as true and real as those, and just as worthy of confidence.” (AR 26 Utica, 66)

Reiss takes Chase’s case as a starting point in showing how dangerous and counterproductive men’s self-victimization was to their cause and their status. Male patients, it can be assumed from exposés like Huntly’s and Chase’s, suffered equally from the stigmatization of having been in an insane asylum as women did, if not more. As Wendy Govaner points out, the “passive dependency required of female patients” corresponded to the same “expectations for their lives outside the asylum”, whereas for men, “passive dependency” and subjugation to authority contradicted the male ideal (Gonaver 133). Outside the asylum, a man was to be educated, self-determined, competitive, and invested with authority himself. The paternalistic infantilizing hierarchy of the asylum proved doubly and lastingly complicated for men.<sup>213</sup> Female patients who wrote about their experience, could safely present themselves as victims, finding neither protection in their homes or the institutions that replaced them. Antebellum configurations of womanhood allowed women recourse to a cultural language of reform, domesticity, and true womanhood, with which they could assail the asylum. This created a narrow rhetorical window through which female patients could voice their protests in the public sphere. For male patients, in contrast, to acknowledge having been deemed incapable of self-government was to undercut the basis of one’s own masculine identity. For a man labelled insane, “any attempt to stand up for himself and speak back to the doctors” was framed as a “simulacrum of male self-mastery” (Reiss 187).

But how could a man prevent having to hand over his authority to the superintendent? How could he avoid lasting victimization? How

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<sup>213</sup> As implied here and stated elsewhere, the diagnosis of insanity was often obviously gendered – emotional causes were often attributed to women; but all areas from which women were largely prohibited, and which demanded or stimulated a certain mental excitement and strain were seen as causing insanity in men, such as politics, business transactions, “disappointed ambition”, et cetera. Just as the diagnoses were gendered, so was the treatment. Treatment for male patients in the asylum fostered “masculine” qualities and encouraged “masculine” activities, such as hunting, fishing, sports, woodworking, or, for the more educated, editorship of the patient magazine.

could he evade the clutches of mental exhaustion and derangement which apparently lurked everywhere?

### **Domesticity as a Cure for Insanity**

As the intellectual pattern of civilized life and the competitive marketplace was made out to be the main culprit of facilitating male insanity, early psychiatrists called for the retreat from public and political action into the private sphere. An idealized version of the home and of domesticity was pitted as a safe and balancing haven against a public life full of strenuous economic and political activities, a privatized, isolated place of retreat for men returning from the marketplace. To a woman fell the duty of making the house into a proper home, where she was expected to protect the moral and mental health of those entrusted to her, fostering passivity and dependency at the same time.<sup>214</sup> The concept of domesticity, argues historian Nancy Cott, emerged as a means to balance the scales of economic stress; it “did not directly challenge the modern organization of work and pursuit of wealth. Rather, it accommodated and promised to temper them” (34). Imagined as a place where energies could be recharged, “it operated to funnel men back into the marketplace renewed and ready to fight” (34). Clearly, domestic life, even though thoroughly framed as “woman’s sphere” was directed towards the mental well-being of men.

The task of shielding men’s mental health from the strains of a modernizing society ties in with the movement of female repression and simultaneous idealization which was formulated by bourgeois men in the first third of the nineteenth century, and which Barbara Welter christened the Cult of True Womanhood. To be a true woman was to play a “female role bound by kitchen and nursery, overlaid

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<sup>214</sup> We are reminded, again, of the inherently domestic structure of the asylum. As Gerald Grob explains, “the mental hospital – irrespective of its medical role – was primarily an institution designed ... to assume functions that previously had been the responsibility of the family” (*Mad Among Us* 47). Owing to the structural change of working and living conditions, the family tended to become smaller, and had less capacity to care for sick or deranged members. The asylum was thought to provide relief for the nuclear family.

with piety and purity, and crowned with subservience” (Smith-Rosenberg 13). Religion, household, and child-rearing also were the realms to which the antebellum psychiatric community assigned the natural place of women. In her seminal study on domestic individualism, Gillian Brown, likewise, brings up the reciprocal relationship of women’s sphere and the rapidly expanding antebellum economy in arguing that “the domestic cult of true womanhood facilitated the transition to a life increasingly subject to the caprices of the market” (3). The ideology of the domestic sphere therefore gained momentum as reaction to market economy expansion in correlation with the alleged rise of mental disease. This idealization of the home was not only propagated in medical texts, but also in advice books such as Catherine Beecher’s *Treatise on Domestic Economy* (1841), in which she painted the home as a place of retreat from a “perpetually fluctuating state of society” (18). In a similar vein, *Godey’s Lady’s Book*, one of the first women’s magazines, instilled the values of mental hygiene and true womanhood in girls, wives, and mothers. Sentimental novels and their stories of the passive and submissive, but morally superior heroine popularized the domestic agenda even further. In fact, most American writers of fiction at that time engaged either with the female ideal and its consequences, or with contemporary psychological theories; or, like Nathaniel Hawthorne, with both (Paryz 27).

In his fiction, Hawthorne negotiates political and clinical authority, the good life and how to attain it, and appropriate behavior and rules of conduct for men and women. He also dedicates a good portion of his texts to human nature, feelings, and the inner workings of the human mind, specifically exploring troubled minds and the cause of their troubles – in essence, Hawthorne’s interests overlap remarkably with mental hygiene.

Over the course of the years 1826 to 1850, Hawthorne was thoroughly exposed to the developing sciences of the mind and body. As he was being educated at Bowdoin College, phrenology, physiognomy, and mental health had emerged to be popular topics in academic circles. A certain Dr. Wells who taught at Bowdoin, offered a special lecture series on anatomy, the physiology of the brain and psychology, for which Hawthorne registered. Many of Hawthorne's

contemporaries at Bowdoin were later to become influential personalities in the mental hygiene discourse in their function as phrenologically oriented psychiatrists; Amariah Brigham, Luther Bell, who reported on *The Subject of the Insane* (1836), and Isaac Ray, who would later evolve into the foremost authority on mental hygiene. However, the best supporting information concerning Hawthorne's exposure to the discourse of mental hygiene and its facets can be found in the records of Hawthorne's borrowings from various libraries, especially the Salem Athenaeum. Those records were fully examined by Marion Kesselring, and bring to light Hawthorne's reading interests. In 1828, for example, he borrowed Perneti's *Philosophical Letters upon Physiognomy* (1751) and Lavater's *Essays on Physiognomy* (1789) which already suggest more than a passing interest. Furthermore, probably out of personal interest, Hawthorne borrowed Chandler Robbins' *The Disorders of Literary Men* (1825), an exploration of the dangers of mental activity and a sedentary lifestyle to the organic system, and also, in 1835, Amariah Brigham's seminal work on mental health.

We can safely say that Hawthorne was no stranger to the discourse of mental hygiene and modern psychology, and that the resurfacing issues of the connection between mind and body, proper and improper conduct, norm and deviance are a result of conscious examination. In the following, I will read two of Hawthorne's novels, *The Scarlet Letter* (1850) and *The House of Seven Gables* (1851), showing not only how Hawthorne has participated in the discourse of mental hygiene, but also how contemplating these novels through the lens of nineteenth-century psychiatry affords a fresh reading and reveals hitherto obscured connections. Especially regarding nineteenth-century gender relations, these two novels can be read as case studies, seemingly backing up the claim of the antebellum psychiatric community that domesticity and true womanhood constitute a tremendous influence on mental health; yet, I argue, they approach this claim in oppositional ways.

### 5.3 Hawthorne's Negotiations of Domesticity, True Womanhood, and Male Madness

#### **Between Revenge and Sensibility – Puritan Pathogens and the Mad Scientist**

In *The Scarlet Letter*, a novel that, although set in Puritan times, reflects nineteenth-century medical, moral, and domestic ideology, two characters are obviously presented as mentally unstable. Both Arthur Dimmesdale and Roger Chillingworth exhibit excessive cultivation of their mental faculties, signs of monomania, and both are marked by a slow but steady mental and physical deterioration, that, according to nineteenth century psychiatric theory, could only be halted by the intervention of a morally sound, protective woman.

In the course of the narrative, Hester Prynne indisputably evolves into a moral force and the heroine of the novel. However, she also exhibits traits of character that were contrary to nineteenth-century feminine ideology. Hester's strong moral disposition, her natural "dignity," and force of character are actually positive features that warrant her status as a heroine. These qualities are turned upon their head as the narrator continuously emphasizes Hester's defiant behavior and her "haughty demeanor" in the face of guilt and public shame (57). Not only is Hester of an "impulsive and passionate nature" of which antebellum physicians warned it would endanger women's mental health, but what is more, her mind is "preternaturally active" and later turns from passion to thought, which was deemed unnatural in women (61). This overexertion of the intellectual and affective faculties would have made her suspect in the eyes of the nineteenth-century psychiatric community and definitely made her suspect in the eyes of the novel's Puritan society, who take Hester's pregnancy, as the outcome of an undeniably adulterous liaison, as proof of her sinful nature. In the nineteenth century, major moral "missteps" like adultery were socially reconfigured. Sin would turn into madness, moral misbehaviors were explained as partial or moral insanity, and Hester's deed would have been a case for psychiatric diagnosis and treatment.

Following the logic of the antebellum imagination of the ideal woman, she cannot exert a beneficial influence on the men connected with her. Her husband, Roger Chillingworth, who has seemingly returned from the dead, is consumed with vengeance after being confronted with his wife's affair and slips into bodily and mental deterioration while his quest for the lover's identity and revenge takes its course. Openly accusing Hester of never having fulfilled her domestic duties towards him, he says:

My heart was a habitation large enough for many guests, but lonely and chill, and without a household fire. I longed to kindle one! It seemed not so wild a dream ... that the simple bliss, which is scattered far and wide, for all mankind to gather up, might yet be mine. And so, Hester, I drew thee into my heart, into its innermost chamber, and sought to warm thee by the warmth which thy presence made there! (80)

In comparing the heart to the hearth, the household fire and the home, Hawthorne puts to use the rhetoric of domestic ideology as employed in women's magazines, domestic treatises and medical texts and to which he would later take recourse in *The House of the Seven Gables*. Hester did not fulfill her wifely duties; she could not turn her husband's house into a home, and she refuses to show loyalty to him even in the moment of the above accusations. As Joel Pfister puts it, Chillingworth's "privatized expectations compulsively fed upon a nineteenth-century middle-class sentimental discourse that represented womanhood as a human hearth whose domestic function was to keep a beleaguered masculinity, chilled in the marketplace, emotionally warm and psychologically secure" (6). Hester obviously fails to provide that security and emotional warmth. She never loved Chillingworth, a much older man, in the first place (when they were still in Europe), and she, like everyone else, believed him to be dead when he didn't turn up for years after he sent her to America. Chillingworth, however, makes Hester responsible for his moral demise. "By thy first step awry, thou didst plant the germ of evil," he accuses her, when, in fact, his "mental problems" started even before he met Hester, having spent all his time isolated and studying. Chillingworth also admits that "[m]ine was the first wrong", and that their marriage was a mismatched and doomed one (80). This does not, however, deter him from embarking on a monomaniac quest to

find out the father of the bastard child. Asking Hester not to reveal his own identity, he decides to live his new life among the Puritans as a physician, “[a]s his studies, at a previous period of his life, had made him extensively acquainted with the medical science of the day” (129). When Chillingworth starts his research for the identity of Hester’s lover, he also does so within the framework of a scientist. As Hawthorne writes:

He had begun an investigation, as he imagined, with the severe and equal integrity of a judge, desirous only of truth, even as if the question involved no more than the air-drawn lines and figures of a geometrical problem, instead of human passions, and wrongs inflicted on itself. (141)

As such, Chillingworth constitutes one more example in the long line of what Taylor Stoehr identified as *Hawthorne’s Mad Scientists* (1979). We find no less than eight configurations of that literary trope in Hawthorne’s fiction, and, while their specific motivation might differ, all of them – Rappaccini, Aylmer, Hollingsworth, and the others – are united in the quest for knowledge, power, and authority. Clearly, Chillingworth’s pursuit is doomed from the start, as he is unable to separate his scientific interest in truth from his personal motivation of revenge. In the figure of the scientist, often a physician in Hawthorne’s fiction, the author, for whom the “heart” is the core of humanity, criticizes the cold intellect and the separation from feelings with which men of science pursue their work. Especially medical men, warns Hawthorne, lose sight of both the personal and the spiritual dimension of life:

In their researches into the human frame, it may be that the higher and more subtle faculties of such men were materialized, and that they lost the spiritual view of existence amid the intricacies of that wondrous mechanism, which seemed to involve art enough to comprise all of life within itself. (129)

“The Birth-Mark” (1843), “Rappaccini’s Daughter” (1844), and, of course, *The Scarlet Letter* must be read as cautionary tales, in which Hawthorne expresses his concerns over the dangers residing within this new dedication to unveiling the secrets of nature, and human

nature.<sup>215</sup> The first two tales feature scientists who each pursue knowledge to an extent where the ones most dear to them die as subjects of their experiments. In general, Hawthorne subscribes to the antebellum idea that “women temper male ambition”; and indeed, in *The House of Seven Gables* and *The Blithedale Romance*, “feminine purity mollifies male despotism and staves off male violence”, as Stephanie Browner puts it (43). Yet, in both “The Birth-Mark” and “Rappaccini’s Daughter” the ideal of feminine purity creates male violence. Aylmer, the scientist featuring in “The Birth-Mark” is increasingly taken aback by the mark on his wife’s cheek, the only “stain” in her appearance, and, in his attempt to remove it, kills her. Rappaccini, likewise, goes to extreme lengths to preserve the purity of his daughter. Because they are men of (medical) science, Aylmer and Rappaccini are, according to Stephanie Browner, “particularly pernicious because the physician’s presumption that he knows the female body makes him immune to the tempering powers of feminine purity” (43).

Chillingworth’s main ambition, unlike Aylmer’s and Rappaccini’s, is not necessarily a pygmalionist mastery over (women’s) bodies, but mastery over the soul.<sup>216</sup> As such, Chillingworth is the fictional manifestation of an idea that Hawthorne had long harbored and put down in his *American Notebooks* – he had thought about “a physician for the cure of moral diseases”, and, in his writing, elaborated on this concept with a healthy dose of skepticism regarding the powers of this “moral physician” (235). It is enough to look at the episodes between Chillingworth and Dimmesdale, Maule and Alice in *The House of Seven Gables*, and to “Ethan Brand” (1852), to see that the idea and fear of moral enslavement is pervasive in his work.

In Hawthorne’s fiction, the body and the soul are always inextricably linked, and exemplify the popular nineteenth-century conception of the dualism of mind and body, and their respective influence on each other. Hawthorne markedly works with a physiognomic and phrenological language to make this connection visible. His (mad)

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<sup>215</sup> Hawthorne, at one point in his life, also pondered about becoming a physician. He abandoned that thought, however, because, as he told his mother in a letter, he would loathe to depend upon “the Diseases and Infirmities of ... fellow Creatures”, thus framing medicine as a “parasitic profession” (qtd. in Browner, 39).

<sup>216</sup> A Hawthornian descendant of Chillingworth is, of course, Hollingsworth.

scientists are never physically healthy. As Browner argues, “their withered bodies testify to intellectual passions nurtured at the expense of their own bodies, and their desire to know and master yields only death” (40). This holds true for *The Scarlet Letter*'s designated scientist as well. From the beginning, Chillingworth is not a strong, healthy man, but struck with a “low, dark, and misshapen figure” (63). Additionally, “[t]his figure of the study ... was slightly deformed, with the left shoulder a trifle higher than the right”, as he was “a person who had so cultivated his mental part that it could not fail to mould the physical to itself, and become manifest by unmistakable tokens” (64). He is described as “a man well stricken in years” with “a pale, thin, scholar-like visage, with eyes dim and bleared by the lamp-light that had served them to pore over many ponderous books” (62). Chillingworth's constitution seems to have sprung right out of Isaac Ray's manual on mental hygiene as one of the negative models of the scholar or intellectual man who spends too much time with books and in a sedentary position at the expense of mental and muscular health. Confessing himself to be “a man of thought – the bookworm of great libraries”, who had “given [his] best years to feed the hungry dream of knowledge”, he actually has a lot in common with Arthur Dimmesdale, the town's young minister. Increasingly “[e]maciated and white-cheeked”, Dimmesdale, too, spends too much time in a “close and stifled study, where his life was wasting itself away, amid lamp-light, or obstructed day-dreams, and the musty fragrance, be it sensual or moral, that exhales from books” (134). He is posited as the counterpoint to Chillingworth's dusky appearance:

He was a person of very striking aspect, with a white, lofty, and impending brow, large, brown, melancholy eyes, and a mouth which, unless when he forcibly compressed it, was apt to be tremulous, expressing both nervous sensibility and a vast power of self-restraint. (71)

His phrenology reveals him as “a true priest, a true religionist, with the reverential sentiment largely developed” (135), already predisposing him to what Brigham and Ray deplored as one of the most serious forms of mental derangement, religious insanity.

As the narrated time of the novel spans several years, we can trace both Chillingworth's and Dimmesdale's spiritual demise which manifests in their mental as well as their physical constitution. Several years after Chillingworth's return from the dead, and after his pledge to find and torture his wife's lover, Hester perceives that "a change had come over his features – how much uglier they were, how his dark complexion seemed to have grown duskier, and his figure more misshapen – since the days when she had familiarly known him" (122). It was not age that had changed Chillingworth to this darker version of himself, but his increasing obsession with Arthur Dimmesdale. Subconsciously perceiving the minister to be Hester's secret lover (even though he only knows for sure at the end of the novel), he attaches himself to the young priest like a leech. As the narrator notes,

About this period, however, the health of Mr Dimmesdale had evidently begun to fail. By those best acquainted with his habits, the paleness of the young minister's cheek was accounted for by his too earnest devotion to study, his scrupulous fulfilment of parochial duty, and more than all, to the fasts and vigils of which he made a frequent practice, in order to keep the grossness of this earthly state from clogging and obscuring his spiritual lamp. (130)

As a result of his failing health, Dimmesdale's "form grew emaciated; his voice, though still rich and sweet, had a certain melancholy prophecy of decay in it" (131). Finally, Dimmesdale gives in to the constant pleas of the townsfolk and allows Chillingworth to treat him, even to move in with him. Alas, naturally, Dimmesdale's condition only grows worse: "with every successive Sabbath, his cheek was paler and thinner, and his voice more tremulous than before" (132). The reader, of course, knows, what the real reasons behind Dimmesdale's nervous state are – his guilt, and Chillingworth's relentless digging for the truth, which, at times, resembles psychological torture.

The physician, possibly already aware what sin troubled the minister, argues with his patient:

[A] sickness, a sore place ... in your spirit hath immediately its appropriate manifestation in your bodily frame. Would you, therefore, that your physi-

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can heal the bodily evil? How may this be unless your first lay open to him the wound or trouble in your soul? (150)

Dimmesdale refuses vehemently, implying that none but the “one Physician of the soul”, God, has or should have that power, accusing the physician of daring to “trust himself between the sufferer and his God”, again evoking Hawthorne’s former accusation of the lack of spiritualism and religion of physicians (150). We don’t know exactly what “medicine” Chillingworth administers; as far as the reader knows it might be homeopathic, or actually restorative. What we do know, however, is that Dimmesdale’s failing external health is an indicator of his internal struggle. He is wrecked by his own guilt; he had had an affair, resulting in an illegitimate child he does not even take responsibility for. Instead, he let the woman keep his secret, allowed her to be ostracized, and he continued to function as the town’s minister. Understandably feeling like a hypocrite, he attempts to repent by throwing himself into his work, which again impairs his health through his “unreserved self-sacrifice to the labours and duties of the pastoral relation” (118). His working hours gradually increase, his sermons become more feverish and intense, his whole behavior is marked by “religious fervor” (71) and corresponds nearly completely with a description of a misguided religious fanatic we find in William Sweetser’s *Mental Hygiene* manual:

[H]is morbid and overheated imagination enkindles an infuriated and wasting zeal, an impassioned and consuming holy love, often leading to the wildest extravagances of language and action, and the most melancholy consequences to the nervous system. Under the sacred garb of religion, sensual feelings are, I fear, too frequently concealed. The expressions and behavior of some of these heated enthusiasts, evince to the eye of sober reason, that they are devoured by carnal rather than spiritual fires. (199)

Dimmesdale and Chillingworth, often positioned as opponents, as hero and villain of the tale, have a lot in common once perceived through the lens of mental hygiene. They are both of an inherently weak physical constitution which they further impair through what Ray has identified as the great dangers to the scholar – bad air, dim lights, sedentary positions, excessive intellectual exertion (*Mental Hygiene* 104-108; 247) They are both overly dramatic in their

perceived plight – Chillingworth and the “wrong” done to him by Hester, Dimmesdale and his exaggerated guilt – and fanatic, almost monomaniacal, in their pursuit of, respectively, vengeance and redemption.

Certainly, both do not qualify for the renewing and therapeutic influence of the domestic. Although Hester’s heart belongs to Dimmesdale, the illegitimate nature of their relationship denies domestic bliss and therefore its presumed stabilizing qualities. Hawthorne presents his heroine as being unable to qualify as a true woman, unable to provide a mentally safe environment for the men associated with her, and thus forfeiting her domesticating power. Placed in Puritan New England, Hester occupies a liminal status at the outskirts of society, both figuratively and literally – two hundred years later she may have joined the ranks of the women of the asylum.

Contemporary reactions to the novel were not favorable as critics, both female and male, pointed out its general morbidity. In her scathing review, Margaret Oliphant deplores the novel’s seemingly medical approach. In her opinion, the characters of *The Scarlet Letter* “are exhibited to us rather as a surgeon might exhibit his pet cases, than as a poet shows his men and women.” According to her, “it is not wonderful ... that the new science which is called “anatomy of character” should be in great request ... For ourselves, we have small admiration of the spiritual dissecting-knife” (562). Although this and other critiques lament the apparent medicalization of aesthetics, they simultaneously employ a medical language themselves, showing not only how Hawthorne’s novel is inseparable from medico-psychological discourse but also how the implementation of this discourse was readily perceived by the public.

Apart from “the spiritual dissecting knife”, the elements of the novel most criticized were the ones negating the domestic ideology of the bourgeois middle class. Reviewer Edwin Percy Whipple, likewise, pointed out the tale’s “almost morbid intensity” through its “painfully anatomical” delineation of “psychological details”. In a letter to a friend, Hawthorne himself relates that the novel sent his wife Sophia, “to bed with a grievous headache” and a broken heart due to the novel’s rejection of domestic bliss (Hawthorne, *Centenary Edition*, 312).

It might have been those reactions that led him to write his next novel *The House of Seven Gables* which was more in line with contemporary ideals and expectations and which he professed to be “a more natural and healthy product” of his mind (*Centenary Edition*, 421).

### The Pyncheon Patients

Whether this is true or not remains to be debated – after all, Hawthorne's Berkshire neighbor and author of domestic advice books, Catherine Sedgwick, aptly compares reading the *House of Seven Gables* with wandering “through the wards of an insane asylum” (Dewey, 328). Yet, the female central character of the novel, Phoebe Pyncheon, does differ substantially in every way from Hester Prynne as she exhibits the function of a moralizing, domesticating agent – the function of which Hester has been denied.

Phoebe fulfils all the criteria of true womanhood as laid out earlier, which enables her to exert a beneficial influence on the “morbid specimen” inhabiting the Pyncheon's ancestral home. Stephen Knadler correctly points out that in Hawthorne's fiction generally, “the buried referent is the language of modern psychology, which had been invested with institutional authority” (281). Hawthorne, in describing the “inmates” of the House of Seven Gables, employs a diagnostic narrator assigning various signs of deviance and mental derangement to the residents (*HSG*, 218). Whereas Dimmesdale and Chillingworth, to a certain extent, merely seem to be two sides of the same coin – that of the monomaniac and the overly zealous scholar – the characters of Hawthorne's next novel all constitute a distinct mental outfit.

Hepzibah Pyncheon, suffering from melancholia and a delusional family pride, has “grown to be a kind of lunatic” and needs, from time to time “a walk along the noonday street to keep her sane” (184). She “appeared to be walking in a dream; or more truly, the vivid life and reality, assumed by her emotions, made all outward occurrences unsubstantial, like the teasing phantasms of a half-conscious slumber” (66). The narrator diagnoses her as being half-gone from this world already; “[t]here is sad confusion, indeed, when the spirit thus flits away into the past, or into the more awful future, or, in any manner,

steps across the spaceless boundary betwixt its own region and the actual world” (66). Isolation, the traumatic experience of having her beloved brother incarcerated for murder and increasing pecuniary anxieties have left her a nervous wreck, living more in her thoughts than in her surroundings.

The brother in question, Clifford Pyncheon, recently released from an asylum-like prison, is, likewise, a feast for the diagnostic narrator, variously labeling the man with mania, monomania, imbecility, and moral insanity in the course of the novel. Clifford, it is revealed, was another one of those feeble men whose mindset was focused on the purely aesthetic. He once had the makings of a poet, according to the narrator – overly sensitive, with a particular eye for the beautiful. Unjustly accused of murder by his cousin Jaffrey Pyncheon, he languished in prison for many years. Unlike Hiram Chase, Robert Fuller, and Isaac Hunt, Clifford does not emerge from his incarceration with a vengeance, but as a broken man. “Partly crazy, and partly imbecile; a ruin, a failure,” he spends the majority of his days in the gloomy mansion of his ancestors, his former lust for life only rarely awakened by some outside influence, such as Phoebe’s company, or a passing parade, which only serves to illustrate his irrational and futile attempts to reclaim his agency (158). Stirred by the drums, fifes and cymbals of the parade, “a mighty river of life, massive in its tide” was “calling to the kindred depth within him. He shuddered; he grew pale, he threw an appealing look at Hepzibah and Phoebe, who were with him at the window” (165). Seized by a pressing idea, “with tremulous limbs, he started up, set his foot on the window sill, and, in an instant more, would have been on the unguarded balcony”, ready to throw himself into what was a colorful current of life, but would have been his certain death as well (166). Phoebe and Hepzibah can restrain him at the last minute, the latter crying out:” Clifford, Clifford, are you crazy?” (166) Invigorated by a taste of life, a moment of presence in the world, Clifford convinces Hepzibah to go to church; but once outside the doors, he loses heart and quickly retreats into the House where the siblings are overwhelmed by its depressive atmosphere:

[G]oing up the staircase again, he found the whole interior of the house tenfold more dismal, and the air closer and heavier, for the glimpse and

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breath of freedom which they had just snatched ... At the threshold, they felt [the jailer's] pitiless gripe upon them. For, what other dungeon is so dark as one's own heart! What jailor so inexorable as one's self? (169)

Both Hepzibah and Clifford cannot escape themselves as they both live predominantly in their imagination; especially Clifford seems to have “lost his chance at reality” (Stoehr 398).

The alternating phase of passion and depression which Clifford experienced at beholding the parade is repeated in “The flight of the two Owls”. In this chapter, Clifford – once again – urges Hepzibah to leave the house, this time embarking on a train. While Hepzibah felt “comfortless” and “adrift”, her brother “was possessed and swayed by powerful excitement”, which intensifies once the train starts moving (254). “After so long estrangement from everything that the world acted or enjoyed”, these two hermits experience the “great current of human life”, fluttering away right before their noses as they sit in the manifestation of nineteenth century technology and progress and the embodiment of the speed of life (256). Clifford is, once again confronted with “life itself”, invigorated and excited – and in his excitement, slightly maddened (257). Engaging in conversation with a fellow traveler, Clifford offers some radical ideas; he openly rejects the ideology of the domestic (“do away with those stale ideas of home and fireside”) and all of its accompaniments (259). Echoing Holgrave, he accuses “[m]orbid influences [to] gather about hearths, and pollute the life of households.” Property and real estate form “the broad foundation on which nearly all the guilt of this world rests” (261). Yet all of this, Clifford prophesies, will be overturned soon, and the “harbingers of a better era” – mesmerism, rapping spirits, electricity, the telegraph – were proof of that.

In *The House of Seven Gables*, then, Clifford is assigned various types of the madman; the demented old man, the melancholic, the excited lunatic, and finally the classic role of the wise fool whose exalted status, madness, enables him to give a prophetic commentary on society.

In the end, however, Clifford, as Hawthorne seems to suggest, cannot resume living in purely his imagination; rather, he must renounce “the fancies that threaten his sanity, and compound with reality for whatever shreds of solid existence it may offer” (Stoehr 390).

Holgrave, the third suspect party living in the old mansion, embodies a different concern of nineteenth-century psychiatrists. While Clifford's ideas, similar to, or possibly influenced by Holgrave's ideology, might safely be disregarded as the ramblings of an old man, Holgrave is to be taken more seriously. He is the unsteady young man influenced by contemporary technological innovations, reform movements, and radical political democratic thought that psychiatrists and politicians feared would tear society apart. He proclaims himself to be "a morbid", "a mystic" and his mind as having "a twist aside" (218).

Holgrave, Hepzibah and Clifford, then, are all deviant from the expected social norm and in dire need of the reforming influence of a feminine angel in the house. This role is assigned to Phoebe who takes it up without hesitation. The qualities of true womanhood – piety, purity, subservience – come naturally to her. What is more, her drive to turn the house into a home, supposed to serve as a mentally sound environment in the eyes of the antebellum psychiatric community, is innate, as we see as soon as she moves into the gothic residence. Instead of complaining about the dusky bedchamber, Phoebe immediately puts to use her "gift of practical arrangement" to give the room "a look of comfort and habitableness" (71). She continues to de-gothicize and domesticate the house, as she takes charge of the garden and reclaims the vital domestic space of the kitchen hitherto neglected by her cousin Hepzibah. As she scours pots and brews tea, she reminds the reader of Rachel, the domestic angel in Harriet Beecher Stowe's *Uncle Tom's Cabin* (1852). Both Rachel and Phoebe are "diffusing a sort of sunny radiance" while doing housework which they elevate to something sacramental (204).

Hawthorne, Beecher Stowe, medical texts on mental hygiene, and domestic advice books all employ the same spiritual rhetoric that paints the domestic work of women in a sacred light. "When women work, that work is characterized as spiritual, transcendental; woman is imagined as an ideal beyond her body, the selfless domestic angel" (Brown 64). Phoebe's "homely witchcraft" also transforms shopkeeping from "proper work" which was deemed unnatural for women into a spiritual-transcendental activity.

"I am as nice a saleswoman, as I am a housewife", says Phoebe, and indeed, she excels at both, turning shopkeeping and housekeeping into playful and angelic tasks (78).

### **The Asylum at Home versus Home in the Asylum – Female Roles in Antebellum Health Care**

In taking charge of all areas of the house, Phoebe, so to speak, "re-kindles the ... household-fire" that warms the hearth, both literally and figuratively as the hearth, in Hawthorne's fiction, is the symbolic epitome of domesticity (105). As the fire is kindled, the house, formerly described as gloomy, dismal, and rotten, is imbued with Phoebe's friendly presence and finally turned into a home, an elementary condition in order for the residents to be beneficially influenced. Hawthorne's narrator mirrors this belief spread by antebellum medical and domestic texts, when he declares a home to be "that very sphere which the outcast, the prisoner, the potentate, the wretch beneath mankind, the wretch aside from it, or the wretch above it, instinctively pines after – a home!" (141). It becomes clear that in Phoebe's character Hawthorne shares Catherine Beecher's conviction that "to American women, more than any others on earth, is committed the exalted privilege of extending over the world those blessed influences, that are to renovate degraded man, and clothe all climes with beauty" (12-13). And in fact, the young girl's influence on her wretched cousins is visible almost immediately. It is her active homemaking and her gift to transform all worldly tasks into acts of beauty that drives away Hepzibah's melancholia and Clifford's nervousness. For the latter, Phoebe is soon irreplaceable, as she fulfils the role of his "nurse, his guardian, and his playmate" (HSG, 138).

In the character of Phoebe, Hawthorne touches upon the (shifting) responsibility of women in healthcare. Up until the nineteenth-century, domestic medicine rested firmly in the hands of women, particularly mothers. The pre-Civil War era, however, was a period of transition and negotiation. In *Enter the Physician* (1991), which follows the role of domestic medicine alongside the professionalization of medicine from 1760 to 1860, Riley Murphy describes this era as "a time of flux and sorting out, one in which doctors, educators, and lay people were actively involved in trying to set parameters and differ-

entiate prerogatives” (32). Increasingly, physicians claimed authority in all areas of medicine and, partly, relegated women to the sidelines of medicine. This development is particularly evident in the case of obstetrics, as Murphy shows. Once an exclusively female domain, in the nineteenth century, male physicians entered the birth-room and seized control over the process and women’s bodies. The same development, albeit in a less marked way, was carried out in the areas of general and mental health care, the role of authority being assumed by superintendents and physicians. Yet far was it from the superintendents to deny women’s influence. On the contrary, they often emphasized the power and importance of women’s role in familial health care. Physicians advocated “that women assume responsibility for preventive living” and “[a]dvice literature [for women!] was a potent weapon in their campaign arsenal” (Murphy 33). In prescribing what they saw as proper domestic medical activity, physicians and psychiatrists challenged, undercut, and attempted to redefine woman’s traditional healing primacy within the home. Clearly, Hawthorne also envisions Phoebe in the role of nurse and advisor. Indispensable to Clifford, Phoebe needs to ensure her own mental well-being. Hawthorne delineates several “female” strategies of such self-medication:

Unless she had now and then indulged her brisk impulses, and breathed rural air in a suburban walk, or ocean-breezes along the shore – had occasionally obeyed the impulse of nature, in New England girls, by attending a metaphysical or philosophical lecture, or viewing a seven-mile panorama, or listening to a concert – had gone shopping about the city, ransacking entire depots of splendid merchandize, and bringing home a ribbon – had enjoyed, likewise, a little time to read the Bible in her chamber, and had stolen a little more, to think of her mother and her native place – unless for such moral medicines as the above, we should soon have beheld our poor Phoebe grow thin, and put on a bleached unwholesome aspect, and assume strange, shy ways, prophetic of an old-maidenhood and a cheerless future. (174)

Inoculating herself with such “moral medicine” and natural activities, Phoebe can withstand the bleak atmosphere and unhealthy influence of the house and its other inhabitants. What is more, through her selfless devotion she grows “less girlish, but more a woman!” (175).

One of Hawthorne's literary tableaux, positioning all the novel's characters as spending a quiet, happy summer Sunday afternoon in the blooming garden, serves to fortify the positive influence of her "healthy presence" (156). In those garden scenes, the sinister Holgrave "applied himself to the task of enlivening the party", "even Hepzibah threw off one tint of melancholy", and "Clifford grew to be the gayest of them all" (156). Especially Clifford profits from the domestic life Phoebe has created. Prematurely aged due to his wrongful imprisonment, he "grew youthful, while she sat beside him" (139). Continuously unsettled by the reproaches of the villainous Jaffrey Pyncheon and swaying between fits of passion and phases of depression, the established domestic sphere, personified by the true woman, has provided him the refuge the psychiatrists declared would stabilize his mental constitution. Holgrave aptly points out to Phoebe that "whatever health, comfort, and natural life exists in the house, is embodied in your person" (216). The domestic scenes in the garden are reminiscent of the moral treatment regimen practiced in American asylums. As David Kennard summarizes in *Therapeutic Communities*, "moral treatment meant placing the victim of ... social pressures in an environment designed to restore inner equilibrium. In their asylums they attempted to create a new, ideal mini-society in which the virtues of order, calm and productive work would replace the chaos and competitiveness of a burgeoning new world" (13). Patients were set up in situations mimicking a calm domestic environment without restraint or punishment, a practice that was endorsed by virtually every superintendent. As early as 1832, Amariah Brigham argues that since

insanity is generally produced by morbid excitement of some portions of the brain, it requires for its cure that this disordered organ should be left in absolute repose. Hence arises the benefit of Asylums for Lunatics ... where their minds are not excited, but soothed by kind words and gentle and affectionate treatment (*Mental Cultivation* 31).

In fact, the psychiatric community unanimously declared the asylum the only appropriate place for lunatics and the only place where a cure could be attained (Connolly 413). The individual needed to be removed from home and put into the orderly and serene halls of the

asylum, away from the morbid associations with his or her former life. The domestic environment that was supposedly recreated in the asylum, was intended to alleviate the hesitations of families, who could not cope with their insane themselves.<sup>217</sup> Phoebe's functions – as nurse, guardian, and playmate – recall the training of the asylum attendants and the imperatives according to which they should interact with the patients. The managers of the Friends asylum, for example, describe their institution as presenting “rather the pleasing picture of a large family united in the bonds of love, than of a receptacle [sic] for lunatics” (qtd. in D’Antonio, *Founding Friends* 105); and this domestic rhetoric can be observed again and again in psychiatric writing of the nineteenth century. The set-up of the asylum as a domestic space and thus a family carries a “powerful interpretive meaning” (102). As I have pointed out several times in the preceding chapters, the superintendents used this rhetoric to comfortably present themselves as the benevolent fathers of their asylum community – and by extension reframed the state in a paternalistic role as well. Patients, however, “became locked into roles more akin to that of children needing to be “amused, distracted, and carefully watched”, rather than as “responsible adults” (105).

Hawthorne deeply distrusts the institutional authority of the superintendent. Instead of as a curative space he portrays the asylum as a place of punishment and a looming threat over Clifford's head. However, as Benjamin Reiss points out, Hawthorne does seem to embrace the therapeutic premise of the moral treatment regimen (5): through Phoebe's gentle and affectionate treatment and her admittance of an “odd kind of motherly sentiment” toward Clifford she effectively restores his mental balance and is partly able to rehabilitate him (*HSG* 206).

Holgrave is the third inhabitant affected by Phoebe's socializing powers. Hawthorne depicts him as the embodiment of the modern man, albeit a too progressive one for society's taste. While the character serves to introduce contemporary technological innovations as well as fads and trends of the nineteenth century, Holgrave is also a

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<sup>217</sup> However, this conviction must not be read as an indication that all insane were sent to the asylum. Almost 50 percent of Massachusetts' presumably insane lived at home and not in an institution, as the *Report on Insanity and Idiocy in Massachusetts* states in 1855 (80).

radical, and first and foremost the personification of social disorder (cf. Pfister 156).<sup>218</sup> Phoebe is shocked as she is exposed to his passionate fantasy of tearing down society and paving the way for a new kind of political and social order, which is contrary to her own moral compass and her innate obedience to traditional authority. However, Phoebe, in her role as a true woman and automatic reformer of men, manages to have a more than a balancing influence on him as well. "Without such purpose, on her part, and unconsciously on his, she made the House of the Seven Gables like a home to him, and the garden a familiar precinct" (182).

### Domesticity and Domestication

The ending, the most contested part of the novel, sees Holgrave marrying Phoebe, accepting her presidency over "a superior, moral economy" and forsaking his radical beliefs in favor of upward mobility, as Gillian Brown argues (6). He confesses that his past life seemed "lonesome and dreary" but as Phoebe crossed the threshold, "hope, warmth, and joy" entered with her. He dispels her fear of him leading her astray from her "own quiet path" and nature by admitting his "presentiment, that, hereafter, it will be my lot to set out trees, to make fences – perhaps, even, in due time, to build a house for another generation – in a word, to conform myself to laws, and the peaceful practice of society" (*HSG*, 306-7). Through this marriage, Holgrave is domesticated and integrated into the conservative community – but most importantly, he has taken a vital step in the prevention of insanity.<sup>219</sup>

Phoebe's impact on the cases of Clifford on the one hand, and Holgrave on the other hand sheds light on the difference between a

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<sup>218</sup> Amongst else, Holgrave has dabbled in daguerreotypes and lectured on mesmerism; both functioning as a kind of scientific "supplement [to] the mystical expertise he inherits" (Stoehr 386).

<sup>219</sup> As I have remarked earlier, married people were thought to be less vulnerable to insanity. The superintendents deduced this from the disproportionate number of single people in the asylum. However, another, and much more likely explanation would be that once married and firmly anchored in a family, it would be the family that took care of the insane person, and would possibly send that person to the asylum only as a last resort whereas single people either had no one to care for them or placed an insensibly large burden on top of their friends and relatives.

supportive therapeutic concept of domesticity and a controlling concept of domestication. As both Hawthorne and Amariah Brigham believed, a woman's positive influence depended on her own ignorance or aversion of the morbid, and Phoebe is no exception: "whatever was morbid in [Clifford's] mind and experience, she ignored, and thereby kept their intercourse healthy by the incautious, but, as it were, heaven-directed freedom of her whole conduct" (143). Stephen Knadler specifies, that in Phoebe's case the ignorance of the morbid is combined with a restraint in judgement as a respite from the continuous judgement of society (297). This openness, along with the renunciation of deceptions and ruse and the offering of encouragement, was vital in order for the "insane" to regain the self-control and self-respect that was lacking from their constitution. Hawthorne obviously shared this conviction with the early psychiatrists:

The sick in mind, and perhaps, in body are rendered more darkly and hopelessly so by the manifold reflection of their disease, mirrored back from all quarters, in the deportment of those about them; they are compelled to inhale the poison of their own breath, in infinite repetition. But Phoebe afforded her poor patient a supply of pure air (*HSG* 143).<sup>220</sup>

So, while the concept of domesticity defines the "feminine gaze" as a retreat from a fragmented world "by overturning society's normative judgments" and by defying categorizations of insanity or deviance, the concept of domestication casts women as the main agents in obeying the rules of mental hygiene, as main agents in the "construction of the subject according to the laws of the norm" and society's reforming impulses (Knadler 296-297).

While *The Scarlet Letter* deals with obsession, mania, and delusion caused by a lack of domesticity, pushing the central female character to a liminal and marginal social status, *The House of Seven Gables* portrays the home, domesticity and domestication as therapeutic elements in the treatment of mental derangement in contrast to the opinion of the psychiatric community which posited the asylum as the only truly curative place (even though, one might remember, Catherine Sedgwick did call the House of Seven Gables a lunatic

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<sup>220</sup> Hawthorne conjures up the nineteenth-century obsession with ventilation in relation to the miasma theory while employing the metaphorical level of "morally" pure air.

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asylum). In Phoebe, Hawthorne ascribes to woman an active, reformist, morally superior role, complicit in the perpetuation of an oppressive ideology of femininity. The novel breaks off just as Holgrave and Phoebe embark upon the journey to their new abode and invites the reader to imagine a happily-ever-after. However, when confronted with the nineteenth-century exposés mentioned in the beginning of this chapter, the reader might just as well imagine a different outcome: what would happen if Phoebe stepped outside her role as the perfect, moral, self-medicating angel and fails to fulfil the domestic agenda? What happens to the happy couple, when the realities of marriage and the burden of pregnancy, childbirth, or the death of a loved one “overtax” Phoebe? What happens, when Phoebe, like Elizabeth Packard and Elizabeth Stone, chooses a different religious denomination than her husband? We can only wonder whether Phoebe would not become another one of those voices telling the story of their institutionalization; or whether Phoebe would belong to that large group of women, whose voices were never to be heard again after entering the asylum.



## 6 From Optimism to Fatalism – Hereditary Insanity and the End of an Era

### 6.1 Heredity and Environmental Predispositions

#### The Laws of Breeding – The Antebellum Precursor to Eugenics?

“Hereditary insanity” is a concept predominantly associated with the fin-de-siècle and the early twentieth century. Social Darwinism, degeneration theory and a dedication to eugenic thought, famously laid out in the writings of Max Nordau, Richard Krafft-Ebing, and the Americans Charles B. Davenport, William Sumner, John Fiske, and John Burgess, testify to a fatalistic belief in the hereditary and contagious transmission of undesirable qualities. According to Edwin Black, it is especially the United States that exhibited a fear of degeneration and that always sought to keep society pure by racial and class segregation, and by pioneering the sterilization of physically and mentally defective people (24). Even though eugenic and nationalist-purist thought only reached its height well after the American Civil War, the idea that mental dispositions – and most importantly, mental weaknesses – could be transmitted was already well established at the beginning of the nineteenth century. In fact, as early as the eighteenth century, heredity was laid down as a major principal cause of insanity, as Theodore Porter has shown in a recent study on *Genetics in the Madhouse* (2018). Based on the Bedlam registers, William Black, in *An Arithmetical and Medical Analysis of the Diseases and Mortality of the Human Species* (1789) notes 213 cases (90 of which were curable) of family insanity (133). In 1816, Jean-Etienne Esquirol presents two tables detailing the causes of insanity in the Salpêtrière as well as in his private facility – in both tables, “hérédité” takes an exalted place; the Salpêtrière provides 105 cases, in Esquirol’s private asylum the cases of heredity (150 cases) even outnumbered all other causes combined (107 cases).<sup>221</sup>

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<sup>221</sup> Esquirol’s tables are reprinted and discussed in Porter, *Genetics*, 31-32.

In the course of the nineteenth century, American psychiatrists increasingly adopted the opinion of their European colleagues, according to whom “there is one great cause of insanity, a primordial cause, the cause of causes, heredity, which fixes the disease in families and makes it transmissible from generation to generation” (Trélat qtd. in Porter, *Genetics* 112). By 1838, the *Sixth Annual Report* of Worcester State Lunatic Hospital identifies 267 cases of insanity as being “hereditary, or having insane ancestors or near kindred”, this number exceeding any other causes, even such a broad category as “ill health” (33). One of the reasons for this seeming dominance of heredity as a factor in insanity must be sought in the flexible – one might also say confused – system of etiology. The main idea was that stress (precipitating) could exhaust a constitutionally weak (predisposed) nervous system. Physicians felt that individuals could easily manage precipitating causes and evade the danger of mental illness by following the physician’s advice on lifestyle and mental hygiene. Predisposing causes, not as subjectable to the will of the individual, were deemed to be the greater danger. As John Thurnam warns in 1845, “predisposing causes have attracted less attention than exciting causes, but they are often the most important” (76).

Heredity was such a predisposing cause, designating the propensity to mania due to a familial history of mental illness, and by mid-nineteenth century, there was rarely any asylum physician who denied its influence. Pliny Earle, who acted as physician to the Bloomington asylum, thought of precipitating causes as the final straw that lead to the collapse of an inherited weak nervous system (Bainbridge 231). Amariah Brigham was yet another psychiatrist who suggested the importance of the consideration of hereditary tendencies. He especially deplored female susceptibility to insanity and the resulting transmission of this predisposition to disease from mothers to their children (*Mental Cultivation* IX; 281). Historian Theodore Porter remarks that “the point [of hereditary insanity] seemed to have been widely shared, a solid, repeatable finding of asylum-based statistical research” (19). Indeed, Isaac Ray dedicates lengthy sections of his manual *Mental Hygiene* to this topic. He defended the contested concept of religious insanity with hereditarian thought in saying that people who inherited a weak mental constitution should be

especially careful to avoid the (precipitating) dangers of religious sentiments and revivalism (191). Fully convinced of the “principles of transmission”, he says that “[n]o fact in nature is better established than this, – that a large proportion of the offspring of persons who have been insane or highly eccentric at some time or other, become insane or eccentric to a degree little short of insanity” (18). Therefore, while he encouraged “frugality and forecast”, he strongly discouraged “the marriage of the infirm, the sickly, and the deformed” (23).<sup>222</sup> Scrofula, rickets, epilepsy, hysteria, and chorea – the yet unmarried should abstain from any connection with a party that suffered or had at one point suffered from any of these afflictions. Offspring resulting from such a connection would express

a reduction of the moral and intellectual capacity, and a remarkable activity and prominence of the animal propensities. In persons thus affected, the voice of conscience is feeble, the restraints of law are powerless, vice is far more congenial than virtue, and temptation always obtains an easy conquest. (19)

In short, the children of sick people tended to be criminals, uncontrollable, immoral, and violent. Similar defects, Ray argues, are to be found in people living in detrimental urban conditions.

The same group of antebellum psychiatrists—Brigham, Earle, Jarvis, and Ray—who believed in heredity as a key factor in contributing to insanity, also emphasized the role of another predisposition, environmental surroundings, in developing, curing or preventing mental derangement. The “environment” encompassed, as I have discussed in an earlier chapter, not only the geographical location, but also the general living conditions (urban versus rural), as well as the moral and domestic environment. What Gerald Grob describes as the “fundamental dilemmas of mid-nineteenth century medicine;

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<sup>222</sup> This was not (yet) as fatalist as it sounds. What is transmitted, Ray admits, is not necessarily the disease (insanity) itself, but only the predisposition which may or may not develop into disease, considering other factors subsequent to birth. Samuel Woodward, for example, was actually much in favor of the intermarriage between one who has a hereditary taint and one who has none. Otherwise, he proclaimed, marriage and thus birth rates would go down quickly, as everyone had tendencies to some disease or the other. Woodward feared, that “the fastidious, in this dilemma, would conclude that it was safest to let all his original sins die with his actual transgressions in his own person”, and eventually, the human race would die out (*AR* 7 Worcester, 21).

namely whether disease arose from deficiencies in personal character, or from the nature of the environment and the social position occupied by the individual” were in fact reciprocally influential positions (*Edward Jarvis, 98*).

Psychiatrists who employed hereditarian theories openly adopted both positions. Thus, I agree with Charles Rosenberg, who, in his essay on “Heredity, Disease, and Social Thought” argues that in the nineteenth century, the concept of heredity was exceptionally fluid. Heredity was considered to be a dynamic process, allowing the theory of acquired traits to be included under the concept (191). The general idea of heredity most physicians of the antebellum medical community subscribed to and thus diffused into the public was the doctrine of “like begets like” which emphasized the role of the parents in transmitting their general mental and physical dispositions and even “ALL their constitutional peculiarities [emphasis in the original]” to their children (Fowler 18). As the quote suggests, the parents’ mental and physical disposition was thought to be influenced by their environmental surroundings. While this understanding of heredity indicates an early notion of biological determinism, “heredity was not destiny”, as Theodore Porter points out, but “singularly amenable to intervention” (6). While Porter merely refers to the selection of potential marriage partners, antebellum psychiatrists emphasized the role of human agency on various levels. They believed that surroundings could be manipulated for the better; for example, by establishing a healthy domestic environment and leading a private life outbalancing the strains of the marketplace. They were also convinced that not only primary characteristics could be transmitted from one generation to the next, but also acquired traits – with potentially promising outcome. The “cultivation of the bodily and mental powers raises the individual to a higher point in the scale of being”, argues Ray in *Mental Hygiene*. This elevation, he continues, describes not “merely an increase of knowledge with its accompanying benefits, but an enlargement of all those qualities on which the efficiency of the mind depends.” In passing these qualities on to offspring, then, the “traits of the individual, mental as well as bodily, may be made permanent in the race”, for worse, or, as Ray is convinced, for better (12).

By leading a healthy and productive life, by abiding commonly approved “laws of mental hygiene”, people were thought to be able to mold their inherited physical and mental traits for the better and then to pass these improved traits on to their offspring, eventually leading to perfected individuals and a healthy nation (cf. Ray 18-22). Thus, the understanding of heredity in antebellum society was still far away from the fatalistic stance of the fin-de-siècle. While fear of degeneration was certainly already present, psychiatric and social thought were still pervaded by optimism and the belief in perfectibility, progress, and human agency in combination with Providence – all of which I regard as pertinent and persistent themes in Hawthorne’s *The Scarlet Letter* (1850).

### **Nature and Nurture – “Principles of Transmission”**

The opening chapter of *The Scarlet Letter* immediately emphasizes the crucial role of geographic and social environment in the development of the American people.

Hawthorne’s narrator describes the matrons gathered on the marketplace as descendants of “those wives and maidens of old English birth and breeding” who allegedly possessed “a coarser fiber [...] morally, as well as materially” (53). Adapting to their environment of New England geography and climate, and Puritan theocracy, “every successive mother has transmitted to her child a fainter bloom, a more delicate and briefer beauty, and a slighter physical frame, if not a character of less force and solidity, than her own” (53). Here, the fear of degeneration of the American people widespread in society at the time the novel was written surfaces once again. For example, Hawthorne’s contemporary, Amariah Brigham, deplors that “it is lamentable, and in fact alarming, to find that the females of the United States [...] are in general more delicate and feeble than those in several countries of Europe” (VI). Consequently, this feebleness and delicacy will be transmitted to the next generation and eventually endanger the strength of the nation; a sentiment that is closely mirrored in the description of the Puritan women above.<sup>223</sup> Hawthorne’s

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<sup>223</sup> Especially in early to mid-nineteenth century America, popular belief, shared and supported by some superintendents, held that the American climate, particularly the one in the

“case study” of heredity in this novel, however, is Pearl, the illegitimate offspring of the affair between the novel’s heroine Hester Prynne and town minister Arthur Dimmesdale.

At a first glance, Pearl’s character seems to confirm antebellum suspicions of the transmission of undesirable qualities stemming from the immoral conditions of conception. The narrator describes the girl as “perverse, sometimes [...] malicious,” even as an “imp of evil”, who has no regard for rules or authority: “The child’s own nature had something wrong in it which continually betokened that she had been born amiss – the effluence of her mother’s lawless passion” (99, 101, 183). Pearl’s mood swings between joy and screaming fits reflect a child’s normal behavior. However, as seen above, Hawthorne’s narrator considers Pearl’s behavior to be abnormal. By emphasizing the unlawful circumstances of her conception and birth in his diagnosis of the “wrongness” of her character, his judgement as well as Hester’s (who thinks about Pearl in much the same terms as the narrator does) is revealed to be influenced by society’s prejudicial notions of purity and sin, mental health and mental derangement, in short: norm and deviance. On the basis of these norms, Pearl is shunned by the other children (trained by their parents) and behaves accordingly by treating them with the very same hostility she experiences. The narrator asserts that “[a]ll this enmity and passion had Pearl inherited, by inalienable right, out of Hester’s heart” (102). In describing Pearl’s alleged deviance from the expected behavior of

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Northern States was unfavourable to mental health. In an article on the “Influence of the Weather Upon the Disposition and the Mental Faculties”, the *American Journal of Insanity* of 1844 states that “[u]pon the minds of some, unpleasant weather, with damp wind, has very serious effects – often changing the entire moral character. We apprehend it often leads to quarrels and crimes, and influences the disposition of jurors and legislators – teachers and scholars – clergymen and their hearers” (340). In the *Asylum Gazette* of the New Hampshire Asylum in Concord, a patient-produced periodical, we find a seemingly similar article (“On national character, as decided by climate and landscape”) that, however, argued the opposite; it was the cold weather that preserved and fortified individual and national character (as exemplified by the Scottish), and hot weather that derailed it (*Asylum Gazette* No.2, 1846, n.p.). Often, the effects of the American climate were discussed in relation to immigration, as Edward Jarvis presents in his *Immigration into the United States* (1872). In his monograph, Jarvis references, amongst else, a certain Mr. Clibborne who argued that the American climate was so unfit for the European constitution that all Americans would die out after three or four generations. In his opinion, immigration was vital to the survival of a “civilized” Caucasian America (1-19).

children as her mother's fault, the novel ministers to a previously unmentioned aspect of hereditarian thought, namely, that the maternal influence on transmitting insanity was deemed to be far greater than the paternal one.<sup>224</sup> This focus on the mother was explained by women's more prominent role in carrying, nursing, and educating the child as well as their supposedly greater susceptibility to excessive emotions and hysterical fits in comparison to men. The belief that females generally also showed a greater "receptivity" for hereditary mental illness was widespread. In 1866, the German psychiatrist Wilhelm Jung created a meta-table in which he compared the statistical surveys of notable nineteenth-century researchers on insanity, both from Europe and America. Jung's summary of these studies on hereditary insanity, published in the *Allgemeine Zeitschrift für Psychiatrie and Psychisch-Gerichtliche Medizin*, presents the belief that women played a greater role in the transmission of defective qualities as statistically validated fact (220).<sup>225</sup> But what exactly has Hester transmitted to Pearl?

Medical opinions varied as to the exact means of transmission of mental and physical traits between mother and child. Gathering material from physiological, phrenological, and psychiatric authors such as Orson Fowler, Amariah Brigham and Pliny Earle on this topic, I propose to divide the process of transmission into the four categories of conception, gestation, weaning, and domestic education, which most aptly corresponds to antebellum concepts of heredity. All of those categories are evoked as the narrator comments on the causes of Pearl's deviant nature. The "imp of evil," as he designates the child, was conceived in a moment of lawless passion. Hester herself exhibits concern over the impact of the moment of conception on Pearl. Convinced that the affair with Dimmesdale constituted an evil, "she

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<sup>224</sup> This thought was affirmed by Esquirol who merely states that "insanity is rather transmissible by mothers, than fathers" (49). In Pearl's case, the maternal influence is reinforced due to the lack of a father figure since Dimmesdale does not openly acknowledge paternity until shortly before his death.

<sup>225</sup> Similar beliefs are presented by other medical contemporaries. See Alexander Harvey, "On the Relative Influence of the Male and Female Parents in the Reproduction of the Animal Species," *Monthly Journal of Medical Science* 19 (August 1854): 108-118; and M.A. Pallen, "Heritage, or Hereditary Transmission," *St. Louis Medical and Surgical Journal* 14 (Nov 1856):495, as well as William H. Holcombe's Swedenborgian treatise *The Sexes Here and Hereafter* (Philadelphia, 1869).

could have no faith, therefore, that its results would be good. Day after day she looked fearfully into the child's expanding nature, ever dreading to detect some dark and wild peculiarity that should correspond with the guiltiness to which she owed her being." Hester carefully observes Pearl and, prejudiced by her own expectations shaped by the Puritan society's values, is convinced that the child must show signs of the mother's sinful and "impassioned state" in which Pearl was conceived (97). The belief that conception could have a profound impact on the transmission of both permanent and momentous parental traits was theorized by one of Hawthorne's contemporaries. In his *Hints Toward Physical Perfection* (1861), David Harrison Jacques argued that

both the maternal germ and the vitalizing fluid must represent not only permanent traits of character and configuration, but whatever is temporary and accidental in physical and mental states; and especially must the condition of the body and soul existing at the moment in which the generative act is consummated impress itself upon the germ thereby vitalized. (67)

The logics of biological determinism implicit in the quote above – the moment of conception as determining the future of the child – is undermined by the influence attributed to the periods of gestation, weaning, and the role played by the domestic environment in nineteenth-century theories of hereditary insanity. Jacques suggests that "during the whole period of gestation, every influence which affects the maternal organism makes a corresponding impression upon the foetus." The psychiatrist further proposed that "when a female is likely to become a mother, she ought to be doubly careful of her temper; and in particular, to indulge no ideas that are not cheerful, and no sentiments that are not kind" (69). The theory implied, therefore, that a mother's mental and emotional state had a direct impact on the fetus she was carrying. Esquirol seems to be of the same opinion that emotional turmoil of any kind could directly impact the child's mental constitution:

Many women, who were pregnant at various periods of the [French] revolution, have become the mothers of children, whom the slightest cause has rendered insane. A female of the lower orders is pregnant; and her husband, under the influence of wine, threatens to beat her. She is frightened and

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sometime after is confined, with a child of exceedingly delicate health, who is subject to panic terrors, and who at the age of about eighteen years, becomes insane. (50)

In *The Scarlet Letter*, the narrator subscribes to this belief in asserting that “in the nature of the child seemed to be perpetuated those unquiet elements that had distracted Hester Prynne before Pearl’s birth” (147). Hester, having spent “the whole period of gestation” alone, imprisoned, and, as is repeatedly emphasized by the narrator, more than desperate, has imprinted this state of emotional turmoil and mental unsettledness unto her hitherto unborn child. After Pearl’s birth, her mother’s mental state deteriorates even more. Standing on the scaffold, Hester’s shame exposed to the public both in the form of the letter A she needs to wear on her chest, and in the form of the baby, “she felt, at moments, as if she must needs shriek out with the full power of her lungs, and cast herself from the scaffold down upon the ground, or else go mad at once” (61). Hester bravely refuses to betray the name of the father and, although humiliation, shame, and exposure threaten her to “go mad”, she ultimately withstands the town’s judgmental glances. Her emotions, however, are in upheaval again as she lays eyes on the husband she believed to be dead. Seeing him return at this moment of public shaming pushes Hester to the limits of her sanity (74). After her return to prison, the narrator notes that she “was found to be in a state of nervous excitement that demanded constant watchfulness, lest she should perpetrate violence on herself, or do some half-frenzied mischief to the poor babe” (75). Hester is judged to experience a mental breakdown, and in danger of committing suicide or infanticide. The text further suggests that, although surveilled by the prison guards, Hester’s troubled state of mind contributes to the immediate deterioration of her child’s health, even without her laying hands on Pearl. Roger Chillingworth, Hester’s husband and the only physician in town, is called upon by the jailer:

There was much need of professional assistance, not merely for Hester herself, but still more urgently for the child; who, drawing sustenance from the maternal bosom, seemed to have drunk in with it all the turmoil, anguish and despair, which pervaded the mother’s system. It now writhed in

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convulsions of pain, and was a forcible type, in its little frame, of the moral agony which Hester Prynne had borne throughout the day. (75)

In this excerpt, the narrator exemplifies the widespread belief that a mother's mental state had an immediate effect on the child during the time of nursing. According to nineteenth-century opinion, Pearl seems to have the worst imaginable conditions of leading a healthy and normal life when considering the presumable impact of the stages of conception, gestation, and nursing.

The fourth stage, domestic education and the provision of a beneficial environment also lies within the responsibility of the mother. In the novel, Hester slowly outgrows her tendencies to madness. She tries to lead an exemplary life post-adultery and tries to fulfill her task to care for her child. Hester's "enmity and passion," the narrator comments, begin to be "soothed away by the softening influences of maternity" (102). She attempts to establish the safe, domestic environment that would exert a beneficial influence on both her own and her child's moral and mental state of mind as laid out by the contemporary domestic ideology briefly outlined earlier. At a first glance, however, domesticity fails as a means to prevent mental disturbance. The positive influence ascribed to domestic surroundings is not only invisible but turned upon its head. Hester is completely unable to discipline Pearl. She "early sought to impose a tender, but strict control," the reader learns, "but the task was beyond her skill. After testing both smiles and frowns, and proving that neither mode of treatment possessed any calculable influence, Hester was ultimately compelled to stand aside" (99). One of the reasons for this failure of domestic influence is that Hester does not fulfill the qualities of a True Woman. Hester is neither subservient nor pure. Described as defiant and tainted by the stain of adultery, Hester occupies a liminal social status within society. During her secluded life, her mind turns from passion to thought, which, in Puritan times as well as in the nineteenth century, was seen as unnatural for women. In the character of Hester, antebellum suggestions for gender appropriate behavior laid out by psychiatrists such as Amariah Brigham, are negated. Brigham's understanding of gender specific qualities proposes that men are dominated by will and reason, whereas women are ruled by their nervous system and their reproductive organs, making their

constitution more fragile but also, due to their heightened sensibility, contributing to their moral superiority. In Brigham's opinion, women should consider their weaknesses as virtues making them superior to men, and they should not "strive to excel in the capabilities of men" such as reasonable thinking (Brigham 81). As Hester turns her activity to thought, her countenance is described as losing all femininity and henceforth bearing a cold, stern look, contrary to her original "rich and warm" nature (Hawthorne, *Scarlet* 144). This portrayed renunciation of womanly virtues negates the values of True Womanhood.

Another reason for the apparent failure of domesticity in *The Scarlet Letter* is the absence of the "domestic man," a father figure for Pearl (Beecher qtd. in Kowalski 11). While often neglected in the popular childcare literature of the nineteenth century, the father's role is a crucial one in the eyes of American asylum superintendent Fonerden:

The father's duties are as important, if not as uninterrupted as the mother's. Besides contributing his best thoughts to the service of the young being, to whom he has transmitted a share of his own mental and bodily qualities, he ought by his habits of affection and attention to aim to bend the instinctive and capricious habits of his offspring into harmony and order. (71)

Clearly, Dimmesdale fails as a father. Possessing an overly passionate nature himself – as evidenced in his religious fanaticism and excessive feelings of guilt – he is partly responsible for his daughter's emotional faculties. What is more, his refusal to acknowledge paternity denies Pearl the potentially balancing influence of domestic life. Hester also withstands the governor's plans to offer Pearl "a father's kindness" by "every good Christian Man" of the Puritan community (*Scarlet Letter* 78). As if to prove the importance of "the domestic man," Pearl's wild nature is subdued after Dimmesdale's public enunciation of his paternity on the brink of his death. The minister's acknowledgement of Hester as his lover and Pearl as his daughter has a profound impact on the hitherto unruly child. As he kisses her,

a spell was broken. The great scene of grief, in which the wild infant bore a part, had developed all her sympathies; and as her tears fell upon her father's

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cheek, they were the pledge that she would grow up amid human joy and sorrow, nor for ever do battle with the world, but be a woman in it. (286)

This pivotal scene foreshadows Pearl's later development into the antebellum ideal of the True Woman. In this turn of events, the novel seems to openly critique the antebellum emphasis that the upbringing of children must be accompanied by domestic nurturing and discipline as otherwise the offspring inevitably would turn out to be morally and mentally defunct. Instead of demonstrating how Hester's failure of disciplinary methods affects the child's mental and emotional development for the worse, the text eventually emphasizes both the positive influence of love and the role of nature instead of nurture. Pearl, conceived in sin, carried and nursed by an emotionally fragile mother, is shown to have inherited Hester's "warm and rich nature" after all, a "well-spring of human tenderness, unflinching to every real demand" (178). Although, according to nineteenth-century theories of hereditary insanity, Pearl should have had no other prospect than to become mad, or at least mentally unstable, the end of the novel shows Pearl as a True Woman, as a mother, as a wife—on the whole, as a stable functioning member of society. The narrative thus subverts the claims that individuals and the social environment make within its frame and does so by offering another contemporary ideology; the beneficial influence of true womanhood.

A mere ten years later, another author takes up Hawthorne's subject matter – negotiating the role of the hereditary tendencies of a child in relation to subsequent environment and education – and comes to a thoroughly different conclusion. In *Elsie Venner* (1861) physician and neurologist Oliver Wendell Holmes explores the consequences of a prenatal snake bite on the eponymous heroine. Elsie, just like Pearl, is a peculiar child, whose nature and actions are at odds with societal expectations; she often – seemingly compulsively – resorts to violence, such as striking her cousin or attempting to poison her governess. Growing into a beautiful young woman, she still exhibits a "feral nature". Through the voice of Bernard Langdon, the novel's main character, Holmes points toward what he feels the origin of "the singularities of Elsie's tastes and personal traits" to be:

the more he thought of all her strange instincts and modes of being, the more he became convinced that whatever alien impulse swayed her will and modulated or diverted or displaced her affections came from some impression that reached far back into the past (295).

Clearly, Holmes suggests that Elsie's moral "peculiarities" were "transmitted by inheritance" (168). What is more, she seems unable to do anything about it; on the contrary, Elsie cannot prevent that "the tricks of the blood keep breaking out", having "brought her ruling tendency, whatever it was, into the world with her" (243; 296). In presenting Elsie's behavior as almost involuntary, Holmes also brings up the question of responsibility – if character and behavior is inherited, then can an inherently violent person really be blamed for his or her action? The novel allowed him to explore tentatively what he would several years later present as conviction in an *Atlantic Monthly* essay. In "Crime and Automatism" (1875), he argues that mankind was purely influenced by "organic tendencies, inborn idiosyncrasies, which, so far as they go, are purely mechanical." None of us, he argues, can deny their "hereditary instincts", and all of our actions are involuntary. Clearly, Pearl and Elsie share much of the same characteristics. Yet while Holmes presents hereditary dispositions as immutable and inevitable, as new "original sin", Hawthorne's case study evidently still subscribes to the pervading optimism of his era.

## 6.2 **Falling Houses**

### 6.2.1 **Fall of the House of Usher**

#### **Poe's Homicidal Monomaniacs: Reveling in Madness**

In comparison to his contemporary Nathaniel Hawthorne, Edgar Allen Poe deals more overtly, and more joyously with morbid heredity, perverse inclinations, and the overarching theme of madness. Poe's plays with psychological obsessions present madness as outside social norms and judgement, similar to Melville's seafarer epos. This approach is even more defined than Melville's, as Poe's stories predominantly feature self-reflexive, melancholic narrators, rather than letting the reader see madness unfold through the accounts of others, as in *Bartleby the Scrivener* or *Moby Dick*.

More often than not, Poe centers on “the death ... of a beautiful woman” which, for him, is “unquestionably the most poetical topic in the world”, as he famously writes in “The Philosophy of Composition” in 1846, first published in *Graham’s Magazine* (165).<sup>226</sup> In turn, the bereaved lovers are thought to be best suited to describe this most poetical topic and Poe’s readers can follow the narrators of “Annie”, “The Raven”, “Annabel Lee”, and many others as they descend into their romantic, grief-stricken madness. An apparent point of interest is Poe’s focus on the melancholy, despondent nature of his narrators. In the nineteenth century, “melancholy” was designated a thoroughly feminine disease. As we can see in many of his stories, Poe played with gender roles in more than one way. “Ligeia”, published in *The American Museum* in September 1838, exemplifies Poe’s predilection for the despondent narrator. In this story, the narrator is desperately in love with the unconventionally beautiful Ligeia, who, naturally, falls ill and eventually dies. The narrator is “crushed into the very dust with sorrow” and moves to a “remote and unsocial region of the country” where he experiences “lonely desolation” and “feelings of utter abandonment” (pathological grief was a frequent entry in asylum admission statistics) (56). Furthermore, he develops an opium addiction and remarries the “fair-haired” Rowena, whom he grows to hate – both of these developments, addiction and marriage, are regarded by him as the direct result of “a moment of mental alienation” (57;59). As is often the case in Poe’s fiction, the lover is obsessed by aspects of Ligeia’s outer appearance – in this case, her eyes –, but what is more intriguing is his description and emphasis of her intellectual and spiritual powers. Completely in awe of her proficiency in “all the wide areas of moral, physical, and mathematical science”, he acts like a “child groping benighted”, completely reliant on “her guidance through the chaotic world of metaphysical investigation” (52). In “Ligeia”, Poe, or rather, his narrator, ascribes the higher powers of reasoning and a deep knowledge of science and metaphysics to a woman, running counter to the gender roles of nineteenth century society and the tenets of mental hygiene. This subversion of marital power structures is also apparent in “Morella” (1835). In this

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<sup>226</sup> Endowments, whether of sensibility, mastery, talent, or beauty, never last in Poe’s fiction.

story, the narrator also elevates his beloved above culturally accepted roles.

He felt like “her pupil” and “abandoned [himself] implicitly to the guidance of [his] wife” (“Morella” 469-470). Morella and Ligeia both undercut their lovers’ (nonexistent) masculine authority – instead of exhibiting rationality, logic, stoicism, and strength, the attributes of an ideal nineteenth-century man, these men are (at first) willingly subdued by Morella’s and Ligeia’s guidance and decisiveness. Just as Hester Prynne is shunned and deemed unnatural for her interest and aptitude for learning, thinking, and rationality, Morella and Ligeia are elevated for the same tendencies. This direct destabilization of marital hierarchy cannot remain without consequences. Morella’s initial superiority and elevation increasingly alienates her lover. As Morella dies in childbirth, she is, in the narrator’s mind, reborn in her infant daughter. Seeing the child develop more and more into a likeness of her mother, the narrator harbors increasingly hateful feelings which eventually develop into a full psychotic obsession.

In “Berenice” (1835), Poe brings his melancholic and obsessive narrator to full fruition. Living merely within his “own heart”, constantly peering inwards and dwelling on morbid thoughts, the narrator seems to have jumped straight out of a superintendent’s casebook. Not only does he reflect on his own thoughts constantly, a clear sign of insanity according to Benjamin Rush, but he is also obsessed. His fixation, unlike Ahab’s, wanders from object to object, from “the typography of a book”, over the “embers of a fire”, to “the steady flame of a lamp”, and eventually, his wandering obsessions are fixed on the teeth of Berenice, developing into a “full fury of my *monomania*” (142-45). As Berenice inevitably falls ill, he is more concerned about her “long, narrow, and excessively white” teeth than her well-being (145). After her death, he continues to have “dreams” and “meditations” over the object of his obsession (146). Convinced that the possession of the teeth was the only way to restore his reason, he digs up Berenice’s corpse to remove her teeth. Finding her still living, he murders her to achieve the object of his obsession. Once the deed is done, he feels horror, but no remorse, a typical attribute of Poe’s madmen, that we see repeated, alongside full-fledged monomania, in “The Cask of Amontillado” (1846), “The Imp of the Perverse”

(1845), and, of course, “The Tell-Tale Heart” (1843).<sup>227</sup> The latter features a homicidal monomaniac, whose obsession focuses on the one eye of his roommate, an old man. While it was “impossible to say how the idea first entered my brain,” he declares, “once conceived, it haunted me day and night”, and “[w]henver it [the eye] fell upon me, my blood ran cold” (268). Unable to bear the thoughts any longer, he murders the old man to free himself from his obsession – unsuccessfully, as we know. What this story exemplifies (aside from Poe’s infatuation with monomania as a leitmotif) is the author’s outright acknowledgement of the power of madness. In “The Tell-Tale Heart”, the narrator points toward its advantages: “You fancy me mad”, but “[t]he disease has sharpened my senses – not destroyed – not dulled them” (267). Poe’s characters are singularly aware of their mental state; they accept it, and even gleefully revel in it, as it grants insight and power. Just like Ahab, Poe’s narrators seem to prefer and value the insane state of their minds to sanity. While acknowledging it as a “disease”, Poe also raises the question, again like Melville, whether madness was not an innate and exalting quality. In “The Black Cat” (1843), the narrator, who killed a few cats and then, by accident, his wife, ponders over the perverse gratification of disobeying seemingly arbitrary rules:

I am not sure that my soul lives, than I am that perverseness is one of the primitive impulses of the human heart . . . Who has not, a hundred times, found himself committing a vile or silly action, for no other reason than because he knows he should not? Have we not a perpetual inclination ... To violate that which is Law, merely because we understand it to be such? This spirit of perverseness ... [is] this unfathomable longing of the soul to vex itself – to offer violence to its own nature – to do wrong’s sake for the wrong’s sake only. (313)

The impulse to the perverse, the actions, thoughts and behavior outside social norms, seems, for Poe’s self-reflexive narrators, almost irresistible, thus undercutting the whole premise of the Scottish

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<sup>227</sup> Although some argue that the continued loud beating of the heart must be read as a manifestation of the narrator’s guilt.

Common-Sense philosophy on which the system of moral treatment rested.<sup>228</sup>

### Contagion and Degeneracy

Outstanding amongst Poe's tales of degeneracy and darkness is his most famous short story. In "The Fall of the House of Usher" (1839) the beginning reads almost similar to "The System of Doctor Tarr and Professor Fether" (1845); the reader follows the unnamed narrator on his travels to a house of madness. Unlike the *maison de santé*, a legitimate institution for the treatment of the insane, Poe leaves no doubt that the house in question is disease made manifest. Viewing the environment through the eyes of the narrator, the reader learns about the "decayed trees" surrounding the "melancholy House of Usher", the "bleak walls" and the "vacant eye-like windows", inspiring a "sense of insufferable gloom" and an "utter depression of soul" (76). Giving way to his "shadowy fancies", the narrator further exaggerates his description:

I had so worked upon my imagination as really to believe that about the whole mansion and domain there hung an atmosphere peculiar to themselves and their immediate vicinity – an atmosphere which had no affinity with the air of heaven, but which had reeked up from the decayed trees, and the grey wall, and the silent tarn – a pestilent and mystic vapour, dull sluggish, faintly discernible, and leaden-hued. (78)

Of course, the "House of Usher" doubles as a stand-in for both the ancestral mansion and the ancient aristocratic family, as Poe makes very clear at the beginning of his tale. "[T]he perfect keeping of the character of the premises with the accredited character of the people" within had merged the two entities "in the minds of the peasantry" and the scholar alike – but more importantly, it explicitly points towards the "influence which the one, in the long lapse of

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<sup>228</sup> Reviewers did not necessarily pick up on Poe's subversiveness but found the subject of tale rather crude, as a review in the *Nassau Monthly* demonstrates. Here, the reviewer derogatorily describes Poe as chasing "from the wilderness of phrenology into that of transcendentalism, then into that of metaphysics generally; then through many weary pages into the open field of inductive philosophy, where he at last corners the poor thing, and then most unmercifully pokes it to death with a long stick" (qtd. in Thomas, 602).

centuries, might have exercised upon the other”, recalling the notion of environmental influence in questions of mental and physical health (78).<sup>229</sup> Roderick Usher, one of only two remaining scions, is convinced that the House exerted an oppressive and sickening influence on him, had overtaken his spirit (82). This was an influence he felt he could not escape, spending his time in almost complete isolation in the mansion, “whence, for many years, he had never ventured forth” (82). The perplexity concerning this seeming inability to leave is dissolved once we remind ourselves that the house functions as a double for the Usher line. “The entire family”, remarks the narrator, “lay in the direct line of descent, and had always with very trifling and very temporary variation, so lain” (78). While this incestuous practice was not uncommon in aristocratic and royal families as to keep the bloodline pure and power within the “houses”, its unhealthy consequences was one of the many arguments American physicians invoked in their discussion of heredity, and their particular aversion to the degenerated practices of (European) nobility. Roderick and Madeleine Usher, coming from such a narrow breeding stock, cannot escape their inheritance, material and otherwise, but are necessarily formed and oppressed by the family qualities invariably transmitted upon them. Both are excessively frail; Madeleine long suffers from an unnamable bodily disease, and Roderick harbors “a mental disorder, which oppressed him” (77). Physical and mental infirmities are not the only qualities amplified in the two remaining Ushers. Their “very ancient family had been noted ... for a peculiar sensibility of temperament, displaying itself, through long ages, in many works of exalted art, and manifested, ... in a passionate devotion to the intricacies ... of musical science” (77). The idea, that particularly creative and intellectual talents could be a matter of hereditary transmission, was, at this point, wide-spread and tacitly accepted. Francis Galton, cousin of Charles Darwin and often designated as the “father of eugenics”, took this idea even further. For Galton, it was a matter of course that genius, which he measured by outstanding accom-

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<sup>229</sup> It also foreshadows the inclusion of the idea that madness was somehow contagious. After having spent several weeks with Roderick, the narrator confesses: “his condition ...infected me. I felt creeping upon me, by slow yet certain degrees, the wild influences of his own fantastic yet impressive superstitions” (89).

plishments and zeal of work, ran in families. In *Hereditary Genius* (1869), he attempted to show that all considerable achievements over the course of the last century – including rowing, wrestling, musical composition, politics, and mathematics – could be linked to a small set of upper-strata English families. Galton’s consequential proposition was a system of arranged marriages between men of distinction and stable – financially, mentally, physically – women.<sup>230</sup> While not unopposed, Galton’s ideas enjoyed considerable popularity well into the 20<sup>th</sup> century.

### 6.2.1.1 The Mad Artist

Poe, however, already warns in 1839, that the amplification of certain qualities comes hand in hand with the amplification of other, possibly not-so desirable qualities, a conviction he shared with countless contemporaries.<sup>231</sup> William Sweetser, author of *Mental Hygiene* (1843) and *Human Life* (1867) points out in the latter that “[w]hat we term genius ... usually goes with an exuberant and dominant imagination, morbidly delicate sensibilities, dainty tastes, and peculiar eccentricities, as in the poet, musician, and artists.” However, he warns, their pursuits were “not apt to be associated with robust health, or with great length of life” (250). Indeed, Sweetser seems to be diagnosing Roderick, if the narrator of the tale had not beat him to the punch. According to the latter, even the message he received from his former friend, “gave evidence of nervous agitation”, of “illness”, and “of a mental disorder” (77). The narrator’s preliminary assessment is only strengthened once he sees his old friend. Shocked by his altered appearance, he describes him in a manner inspired by the diagnostics of physiognomy and phrenology:

A cadaverousness of complexion; an eye large, liquid, and luminous beyond comparison; lips somewhat thin and very pallid, but of a surpassingly

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<sup>230</sup> Women had no place in Galton’s list of high achievers. Neither did minorities or mixed-race descendants, exposing his sexist and racist bias.

<sup>231</sup> Mental hygienists often lamented what they saw as widespread tacit but wrong belief that the development of mental powers necessarily came at the expense of the physical frame and health. A literary elaboration of this belief we find in George Eliot’s “The Lifted Veil” (1859). Latimer, the novella’s main protagonist, is a neurasthenic *poet manqué*, who, after a severe childhood illness lastingly enfeebles his body, develops clairvoyant powers.

beautiful curve; a nose of a delicate Hebrew model ... finely moulded chin, speaking, in its want of prominence, of a want of moral energy; hair of a more than web-like softness and tenuity; – these features, with an inordinate expansion above the regions of the temple, made up altogether a countenance not easily to be forgotten. (80)<sup>232</sup>

Roderick's behavior, too, does not inspire confidence in his mental state. Wrecked by "excessive nervous agitation", Roderick's actions were "alternately vivacious and sullen", leading many readers to retrospectively diagnose the Usher offshoot as a manic-depressive (Pridgeon 1970; Jamison 1996; Fuller Torrey, Miller 2001). Roderick himself explains his state as "a constitutional and a family evil" (81). But the inherited tendencies and the morbid environment also seems to have endowed Roderick with a hypersensitivity and an incredibly expressive creativity which the sufferer manifests in painting. "There arose", the narrator reports, "out of the pure abstractions which the hypochondriac contrived to throw upon his canvas, an intensity of intolerable awe, no shadow of which felt I ever yet in the contemplation of the certainly glowing yet too concrete reveries of Fuseli" (84).

In the figure of Roderick Usher, Poe brings to perfection the trope of the "mad artist", with whom he and so many of his contemporaries were fascinated.<sup>233</sup> Writings evincing the fascination of medical men with the, by now traditional, association of madness and creativity go beyond Isaac Ray's manual on *Mental Hygiene*. In 1836, William Newnham published an "Essay on the Disorders Incident to Literary Men." Nathaniel Hawthorne, another author fascinated with the association between madness and genius, demonstrably borrowed Chandler Robbin's *Remarks on the Disorders of Literary Men* which was published in 1825. Richard Madden's volume on *The Infirmities of Genius* (1833) proved quite successful as well. All these writers concluded that mental activity was a danger to the organic system; and

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<sup>232</sup> We can easily pinpoint phrenology's influence on Poe here; according to the science popularized by George Combe, a nervous temperament was characterized by fine thin hair, small muscles, thin skin, paleness of countenance, and brightness of eye; a large "ideality" located near the temples stands for fine intellectual and especially poetic abilities (83).

<sup>233</sup> Another example for Poe's elaboration of the "mad artist" in his fiction is the figure of the painter in "The Oval Portrait" (1842). In this story, the artist in question becomes, through his work, overly involved in probing and interpreting the souls of others while failing to see the disorder of his own.

that the “more genius” the person was, the higher the risk of mental or physical disintegration proved to be (cf. Stoehr 364). Thomas Upham, too, who taught intellectual and moral philosophy at Bowdoin, concedes that it was “well known that men of marked imaginative genius, combined with deep sensibility, often become mentally disordered” (262). He and others also thought that the mental peculiarities and following disorder apparently experienced by so many “men of marked imaginative genius” was actually a prerequisite for their art. Poe seems to have shared this belief. In a letter to James Russel Lowell on June 2, 1844, he describes his mode of work as eerily similar to Roderick Usher’s;

I am excessively slothful, and wonderfully industrious – by fits. There are epochs when any kind of mental exercise is torture, and when nothing yields me pleasure but solitary communion with the “mountains & the woods” – the “altars” of Byron. I have thus rambled and dreamed away whole months, and awake, at last, to a sort of mania for composition. Then I scribble all day, and read all night, so long as the disease endures.

One certainly is reminded of Pliny Earle’s belief that the madman, especially in fits, had access to hitherto dormant creative powers. The psychological peculiarities of creative artists, and especially of “literary men” remained fascinating for the psychological and psychiatric community, as numerous essays in professional journals show. Poe himself, even before his famous “dissection” by British alienist Henry Maudsley in 1860, was subjected to a thorough phrenological analysis in March 1850, accompanied by an illustration.

His phrenological development, combined with the fiery intensity of his temperament, serves to explain many of the eccentricities of this remarkable man ... He inherited in sublimated embodiment all of organization that his mother possessed, together with all that unearthly intensity and ethereality which her profession as an actress awakened ... He was from the very nature of his organization a wandering star, which could be confined to no orbit and limited to no constellation in the sphere of the mind. (qtd. in Stern 76)

In this analysis, our attention is immediately drawn to the fact that Poe’s “eccentricities” and skills are interpreted as inherited, and thus, presented as inevitable.

It would be presumptuous to assume that, in Roderick, Poe has foreshadowed his own inevitable demise. However, just like Poe's phrenological reading implies, Roderick seems to be unable to escape the sins and qualities of his forebears. Additionally, the sensory overload of life – art, literature, music, food – made it temporarily impossible to live, as the overly sensitive scion proclaims. And so, the once “barely perceptible fissure ... extending from the roof of the building in front ... rapidly widened”, signifying both the state of Roderick Usher's mind and the state of the Usher family as a whole (95). As the house disintegrates, so does the House of Usher disintegrate, symbolizing the end of an incestuous, unhealthy, aristocratic breed that has no place in a presumably egalitarian democratic Republic.

### 6.2.2 The Fall of the House of Pyncheon

#### Something's a foul with the Fowl

Hawthorne's *House of Seven Gables* seems similarly preoccupied with degeneration and, within its pages, negotiates the struggle between aristocratic and democratic ideas, the past and the present, and the question of responsibility, contagion, and human agency in a more complex way than Poe could manage in his short story.

In his foreword, Hawthorne explicitly sets out to explore the consequences of “the wrongdoings of one generation onto the next” and once again examines the hold that the past has on the present, and, potentially, the future. His focus is the old aristocratic Pyncheon family, mystified by an obscure curse laid upon them by Matthew Maule, whom a Pyncheon had swindled out of land and life.

As discussed earlier, the remaining Pyncheons – Jaffrey, Clifford, and Hepzibah – are a sorry bunch in comparison to the once prosperous clan. Hawthorne uses a humoristic stand-in to illustrate the declining fate of the Pyncheons. In the garden of the House of Seven Gables, we find a couple of heirloom chickens, “hens of aristocratic lineage”, pure breeds that “in their prime” had attained prestige and considerable size as well (83). However, “Chanticleer, his two wives, and a solitary chicken” are far from those glory days, exhibiting a “queer rusty, withered aspect” (88-89). In the eyes of Phoebe, the “crest of lamentably scanty growth” borne by the fowl becomes one

with the peculiar turban worn by her aunt Hepzibah; but even on the inside, the fowl resembles their featherless owners. Once such an “admirable breed of fowls”, they are now “lugubrious”, despondent, melancholic. “It was evident that the race had degenerated, like many a noble race besides,” Hawthorne writes, “in consequence of too strict a watchfulness to keep it pure” (83). While there is no direct referral to incestuous relations within the Pyncheon family, if we take the “feathered people” as a stand-in for the Pyncheon race as intended, the implication is clear. As the novel proceeds, Hawthorne continues to negotiate the dangers of endogamy with a parallel concern for American race purity. But not only dubious familial bonds are responsible for the decline of the Pyncheon family’s physical and mental health.

As Kowalski suggests in his analysis of *Cultural Genetics* (2007) in Hawthorne, “[t]he dusty and desiccated Pyncheon family results from maintaining the same domestic environment for too long” (13). Just like Roderick Usher was convinced of the oppressive and doubly pathogenic influence of his mansion, Hawthorne acknowledges the impact of the Pyncheon house, albeit in more pragmatic terms; “[t]he old house, as we have already said, had both the dry-rot and the damp-rot in its walls; it was not good to breathe no other atmosphere than that.” And just like Usher, “Hepzibah [...] had grown to be a kind of lunatic, by imprisoning herself so long (174). Hepzibah and Clifford Pyncheon do not realize that their surroundings can prove detrimental to their bodies and minds. Phoebe on the other hand understands the nature of home influence. As soon as she moves in, she tries to turn the house into a comfortable home by reclaiming the kitchen and the garden, by dusting, scouring, and generally putting to use the “gift of practical arrangement” she inherited from her mother’s side (71). The formerly gothic mansion is imbued with Phoebe’s friendly presence and finally turned into a home, an elementary condition in order for the residents to be beneficially influenced. Gothic residences, like the mansions of Usher and Pyncheon, disturb or at least add to the disturbance of the minds of the inhabitants up to the point of madness as evidenced in Poe’s tale.

Although the Pyncheon house does not quite transmit the same degree of insanity to its residents as Poe’s fictional mansion does, it

is also not the home that Hawthorne's diagnostic narrator declares would beneficially influence Clifford, Holgrave, and Hepzibah (141). Despite her efforts, Phoebe does not quite manage to dispel the decay and gloom that has accumulated over generations, and in time she feels afflicted herself by the dreary surroundings, the very walls of the house being saturated with the memories of the unhappy fates of Phoebe's ancestors. Holgrave, a resident of the Pyncheon house but unrelated to the family, confirms her subconscious anxieties as he explains to her his theory of the degenerative and infectious insanity of the Pyncheons. Like the narrator, the radical reformer blames the long succession of inherited and cultivated (acquired) traits. He adds that in "the family-existence of these Pyncheons, [...] in their brief, New England pedigree, there has been time enough to infect them all with one kind of lunacy or another!" (185). No matter whether he refers to Clifford's mania, Hepzibah's depression, or Jaffrey's moral insanity, Holgrave's claim intensifies Phoebe's fear for her own sanity: "You talk of the lunacy of the Pyncheons! Is it contagious?" (193). Phoebe's concern stems from her own experience in the Pyncheon house that somewhat subdued her naturally lifted spirits, but also reflects the antebellum "law of family infection" as laid out in the contagion theory of health reformer Horace Bushnell (103).

### **Bushnell's Contagion Theory**

Bushnell's concept of the prevention and treatment of moral insanity employs the analogy of the individual unit that gradually poisons its surroundings and its offspring (and ultimately the species as a whole). The conviction that "[h]uman depravation [...] shows the past descending on the present, the present on the future, by an inevitable law" is expertly illustrated in Hawthorne's novel by the family history of the Pyncheons starting with the injustice committed by their ancestor, the Colonel (196).

Bushnell's law of contagion or infection is twofold. His first major point is that parents "propagate their own evil in the child, not by design, but under a law of moral infection" (185). There is a striking similarity between Bushnell's ideas of the transmission of depravity and Hawthorne's literary treatment of heredity. Hawthorne displays his understanding of "moral infection" in the preface to *The House of*

*Seven Gables*: “The act of the passing generation is the germ which may and must produce good or evil fruit, in a far distant time; that, together with the seed of the merely temporary crop, which mortals term expediency, they inevitably sow the acorns of a more enduring growth, which may darkly overshadow their posterity” (6). This idea—that the deeds of the ancestor are passed on to and shape the next generation—is closely connected with the concept of acquired hereditary traits. The basis of this concept was, as already suggested, the optimistic belief that inherited traits could be molded by the way of life, that certain mental faculties could be strengthened by repeated exertion, and others subdued by neglect. These acquired traits and faculties would not only lead to the immediate improvement of the person exercising this practice, but once cultivated, could then be passed on to offspring. This model of heredity catered to the doctrine of human perfectibility and the role of human agency in attaining it. While the sentiment of the quote above supports the notion that morbid or healthy ancestors influence their offspring for generations to come, its multiple reiterations by Holgrave suggests that the family of the Pyncheons has inherited, cultivated, and passed on only their defective traits. Holgrave’s character serves to embody the radical reformer; but in some ways he also takes over the role of the diagnostic narrator and, by echoing the ideas sent ahead in the preface, is the medium through which Hawthorne can repeat his own belief in the hereditary transmission of human constitution and qualities. The second aspect of Bushnell’s theory of contagion takes up the notion of the influence of domestic surrounding as already discussed. This becomes apparent in his descriptions of the “spirit of the house” (186). In his outline of the law of infection, the home plays a distinct role since every inhabitant breathes the atmosphere of the house. What follows, Bushnell claims, is that a nurturing, morally purified domestic space is beneficial for the mental hygiene of both parents and children. Vice versa, the moldy encumbering atmosphere of a mansion like the seven-gabled house in the novel can prove detrimental to mental and physical health and can infect the inhabitants. Holgrave seems to have included Bushnell’s laws of contagion and the idea of environmental influence into his own theory of the Pyncheons’ insanity. When asked by Phoebe, whether he

deemed the lunacy of the Pyncheons to be contagious, he professes: “I believe I am a little mad!”, testifying to the infectious qualities of the Pyncheon house (186).

### **The Prophetic Death of Jaffrey Pyncheon**

At first glance, the character of Judge Jaffrey Pyncheon, the novel’s designated villain, seems to stand apart from his relatives in both mental and physical regard. He is described as a benign and respected member of the community, seems to care deeply for his impoverished relations, and shows no manifest signs of insanity, or at least not in the way that Clifford and Hepzibah do. Neither was he exposed to the house’s detrimental influence. However, the narrator soon assesses Jaffrey’s looks and behavior to be deceptive. The Judge’s “hard, stern, relentless look” (120), his cruelty and general similarity to the old Colonel serves to confirm the narrator’s early suggestion “that the weaknesses and defects, the bad passions, the mean tendencies, and the moral diseases which lead to crime, are handed down from one generation to another, by a far surer process of transmission than human law has been able to establish” (119).

It is in Jaffrey’s person that the narrator establishes the effects of the transmitted “original sin” committed by the Colonel. The Judge is “showing more of the Pyncheon quality ... than any of his race since the time of the original Puritan” (17). Just like his predecessor, Jaffrey uses his authority and public standing to exert pressure on his fellow men. Whereas the Colonel lynches Matthew Maule as a witch to gain access to property – we are, of course, reminded of Thomas Szasz’ framing of psychiatry as a witch-hunt and as a continuance of the inquisition –, Jaffrey Pyncheon threatens to confine his cousin Clifford to an insane asylum for the same reason. Just like the Colonel, he presents himself as an “exceedingly respectable” member of society, while he is actually more akin to the white roses Phoebe finds to be moldy and decayed on a closer look (17). Priding himself on “the purity of his judicial character; his remarkable zeal as president of the bible society; and the cleanliness of his moral deportment”, Jaffrey seems to have no doubts about his moral and mental righteousness. Yet this will not stand for the novel’s narrator – after all, Jaffrey is a Pyncheon! In the manner of a medical examiner, the

narrator notes that “if we mistake not, moreover, a certain quality of nervousness had become more or less manifest” in Jaffrey (121).

The narrator uses his privileged position to condemn Jaffrey’s authorial deportment, his feigned paternalistic concern, and his quick judgement of Clifford’s mental health, all the while not realizing that he himself has subjected the novel’s main characters to various therapeutic assessments and has demonstrated the same conduct he scathes in Jaffrey Pyncheon. In the form of the narrator, Hawthorne is able to implicitly criticize contemporary policies of mental health in mocking the deportment of nineteenth-century psychiatrists and physicians, who saw insanity at every turn, who layered diagnoses on diagnoses, swayed between fashionable modes of explanations, and were quick to prescribe any type of therapy that promised fast results such as homeopathy, magnetotherapy, hydrotherapy, or bloodletting. This behavior, and the fact that there was no regulated education neither for psychiatrists nor physicians, often led to them being denounced as quacks and charlatans, and even as deranged themselves – a sentiment that Hawthorne puts to use in the scene of Jaffrey’s death by showing the narrator to shortly lose his mind over his multiple judgements, and diagnoses (272-282). What is not contested but fully subscribed to in the novel, however, is the notion that disease in whatever form – mental and physical – is hereditary. In fact, by depicting the death of Jaffrey, Hawthorne foreshadows the natural selection theory of the Social Darwinists. Jaffrey inherited not only the physiognomy and the morally defective traits of the ancestral Colonel, but also his tendency toward apoplexy. Jaffrey’s death, finally, sees his fortune and house fall to Hepzibah and Clifford, the only remaining Pyncheons.

Many critics called the “happy ending” unconvincing and “grafted on”; the dark shadow looming over the main character’s mental well-being is removed as Jaffrey Pyncheon conveniently dies, and Holgrave seems to deny his former existence as a radical reformer and is integrated into the conservative community through his marriage to Phoebe Pyncheon. The latter development was subject to heavy criticism as literary scholars accused Hawthorne of forfeiting the radical potential of his novel and complying with contemporary ideals and taste. A happy couple, the victory of the domestic and of

true womanhood, the villain dead, the bloodline democratically refreshed and secured – there seems to be nothing radical in that; if anything, Hawthorne seems to have radically incorporated core nineteenth-century American values of perfectibility, domesticity, and pragmatism. Indeed, as already pointed out, in Hawthorne’s own time, *The House of the Seven Gables* was felt to be the redeeming novel after *The Scarlet Letter* in which contemporary critics detected a “tendency to disease” (see Crowley 195). However, once considering the topics invoked here — the concept of hereditary insanity, the influence of the environment, and the notion of acquired character — I would like to argue the opposite. From the outset, the two texts appear very similar in their narrative treatment of mental illness. Both use the influence of environmental surrounding on mind and body as a central plot element, and both echo the nineteenth-century conviction of the steerability of hereditary transmission of desirable or undesirable qualities to offspring. The difference, however, lies in the attitude the works express toward contemporary notions of the heredity of mental health and mental illness. Contrary to nineteenth century and current criticism that projects *The Scarlet Letter* as the melancholic yet complex and critical masterpiece of Hawthorne’s work, the novel is brought into line with dominant antebellum medical and social discourse as it subscribes to the pervading optimism of the antebellum period. The concepts of acquired traits and self-improvement are evoked in the character of Hester Prynne who, after committing the sin of adultery, spends the rest of her life trying to redeem her moral faculties, and succeeds. Although she cannot pass on these cultivated traits as Pearl remains her only child, she is still able to beneficially influence Pearl within the realm of domesticity and education. While *The Scarlet Letter* emphasizes the role of human agency in the potential improvement of mankind, *The House of the Seven Gables* can be revealed to be the more critical and pessimistic novel when examined against the background of the discourse on insanity.

The narrator, as I’ve pointed out before, takes a stance similar to Isaac Ray. He laments the deterioration of the Pyncheons which he sees as the result of the transmission of faulty qualities, and lauds the union between Phoebe and Holgrave which promises to bring forth

physically healthy and mentally sound offspring. The defective line of the Pyncheons will be discontinued. Jaffrey Pyncheon is dead, and, soon after, the reader learns of the death of Jaffrey's only son. Clifford and Hepzibah are too old to procreate. Phoebe, as was formerly established, is portrayed as being too much composed by her mother's blood to count as a true Pyncheon. Holgrave, even though he is domesticated and subscribes to the antebellum ideal of upward mobility, resists the accusation that he would forsake his beliefs. He provides exactly the kind of fresh blood to the family that would lead his offspring to be "merged into the great obscure mass of humanity, and forget all about its ancestors" (185). According to hereditarian logic, Phoebe's and Holgrave's potential offspring will most likely not be prone to disease since their parents have no defective faculties or moral wrongdoings to transmit. Neither will they be influenced by the disturbing and depressing environment that is *The House of the Seven Gables* as the former inhabitants move to Jaffrey's house in the countryside. What Hawthorne has foreshadowed through the death of Jaffrey he brings to an end at the close of the novel: the lunacy of the Pyncheons will be rooted out but this is only achieved at the price of the Pyncheons as a whole being eradicated, in order for a new and healthy family to take over land and responsibility. Thus, the logic of eugenics is also applicable to *The House of the Seven Gables*. In my reading, this novel, especially in regards to Holgrave's monologues and the allegedly unconvincing happy ending, anticipates the later turn from notions of artificial selection and the belief in perfectibility to Social Darwinism and a more fatalistic stance towards insanity in the last third of the nineteenth century.

### 6.2.3 The Fall of the House of Moral Treatment

#### The Overcrowded Institution

After 1865, the optimism pervading psychiatric and social thought of antebellum America was replaced by, first, skepticism, and finally pessimism. In many ways, the reason for the decline of the asylum movement was its own success. A small group of self-proclaimed experts had lobbied successfully for the erection of over a hundred asylums all over the country, assuming responsibility over the health

and fate of thousands of people over the last decades. Yet with a rapidly growing population, and the consequences of immigration and urbanization, and last but not least the pathologizing of everyday life and aberrant behavior propelled by the superintendents themselves, the demand for the institution grew in a rate that was unsustainable for the institutions and the very concept of moral treatment. Especially state-funded institutions found themselves confronted with an ever-increasing number of patients. The state could send any number of presumably insane – and paupers – to the facility which was contractually bound to admit them regardless of available beds. The original Kirkbride plan limited the number of patients to a maximum of 250. Soon, every facility exceeded this number, and extension wings had to be built. The superintendents saw themselves forced to raise the number of admissible patients up to 600 for new facilities. However, as patient numbers rose, so did the demand for trustworthy and experienced staff. Often, the directors of the asylums could not find it. Additionally, the very core of moral treatment – individualized care – could no longer be pursued as the superintendent was not able to visit each patient personally and daily. Instead, he had to rely on less experienced staff, many of them with no medical expertise whatsoever. As Ellen Dwyer's research has unearthed, at the Utica asylum, a model institution at the beginning of the century, four assistant physicians were in charge of caring for and administering to the medical and moral needs of over 690 patients (*Homes for the Mad* 19). The cost of maintaining the facilities exploded, and dire necessary renovations were held off, furthering the declining reputation of the asylum. As living conditions worsened and therapeutic measures of moral treatment could no longer be implemented as there was no staff to oversee the patients, directors perforce advised the attendants to keep the patients inside and sedated, turning the asylum from a restorative into the custodial facility Michel Foucault and David Rothman so thoroughly analyzed. And last but not least, as a result, cure rates dropped shockingly, as the state often sent a large number of old, demented, or criminally insane wards to the asylums.

In the face of this ever-increasing number of incurable, recidivistic, or chronic cases of insanity, the superintendents acknowl-

edged the urgency of the situation, and the annual meetings of their association forthwith revolved around the subjects of overcrowding, lack of staff and financial resources, and the withdrawal of the public support they so heavily relied upon in the preceding decades.<sup>234</sup> While none of the association's members denied that their hospitals labored under serious problems, many of them saw public accusations as personal attacks and refused to take responsibility, vigorously defending the asylum system and their own position. At the meeting in 1881, Orpheus Everts' opening remarks, republished in the *Journal of Insanity* of that same year, display the defensive tone that was characteristic of their stance towards the problems and allegations they faced. In rhetorical excess (he had published several volumes of poetry), Everts, superintendent of the Indiana Hospital for the Insane from 1868 onwards, seeks the blame outside his brotherhood and directs attention to "hungry politicians" and "benevolent persons who ... do not always distinguish between feeling and judgment."<sup>235</sup> He discredits unflattering accounts of former patients, having had garnered a lot of attention, as "tinged by memories and imaginations, the morbid parentage of which may be unsuspected by others." The many people urging a reform of the asylum system and calling for more oversight he calls "born agitators" and "professional reformers, who live and move upon the borderland of insanity, being native there" ("Public Provisions" 117).<sup>236</sup> They are joined by the great rivals of psychiatry, the "[p]rofessed neurologists and flippant

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<sup>234</sup> Additionally, the cost of maintaining and erecting new buildings rose immensely. Curiously, and probably in an attempt to reclaim and hold on the golden era of asylum building, the facilities erected in the 1880s and 1890s were very elaborate and very costly. For example, by the time it opened its doors in 1880 the picturesque Buffalo State Hospital, designed by Olmsted and Richardson, had cost over \$1.3 million. This is an impressive sum considering the building cost of the Olmsted Residence on the same grounds a hundred years later was \$1.5 million.

<sup>235</sup> Everts also published a work of fiction in 1878. *Giles & Co.; or Views and Interviews Concerning Civilization* explored the consequences of civilization on mental life. It barely sold.

<sup>236</sup> Note, how quickly Everts dismisses all that oppose him as devoid of reason, as insane. He is not the only one of his profession that employs this strategy. As I have pointed out before, superintendents like Ray and Brigham have always considered the reform movements as potentially pathogenic and the reformers as bordering on the fanatic and insane. They tend to forget that their profession emerged from just such a reform movement, and that their zeal and vocal ambition could just as easily impress on others as fanatic and borderline insane.

neurospasts of the medical profession, arrogating to themselves all knowledge of psychology and psychiatry” and thus presumably acting purely out of self-interest. Finally, he throws shade on the National Association for the Protection of the Insane.

The NAPIPI campaigned “for the exposure of prevalent asylum evils, promoted legislative inquiries into institutional management, and advocated state central bodies with supervisory and control powers over individual insane asylums. At each of these points”, Deutsch writes, “the National Association came into direct and violent conflict with the stated policies of the society of medical superintendents” (313). Founded in 1880 as a means to enforce the rights of patients, the association’s sole purpose was, in Orpheus Everts’ opinion, “concentrating and organizing hostility to present institutions and present methods”, seconded by “members of the medical and scientific press” who acquired “miscellaneous support among the magazines and newspapers of the day” (117, 118). In short, everyone and everything else was to blame except himself, his colleagues, and the system they still followed.

### The Curability Myth Exposed

Everts fails to acknowledge, however, that it was the superintendents who had maneuvered themselves into this situation in the first place. Surprisingly, one of the “first-generation” superintendents, Pliny Earle, who had been trained in and further developed moral treatment, took it upon himself to rigorously expose the fallacies of asylum statistics. In a widely read article on “The Curability of Insanity”, published in April 1877 in the *American Journal of Insanity*, he critically looked at the – literally incredible – cure rates proclaimed in the last decades throughout the country’s asylums, with numbers of up to 98 percent being no rarity.<sup>237</sup> In this article, which he later turned into a book called *The Curability of Insanity* (1887) Earle proclaimed these rates to be a sham, and the numbers to be grossly exaggerated, showing in detail how statistical juggling took place. For one, the

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<sup>237</sup> The history and decline of the “cult of curability”, referred to as such by Dain (1964) and Deutsch (1937), was critically traced by Abraham S. Luchins, “The Cult of Curability and the Doctrine of Perfectibility: Social Context of the Nineteenth-Century American Asylum Movement,” *History of Psychiatry*, 3.10 (1992): 203–220.

annual reports of the institutions often estimated the percentage of recoveries on the basis of the discharged patients, not the ones admitted. Furthermore, the figures did not include readmissions. Many patients were sub-diagnosed with “periodical insanity”, meaning they could be discharged as cured, readmitted as they relapsed in another bout of insanity, and still not show up in the statistics except as cured cases, leading to a higher number of cases than the number of individuals. Patricia D’Antonio shows in her study of the Friends Asylum that between 1817 and 1841 approximately 20 percent of all admissions to the institution were actually readmissions (*Founding Friends* 85).

On the one hand, Earle explains these maneuvers as resulting from the fact that superintendents were not experienced with the new science of statistics and overwhelmed with keeping records. On the other hand, however, directors of the asylums understood that high cure rates boosted public approval and financial support. By identifying these strategies for ameliorating the cure rate, Earle calls into question the legitimacy of the whole system. This was a brave and honest move from Earle, who had served as a superintendent from 1840 onwards, and had always been one of the most enthusiastic and vocal supporters of moral treatment. But even such a long-standing member of the psychiatric community could not evade the disillusionment and disappointment the public, the community, and he himself felt. Additionally, he suspected that

[a]ll estimates based upon the assumption that either seventy-five, or seventy, or sixty, or even fifty percent of the persons attacked with insanity can ... be cured and returned to the class of permanent producers, ... are necessarily false, and consequently both a delusion and a snare. (58)

Earle had lost faith in the early conviction of the physicians that insanity was “the most curable disease”; he now concluded that insanity was far less curable than hitherto supposed and “becoming more and more an incurable disease” (61). He related this not exclusively to the nature of the disease itself but to the external circumstances already mentioned – overcrowding, understaffing, and the restricted financial budget. Cure rates were higher in the 1830s and 1840s, argues Earle, because care simply had been better and more

individualized. Earle's arguments were later supported by his colleague Isaac Ray, who also reported that recoveries necessarily became fewer as cases of chronically insane and demented patients were stacked in the overcrowded asylum ("Doubtful Recoveries"). In the end, as Roy Porter puts it, "psychiatrists were victims of their own propaganda" (119). With moral treatment and mental hygiene, they had claimed, all could be treated, all could be restored, any problem could be erased. Framing vice, sins, and crimes as mental diseases, they attained exceptional authority and power in both the medical and the political field – but inevitably, they lost the faith the public and public officials placed in their institution, as cases of irrevocable dementia stacked up, as crime rates rose, and as moral depravity was not at all eradicated. Perfectibility of mankind, the dream of the antebellum reform movements, seemed to move further and further away every day. Overwhelmed by their administrative duties and the onslaught of pauper insane sent to their facilities by the state, these experts on mental health also failed to provide a definition and an ultimate etiology of insanity. The claims that every form of mental illness was necessarily accompanied by brain lesions could never be proven.<sup>238</sup> Furthermore, the inability to comfortably settle on a once-and-for-all definition, or even to venture beyond the constant

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<sup>238</sup> Physicians and psychiatrists were convinced that insanity resulted from or in pathological cortical texture. Brigham, drawing on French authorities, argues that "[i]n mental alienation the brain invariably presents appearances of disease which can be distinctly recognized." For example, "[i]n simple intellectual derangement of an acute or recent character, the gray outer substance of the convolutions of the brain is altered in color and consistence; it is red, marbled and indurated", and "[i]n the very chronic cases ... there is often wasting or diminution of the gray substance of the convolutions of the brain" (*Diseases and Functions of the Brain*, 292). Even though Brigham sounds quite matter-of-fact, in most cases of post-mortem brain autopsy he did not find any lesions. The same issue occurred overseas; Andrew Halliday admits that "the anatomists sought in vain for some visible derangement of structure, or a diseased state of the many cases where it was perfectly ascertainable that death had ensued from insanity" (*A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland*. London: Underwood, 1828, 2.) Yet rather than re-evaluating their own or their colleagues' belief, they concluded that it was merely a matter of inventing the right tools to find the lesions; and that the reason for them not having been found yet was linked to a refrain from investigating a subject "that seemed to lead to a doubt of the immateriality of the mind", and therefore, to a doubt of the immortality of the soul (3). But both Brigham and Halliday were convinced that a somatic framing of insanity would nip accusations of materialism in the bud and firmly place insanity within the medical domain.

referral to a collective tacit knowledge on what constituted the disease, and how it manifested, made psychiatry exceptionally vulnerable towards the end of the nineteenth century. In the end, psychiatrists acknowledged that derangement must almost always be an organic disease. This played into the hands of the emerging competitive medical branch of neurology.

### **The Rise of Neurology and the Advent of Eugenics**

In the late nineteenth century, recent discoveries of the neurological causes of some diseases such as paralysis, locomotor ataxia, and epilepsy strengthened the position of neurologists who increasingly ventured into the domain of insanity.<sup>239</sup> Just like the asylum superintendents, neurologists claimed that the root of insanity was to be found in “some as yet undiscovered organic causality”, but argued that psychiatrists, following a course of moral treatment, lacked both the understanding and the tools for providing the appropriate treatment for an organic disease. David Rothman presents the comments of William Hammond and Edward Spitzka as representative for the disdain neurologists felt towards the superintendents’ reliance on recreational and occupational therapy, and the beneficial influence of the building and its location. “Judging by the average asylum reports”, Spitzka says, superintendents were “experts in gardening and farming (although the farm account frequently comes out on the wrong side of the ledger), tin roofing (although the roof and cupola is usually leaky), ... engineering (though the wards are either too hot or too cold) ... in short, experts at everything except the diagnosis, pathology and the treatment of insanity” (qtd. in *Conscience and Convenience* 38). Deriding what he saw as extra-medical activities and their amateurish execution, Spitzka, as well as Hammond, also took issue with the very practice of institutionalization and even more so with the “medical” courses of treatment at the asylum –

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<sup>239</sup> Paralysis, also known as general paresis at that point, serves as a good example. This particular “type of insanity” accounted for many entries in asylum statistics, and particularly men seemed to be struck with it. Originally, it was thought to be originating from a weak character, until Jean Alfred Fournier, a French dermatologist, revealed the syphilitic origin of this disease in the late 1880s.

heavy doses of drugs, restraining devices, and isolation rooms.<sup>240</sup> This would do nothing but aggravate the alienation, neurologists argued. An understanding of insanity would not come from lengthy tracts about the social ills of American civilization and their consequences, or observational reports on curious cases of insanity, but “from the laboratory and the dissecting room” (38). But in this respect, American asylums, claimed Spitzka in his address before the New York Neurological Association on March 4, 1878, had produced “nothing worthy of notice” (“Reform in the Scientific Study of Psychiatry” 216). What is more, the “average medical superintendent of insane asylums” was “deficient in anatomical and pathological training” and “general and scientific culture”, as well as “untrustworthy”, and finally, completely unsuited to educate future psychiatric practitioners (217).

Twenty years later, the blistering attacks by neurologists had not diminished but became even more urgent, and more personal. In 1894, famous American neurologist Silas Weir Mitchell was invited to give the keynote address at the 50th anniversary of the AMSAII.<sup>241</sup> To the assembled psychiatrists, he delivered a devastating speech, finding similar words to Spitzka’s, and supporting his attacks with letters from thirty of his colleagues. In Mitchell’s eyes, the superintendents had “contributed very little to advancement in knowledge as to the causes” of the disease (24). Instead, as I have shown, they relied upon the cultural and collective knowledge on insanity provided by history, literature, and antebellum culture, making their whole enterprise vulnerable to social and personal bias, as Mitchell also recognizes.<sup>242</sup> Even more significant for Mitchell, however, is the

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<sup>240</sup> William Hammond argues that the medical profession ought to be “fully as capable of treating cases of insanity as cases of any other disease, and that in many instances sequestration is not only unnecessary but positively injurious” as it constituted a loss of freedom (*Conscience and Convenience* 38).

<sup>241</sup> At this point the AMSAII had been renamed the American Medico-Psychological Association.

<sup>242</sup> Neurologists failed to acknowledge, however, that their work was not as removed from social bias as they liked to claim, and that they followed the same basic assumptions as early asylum medicine. Mitchell, in his sketch of an “ideal asylum”, offers little innovations from the old model. Beard’s concept of neurasthenia, for example, was nothing more than the reformulation of an old concept within a new framework; “nervous energy”, Beard’s stand-in for Rush’s “vital energy” was, just as its predecessor, finite, and could be prematurely exhausted or successfully restored. Just like the asylum physicians, Beard and his fellow

fact that the superintendents had distanced tim quips, have they not become the mad mad-doctors in their fenced fortresses that populate the pages of sensational literature? The “mysterious therapeutic influence to be found behind [their] walls and locked doors” was a “fiction”, argues Mitchell; a fiction that the asylum physicians had laboriously built over decades but in the neurologist’s eyes, a fiction nonetheless (27). Obviously, many in the psychiatric community took offence at Mitchell’s address and dissected and refuted his claims; some in a scathing tone, and some, like Walter Channing, in a well-considered and just manner.<sup>243</sup> It speaks to the Superintendents’ Association’s openness to constructive criticism that the delegates elected Mitchell an honorary member at the same meeting he presented his speech. But the ongoing attacks by outsiders and especially other medical professionals had not missed their mark. Unvarying accusations concerning the lack of academic research, the lack of a scientific foundation, and the distance from general medicine had sown the seeds of doubt. The superintendents’ confidence in themselves and their system of moral treatment had been shaken. Was the therapeutic influence of the asylum, as Mitchell claimed, a fiction? Worse, was the cure for insanity that seemed such a palpable and sure goal mere decades ago, a fiction?

Even though Spitzka’s and Mitchell’s harsh words gave rise to acts of defiance, the neurologists only voiced the concerns that many of the superintendents had harbored for a long time. In the face of growing opposition and declining cure rates, the AMSAII gradually implemented strategies for rationalizing their ill success in curing American society and the American insane by rejecting moral treatment and turning almost exclusively to somatic explanations of mental illness. The flexible and expansive etiological system prevalent during the first half of the century lost its dominance and was

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neurologists believed that civilization played a major role in the mental (or “nervous”) health of a person – a complex civilization was a reflection of a complex nervous system, and moral causes, just like physical causes, could spark insanity. In Beard’s model, the amount of nervous energy at the disposal of a person is a matter of heredity. Thus, neurasthenia could conveniently be adapted to the theories of degeneracy and Social Darwinism.

<sup>243</sup> While giving the neurologist much credit, Channing warns that a neurologist could never properly fulfil the manifold tasks of a superintendent. See “Some Remarks on the Address Delivered to the American Medico-Psychological Association,” *American Journal of Psychiatry* 51.2 (1894): 171-181.

increasingly replaced by a concept of hereditary insanity that stood unaffected by outside influences (environment and conscious depravity). Isaac Ray, who formerly played a significant part in the wave of optimism among physicians interested in mental dysfunctions, was one of the earliest adopters of the stance that “the only effectual measure of prevention is that which gives them no chance to enter the blood. Most certainly, until this conclusion is adopted, we shall witness little diminution of the amount of insanity in the world” (Ray qtd. in Caplan 145). This spreading understanding of hereditary insanity precluded responsibility on the side of the insane; but more importantly, it exculpated the psychiatrists from their responsibility to cure insanity. Consequently, the focus shifted onto the prevention of insanity. Heeding Ray’s advice to give insanity “no chance to enter the blood” led to the ultimate logic of eugenics as evidenced in fin-de-siècle and twentieth-century medical and social thought – and as foreshadowed and negotiated in the mid-nineteenth century fiction of Poe, Oliver Wendell Holmes, and Hawthorne.

## 7 Conclusion. The Powers and Limits of Literature

In this dissertation, we have wandered through the halls of picturesque Kirkbride buildings and through the pages of newspapers, journals, insanity tales, and great American novels. We have, alongside the antebellum bourgeoisie, visited the extensive grounds of nineteenth-century asylums and gained glimpses into everyday routines and the system of moral treatment. Through the diverse array of texts, we have also heard a multitude of voices – patients, physicians, writers of fiction, reformers, and literary scholars – each offering a distinct and unique perspective on the subjects of mental hygiene, mental derangement, and asylum medicine. What runs like a red thread through the whole of our journey is the multifaceted relationship between literature of the asylum, on the asylum, from the asylum, and asylum medicine. Additionally, we can now gather the topics that have resurfaced time and again in the texts we have read: identity and performativity, (tacit) knowledge, liberation, democracy and authority, and of course, mental hygiene and its adjacent issues such as degeneration, domesticity, disciplinary individualism and self-control. Almost all of them pertain as much to madness as they do to literature. Unsurprisingly, these are also key issues when it comes to nineteenth-century America as a whole. It is no wonder, then, that both medical writers and literary authors have engaged with these central topics of mental hygiene even aside from placative madness (the “extreme” end of mental hygiene, its failure).

The interface of the concerns of medical and fictional writers really is substantial. For example, the **belief in the perfectibility of mankind** – and especially in the perfectibility of American society, feeding American exceptionalism – is pervasive, yet ambivalent in nineteenth-century fiction and medical literature, switching to a fatalistic stance at the turn of the century. **Individual and national degeneration** is gloomily revealed in Poe’s stories, probably one of the starting points in the psychiatrists’ conviction that artistic contributions are mirroring the health of the nation. **Domesticity** is hailed as the one and only savior in Hawthorne’s novels, while Poe

paints it as suspect and oppressive. Superintendents employ the popular rhetoric of the domestic, and consciously model the asylum as a home while at the same time touting their institution as the only place for a cure. Summarizing the points of convergence and divergence of medical writers and nineteenth-century fiction would burst the confines of this conclusion but let me point out one of the more contentious, if not the most divisive aspect of mental hygiene and this dissertation which leads us back to our introductory quote. “[W]ho shall determine what is madness and what is not?”, asks Charles Frederick Briggs in 1845, putting the question regarding **authority over diagnosis and definition** front and center.

From its inception in 1848, the Association of Medical Superintendents for American Institutions for the Insane fought hard to establish its members, the first psychiatrists, as the leading experts on matters of the human mind, taking this position away from the clergy and general medicine. To achieve this goal, they pulled out all the stops. Superintendents clothed their medical opinions in the familiar rhetoric of home health literature, of domesticity, of natural law. Their formulation of the laws of the mental hygiene contained enough common-sense knowledge to be undebatable and worked towards a thorough medicalization of everyday life. The asylum was, as they communicated it, modelled after the family, the superintendent functioning as the benevolent *pater familias*. They were supposedly the shiny example of productivity, appropriate conduct, self-control, and good habits that every patient, any citizen of the United States should follow. Consequently, the nation would surely prosper and surpass any other. The superintendents were men of culture, prolific writers, architects, farmers, scientists, medical men, social reformers, and good citizens – how could anyone question their exalted position and superior knowledge?

Yet in the eyes of many nineteenth-century writers of fiction, there was nothing more suspicious than authority, and especially the absolute authority the superintendents asked for themselves. In the sensational insanity tales that we have looked at in the third chapter of this study, the directors of institutions for the mad are always despotic tyrants that are either completely incompetent, dangerously narcissistic, unhinged themselves – or everything at once. Invariably,

they abuse their position to mistreat the patients, spread lies, conduct unsavory experiments, and accept bribes to confine perfectly sane people within the walls of the asylum. Of course, this vociferous criticism of medical authority needs to be taken with a grain of salt as the primary motif of these sensational tales was to be bought and read by a large readership. And who doesn't like to read about salacious and deranged mad-doctors, political conspiracies, and inhumane medical and psychological procedures? Poe's configuration of the asylum superintendent in "The System of Doctor Tarr and Professor Fethers" falls into the same category, albeit displaying more humor. Here, the superintendent is as mad as his patients, which does not deter the visitor (through whose eyes we experience the story) to believe his every word. Poe openly criticizes blind deference to assumed authority.

Less blatant, but still highly skeptical is the treatment of the man of science in Hawthorne's fiction. In the characters of Rappaccini, Aylmer, and, of course, Chillingworth, Hawthorne criticizes the motivation and objectives of these men, who follow their pursuit of science at the expense of humanity. In the end, their scientific curiosity is revealed to be nothing but a smokescreen for their hunt of power, personal ambition, and revenge. Especially in *The Scarlet Letter*, Hawthorne warns of the medical man attempting to bring the human soul into his clutches. Asylum exposés, and the heavily censored asylum journals, too, participate in the criticism of power concentrated in a single individual such as the director of a walled-off mental institution. As strategic and determined the superintendents built their profession's reputation, so fervently and urgently did former patients, visitors, and writers of fiction work to dismantle it. To summarize, both lowbrow and highbrow nineteenth century fiction, as well as other types of asylum-related writing presented medical men, especially those that assumed sovereignty over the human mind, as dark agents of social control, and as inherently narcissistic despots that abused their position of power and that should have no place in a democratic Republic. While Hawthorne, Poe, Lippard, Stone, Packard, Melville, and all the other writers whose works have been presented and analyzed here subscribe to certain values that mental hygiene espoused, they all agree that the power of decision over the

fate of purportedly deranged people should never lie with medical authority alone.

What superintendents and literary writers do have in common, though, is that they are both dependent on the possibility to present and represent madness, or abnormal behavior. While madness is hard to define, as we have learned, men of medicine and men of letters are attuned to its presence, the forms and shapes it manifests in. At each turn, whether in the asylum, or of the pages of medical and fictional literature, or newspapers, we are confronted with the **performative character of sanity and insanity**. The institutional visit follows a performative protocol that determines expected behavior by patients, staff, and visitors. The role of the superintendents was also deeply performative. Not only did they stylize themselves as perfect cultured gentlemen, as men of letters and medicine, but they also had to be a model of sanity and of productive citizenship, exemplifying the “proper way” for their proteges. According to Poe’s Maillard and the American asylum physicians, behaving as if perfectly sane even though thoroughly insane was one of the great talents of the madman. But then again, the simulation of sanity was a favored and encouraged method of treatment by the superintendents, as we have seen in our explorations of patient produced periodicals. If patients behaved according to the behavioral norms that marked sanity, whether genuine or not, it meant that they were on the path to recovery. Through imitation, patients – or, by extension, citizens – would internalize sanctioned modes of conduct i.e. the laws of mental hygiene, and be molded into productive subjects that would support the progress of the republic instead of posing the threat of degeneration. All of that, as Isaac Ray has argued, would occur without the “individual ... being aware of the change”, evoking the fact that internationalization, and, essentially, socialization functions, at best, subconsciously without external physical and psychological enforcements (*Mental Hygiene* 162).<sup>244</sup> The successful performance of sanity is also the key factor in regaining agency. Ahab can only regain authority once his crew is convinced that his wits have returned. Asylum patients are given greater freedom or are dis-

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<sup>244</sup> Of course, the asylum is the epitome of physical and psychological enforcement.

charged once their attending physician is content with their behavior.

We thus realize that the performative aspect of madness is an **exemplification of collective tacit knowledge** concerning social norms and a half-consciously evolved understanding of what madness looks like and feels like. Successfully simulating sanity (or insanity) depends on a culturally shared understanding of what constitutes the normal, the appropriate, the sane, and consequently, the abnormal, the inappropriate, the insane. The mediation of this knowledge takes place in everyday interactions, in moving through the world, but also through cultural representations offered by and in primarily fictional literature. Literature's inherent ability to provide and transfer knowledge was, as my research has shown, readily perceived by asylum physicians, and literature's secret knowledge was drawn upon to formulate their own theories. For these nineteenth-century men of science, writers of fictional literature possess remarkable insight, not least because of the same power of meticulous observation the superintendents claimed for themselves. At the same time, the link between madness and creativity comes to the forefront, which puts literary writers into an exalted but suspect position from which to elucidate the nature of the deranged mind. It is a powerful, sometimes liberating position, but an inherently dangerous one; madness destroys as much as creates agency and **identity**, as we can see by example of asylum patients. Once admitted into the institution, their identity is partly stripped away and a new one is imposed – that of the deranged, the lunatic, the unreasonable. Yet again, within this new identity, one can be part of a community, of “brothers and sisters of Asylumia”; and yet again, it is literature that affords the potential for subversiveness and resistance. Literature, just like madness, affords the reclaiming or reshaping of identity outside or alongside its external imposition by cultural codes, and gender and class ideology, as seen in the writing of the patient produced periodicals or, more overtly, in the asylum exposés. We have already remarked that madness is liberating; standing on the outskirts of society or standing completely outside society allows for speaking truths that would otherwise be left unsaid. Madmen and madwomen do not adhere to social conventions and, as one

contributor to the *Asylum Gazette* claims, can say as they please (1846, 10).

The **liberating qualities of literature** are a matter of course. Within the pages of books, whether merely reading or writing them, one might escape the drudgery of everyday life; the sometimes cruel and often monotonous routine of the asylum; the inevitable melancholy arising from isolation and detainment. For the patients, literature provided a window to the world, and both scriptotherapy and bibliotherapy occupied a vital place in the mental institution. But in the case of asylum writing, the liberating qualities of literature do not only have to be taken figuratively, but literally. Patients could write their way to freedom, as we have seen; and once discharged, they could further use literature to unburden themselves, re-create identities, and help to free others.

As literary scholars, we often tend to exaggerate and, at the same time, mystify the powers of literature. Maybe this is the case because, just like we can perceive the presence of madness, we can perceive the presence of literature's power, but are often unable to define it precisely. Yet by reading this wide array of texts, by considering the various perspectives of the writers on essentially the same subject, the power of literature and its complexity rise from the tacit dimension to the tangible and analyzable surface. If we summarize the functions of literature in conjunction with nineteenth century asylum medicine, mental hygiene, and madness, we come up with quite an extensive list: both madness and literature contain knowledge, sometimes explicit, but often secret and hard to access. In addition, literature functions as a mode of dissemination of psychiatric theories and as a space in which to test new medical theories, as Oliver Wendell Holmes and Silas Weir Mitchell have realized. Literature is also a purveyor of technique, an aspect that superintendents acknowledged and made use of for their own writing. Madness liberates, as does literature – patients of insane asylums felt both. Madness is deeply performative, yet its performativity hinges partly on its representation in literature, as Poe's foray into the *maison de santé* brings into focus. Madness destroys identity, but has the potential to create a new one, again in an alliance with literature. Literature functions as a mirror of society and its mental state and is (according to

superintendents) itself an expression of an individual or collective mental state. Literature in all its facets, finally, can work as a corrective of one-sided histories of psychiatry and present a more balanced view. One of its most important functions, however, is its capacity to provide a place of negotiation, in our case, of cultural norms and of authority, a quality that not only Hawthorne but all of the writers included in this study have utilized and intensified.

What has become clear in the present study, then, is that the relationship between psychiatry and literature goes beyond reciprocal influence and being multifaceted. What we can now plainly see, looking at the origins of professional psychiatry in America and its dependence on cultural understandings and illustrations of madness and the human psyche on the one hand, and the enthusiastic or critical absorption of psychiatric theories and medical language by antebellum literary writers on the other hand, is that the word “relationship” does not do justice to the connection between the two. What is a more fitting term for describing the liaison between these two fields in the nineteenth century is *symbiotic interdependence* in the way that one could not have evolved the way it did without the other guiding it, denouncing, supporting, negotiating with it, evident in the pages of the *American Journal of Insanity* as well as in the literary examples used in this study. As my research has shown, in the nineteenth century, the critical exchange between the two fields was particularly fruitful because clear demarcations of science, literature, and popular culture were yet to be consolidated. We remember, how scientific journals such as the *American Journal of Insanity* featured literary criticism, poetry, and prose, as a matter of course, and physicians employed literary techniques in their tracts and treatises; not only to affiliate themselves as cultured but also paying homage to the fact that literature functioned as access point for the general reader. My research has also shown how the professionalization of literature and science gathered pace concurrently, and how, in many ways, the objectives of these emerging professions ran parallel; two fields that were engaged in the struggle for epistemological authority, vitalized by the public’s interest in health and human nature, sharing common subjects, negotiating a field of tension between democratization and professionalism, and united not only in a quest for knowledge but

also for national identity and independence from European paragon. The reciprocal influence of medical and literary frameworks that have been laid out here indeed seem to fortify Jane Wood's belief that 19th-century "medicine and literature looked to each other for elucidation and illustration" of knowledge (2), but also, taking the examples of the *Phrenological Journal and Miscellany* and the *American Journal of Insanity*, for mutual legitimization and validation. Since then, literature and science have apparently parted ways in the quest for knowledge and the methodology employed in obtaining it. Despite the assertions just made in favor of literature's relevance in knowledge construction and legitimization, the 19th century can also be read as a period in which these trends of relegating literature to the sideline gathered pace.

From mid-century onwards, fronts began to harden between medical practitioners and creative writers as processes of professionalization and institutionalization progressed. In her study of the nervous system in 19<sup>th</sup>-century literature, culture, and medicine, Justine Murison argues that, especially after the Civil War, more and more literary writers opposed the path adopted by their medical contemporaries who, through neurological and biological theories, pathologized every aspect of human behavior (4). Thus, physicians and alienists proclaimed the need for professional, medical control over physiological and psychological conditions and assumed the sole power of interpretation (6). However, while casting aside the literary imagination as a participant in scientific knowledge production, in an unfortunate but highly fascinating turn of events medical professionals made it the object of their study. Expanding 18<sup>th</sup>-century "debates about the effects of reading on mental health" that "fused moral issues to health concerns" (5), 19<sup>th</sup>-century medical practitioners began to turn their attention anew towards literary texts – only this time not in search of profound insight attributed to the author's "wonderful power of observation," as Brigham contended in 1844, but as symptomatic products of a diseased mind. Insight into the inner workings of the human mind displayed by these texts were explained as having been generated by a pathological drive of their creators. This development can be traced throughout all kinds of documents but is especially evident in editions of the *American Journal of*

*Insanity*. Examinations of literature persisted after the 1850s, but the approach was turned into an entirely diagnostic one. Literary characters were diagnosed and re-diagnosed according to the newest theoretical framework; additionally, articles like Pliny Earle's "The Poetry of Insanity" and other references throughout the journal remark upon the supposedly insane's remarkable talent for creativity and literary abilities, fortifying the long-standing suspicion that there was only a fine line between genius and madness. Yet, psychiatry's and its adjacent disciplines' focus on "the mad writer" and, consequently, the pathologizing of the resulting literature, has provided fertile soil for literature and literary studies. Psychological theories and the advent of psychoanalysis offered a new lens for literary scholars through which to read classical and contemporary texts, thus assuming the diagnostic, clinical gaze reserved for physicians and psychiatrists (Foucault). Symptomatic reading, as this practice has come to be called, has thankfully fallen out of favor in recent years, and has been partly replaced with the turn to affect and investigations into literature's potential for affective knowledge.

However, the decades-long preoccupation of literary studies with psychoanalytical theories has secured a place for literature in one of the epicenters of investigation into the human mind: in the last decades, psychiatrists and psychologists have reaffirmed Amariah Brigham's contention that novelists have a unique ability to capture the "passions and emotions of mankind," that "literature can provide a method of consolidating knowledge about psychopathology" and "facilitate self-reflection" which can prove essential for practitioners as well as patients (Tischler 55). Scriptotherapy and bibliotherapy also form a staple in modern therapeutic institutions and treatment goes beyond purely medical approaches. Novels continue to draw on and negotiate contemporary psychiatric diagnoses and theories in their idiosyncratic explorations of the human psyche. Psychiatry continues to refer to fictional literature as a field of exploration of the human mind (cf. Baker and Crawford 2009).

If I have learned anything from my research on the present study, then it is the fact that we must not fall into the same complacent trap as the asylum superintendents and presume it to be only a matter of time until we solve the mystery of the human mind, and the

phenomenon we have come to call madness exclusively by scientific means. Instead, we must acknowledge that madness is never objective but socio-culturally dependent, that it is a unique state of mind and that, just as we may never be able to grasp the human mind in its entirety, we can also never fully grasp madness. Yet, we (understandably) cannot seem to stop exploring these essential subjects and as it happens, we do now have a useful set of tools to approach them: neurology, psychiatry, neuropsychiatry, psychology, occupational and holistic medicine, as well as history, philosophy, and sociology. All offer exciting insights and ideas to approximate the human mind in its connection to the human body, its cultural surroundings, and its extreme manifestations. Literature, I argue, occupies a very special place within this set of tools. It contains creativity, the knowledge, and the insights precisely because it is the expression of the human mind itself and is also unique in its ability to display other discourses, whether consciously or tacitly. Thus, it is a powerful tool which should not be underestimated – a view, that nineteenth century psychiatrists certainly shared.

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What does it mean to be mad? And who gets to decide that?

In nineteenth-century America, psychiatry emerges as a profession that successfully assumes the authority to diagnose individual and societal mental health. Yet psychiatry's institutional success and the medical concept of insanity are inextricably linked to literature, as the material in this study reveals.

In their quest for knowledge, psychiatrists turned to Shakespeare, Molière and Byron, using these authors as infallible authorities, and their literary case studies as an etiological basis. At the same time, psychiatrists condemned literary works for their demoralizing and pathological influence. The package of what I call asylum literature adds more layers to this complex relationship: sensational novels process the institution and play with readers' deep-seated fears and prejudices. Patients write their way to mental and actual freedom in patient-produced periodicals, and explosive accounts of everyday life and care in the asylum. Superintendents use bibliotherapy as a vital instrument in reshaping their patients' minds.

The juxtaposition and comparison of medical literature, asylum literature and classic American works by Melville and Hawthorne reveal recurring questions that keep us busy still: What are the limits of science and literature? How is knowledge produced, negotiated, and consolidated?

