© 2014

Ian Faith

ALL RIGHTS RESERVED
VOICES OF AUTHORITY: THE RHETORIC OF WOMEN’S INSANE ASYLUM MEMOIRS DURING NINETEENTH CENTURY AMERICA

A Thesis
Presented to
The Graduate Faculty of The University of Akron

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

Ian Faith
May, 2014
ABSTRACT

As mental illness came to have a greater social presence during the second half of the nineteenth century, cultural interpretations regarding the characteristics of the mentally ill and how physicians can provide treatment, in addition to how the insane were being managed socially were portrayed in popular fiction novels, primarily in Gothic and Sensation traditions. Although scholarly attention has been paid to fictional portrayals of madness and its cultural implications, the asylum memoir has been overlooked in historical, literary, and cultural analyses, especially in relation to women. During the rapid growth of the asylum system, women in particular were marginalized by early psychiatric theory and practice. Their personal narratives represent a uniquely feminine literary tradition that incorporate elements of contemporary fiction authors to function as political documents that seek to expose, criticize, and challenge the assumption on which social definitions like “madwoman” are based. This thesis uses a range of theoretical approaches to explore an analysis of how women organize, describe, and interpret their experiences within the insane asylum. It is my contention that memoirists publish their accounts as literary and public performances that question societal and cultural signifiers of sanity and insanity in an attempt to inspire a public desire for social reform for female patient rights. In doing so, women memoirists encounter medical and legal logic, in addition to cultural portrayals of madness in literature to portray what they consider is a more accurate representation of mental patients, as well as suggest the deficits of the asylum system and in some cases, propose change.
ACKNOWLEDGEMENTS

This study makes use of archival materials including women’s insane asylum memoirs, medical publications, and asylum reports. The U.S. Library of Congress supplied access to many of these materials, whose research was made possible via funding by the Buchtel College of Arts and Sciences. The Center for the History of American Psychology located at The University of Akron was also of immeasurable help in locating and accessing supporting historical documents.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF FIGURES</th>
<th>vi</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. ACTING INSANE: CULTURAL (MIS)RECOGNITION, SOCIAL PERFORMANCE, AND THE ASYLUM MEMOIR</td>
<td>12</td>
</tr>
<tr>
<td>III. THE SENSATIONAL ASYLUM MEMOIR: RHETORICAL DIALOGUES BETWEEN PERSONAL NARRATIVES AND FICTION</td>
<td>35</td>
</tr>
<tr>
<td>IV. SPEAKING WITH TWO TONGUES: RHETORICAL PURPOSE AND POSITION OF THE ASYLUM MEMOIR</td>
<td>65</td>
</tr>
<tr>
<td>V. CONCLUSION</td>
<td>95</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>109</td>
</tr>
</tbody>
</table>
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Number of American Madness Narratives Published over Time by Decade</td>
<td>15</td>
</tr>
<tr>
<td>2.2</td>
<td>Period of Focus of Memoirs by Page Number: Sample of Nineteenth Century</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>American Women</td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Depiction of Nelly Bly Practicing Insanity before a Mirror in Preparation</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>of Her Investigation of the Blackwell Island Insane Asylum</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Method of Release from the Asylum (Sample of Nineteenth Century American</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Women)</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Number of Asylum Memoirs Published by Decade by of Nineteenth Century</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>American Women</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Women’s Nineteenth Century Asylum Account Narrative Trends</td>
<td>97</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

This thesis will explore factual and rhetorical elements of insane asylum memoirs written by American women during the Nineteenth century. I am interested in investigating the experience of women who are identified and treated as mentally insane during this period in which psychiatry had not yet been established as a distinct discipline. Because there are so few publications that can be classified within this genre, it is my intention to survey as many available memoirs as possible. Doing so will allow me to identify common experiences before, during, and after commitment to mental institutions for these women. Specifically, I am concerned with the language these women use to describe and make sense of their experiences. The presentation of these events is indicative of not only the author’s understanding of mental illness, but also of nineteenth century America’s. This analysis will then question the function of the depictions of asylum experiences within their historical context. The first chapter will focus on the public process of mental illness identification, commitment to the asylum, and how these women come to understand these events through language. The second chapter will examine how these women describe the experience of the asylum,

---

1 These texts can be identified by a comprehensive bibliography published by the University of East London. http://www.uel.ac.uk/cnr/documents/Hornsteinbiblio.pdf
formalistic features of the asylum memoir genre, and how those descriptions relate to and make contact with other genres. The third chapter will concern disparities between public and professional definitions of insanity, stigmatization, and the rhetorical purpose of these memoirs.

In this study, I will use a combination of historical, rhetorical, and distance-reading approaches. I will use literary graphing to prepare these texts for analysis by identifying common events and rhetorical features that occur within these narratives. This analysis will illustrate historical trends, as well as construct a model for how these women’s experiences progress in the narratives. These distance-reading techniques will establish a “baseline,” or an average of experiences as denoted by this genre. Once I have located common experiences for these women, I will compare them with specific memoirs that exemplify or contradict those commonalities as they pertain to respective chapter foci.

This study will primarily involve rhetorical analyses to identify the ways in which mental illness, the mentally ill, and the medical community are described by memoirists. Much of the descriptive terms and actions of people that appear in these memoirs suggest contemporary understandings of the mentally ill beyond the obvious relation of the author’s personal experience. There appears to exist a shared view of mental illness by both medical professionals and the public that is often at odds with the authors.’ While it is possible to establish these differences using the memoirs themselves, I will further demonstrate these disparities by referencing historical asylum records and contemporary medical scholarship. These sources will also help us understand medical practices that the
authors themselves are confused about, particularly diagnostic criteria and their underlying logic.

This study will also explore recent scholarship that engages women’s asylum experiences to achieve two things: first, to establish a historical context for understanding them, and second, to build upon that existing framework. During the last half of the Twentieth century, women’s madness narratives became a subject of investigation for scholars of the first and second waves of the Feminist movement. Primarily, these studies examined Victorian literature to identify madness as a modality of female oppression in a patriarchal society. Sandra Gilbert and Susan Gubar’s *The Madwoman in the Attic* is perhaps the most prominent example, in which they argue that female characters embody a dichotomy of “angel” or “monster,” with the madwoman falling under the latter classification, and advocate the need to move past this dualism. While studies of fictional and non-fictional “madness narratives” do exist, they are few in number, and most of them are historical in nature. However, these studies also recognize the function of the asylum as an oppressive institution. For example, Susan Hubert argues that novels, journals, and narratives involving madwomen show internalized oppression, which can translate to an oppression of other women (61). Along similar lines, Foucault argues that the asylum embodies social structures involving the leper; as leprosy vanished, mental illness was substituted for it as a signifier during the sixteenth century and continued into the modern age (7). Using scholarship that identifies the asylum as a subversive force of social exclusion, I will argue that the asylum memoir attempts to question and criticize contemporary definitions of insanity and to disassociate the author and other women from
that signifier. In doing so, memoirists adopt literary performances in their retrospectives that attempt to shift control of the discourses concerning mental illness in their favor.

The first chapter concentrates on narratives that emphasize the act of being identified as mentally ill and the subsequent process of being committed to an insane asylum. I illustrate how these women portray the social, legal, and medical processes involved and how they portray an illogical and gender-biased system. I argue that many of these women, including Pennell, Packard, Davis, Russell, and Stone affirm their sanity and utilize their memoir as an expose to garner attention to what they perceive as a social oppression and motivate social reform. Most of these women were taken unwillingly, and did not think themselves insane. What follows is a description of performances of sanity, or rather, behaving in ways that do not suggest insanity. However, these performances are based not on scientific classification, but common cultural conceptions of what is and is not socially acceptable, and hence, “mad.” Lemira C. Pennell for example, who was committed twice (once willingly in 1880 and once unwillingly years after), indicates she was not examined by any physician before being committed (30). Phebe B. Davis attributes her diagnosis as cultural (specifically religious) in nature, stating she was persecuted “all because I could not fall in with every vulgar belief that was fashionable” (47). Elizabeth Parsons Ware Packard also attributes her committal in 1860 to her religious beliefs, indicating that she was examined for only fifteen minutes, and diagnosed on the basis that she did not like being called insane (130). There are unclear criteria for diagnosis, and the process of committal is even less organized. Most states only required a judge to pronounce an individual legally insane. Of note here is that the physician’s diagnosis is only used as a recommendation for the judge, who usually
deferred to their judgment. That the judge was given power to label and commit results in
an insanity diagnosis being primarily legal in nature, instead of medical.

We also observe gender differences when comparing diagnoses for men and
women, warranting an exclusive investigation of female experience in this context. Men
were usually sent willingly to the asylum for alcoholism, and were likely released after a
few months. By contrast, women were often diagnosed as “hopelessly insane” and had
little hope for release, as that required being pronounced “cured” by a physician. Like
diagnosis, a status of “cured” carried equally ambiguous criteria. Further, it seems that
committal is a legal process, yet release is a medical one. Many of these women exhibit
an understanding of the paradoxes and contradictions involved in this system. The way in
which they describe these events, or in some cases, an outright questioning of them,
makes a rhetorical analysis revealing of an underlying social opinion of the commitment
process.

Indeed, the commitment process was a very public one. It often involved
criminals arresting the accused, escorting her to a courthouse alongside a physician, and
standing before a judge for a pronouncement in the absence of a trial by her peers. Many
of these women express confusion in social protocol. In other words, they are not sure
how to act; there is no social script that identifies how to act sane, or insane for that
matter. To act sanely is to be passive, which means accepting a likely commitment. To
fight commitment is to reaffirm suspicions of insanity. The public aspect is terrifying for
some. For example, Ada Metcalf fears her arrest and of being paraded down the street,
with crowds gathering to gawk at an insane person. Nelly Bly, a reporter who has herself
committed to the women’s asylum on Blackwell Island in 1887, describes a similar
scene, with people trying to peep in the windows of her escort carriage (30, 31). Clearly, there is a public fascination with the mentally ill; the limited examinations and techniques demonstrate a severe lack of understanding of mental illness. This also questions whether people understand why they are diagnosed and committed, and whether they accept these circumstances. Their descriptions of the commitment process is especially telling of their interpretations of this practice, as well as society’s.

In the second chapter, I investigate how descriptions of asylum confinement, treatment, and relationships between other patients and medical staff are presented. We can locate narrative elements of horror in the form of physical and psychological abuse. Further, narrative structures of the asylum memoir appear to follow distinct patterns and use similar descriptive languages. By analyzing formalistic features and rhetorical choices in presentation, we can locate intersections and conversations between the asylum memoir and other genres, specifically sensation fiction. Adeline Lunt in particular makes contact with other works to clarify what she feels are more accurate depictions of mental patients. For example, she engages common literary figures the public would be familiar with (e.g. Hamlet) to articulate the ways in which characters do or do not resemble actual patients. In addition, Lunt directly addresses sensation author Charles Reade in order to show how and why his descriptions of asylum treatment are inaccurate. It is my contention that the asylum memoir’s shared features with sensation fiction in particular require women like Lunt to address them because of the threat of its similarities. That is, that the public is familiar with those narrative elements and trends found in both genres presents the danger that memoirists’ accounts would be considered fictional. Such receptions would reduce these women to fictional characters in their own
retrospectives. The ways in which memoirists present themselves and their descriptions in relation to other literatures demonstrates another way in which they attempt to distinguish their writing from patriarchal structures and speak for themselves apart from other definitions.

In chapter three I consider historical and medical contexts to demonstrate how memoirists attempt to criticize definitions of insanity and move their own cultural definitions away from such signifiers. In doing so, many memoirists recognize gender differences in the way in which the institution identifies and treats women. I also suggest how various rhetorical choices, including physician testimonials, adoption of typically masculine narrative styles, and logical considerations of madness attempt to address the reader directly to inspire social reform. Dorothea Dix, in her tours to reform American Asylums primarily between 1840 and 1860, writes, “I have seen thousands living in misery, wearing life slowly out in dungeons, in cells, in cages, in pens, in barns and outhouses, exposed to every variation of weather, filthy and neglected, abandoned of friends, cared for with less consideration than the oxen in the stall” (6). Given such conditions, one must ask what treatment, if any, occurred. This is not a question these memoirs ask overtly, but there appear to be little treatments occurring. Instead, patients are “warehoused.” This is partly due to overcrowding and a lack of resources, but also due to contemporary medical conceptions of mental illness. For example, Benjamin Rush published an early comprehensive catalogue of mental disease in which all have biogenic components. That is, mental illness was thought to be situated in biology, contributing to the gender biases authors like Elizabeth Packard and Phebe Davis comment on. Indeed, Rush and other physicians used this logic to promote views that people were more or less
susceptible to mental illness based on race and gender. Women were thought to be more susceptible than men; Rush even classified menstruation as a disease (34). His treatments were also biological in nature, and were limited primarily to temperature change (via hot or cold water), blood manipulation (via centrifugal force or restraint), and bloodletting (Deutsch 75-79). However, many received no treatment, which appeared just as senseless. In this regard, many of these women regarded the asylum as a prison. As such, it is logical that these women would see their supposed mental illness as a convenient excuse to exclude them society.

While many women focus their accounts on the experience in the asylums to highlight patient mistreatment, this thesis also questions its function in the overall rhetorical purpose of the memoir. Some authors, notably Packard, published many accounts after her release, with some focusing on the release process instead of her experiences in the asylum. Here, we may locate an interaction between the awareness of the author within these oppressive forces and the way in which they present their accounts. Their descriptions of confinement suggest a level of understanding and motivation that translates directly into the strategies they adopt after release. Packard, who focused little on her confinement, adopts a politically and legally active engagement to change policies and help mental patients. Compared with her activity, some women adopt a passive response to these events, and instead use their accounts as an awareness-raising tool to inspire others into action. Keeping this in mind, I will attempt to trace the conditions that lead to these differing strategies as evidenced by the presentation of these accounts. The conclusion will consider the overall effect of memoirists’ rhetorical strategies on the function of retrospective accounts as political documents.
As previously stated, the likelihood of a woman being released from an asylum during the Nineteenth century was low. Most asylums had their own graveyards for deceased patients, assumedly dug by other patients, who were often used as the primary labor force of the self-sustaining asylums. That these women were released and write about their experiences is exceptional. The conditions of and efforts to secure release are extreme in some cases, as in Packard’s, who had to lobby for a court hearing. Even in the case of release, many indicate a stigma that follows them. For example, in trying to secure her release from the Southern Ohio Lunatic Asylum in 1873, Metcalf asks the superintendent if he thinks her insane, to which he responds, “I do not think you are insane, but you have been in an asylum, and that is against you” (71). Support from friends or family is unlikely, as they do not wish to risk social standing in associating with this stigma. Pennell writes, “The treatment I have had from some of these prominent women is in proof that they will not for anybody risk their social status” (40). Indeed, many of these women had to self-publish their accounts, as publishers were reluctant to print them.

We can, in some instances, trace a change in these women in their accounts. Many, describing their release, are motivated towards political action. Nelly Bly, following her investigation, takes her findings to court to improve conditions at Blackwell, and earns a budget increase (87-89). Pennell proposes legislative changes, including medical personnel hiring practices and requirements. Packard was able to achieve several legislative changes for asylum proceedings through her writing and lobbying; Pennell, in recognition of this, dedicates her expose to her. Metcalf warns against the logic used to commit women, prominently the notion that “insane people do
not think they are insane” (75); in other words, denying insanity can be grounds for commitment in this system. The author’s portrayal of their release is important because it usually accompanies a resolution for them. In some cases, they outline ways to improve the system or inculpate it directly, while others end their story as a survival narrative. In both cases, an awareness of their circumstances suggests much about the stigmatization of these women.

From these few examples, we can already see a wide range of approaches a study of this literary genre could take. Medical diagnoses, the development of psychological diagnoses and interventions, the effects of those interventions, and the rhetoric and practices of medical personnel are perhaps obvious subjects of possible investigation. The prominence of religious and spiritual rhetoric in these memoirs also lends itself to explorations of the role of religion in mental illness during this period and its relation to public conceptualizations of the mentally ill. Other studies could examine outcomes in terms of class analyses, identifying the mentally ill as a subjugated group. Political, social, and economic evidence of commitment logic also applies to such class analyses. It is also possible to investigate legal practices involved with asylum commitment. Because these elements exist and function within this genre, it is beyond scope of this thesis to address them all. It is my intention to focus in this thesis on the rhetoric of these retrospectives as indicators of a public understanding of mental illness. The understanding these women display of themselves and others in the context of the predominant sanity/insanity duality and their experiences with these identifiers are the primary entry point into the proposed analysis. While I will address the narratives’ overall rhetorical purpose and explore their effectiveness in achieving that purpose, this
study is ultimately concerned with how we can understand the experience of nineteenth century American women confined to insane asylums in a period before mental illness was being researched and treated as a distinct condition.
CHAPTER II

ACTING INSANE: CULTURAL (MIS)RECOGNITION, SOCIAL PERFORMANCE, AND THE ASYLUM MEMOIR

In the fall of 1887, *New York World* journalist Nelly Bly (Elizabeth Jane Cochrane) performed a bold literary stunt in feigning insanity to have herself committed to the Blackwell Island Insane Asylum. Bly’s account of the asylum first appeared in *World*, where it gathered such acclaim that it was later published as a book entitled *Ten Days in a Mad-House* (1887). Bly’s exposition of the mistreatment of female patients and the terrible living conditions of the asylum caused public outrage and an official investigation, resulting in an administrative change and a one million dollar per annum budget increase for the institution (Bly 1) before it would close in 1894 (Boardman & Makari 581). The emphatic response to Bly’s candid report suggests public surprise, raising the question of how the asylum was conceived prior to her exposé. Yet it is important to note that Bly’s account echoes the tone and expositional focus of previously published asylum memoirs that likely inspired her investigation. In this sense, Bly’s investigation becomes a memoir inspired by memoirs. That her publisher commissions this task further indicates that it may have served the purpose of evaluating the claims made by previous memoirs, which were then a growing cultural presence.

Like her publishers (and the public), most of what Bly knew about asylums came from memoirs written by former patients. But like many of her late nineteenth century
counterparts, Bly was also skeptical of those depictions. In her introduction, Bly states, “The many stories I had read of abuses in such institutions I had regarded as wildly exaggerated or else romances, yet there was a latent desire to know positively” (8).

Bly’s description suggests common opinions of such memoirs. Her view of them as possibly “romances” suggests that some may have read them as works of fiction akin to the sensationalist novels or as captivity novels that were popular during this period.² Bly’s suggestion that these memoirs might be “exaggerated” conveys a tenuous social awareness of women’s experiences in the asylum. That she goes to such lengths in her investigative journalism supports the notion that New York society was interested and curious. It is perhaps the growing volume of women’s insane asylum memoirs, particularly during the 1880s, that encourages Bly to confirm those claims.

In attempting to assess what Bly and others would have known—or thought they knew—about women’s experiences in mental institutions, particularly during the second half of the nineteenth century, a logical starting point would be the autobiographical narratives then being published. Gail Hornstein has compiled an extensive bibliography of “madness narratives” published in the English Language where we may begin to investigate this literary genre and its cultural commentary.³ Hornstein’s bibliography includes publications spanning several centuries and countries. Several publications on this list do not fit neatly into the category of an asylum memoir, or even a madness

---

² Sensation novels use Gothic literary devices transposed into everyday contexts. The asylum was a popular setting to convey a sense of horror within an otherwise civilized context, e.g. Charles Reade’s *Hard Cash* (1863). Many of the captivity novels are autobiographies that describe experiences under Native American custody, e.g. Rachel Plummer (1838) and Matthew Brayton (1860).

³ See the University of East London’s Psychology Department. http://www.uel.ac.uk/cnr/documents/Hornsteinbiblio.pdf
narrative (e.g. works by Ken Kesey, Edwin “Buzz” Aldrin). However, it does provide a
starting point for investigating insane asylum accounts written by women in nineteenth
century America. Bly’s account engages American women specifically. Women and men
were usually separated by separate wings of the massive asylum structures, so it is
perhaps unsurprising that Bly does not write about male patients in her account.

However, this raises the question of why women’s accounts were subject to World’s
journalistic investigation and not men’s. That is, Bly’s investigation of the assumed
“exaggeration” of women’s asylum accounts suggests a greater cultural awareness of
mentally ill women than men. Did “insane” women have a greater literary presence than
men, and if so, what can an analysis of women’s asylum memoirs as a genre suggest
about their function for the author and the public?

A survey of these publications by American authors indicates that, while
comparatively few in number, asylum memoirs compose a genre primarily written and
published by women during the second half of the nineteenth century (see figure 2.1).
Notably, roughly 27% of those memoirs are published independently at the author’s
expense. This period is of particular interest not only because Bly’s account follows their
influx, but also because these women are writing before psychiatry had become an
established field. The confusion about insanity and its treatment present in these
women’s accounts reflects a widespread public misunderstanding of how mental illness
was being defined and managed socially.

The majority of these accounts have a rhetorical purpose of exposing, like Bly,
the horrific conditions of the asylum to the public. In most accounts, treatment has a
minimal presence; instead, conditions of starvation, sleep deprivation, lack of clothing or
bedding, and physical abuse are consistently described. It is easy to see that mental illness
was not well understood by the public or the medical community, given the outcry in
regards to patient management following Bly’s investigation. These accounts comprise a
literary movement to expose conditions of the mentally ill to motivate reform.⁴

![Number of American "Madness Narratives" Published Over Time by Decade](image)

Figure 2.1 Number of American Madness Narratives Published over Time by Decade.

Many accounts can be characterized as educational in relation to medical and
legal practices of identification and commitment of the insane, in addition to conditions

⁴ Perhaps the most well-known of these accounts is E.P.W. Packard’s *Modern Persecution* (1878), which some have attributed as inspiration to other women to write about their experience. In many ways this movement was begun decades earlier by reformer Dorothea Dix, who began to campaign during the 1840s. During an address to Alabama legislation in 1849, Dix asserts that she has seen “thousands living in misery, wearing life slowly out in dungeons, in cells…exposed to every variation of weather, filthy and neglected” (6). Dix’s focus on the conditions within the asylum mirror the rhetorical foci of memoirs written during this period in that it conveys conditions through imagery and anecdotes.
within the asylum. In many ways, Bly’s investigation represents a cultural investigation of how these women are treated within a closed system. Her account, like others, gives these women the voice they have been denied within that system. Many of these women describe their memoirs as a duty to those still incarcerated, effectively speaking for those who cannot speak for themselves, even if it means self-publishing. Indeed, all of these accounts are authored by women who have been released from the institution, and nearly all of them acknowledge in some way a list of patients they have seen die in confinement. In exposing the asylum system’s inner workings, these accounts become works of autobiography, public education, social and legal criticism, and in memoriam.

Clearly, these women’s experiences in the asylum were something that they felt needed to be made public. We can divide the memoirs’ descriptions of asylum experience into three broad sections: commitment, internment, and release. That is, these memoirs focus their attentions describing events before, during, and after their authors’ incarceration, with the asylum being the central locus around which these experiences are positioned. This thesis will investigate aspects of these three phases and the ways in which memoirists describe their experiences in each context. Of the memoirs surveyed, the internment phase is on average given the most attention (see figure 2.2). This makes sense when we consider that it is the internment phase that is most stifling to communication outside of the asylum.\(^5\) That is, this stage is the most silencing, so it follows that many women would speak the most of it after their release.

---

\(^5\) Correspondences with family and friends were discouraged as part of treatment (Rush 236). As such, most letters were censored or intercepted. Only one of these accounts describes writing being produced and hidden under confinement. Interestingly, that writing does not describe the asylum experience, but is a fictional romance story published after release. See Cottier, Lizzie D. *The Right Spirit* (1885).
Figure 2.2 Period of Focus of Memoirs by Page Number: Sample of Nineteenth Century American Women.

At first glance, these memoirs are seemingly unreliable. In addition to being subjective accounts of a subject matter that few understood, all of these women were found insane by a medical or legal authority. It is not my intention to attempt to diagnosis these women, but it is perhaps prudent to question their reliability as narrators. That is, it is problematic to accept their interpretations of events at face value, and it is difficult to make any overarching statements about the trustworthiness of these accounts. However, the rhetorical methods these women employ in describing their experiences hint at how they conceive of and perform their social roles during the process of being judged insane. That is, these memoirs suggest how women experienced the charge of insanity and how they responded to it in a social context. In this sense, we can understand their experiences as performative in relation to societal expectations. These accounts portray the
individual’s relation to social concepts of sane and insane behavior. Interestingly, the performance of those roles becomes ultimately ineffective, regardless of candor.

The process of having an individual committed is especially illustrative of how insanity was conceived and displayed socially. In addition to Bly, the memoirs of Ada Metcalf, Lemira C. Pennell, Clarissa Caldwell Lathrop, and Elizabeth T. Stone convey particularly well the public performances of sanity and the expectations of insanity. As retrospectives, these accounts also provide us with transcripts for literary performances that often seek to contradict perceptions of public acts thought to indicate insanity. It is my aim to study how these women invoke cultural, medical, and legal conceptions of mental illness to mold a literary genre that provides a social voice for women who have been deprived of the right to speak.

I. Recognizing Insanity

Bly’s *Ten Days in a Mad-House*, though not a traditional madness narrative in that she intentionally has herself committed, provides insight into how people understood the mentally ill. While most women describe their experience as beginning with their family’s recognition of an alleged insanity, Bly has to actively engage those preconceptions to present herself as mad to people unknown to her. Her account then provides an additional consideration, a pre-pre admission phase in which she prepares for the “assumed role of insanity” (9) whose purpose is to convince strangers of her mental instability. Despite her anxieties that she will not be able to convince her audience, her unfamiliarity to them actually makes her performance more believable. Bly’s staging of an insane woman provides an entry point into understanding the experiences of women
who write about being committed to asylums during the nineteenth century. We can view Bly’s conscious staging of the role of an insane woman as a reversal of the norm. That is, while Bly performs insanity, most women, in an attempt to avoid commitment, struggle to perform sanity. They attempt to approximate a pattern of thought and behavior that is antithetical to what they conceive as being abnormal, essentially engaging in social hypercorrection. In doing so, they act upon cultural understandings of mental illness to avoid them. By studying Bly’s approximation of the model of an insane woman next to other memoirs, we can begin to understand how mental illness was detected, diagnosed, and used to justify women’s separation from society as enforced by the confinement of the asylum system.

An illustration that appears in Bly’s account depicts a young woman standing in front of her vanity. She examines herself in the mirror as she pulls at her hair and makes dramatic gestures. The caption reads, “Nellie practices insanity at home” (see figure 2.3). Immediately, one must ask what is entailed in “practicing” a state of mental instability. What is Bly attempting to simulate and how? It is important to note that, in her introduction, Bly states that, after she had been admitted to Blackwell Island, she stopped her staging, acting as she normally would. Yet she is still believed to be insane in the absence of that performance. Once committed, Bly writes, “the more sanely I talked and acted the crazier I was thought to be” (9). If mental illness were based purely on what is outwardly presented, would not Bly have been immediately released once she had relinquished her role? It is easy to see that mental illness was not only indicated by what is observable. Instead, “insane” action is merely an indicator of underlying mental illness.
In other words, Bly’s experience highlights that it is mental processes that are thought insane, rather than a person’s actions, which only serve as outward evidence of insanity.

It is these actions as indicators of insanity that Bly attempts to portray through physical appearance, behavior, and ideation in assuming the role of insanity. In preparing for the role that would get her committed, Bly attempts to mimic the appearance of an insane woman, worried that physicians would detect her performance. Bly returns to the literature for inspiration. Attempting to remember everything she had read about the insane, she recalls they have “staring eyes,” so she practices widening her eyes and staring unblinkingly into her mirror (10). As she walks down the street, she continues these efforts, stating, “’Far Away’ expressions have a crazy air” (12). Once disguised, she establishes herself at the poorhouse for women. She alludes to a notebook in which she had written “several pages of utter nonsense for inquisitive scientists” (13). In her faux journal, she thus adopts incoherence in thought processes that may be interpreted as indicative of an unsound mind. She further portrays her role in interactions with other women in the poorhouse. Bly repeatedly asserts that the other women are insane, complains of headaches, and states that she cannot remember where she is as part of her performance (15-18). Bly then adopts a wide range of public displays based on accounts of the insane that include incoherent thought, paranoia, fear, anxiety, memory loss, and physical problems related to the brain.6 To appear insane, Bly had to display every possible suggestion of mental instability to ensure her commitment.

---

6 At first glance, Bly’s performance of symptoms seems vague as indicators of mental illness, and perhaps that is the point. Specific mental illnesses had generally not been differentiated, except for extreme cases of mania or melancholia. The first attempts at distinguishing mental illness psychiatrically would not appear until 1917, and the first version of the American Psychiatric Association’s Diagnostic and Statistical Manual of
Within twenty-four hours of her arrival, Bly is able to convince the staff and residents of the poorhouse that she is insane while doing little but speaking in ways she assumed the insane would, such as obsessing on a single topic (e.g. her trunk) and 

Mental Disorders (DSM) would not be published until 1952 (de Young 9). In most cases during the nineteenth century, people were simply judged either insane or sane. The broad scope of this dichotomous designation is reflected in its linguistic root, the Latin sanus, or healthy.
refusing to sleep, despite the effort required. Although the authorities are called, presumably for what is in her best interest, Bly indicates that many were afraid of her and refused to be near her: “No one wanted to be responsible for me, and the woman who was to occupy the room with me declared that she would not stay with a ‘crazy woman’ for all the money of the Vanderbilts” (17). There is a clear fear of the insane evinced in these reactions, with one woman exclaiming “[Bly] will murder us all before morning” (17).

Under undefined criteria for establishing who is and is not insane, personal concern appears to take precedence in Bly’s account.

Bly writes that she is eventually taken into custody after the assistant matron informs the authorities. She is arrested by police and taken to a judge for examination, as many were. Although the asylum is intended to be an institution that pursues the best interests of the mentally ill, that benevolence is conspicuously absent in Bly’s, and many others’, accounts. That Bly is forcibly removed from a fearful population suggests that the asylum’s function is primarily one of social exclusion. That is, its purpose pursues social over individual interests. The medical and legal logic of how this exclusion functions, examined in the following sections, become supporting structure to what many of these women consider to be a socially based system of oppression.

In *Madness and Civilization*, Michel Foucault argues that, since the classical period, mental institutions have not been medical establishments, but “semijudicial structures” that function outside of the legal system. Instead, the asylum is not a medical concept, but “an instance of order” (40) whose function is less for treatment and more for confinement and punishment (43). For Foucault, the asylum embodies “a site of constraint, where morality castigates by means of administrative enforcement” (60),
especially in relation to “poverty, of incapacity for work, of inability to integrate with the group; the moment when madness began to rank among the problems of the city” (64).

Bly perceptively observes the link between poverty and admission, deciding that not only is her best chance of commitment by way of the poorhouse, but also by entering it as a working class woman without family ties (11). Indeed, many women in these narratives indicate that they are of lower socioeconomic status, and the majority of them are single.

It is not only the lower class that is marginalized by the label of insanity. For more influential families, where their reputation may be called into question by association to a “madwoman,” the need to admit them voluntarily may indicate a desire to disassociate from the social stigma of the insane. Lemira C. Pennell, admitted in 1880, describes her experience with the upper class following her designation as insane as repudiation by friends and family. She spitefully comments on her lack of support, indicating, “The treatment I have had from some of these prominent women is in proof that they will not for anybody risk their social status” (40) by helping a “madwoman.”

Women like Pennell and Metcalf appear to acknowledge in their writing their status as a source of familial shame, whose solution is exclusion and a silencing of their social voice. Pennell in particular has difficulty publishing her account because of familial interference; she is released from the asylum in Portland, Maine in 1881 without financial support from friends or family. Disassociated, she decides to self-publish, and includes in her writing a description of yet another attempt to silence her voice due to a fear of public shame.

Foucault argues that another function of the asylum is as an institution to avoid such public scandal (67). For Foucault, “Confinement...betrays a form of conscience to
which the inhuman can suggest only shame. There are aspects of [insanity] that have such
a power of contagion, such a force of scandal that any publicity multiplies them
infinitely. Only oblivion can suppress them” (67). By extension, the larger social body
can be understood to view insanity as something to be feared, a possibly contagious and
pernicious element. That some women describe how they are made to accept their
diagnosis in a period before sufficient criteria for recognizing mental illness had been
established emphasizes its cultural, rather than medical, basis. Erving Goffman writes,
“the perception of losing one’s mind is based on culturally derived and socially engrained
stereotypes as to the significance of symptoms” (132). He further suggests harmful
effects of accepting these blindly, asserting “hospitalization can make matters worse for
the willing patient, confirming by the objective situation what was theretofore been a
matter of the private experience of the self” (133).

In this view, not only are these women identified as insane through ambiguous
means and confined for reasons other than their health, but also, their treatment has
adverse effects. In the absence of improvement for these women, the process of
identifying them as insane becomes more about social than individual well-being.
Metcalf powerfully compares the process to the Salem Witch Hunts, asserting, “The
witches are still being hung; and the people, unknowingly, are aiding and abetting the
deed!” (5). Recognizing insanity then becomes a communal effort, as does convincing
individuals of their illness, and the silencing of unruly voices that follows.

While Goffman acknowledges the social factors of accepting insanity, he does not
consider those who resist those forces directly. Though this paper could conceivably
investigate memoirs of women who did accept their insanity diagnosis, a more poignant
understanding of the commitment process can be found in women who do not accept their alleged insanity. Many of these accounts are characterized by a direct questioning of the systems involved in recognition, diagnosis, and commitment. The ways in which they describe their experiences echo some of the social considerations I have discussed previously, but further establish these women as a distinct social class. That is, the diagnosis of insanity supersedes other demographic descriptors, and these women become social constructions based upon the connotations of a cultural understanding of mental illness. They are not treated as women who are mentally ill; they are regarded as mentally ill women.

II. Involuntary Commitment

In the memoirs surveyed, only three women accept their diagnosis. Those who reject their insanity and are committed are the majority. Here, the individual does not willingly recognize her behaviors as associated with the insane, but her society does. In most cases, the task of recognizing an individual as insane and consulting an authority falls to immediate family and friends. Bly, severing connections with family, had to rely upon strangers for this recognition. That she is able to convince an entire house of her mental instability within one day is telling of a social confidence in evaluating behaviors as insane. Primary motivations seem to be self-interest or protection from a perceived threat, namely, the assumed violence of the insane. However, the acts of families seem to be more personally motivated than that of strangers. In Bly’s account, some of the

---

7 For further reading, see Anonymous, “The Confessions of a Nervous Woman” (1896), Beecher, Catherine, “From Letters to the People on Health and Happiness” (1855), and Victor, Sarah, The Life Story of Sarah M. Victor (1887).
women appear to be genuinely convinced that the asylum will be in her best interest. However, in many accounts, women attribute the motivations of their commitment to disparities in opinion, especially in religious beliefs, among family members.

Elizabeth T. Stone, committed to the McLean Asylum at Somerville (Mass.) in 1840, writes with straightforward judgment of the commitment process, arguing that the logic of her confinement was inherently biased. Recounting the experience of her silencing, she crafts a voice of reason and criticism placed in opposition to a corrupt system. She asserts, “I was not sick, nor I never was. Neither does [Dr. Wheelock Graves] say there was any disease, only my religion was different from my family, and for that he was hired to give a line to deprive me of my liberty” (6). Stone indicates that she is apostolic, while her family is protestant (28). She attributes this singular fact as the reason her family has her committed. In doing so, she likens her process of identification as insane to the Spanish Inquisition (17). In Stone’s view, differing ideologies appear to be grounds for suspicion, if not establishment of diagnosis. But Stone also sees monetary incentives for her family to commit her, pointing out that a will can be broken by an insanity diagnosis and/or admission to an asylum (9). She believes that her family thus hopes to disinherit her, and further, sees insanity as a label by which the powerful can legally subvert and abuse others. Stone asserts, “all crimes, can be covered up under this plea insanity, if the parties are rich and popular. Murders, Rapes, Incendiaries, Frauds” (9). Here, Stone points not only to an abusive function of the system, but associates it as a form of social privilege reserved for the wealthy and influential, supported by a medical and legal rhetoric. Stone and many other authors, in describing their experience, insert such social commentaries, usually inculpating specific factors that contribute to women’s
commitment processes. In doing so, they present themselves as voices of reason and humanity within a system that corrupts both.

Many of these accounts include prefaces in which asylum superintendents, judges, and lawyers endorse the author and assert their soundness of mind. That is, their voices have to be validated by the authorities that impugned it. These prefaces perhaps lend credence to the criticisms these women present in their narratives that would otherwise be disregarded as the ravings of a “madwoman,” regardless of how cogent their arguments may be. This is not to suggest that these women did not reaffirm their sanity as well in their memoirs. Clarissa Caldwell Lathrop’s account intersplices logical considerations while narrating her experience to reaffirm her sanity. For example, before admission, she uses a judge’s logic against him, asking, “Because certain effects are produced in me, and I trace those effects to a cause, do you consider that an indication of insanity?” (79). She clearly refuses the notion of her insanity, and further, attempts to reason with others not only in regards to their assessment of her, but to the logic of assuming insanity in general. Lathrop attributes her involuntary commitment to what she considers fallacious logic. In her account, Lathrop goes to great lengths to establish her sanity, perhaps to avoid doubts regarding the validity of her claims.

Despite her protests, she is surprised by her admission: “I had never heard of such a thing as placing a sane person in an asylum, and thought it utterly improbable…I was as ignorant as the majority of people are in regard to the conduct of these institutions” (87). Lathrop naively believes that diagnosis is accurate, as most did, perhaps contributing

---

8 Lathrop traces her sudden physical illness to a boarder in her home, suspecting her of attempted poisoning. After Lathrop was released in 1882, she had another physician investigate her case, and he concluded she was the victim of aconite poisoning (307).
directly to the authority of physicians and also the stigma of mental illness. The logic follows that if they are accused of insanity, they must be insane. Metcalf, for example, is told by a judge, “I do not think you are insane, but you have been in an asylum, and that is against you” (71). An understanding of this relationship influences many, like Lathrop, to adopt a passive and almost victimized tone in their accounts. These women demonstrate an understanding that to speak against their insanity is not only ineffective, but is used as a reaffirmation of their insanity. If the prescribed role of insanity is to speak, many of these women choose to silence their voices. Like many under these circumstances, Lathrop accepts her commitment quietly, writing, that silently and “like a victim preparing for the slaughter, I put on my mantle and bonnet” (87). Here, women like Lathrop adopt a prescribed role in relation to an outcome that is determined regardless of acceptance or rejection of the label insanity.

Consistent with this adopted silence, while we can locate in these accounts a discussion of the admission process that hints at the conceptions of these women, there is also a notable lack of discussion in many. That is, in several memoirs, these women simply state that they were admitted, sometimes without dates or reasons for admission. In these cases, admission appears to be accepted as a state of affairs to be endured and overcome without regard to how it came to be. Unlike writers like Stone, Lathrop’s writing does not serve to highlight the wrongs done to her, but attempts to speak for other women who, due to their confinement, cannot speak. Notably, some of these authors even seem to feel robbed of their voices, suggesting that they cannot describe their initial experience. Metcalf, for example, asserts that “there are not enough of words in the English Vocabulary, and I cannot command any other- to clearly portray, the injustice
and wrong that I have suffered through these most-to-be-dreaded and persistent foes” (14). If they had not adopted the role of a silent, victimized woman, their experiences appear to strip some women of their voices forcefully, or at least the ability to articulate them, and certainly the privilege of making them public. That is, we do not observe any memoirs written by women still confined.

In its exposition of asylum conditions, this literary genre inspires a social questioning of what positive results, if any, this system achieves. If these women are expected to perform the role of insanity silently, they appear to remain a public figure after release and adopt their returned voices to force their experiences into cultural awareness, specifically those that pertain to the legal system that supports these institutions. Often, this is accomplished by emphasizing that their role as insane is a predetermined outcome. In other words, that some women do not describe their admission process renders it an assured outcome that cannot be fought. Memoirs that do describe the admission experience portray the adoption of a silent and passive role that, although antithetical to the social expectation of a “raving lunatic,” does not disassociate them from the label of insanity. If the expectation in public is for the insane to speak in protest, they appear in opposition. If the expectation in the asylum is to remain silent and accept diagnosis and treatment, many appear to conform. In opposition and conformity, the legal and medical rhetoric brands them with the stigma of insanity, rendering their performances ultimately unimportant to the commitment process.
III. Insanity on Trial

Before Bly’s examination, she is arrested by police at the poorhouse for women. The assistant matron, Mrs. Stanard, urges the officers to “take her quietly,” to which one responds, “If she don’t come along quietly, I will drag her through the streets” (22). Here, the assistant matron shows a fear of public scandal by association to an insane woman. In addition, the officer’s threat to Bly is that if she raises her voice in protest, she will suffer the humiliation thought to accompany public knowledge of her commitment. Following her trial, as she is ushered into a carriage to be taken to the asylum, Bly describes how the public gathered around in fascination, “How they tried to get a glimpse at the supposed crazy girl!” (31). She describes how children ran after the carriage, yelling and trying to peep behind the curtains (31). Although it is clear that there was a fear of the insane, the process of admission described by Bly and others suggests a fascination with them. As crowds gather to chide, sneer, and stare, these women become conscious of their role in a display of the grotesque. Bly, upon reaching the asylum, describes how she “walked with the grace of a queen past the crowd that had gathered curious to see the new unfortunate” (32). The image of a woman walking gracefully and proudly despite enduring a perceived persecution indicates the adoption of a stage role that contradicts the expectations of a public spectacle.

Whether adopting a victimized mindset or preparing oneself to endure the asylum, few women are taken in resistance. In doing so, these women acknowledge a prescribed role of insanity, specifically the actions thought to indicate mental illness, and avoid them in an improvised performance that lacks dialogue. The motivations for this role avoidance appear to be primarily avoiding public scandal. Ada Metcalf is arrested and
taken without resistance due to what she describes as “a humiliating sense of shame at the thought of being paraded through a greater part of Centre Street, and ushered into a public office” (8). For many, the stigma of being accused of insanity is shaming, and to be taken “kicking and screaming” would not only reaffirm their alleged insanity, but also worsen the scandal. Foucault asserts that public fascination meant that “madness had become a thing to look at: no longer a monster inside oneself, but an animal with strange mechanisms, a bestiality from which man had long since been suppressed” (70). If these women understand the process of public display as a dehumanizing exhibition, their donning of a dignified response may directly combat their treatment as less than human. In other words, they are interpreting this social drama differently, effectively performing in a play that is different to the one being observed. These women adopt the role of a sane woman by avoiding those displays that are interpreted as insane, assuming that their audience is evaluative. Meanwhile, the audience assumes they are suppressing urges to display their insanity, instead being confirmatory, interpreting any action as possibly insane.

That these women are often arrested by police and taken before a judge depicts the commitment process as a criminal case. The criminal nature of these accusations is not lost on writers like Metcalf, who asserts that Ohio law requires patients to be affirmed guilty of the “crime of being branded Insane” (62). It is easy to see how the pronouncement of a judge is like declaring a suspect guilty of a criminal act. Given this, Metcalf poignantly asks why she is not allowed a defense trial. She wonders, as she has been adjudged insane, “what is insanity- if unreasonable acts does not constitute it?” (66). That is, she is aware that she has not violated any laws and wonders how one can be
convicted and confined in the absence of action. For Metcalf, insanity appears to be essentially a crime of thought. As an aside, Metcalf also acknowledges that in addition, it is a judge that she did not elect that presides over her case, as she cannot vote (72).

De Young describes patients as engaging in role-distancing by denying their insanity, withdrawing socially, and avoiding interactions (137). That is, rather than acting sane, they are simply avoiding what is thought to be insane. In the context of a general cultural ignorance about what insanity is, this also casts doubt on what sanity is characterized by. However, there appears to be more criteria for establishing insanity rather than sanity. The adoption of the social role of sanity then becomes less of an approach of what is normal and more of a step away from what is consensually thought to be abnormal. In this sense, the passivity and silence that characterizes the hypercorrective display of sanity may be based in a confusion of how to perform it. That is, in a context that interprets any actions or words as insane, the only defense is neither to act nor speak. The role of sanity for these women is then static. That critical discussions of the criteria for establishing insanity are prominent in memoirs like Metcalf’s stands in stark contrast to the lack of resistance during the process, perhaps serving as compensation for the diminishing of their social voices.

However, given the apparent zealouness of the system to commit these women as demonstrated by their writing, we must also question the effectiveness of this role adoption. It is because they adopt the role of sanity in relation to the more powerful charge of insanity that renders it ineffective. Insanity appears to act upon and replace class markers, establishing new expectations for thought and behavior that are all interpreted as a reaffirmation of that marker, regardless of content. For some, the
avoidance of the role of insanity eventually changes into its adoption. Bly writes that her experiences in the asylum could easily translate into actual insanity over time: “What, excepting torture, would produce insanity quicker than this treatment?” (64). With a medical rhetoric that positions women as diseased and predisposed towards mental illness, the apparent sanity of women, however staged or displayed, becomes irrelevant next to authority. It is easy to see that role adoption as sane within this context, as demonstrated in these accounts, appears to primarily be a coping mechanism rather than a social defense against the charge of insanity. The literary performance of sanity in these accounts perhaps resists that social performance previously adopted during the commitment process, simultaneously changing their own social roles and questioning the system that establishes the characteristics of insane women before forcing them in that role.

These memoirs suggest overwhelmingly that the label of insanity is all but declared upon suspicion. The legal and medical processes of commitment to an asylum are presented by these authors as formalities. In this context, performance of either role (i.e. insanity or sanity) is ultimately inconsequential to the admission process. It is perhaps these considerations that contribute to authors such as Lathrop and Metcalf’s criticisms of the system, particularly the criteria for establishing insanity in women. In these discussions, there is an underlying desire to question and alter the roles of sane and insane women. If authors like Stone, Metcalf, Lathrop, and Pennell understand that they cannot disassociate from their designation as insane regardless of public performance, then the alternative is to alter the expectations of insanity roles through the descriptions of their experiences. In doing so, these women adopt their voices and experiences that
inspire a questioning of the definitions of these roles in a public, rather than legal or medical context.
CHAPTER III
THE SENSATIONAL ASYLUM MEMOIR: RHETORICAL
DIALOGUES BETWEEN PERSONAL NARRATIVES AND FICTION

Sandra Gilbert and Susan Gubar argue in their influential study of “madness fiction,” *The Madwoman in the Attic,* that depictions of imprisonment and escape by women are so common in the nineteenth century that they represent a uniquely female literary tradition (85). Focusing primarily on women writing fiction involving “madwomen,” Gilbert and Gubar emphasize that female authors engage in a process of self-definition through their writing apart from male power structures. However, the process of social redefinition through writing is “complicated by those patriarchal definitions that intervene between herself and herself,” that is, the female author as a social subject and a cultural object (17). For Gilbert and Gubar, literature had classically been a “creation ‘penned’ by men” that has left women “‘penned up’ or ‘penned in’” (13). That is, women are denied a social voice in addition to being subject to male representations that constitute their social identities. Gilbert and Gubar argue that much of the self-definition process in madness fiction also involves an assertion of women’s rights to use their social voices which had been silenced by a predominantly male literature, perhaps prompting their initial question of whether the pen and literature are creations of male energies (3). In this view, dominant cultural conceptions of women as women and as authors complicate their attempts to present female characters outside of
gender norm expectations. The archetype of a “madwoman” is an appropriate figure to use in this context because mentally ill women represent a class of people who have been excluded from society because they do not conform to cultural definitions of appropriate displays of domestic femininity. When authors encounter mentally ill women in their writing, they make contact with disparate definitions of women to highlight the tensions at their intersection. If “madness fiction” authors attempt to self-define as women, as Gilbert and Gubar suggest, they necessarily address opposing views of women in an attempt to differentiate their characters from depictions of “ideal” women and shift evaluations of them.

The subject matter of mental illness in relation to women presents another level of self-definition beyond women as authors that encounters prescriptive and proscriptive expectations for gendered behavior, the result of which has been a pathologizing of nonconformant women as insane. That is, the “madwoman” challenges whether cultural expectations for gendered behavior are fair and if social reactions to those who do not conform to cultural expectations are just. Literary representations of women accused of mental illness represent a site of conflict between patriarchal definitions of such characters (and the real women they represent) and the self-definition authors insist upon. If the reader understands the “madwoman” to be a representative of the author or other women, they encounter conflicting conceptualizations of women in terms of gender norm expectations in a questioning of what is and is not socially acceptable for women, and especially for women writers.

While Gilbert and Gubar do not consider the asylum memoir in their analysis, it represents a particularly relevant example of the challenges of women’s social self-
definition through literature. If the subject matter of insanity and women as authors both present challenges to the process of self-definition, authors who write about their experiences in insane asylums represent an alleged nonfictional account that involves both figures simultaneously. Further, if we understand authors as using the tensions between cultural definitions, the asylum memoirist, in representing both women authors and “madwomen,” presents the reader with a figure of higher social tension than works of fiction. The asylum memoir presents itself not as just a questioning of social norms, but a political document that uses cultural criticism to propose social reform. The ways in which memoirists approach these criticisms may show us much about how they understood themselves and other women apart from “male” literatures. Indeed, in many ways we can locate direct contact between the asylum memoir and other literary genres that attempt to depict mentally ill women. In Chapter 1, I suggest that the ways in which women describe their asylum commitment processes represents a public performance that approaches cultural conceptions of sanity to disassociate themselves from the stigmatization of insanity. It is my goal in this chapter to consider how female memoirists position their writing in relation to fictional depictions of mental illness, particularly those images that appear in sensation fiction, and to what effect. The presence of literary depictions of “madness” in asylum memoirs reveals a discussion between genres whose purpose is to educate the public as to “actual” conditions for mental patients as well as to question the cultural conceptualizations of the alleged insane.
I. Contact between the Asylum Memoir and Popular Fiction

In an attempt to differentiate their writing from fictional representations of mental illness, authors of asylum accounts attempt to emphasize novels featuring madness as fabricated, or at least inaccurate, while simultaneously defining their own writing apart from that genre. Memoirists also use popular literature to augment the reader’s understanding of their descriptions. Adeline Lunt’s self-published account *Behind the Bars* frequently engages works of literature that depict “insane” characters to distinguish her supposedly factual writing from what other authors have imagined insanity to resemble while using other literatures to accentuate her descriptions. Although Lunt engages sensation fiction at greater length than other genres, it is important to note that the sensation novel is not the only genre Lunt enters into conversation with in her account. Lunt’s account frequently engages other works—including novels, plays, and poetry—to provide insights into the experience of mental treatment. In most cases, she accomplishes this with chapter epigraphs and literary allusions that accompany her descriptions of events within the asylum.

Lunt’s inclusion of literary references attempts to find examples in popular works her readers would be familiar with to aid in their understanding of the asylum experience. For example, Lunt describes the feeling of despair that accompanies confinement in terms of Tennyson’s poetry: “Who has not felt as well as admired those tenderest lines of Tennyson? —‘Tears, idle tears, I know not why they fall; / Tears from the depths of some divine despair / Rise in my heart and gather in my eyes, / On looking on the happy autumn fields / And thinking of the days that are no more’” (200). Notably, Lunt
misquotes Tennyson. In most cases, her references and allusions are accurate, indicating that she was perhaps writing from memory. Rhetorically, if Lunt demonstrates that her knowledge of literature is as expansive as her frequent and diverse allusions suggest, she further asserts her status as an educated woman of sound mind. From this position, Lunt is able to lessen her association with the archetypal “madwoman.” Lunt’s use of Biblical verses, “highbrow” literature, and philosophy, besides demonstrating her own intellectual prowess, more importantly attempts to find a common language with the public for speaking about what was then a neglected topic: mental illness and its treatment. Lunt’s literary references approach an understanding of the “actual” asylum experience in terms of definition by example, alluding to emotional experience described by poets or philosophical considerations related to her discussions. While literary allusions are effective in describing what the experience of the institution is, Lunt’s most rhetorically effective contact with other genres is in her criticism of fiction. In doing so, Lunt acknowledges examples of insanity that the public would be familiar with to demonstrate why those depictions are inaccurate and effectively dictating what mental illness is not.

Lunt’s narrative, in addition to including chapter epigraphs and literary allusions in her descriptions, directly engages authors like Tennyson, Bacon, and Shakespeare to address literary depictions of the inner experience of madness as well as characters that demonstrate an outward expression of it. By comparing Shakespearean characters in particular to actual patients, Lunt is able to engage her readers in a comparison of representations that dictates to the public what insanity does and does not resemble. For

---

9 Tennyson published the lyrical poem “Tears, Idle Tears” in 1847 as part of The Princess. Lunt quotes the first stanza correctly except for the first line, which should read, “Tears, Idle Tears, I know not what they mean,” and the fourth line, which should read, “In looking on the happy autumn-fields.”
example, she asserts that the long controversy among literary critics regarding Hamlet’s madness would be resolved if scholars had been given the opportunity “to make comparisons from real life” (85). Lunt argues that Hamlet’s madness has been asserted based on “perversions of his mood by other characters in the drama rather than his own conduct…Shakespeare meant the world to make the distinction…between…crime-accusing truth, on one side, and the perversion of the self on the other—which exhibits Hamlet as a twofold character—not mad but strong in seeming so” (86-88). In a similar manner, Lunt further considers King Lear’s Lear, King John’s Queen Constance, and Hamlet’s Ophelia. Lunt uses these characters, all of who have been suspected of madness, to draw a distinction between what she calls witlessness and madness, the difference being that madness is beyond reason, while to be witless is temporarily disoriented. For Lunt, Hamlet and Constance only seem mad, and are witless, while Lear and Ophelia, who are beyond reason, are insane (111-121). Lunt’s interpretations of these characters attempt to engage and shift public understandings of “mad” caricatures, but also enable her to segue into philosophical considerations of what overtly observable behaviors should be indicative of insanity: “What is insanity? How may we define it, and by what standard is it balanced?” (186). In doing so, Lunt attempts to redefine how insanity is understood and diagnosed.

It is perhaps Lunt’s frequent contact with literature that makes her memoir so appropriate for a conversation with the public regarding how insanity is conceptualized. The unnamed editor of Behind the Bars writes in a preface that he may “with great reason and propriety” recommend the text for public consideration, largely because Lunt’s is the first account to make the “repellent” discussion about mental patients “of extraordinary
general interest by agreeable literary allusion, and not a little of the charm and value of philosophical remark” (4). It is important to note that Lunt is not the only author to make contact with other literatures in her writing, nor is she the first. Earlier authors like Elizabeth Packard and Elizabeth Stone engage Biblical scriptures in their descriptions and evaluations of the system, and later authors like Anna Agnew would cite Shakespeare, among others. What makes Lunt’s writing distinctive is that her account is one of the first to consider with any depth popular literature and its relation to mental illness. That is, Biblical language is often used to judge or condemn the institution, as Lydia Smith writes, “I quoted passages from the Bible as missiles to hit [attendants and physicians]” (53), but it is not used to question the definition or criteria for establishing insanity. Lunt’s level of analysis enables her to question, criticize, evaluate, and most importantly, converse with the public in these rhetorical moves, unlike memoirists who simply present their conclusions.

Assumedly for the editor, the value of Lunt’s writing is that she makes the content matter more palatable to the public with her writing style. Interestingly, this editor lends his authority to speak on behalf of Lunt, urging the public to consider her descriptions seriously because of her rhetorical maneuvers, yet he leaves his name absent. The editor’s credentials and the authority they represent are demonstrated by his professional position as an editor, but also his social position as a male. If Lunt is attempting to self-define what it is to be, to the public, an insane woman, her attempts may be problematized by her reliance on male literatures in the editor’s endorsement and literary allusions to strengthen her descriptions and their credibility. Yet, as seen in Lunt’s contact with Shakespeare, she also challenges male depictions of insanity.
Although Lunt appears to rely on prominent masculine voices like the editor’s to endorse and further support her own writing, she also criticizes male authors who attempt to speak for female mental patients. Indeed, she is most critical of the patriarchal power structures that maintain the asylum system. She argues that “insane” women comprise a social class that, “no matter how terrible or how harmless,” are conceived of socially in connection to the image of a “madwoman” “simply because they are confined, the only human beings outside of slavery, or prison bars, who are actually bound by the power of man” (10). Lunt’s analogy between the asylum institution, the chattel slavery system, and the prison system is not uncommon in this genre. Many memoirists view institutionalized women as a subverted class, whose persecution is understood in other social structures and trends, for example Ada Metcalf’s likening of commitment practices to the Salem Witch Hunts, mentioned in Chapter 1. Elizabeth Stone even includes a metaphor in the title of her account that likens the institution and medical community to the Spanish Inquisition, *Exposing the Modern Secret Way of Persecuting Christians in Order to Hush the Voice of the Truth. Insane Hospitals are Inquisition Houses* (1859). That memoirists view women accused of insanity as a class of citizens being oppressed by distinctly male power structures analogous to other groups like African slaves, criminals, witches, and heretics emphasizes the perceived need to speak on behalf of other patients they have found commonality with. This relates to fictional portrayals of insane women in that the voice of that class is absent, leaving them to be spoken for, often by members of those same power structures (i.e. male authors). For memoirists like Lunt and Metcalf, their accounts are attempts to give a more representative voice to institutionalized women who cannot speak.
The threat of male authors who present the public with caricatures of mentally ill women is that, for these memoirists, they perpetuate inaccurate images of mental patients that ultimately justify their mistreatment in the institution. The asylum memoir’s contact with fiction suggests that, problematically, fictional images of mental patients are what the public was most familiar with. In Lunt’s view, people are not born insane, but society conceives some of them as such (12), and the secrecy of the asylum prevents accurate understandings of this class of individuals: “They are treated of in real life, and served up to us in fiction…and we treat [insanity] socially as it is treated physically, not philanthropically, but scientifically, which means in secrer” (13-14). For Lunt, the secluded nature of the asylum renders mental illness an obscure topic that only permeates cultural awareness through popular fiction, which is ill-equipped to accurately describe mental patients. Lunt’s articulation of the perceived inaccuracies in fictional depictions of insanity, juxtaposed with her own supposedly more realistic descriptions, become an important rhetorical strategy for distinguishing her writing from not only those publications, but also the authority embodied by those (often male) authors.

While works of literature are frequently engaged in Behind the Bars, Lunt dedicates an entire chapter to highlighting perceived inaccuracies of fictional depictions of the asylum, specifically as portrayed in the writing of Charles Reade. Lunt writes that Reade “seems to have seen…the very worst side of insane life. His details are horrible and harrowing, well adapted to the composition of the sensation novel…He tells of brutal personal cruelties, of physical tortures, of mangled, bleeding bodies and broken limbs. This…is unquestioningly one side of the picture” (252). Although Lunt says she has not personally witnessed such tortures, she is aware that scenes like Reade describes do
occur. However, throughout Chapter XVII she also points to Reade’s numerous mistakes. For example, Lunt asserts, “the sort of treatment Mr. Reade has described would not be likely to be practiced upon a class of intelligent patients (acknowledging there are such)” (254). Lunt asserts that instead of intelligent patients, it is those patients “who are in the lowest…circles—to use a term of Dante” that are “not sensible to their wretchedness…hope for nothing, aspire to nothing, and grieve for nothing” who are “most likely to be treated with the personal tortures that Mr. Reade describes” (260). Here, we locate another instance of Lunt distinguishing herself as an educated woman. If what she says about physical abuse is true, and she has not witnessed or experienced abuses like Reade describes, she further affirms her credibility beyond her demonstration of literary, philosophical, religious, and cultural knowledge.

Lunt’s criticisms of Reade point to class differences and overgeneralizations Reade makes in his writing. For example, she indicates that most patients are not insane as Reade describes, but one-third in her estimation (254-257). For Lunt, Reade’s descriptions are partially accurate, but he gets the details wrong. In her view, Reade is representative of many authors in that he has never personally experienced asylum life, leaving his writing to often rely on his imagination. For Lunt, this is problematic because fictional depictions of the asylum convey limited accuracy and promote public misconceptions of the mentally ill. In addressing Reade’s writing in particular, Lunt attempts to engage what the public likely thinks they know about the asylum – that is, what they have read in fiction novels – to educate them on what her experiences and her rhetoric suggest is a more accurate representation of mental treatment.
As previously suggested, Lunt’s writing differs from other memoirists in the depth of her analyses of literature. When Lunt compares Reade’s descriptions of madness with the experiences her own writing describes, she essentially engages in literary criticism to address popular conceptions of mental illness. Although Lunt does not indicate a particular Reade novel, she most likely has *Hard Cash* (1863) in mind, which tells the story of a young man who is admitted to an asylum by his father to cover up a crime. While Lunt does not discuss Reade’s subject matter explicitly, she and other women likely viewed his presentation of a male character in a men’s asylum with skepticism in its generalization to female patients and their unique experiences in the asylum. This perhaps constitutes another prominent reason Reade is such an appropriate author for Lunt to criticize. Indeed, the similarities in form between Reade’s writing and women’s asylum memoirs perhaps blur the lines of distinction between both genres, encouraging a fallacious generalization of mental patient experience.

Although Lunt does not describe physical abuse as Reade does, we can locate similar descriptions in other accounts. Throughout the narrative, Reade graphically describes scenes of torture – for example, physicians invoking paroxysms in patients as supplements to educational lectures: “[The patient's] body was drawn up by the middle into an arch, and nothing touched the bed but the head and heels; the toes were turned back in the most extraordinary contortion, and the teeth set by the rigour of the convulsion; and in the man’s white face and fixed eyes were the horror and anxiety…of Death” (4). Reade’s horrific descriptions share much with scenes that appear in accounts like Lydia Smith’s, which specifies how upon admission she is held under cold bath water until she loses consciousness, and how attendants force a wedge into her mouth to
medicate her, knocking out several of her teeth in the process (3-4). Reade’s protagonist also shares with memoirists such logical and rhetorical manipulations to prolong confinement. The physicians who commit Reade’s protagonist are paid for each patient admitted, and attending physicians refuse to look past the protagonist’s diagnosis to actually assess his mental state. Women like Ada Metcalf would echo this logical fallacy when she states, “As I do not think I was, or am insane, I have been told that would be against me, ‘for insane people do not think they are insane.’ Now, if this is a reasonable or sure proof of insanity, why, nearly all the world are mad!” (75).

In these descriptions, Reade’s writing appears to be generally accurate when compared with the “actual” descriptions of the asylum memoir. Similar to Elizabeth Packard, who asserts that the asylum is “our government’s place for punishing the innocent” (Great Disclosures 60), Reade presents the asylum as a corrupt social institution interested in social convenience rather than mental health treatment. Moreover, Reade presents this institution as so binding as to only be escaped, as his protagonist does, in a literal sense. Reade’s narrative follows a seemingly melodramatic plot progression involving the removal of the protagonist from society and a thrilling escape from captivity, yet it is not unlike many asylum memoirs. Although most memoirists are discharged from the asylum (see Figure 3.1), escape is not impossible. Indeed, Smith’s account is especially similar to Reade’s Hard Cash in that she also escapes (163-165). Hence, we observe similarities between asylum memoirs and Reade that complicate which form, if either, can be taken at face value. This is further complicated by Reade’s
later editions of *Hard Cash* (1895), in which he includes a preface that declares his intent to “mix a little character and a little philosophy with the sensation element” and his research on primary sources to “get at the truth on each main topic” (3). Like memoirists, Reade’s writing attempts to bring interest and attention to mental patients' treatment and rights through what he believes are accurate representations of the asylum’s oppression. If memoirists such as Lunt believe writing like Reade’s to be inaccurate, the similarities in form problematize the public’s anticipated reaction to their own writing. It is then
unsurprising that memoirists would attempt to demonstrate the disparities between their own writing and fictional insanity portrayals.

Many memoirists appear to allow their writing to make contact with the sensation novel because of similarities in style, descriptive language, narrative developments, and other formalistic features, and ultimately, to demonstrate their differences in accuracy. The rhetorical purposes of asylum accounts attempt to disassociate those accounts from fiction and perhaps work to eliminate the danger of having their accounts conceived as fictitious. EPW Packard, for example specifically outlines her account’s purpose with sensation novels seemingly in mind: “I do not write books merely to tickle the fancy, and lull the guilty conscience into a treacherous sleep, whose waking is death. Nor do I write to secure notoriety or popularity. But I do write to defend the cause of human rights; and these rights can never be vindicated, without these usurpations be exposed to public view’’ (*Marital Power Exemplified* 106). Here, Packard attempts to distinguish her writing from those works she sees as motivated by entertainment rather than public reform. In this view, works of fiction that are more similar to the accounts of women like Lunt, Smith, and Packard are the most inhibitory to the memoirists' rhetorical goals because of the potential threat of misconceptions about their descriptions of the asylum system. It is perhaps this notion that makes Charles Reade such an appropriate author for Lunt to compare her descriptions with, and establish a contrast with, when we consider that his writing dealt with characters unwillingly committed to insane asylums, thereby sharing similar content matter presented in similar narrative structures. Beyond the similarities in form, Reade’s fiction also problematizes the asylum memoir, as earlier suggested, in that he is a male author presenting male characters. In addition to
addressing perceived inaccurate descriptions, Lunt’s contact with Reade is perhaps another intersection between patriarchal definitions and female subjects. If memoirists believe the asylum system to contain gender biases, as Packard suggests when she notes that had she asked her husband to be admitted it would have been regarded an “insane request” (*Great Disclosures* 25), Lunt’s dialogue with Reade embodies a resistance to allowing men to speak for women. Instead, memoirists insist on being able to speak for themselves and other women apart from other (male) literatures.

**II. Shared Features of the Asylum Memoir and Sensation Fiction**

The conspicuous overlap in narrative similarities between asylum accounts and sensation fiction and the time sequence in which they are related suggests that many memoirists may have (if only unconsciously) based their writing styles on authors like Wilkie Collins and Charles Reade. Winifred Hughes argues that sensation fiction is easily recognized in content and narrative techniques (19) in that they focus on feminine perspectives, even when written by men (30); oscillate between an environment of safety and danger (76); and follow an accepted pattern of melodrama that “includes the removal of [the protagonist]…from the safe and comfortable routine of ordinary life to a place of danger” where the normal social order does not apply (89). It is easy to see how the asylum memoir incorporates these elements, and must distance these descriptions from those seen in sensation fiction if they are to be given credence.

One way in which memoirists attempt to differentiate their writing from sensation fiction is in terms of the proximate threat of the institution. While sensation fiction approaches social considerations from a safe distance, the asylum memoir attempts to
reduce distance between the account and its audience. Henry Mansel writes that proximity is the greatest element in sensation fiction, stating, “it is necessary to be near a mine to be blown up by the explosion; and a tale which aims at electrifying the nerves of the reader is never fully effective unless the scene be laid in our own days and among people we are in the habit of meeting” (195). Here, Mansel invokes the idea that the grotesqueness of sensation fiction functions because it is close enough to everyday life to be a potential threat, yet unfamiliar enough to elicit a powerful emotive reaction. However these threats remain at a safe distance because those concepts are assumed to be separate from the reader. Indeed, Flint asserts that readers are encouraged to not identify with the protagonists of sensation novels (289). It is perhaps the threat of an audience not associating with memoirists or their descriptions because of alleged insanity that presents the greatest hindrance to their desired effectiveness in achieving social reform.

The fear that these women’s descriptions would be discounted on the basis of their alleged insanity is prevalent in their writing, but less obvious is the fear that their descriptions would be considered fictional, or else inaccurate. Indeed, the asylum memoir’s overlap with sensation fiction in subject matter, narrative development, style, and setting positions the authors as protagonists in their own madness story, similarly to characters like *The Woman in White*’s Laura (Wilkie Collins 1859) and *Jane Eyre*’s Bertha (Bronte 1847), who endure similar circumstances. Like memoirists, these characters have also been forcibly removed and sequestered from social life, either by the asylum or by the proverbial attic, both of which become points of intersection between the dichotomous representations of sanity and insanity. Even in works that do not involve a physical separation of “madwomen” from society we can locate social exclusion based
on their behaviors. For example, Kate Chopin’s *The Awakening* (1899) outlines Edna Pontellier’s attempts to redefine herself separately from gendered social signifiers such as wife and mother. Nora Helmer in Henrik Ibsen’s 1879 play *A Doll’s House* also encounters similar gender role discrepancies. Both Edna and Nora are stigmatized and criticized for their desires to insist upon self-definition, most profoundly by male characters, and especially by their husbands. Whether physically or conceptually excluded from society, such characters share much in common with the authors of asylum accounts who present themselves as similarly excluded in both contexts.

The situations of characters like Laura and Bertha, who are physically excluded from society by the asylum and attic respectively based on their inability to fit a domestic ideal, are unmistakably similar to many memoirists. Phebe Davis for example presents her incarceration as the product of nonconformity which is misunderstood as insanity: “It is now twenty-one years since people found out that I was crazy, and all because I could not fall in line with every vulgar belief that was fashionable” (47). Such descriptions present the removal of women from society as arising from a conceptual disparity of cultural norms. That is, they view themselves as pathologized by their gender nonconformant behaviors, and committed because of their status as women. For women like Davis, their status as single women in particular leaves them vulnerable to being assigned labels of insanity. Davis also finds her intelligence and religious views as contributing to her conception as insane, “I was born of intellectual parents; and the ministers and women are mad about it—I mean the majority of both classes; and the great secret is, they cannot make their superficial religion fit my scull” (10). Women who appear not to fit a domestic ideal, that is, married, passive, and Christian, are at risk of
being accused of insanity in Davis’ view. Like Bertha and Laura, many memoirists are single women with views that do not neatly fit with accepted cultural norms. For women in particular, the threat of demonstrating cultural difference seems to be that it is conflated with deviance. Notably, these risks to women extend even to married women, as observed in the writing of Elizabeth Packard. Packard asserts that she is committed by her husband, Calvinist Reverend Theophilus Packard, because her beliefs conflicted with his (24). While many memoirists are single or divorced, marital status appears to be ancillary to “crimes of thought,” especially those related to religious ideologies. Memoirists present themselves as a subverted class that is, as Davis suggests, “made legally responsible for thought” (49), and forcibly exiled from society. Unlike Bertha however, who remains sequestered in the attic, memoirists are taken from their homes into the institution.

Similar to the sensation novel’s common plot progression involving the removal of the protagonist to a space where logic and cultural standards seem to no longer apply, asylum memoirs appear to follow comparable patterns. The plot elements and narrative structures of sensation novels and asylum memoirs function to criticize the social definitions of women, especially those accused of mental illness. Such narratives present mental illness as a mechanism by which to separate those women who do not conform to ideological and behavioral expectations from society. Kate Flint argues that women sensation writers resist these classifications by inviting their readers to “join in a process which involves the active construction of [social meaning for women], rather than its revelation” (202). Similarly, when authors like Clarissa Lathrop question “how am I insane? In what do I differ from what I have always been?” (12), they echo fiction writers
(and their characters), especially women, in questioning the meaning of such labels. Like the sensation novel, the asylum memoir attempts to encounter and redefine what Flint calls “familiar suppositions about women’s affective susceptibility” (274) through situational outcomes for characters accused of insanity. However, asylum memoirs engage conceptualizations of mental illness, particularly as experience by women, in a necessarily more direct way that often speaks frankly to the reader. While authors like Lunt engage other literary genres for rhetorical purposes, their conversation remains primarily with the public they seek to educate and persuade.

While it is tempting to point to the setting and subject matter of the asylum as the sole reasons Lunt engages authors like Reade, we can locate greater similarities between sensation fiction and asylum memoirs in terms of writing style. It is not only shared subject matter or settings that encourages Lunt to address this genre, but similarities in narrative structure, characterization, and in some cases, purpose. When we examine such formalistic similarities, it becomes apparent that Lunt was all but required to allow her writing to come into contact with sensation fiction. Winifred Hughes writes in *The Maniac in the Cellar*, “when the sensation novel exploded onto the literary scene at the start of the 1860s, it did so…in the character of a phenomenon…prodigious, exciting, and agreeably grotesque” (5). In many ways, the asylum memoir is perhaps reactionary to the sensation novel, not only in terms of public conceptualizations of mental illness, but also concerning the growth and popularity of the genre. Women like Lunt, Smith, and Davis may have responded to the rapid influx of sensation fiction by writing accounts that they believed more accurately represented mental patients to an uninformed public. Indeed,
women begin to publish asylum memoirs in increasing numbers following the rise of the sensation novel in the 1860s (see Figure 3.2). If we conceive of the asylum memoir as a genre that arises contemporaneously with sensation fiction during the mid-nineteenth century, it perhaps shares a similar audience. This would further emphasize the need for memoirists to create distance between their descriptions and those seen in works of fiction. That authors like Lunt enter into conversation with the sensation novel suggests an attempt to demonstrate the ways in which their writing differs. Doing so perhaps anticipates a danger that the reader will associate these accounts too closely with the sensation novel in relation to subject matter and presentation. That is, their writing
anticipates that the narratives may have been considered “wildly exaggerated or else romances,” as journalist Nelly Bly suggests in her introduction to *Ten Days in a Mad-House* (8), and work to prevent that perception.

**III. Rhetoric of Distance**

In Lunt’s conversation with fictional depictions of insanity, we can locate a dialogue between two genres of literature: the asylum memoir and what Gilbert and Gubar call “madness” fiction. As the asylum memoir makes contact with other literary genres that deal with mental illness, the reader encounters an interplay between forms that seeks to educate the public and hopes to inspire social reform. That many women publish memoirs at their own expense indicates that they wanted to communicate something that was being omitted or misrepresented by other literatures. Beyond the asylum memoir’s “corrections” to fictional descriptions of insanity, we can locate in these discourses a desire to speak for and define oneself socially apart from the mental institutions that socially redefined and excluded women. And in doing so, they use rhetoric that calls on conceptual distances between signifiers of insanity to disassociate themselves and other women from asylum structures.

While Gilbert and Gubar do not consider women like Lunt in their analysis, the idea that authors of asylum memoirs were attempting to redefine themselves and others as sane women is not lost on scholars like Susan Hubert. Hubert argues in *Questions of Power* that authors like Lydia Smith, Anna Agnew, Elizabeth Packard, and Clarissa Lathrop insist on the right to self-definition apart from a distinctly male psychiatric establishment (52). Gilbert and Gubar would likely agree that the psychiatric community
represents the patriarchal definitions such authors resist in their writing. Indeed, male authors like Reade may also be included in such patriarchal structures in this view. Gilbert and Gubar argue that male literatures and the views of women they promote complicate the ability of female authors to speak for themselves outside of predominant social discourses:

“Since both patriarchy and its texts subordinate and imprison women, before women can even attempt that pen which is so rigorously kept from them they must escape just those male texts, which, defining them as ‘Cyphers,’ deny them the autonomy to formulate alternatives to the authority that has imprisoned them and kept them from attempting the pen” (13).

For Gilbert and Gubar, female authors embody a resistance to those suppressive institutions that silence their social voices. In attempting to establish a distinctly feminine literary tradition, the ways in which women conceive of themselves apart from contemporary cultural standards calls for a reconsideration of the structures they resist. Gilbert and Gubar would likely agree that the asylum memoir in particular represents resistance to several structures that have suppressed or silenced women’s voices, including and perhaps not limited to, male literatures, the legal system, the medical system, and sociocultural definitions of women, especially those accused of insanity.

Not all scholars see accounts of madness as resisting social definitions however. Though she does not address Gilbert and Gubar directly, Susan Hubert differs drastically from their view of women’s madness literature as inherently resistant to patriarchal forces. Hubert argues that “madness narratives” exemplify internalized oppression such that the authors “accept the role prescribed for women in patriarchal society” (61). For Hubert, an acceptance of those patriarchal definitions can translate into women oppressing other women by reinforcing psychiatric labels like “madwoman” and
excluding them from a “normal” female community (61-62). That many authors like Packard and Smith vehemently resist the label of insanity and pursue reforms on behalf of other women complicates Hubert’s assertion however. Although we can locate instances of women acting as participants in those oppressive structures—for example, Anna Agnew’s description of her beatings by female attendants, one of which cries “I will break [Agnew’s] devilish will or I will break her damn neck!” (61)—their narratives do not exhibit the internalized oppression Hubert suggests. It is true that some accounts include women who perhaps have internalized definitions of insane women as violent and irrational, and further participate in oppressive behaviors. However, female oppressors are also portrayed as examples of egregious abuse, having sided with medical structures against other women. Adriana Brinckle for example states that the female nurses were not rational beings, suggesting, “Perhaps [their irrationality is due to] the contact with madwomen. Perhaps the fact that some were promoted to nurses, first having been patients” (192). Here, Brinckle associates those women who oppress others with the irrationality of the insanity stigma, and hence, are not representative of the women victimized by the institution (i.e. herself, other memoirists, and other sane women). What Hubert suggests is likely true for the women many memoirists present in this context, but the internalized oppression she suggests does not accurately describe the authors themselves.

Even women like Janet Ruutz-Rees, who appear to endorse medical conceptualizations of insanity, simultaneously criticize how insanity is understood and treated. For example, Ruutz-Rees internalizes the controversial belief that “mental disease is infectious” (53). However, she also ironically states that the large population of
criminals who are housed in asylums suggests that “low morality is generally inseparable from insanity” (56) and further criticizes patient treatment, indicating a lack of personal autonomy (55). Memoirists and their narratives, rather than exhibiting an internalized oppression, position themselves and other patients as victims of power differentials. In doing so, their abusers, male or female, become aligned with the patriarchal medical authority responsible for their marginalization as social bodies. Indeed, not even reformers like Dorothea Dix$^{10}$ are spared from such rhetorical alignments. Packard writes that she met Dix on her tour while she was confined to the Illinois State Hospital at Jacksonville, and while she respects Dix’s efforts, she points out that her support of the asylum actually inculpates her in “perpetuating abuse” of female patients (55). If we consider the asylum memoir as a political document that pursues social reform on behalf of those who cannot speak, a much larger demographic than memoirists, they inherently resist the internalized oppression Hubert suggests. While Hubert is prudent to question the effectiveness of women’s writing in countering patriarchal definitions of insanity, her view presents female authors and memoirists as interpellated victims of a system they can neither change nor disassociate from. Implied in this view is that the label of insanity is a modality by which women are both oppressed and oppressive in relation to other women. What Hubert ignores is how the memoirists can use the image of a madwoman can be

$^{10}$ Dorothea Lynde Dix (1802-1887) began to campaign for mental patient rights in the early 1840s under the “moral treatment” movement promoted by Philippe Pinel and William Tuke. Dix wrote several treatises on behalf of mental patients in overcrowded and poorly managed facilities. By 1845, Dix had traveled over 10,000 miles, visited eighteen state penitentiaries, 300 county jails, and over 500 poorhouses, and would continue to advocate for humane conditions for the mentally ill until the 1870s (Wood). Although Dix’s initial federal lobbying met with failure, her efforts eventually resulted in two federal asylums and 75 state asylums being built, many of which were directly due to her influence (De Young 95).
used as a tool of resistance against the institution and the authorities that place women there. Although the social structures involved with mentally ill women cannot be removed, memoirists still attempt to humanize patients to demonstrate their systematic marginalization within the institution.

In _The Madwoman Can’t Speak_, Marta Caminero-Santangelo argues that the madwoman in fiction represents elements of subversion and resistance, and by extension, protest in women’s writing (1). Although she criticizes Gilbert and Gubar for ignoring dominant social conceptions of mental illness, she discounts the nineteenth century asylum memoir in her analysis on the basis that there are too few to consider: “one can point to at most a handful of works…in America from the end of the nineteenth century to World War II” (4). Her assertion that the “emergence of madness as a central image and issue in women’s literature is a relatively new phenomenon” (4) ignores its inception and growth within nineteenth century fiction and personal accounts. In doing so, Caminero-Santangelo commits an error similar to that which she indicts Gilbert and Gubar for. If we understand memoirists as resisting dominant definitions of what constitutes a mentally ill woman, memoirists’ writing is highly important in understanding what definitions they endorsed and which they resisted. Although Caminero-Santangelo does not consider personal accounts extensively, she poignantly observes that the author’s distance from definitions of insanity and mental health institutions is of critical importance in autobiographical writing about insanity (19-20). For memoirists to challenge definitions of insanity for themselves and for other women, they cannot be associated with those definitions, otherwise their considerations can (and likely were) dismissed as the ravings of a “madwoman.” The asylum memoir can be
understood to engage in rhetorical maneuverings that aim to create distance between signifiers like insanity and associations with the institution. Using rhetoric of distance, memoirists attempt to analyze and criticize the medical institution from a retrospective and assumedly more objective standpoint. Their writing then attempts to create disparities between its own descriptions and those that could be associated with markers of insanity. If we consider memoirists’ rhetorical maneuverings as functioning through distance, we may be able to better understand how they conceived of themselves and their writing in relation to common public understanding and other literatures.

It is not difficult to see these women as making a conscious effort to have their writing taken seriously. The majority of asylum memoirs include some type of endorsement or affirmation of the author’s sanity, usually in prefaces with testimonials from powerful men, including physicians and superintendents. Smith even has her account notarized, thereby making it a legal document: “State of Michigan: Branch County, Lydia A. Smith, being duly sworn, deposes and says that the contents and statements contained in this book are true in substance and in fact…M.D. Woolf, Notary Public” (index). Interestingly, we find in these examples that memoirists not only resist those definitions propagated by patriarchal literary forces, but use those definitions and the authority behind them to their advantage. However, these women do not rely upon those structures exclusively. They also reaffirm their own sanity, as Adriana Brinckle does in Life Among the Insane: “During those years I never lost my reason…so what I say may be relied upon as being truthful!” (190). Other women use logical considerations in addition to these affirmations to further indicate lucid thinking, but also to allow their arguments to speak for themselves. Packard for example is so confident in her reasoning
and rhetoric that she provokes the institution, asking, “Can our insane asylums stand on their own merits, or will the opinion of a single woman put them in jeopardy?” (*Great Disclosures* 67).

In many ways, memoirists attempt to distance themselves and their writing from the label of insanity and the asylum. If we consider asylum memoirs as questioning cultural definitions of “madwomen,” we can understand them as placing conceptual distances between signifiers like sane and insane, or more specifically, sane and insane women, and what those markers signify. That is, they attempt to demonstrate the disparities between sane and insane women while simultaneously illustrating what each of these images are and are not. Perhaps most commonly, memoirists, typically writing after they have been released from asylums, attempt to distance themselves from their previous signifier of insanity. The frequent reaffirmations by memoirists that they have never been insane create gaps between themselves and those markers. Similarly, but perhaps not as effectively, the notion of a “cured” woman also creates a disparity between the current “sane” state of authors like Agnew and a formerly “insane” state. The idea of a cure, as memoirists present it, is one aimed at creating conceptual distance between sane and insane, but also temporal distance. In other words, even if these women admit to once being insane, they assert that they are no longer associated with those characteristics. For example, Agnew writes, “my complete recovery, with not one single faculty dimmed, but on the contrary strengthened and brightened, proves my trouble to have been simply local” that is, localized in time and space (19). This asserts that her previous “insane” state is no longer applicable to her current standing or her retrospective
writing. Whether an audience would consider her assertions true is less obvious, however.

At first glance it seems these authors are primarily concerned with creating distance, specifically from the label of insanity or their past selves who were aligned with that definition. However, their writing also attempts to minimize distance from the alleged insane patients still incarcerated. Rather than disassociating themselves from the threat of institutionalized women, memoirists’ writing, in speaking for them, attempts to shift the signifiers associated with those patients. In other words, rather than distancing themselves from other women who are perceived insane, they attempt to conceptually bring those still institutionalized with them towards the marker of sanity. Also of importance is that they attempt to minimize distance between themselves and their readers. By aligning themselves and other patients with “safe” cultural signifiers like sanity, these women attempt to reduce the distance between themselves, their analysis of asylum experience, and society. If this genre is one in which authors emphasize distance from markers of insanity, it is perhaps unsurprising that so few memoirs are written during incarceration. That these memoirs serve as retrospectives creates distance from the asylum, thereby seeking to reduce the rift between the author and the culture they were previously removed from. In this way, the asylum memoir attempts to work with distance to illustrate what characterizes accurate descriptions of the asylum and mental patients. Authors like Lunt demonstrate this by identifying disparities between the depictions in works like Reade's and their own (supposedly more accurate) descriptions that are, unlike Reade's, based on personal experience.
IV. Conclusion

Interestingly, if we consider asylum memoirs as reacting to and in many ways emulating the sensation form, they use sensational elements to appeal to readers in a familiar, even entertaining format while simultaneously attempting to assert the uniqueness of their writing apart from that tradition. In doing so, their narratives shift the form of the sensation novel, notably by moving the grotesque elements of their accounts from a safe distance into a threatening position. Smith achieves this shift when she addresses the reader: “Think soberly and impartially. It is not impossible that you may occupy a place [in the asylum] at some future time” (212-213). Others like Packard extend that threat to the larger society when she ominously states, “as is my fate, so will be that of my country” (23). Even the titles of this genre, with recurring words like “secret,” “hidden,” “exposing,” and “behind” suggest that these authors view their writing as taking readers into a foreign setting. As the sensation novel tries to keep the asylum safely outside the borders of civilized life, the asylum memoir presents the institution as an intrusive force, one that the public must encounter seriously if treatment conditions are to be improved. While these moves aim to make patient rights a more exigent social issue in need of reform, if we conceive of these accounts and sensation fiction as occupying similar literary traditions that speak to similar audiences, these rhetorical maneuverings in form may alienate the audience memoirists sought to relate to. However, as I have attempted to suggest here, it was necessary for memoirists to distinguish their writing not only from similarities in form, but the authority and social definitions those traditions represent. If authors like Smith intend to “awaken interest in the public mind in behalf of the insane, how they are treated, and what amendments are
necessary” (10), they cannot be conceptualized as protagonists in their own madness narratives, nor can they be discounted as insane for their accounts to be effective. If these women insist upon the right to self-definition through their writing, they cannot allow male fiction writers like Reade, depicting male protagonists to represent the unique struggles of female mental patients.

Gilbert and Gubar assert that women who reject the “submissive silences of domesticity” are regarded as terrible objects; however from the female perspective, they are women who seek “the power of self-articulation” (79). In considering adaptations of masculine literary forms, authoritarian endorsements, stylistics, and the frequency of self-published accounts, it seems clear that memoirists had a strong desire to speak for themselves and other women. Poignantly, even when Agnew describes her delusionary thinking while interned, she suggests the desire for literary expression apart from medical authority. She describes how “in a ‘crazy spell’ [she] had felt compelled to destroy every scrap of writing…bearing upon them my name,” and that her folded sheets resembled a “great white book” that she was forbidden to touch (70-71). In many ways, these memoirs have attempted to construct their own space in which condemned women can question their social definitions and attempt to shift them in a way they have been previously denied. As political documents that pursue cultural change, the asylum memoir arises as a genre dedicated to resistance towards a distinctly male psychiatric institution on behalf of a subverted and voiceless female population.
CHAPTER IV

SPEAKING WITH TWO TONGUES: RHETORICAL PURPOSE AND POSITION OF THE ASYLUM MEMOIR

Following the publication of her semi-autobiographical short story “The Yellow Wallpaper,” Charlotte Perkins Gilman received a letter from a psychiatrist that outlined a diagnosis of her based on her writing. Gilman took offense and refused to read the letter, later writing about the event, “Fancy any decent physician, presuming to send a diagnosis to someone never his patient, and who on no account would have consulted him!” (Hubert 65). Like Gilman, we must question why a psychiatrist unknown to her would be motivated to diagnose her, especially by an analysis of a fictional story. More importantly however, the psychiatrist’s evaluation of Gilman suggests a larger cultural trend that uses published writing to suggest mental instability in authors. Since Gilman’s audience evaluates her mental state based on her writing, it is logical to assume that readers similarly evaluated memoirists, who aim to present nonfictional accounts of the

11 “The Yellow Wallpaper” was first published in *The New England Magazine* in 1892. Gilman writes that she had difficulty publishing the short story. For example, *Atlantic Monthly* refused to publish it for fear that readers would find its narrative too distressing (32). In many ways, the story is inspired by Gilman’s personal experiences with anxiety, which she attributes to her husband and home environment. Gilman writes in *The Living of Charlotte Perkins Gilman* (1887) that she improved after she divorced and left home. Gilman’s “treatment” is described as assertions that she can will herself to overcome “nervous prostration” (163) and the Wier Mitchell “rest cure,” which she criticizes in “The Yellow Wallpaper.” The decline in her narrator’s mental state after an imposition of physical and mental inactivity may reflect her view that the “rest cure” was a trend of little medical value (Hubert 63-65).
mental health system. That memoirs pursue factual descriptions of experience likely makes them and their authors more susceptible to public scrutiny compared with fictional works. Indeed, many nineteenth century readers—especially physicians—discount memoirists’ descriptions of asylum life because these women are perceived as insane, or were previously alleged insane. That so many memoirs include superintendent testimonials of the writer’s sanity perhaps anticipates the threat of having their writing dismissed by a contemporary readership. The inclusion of medical authorities that aver the author’s sanity is also a preemptive response to the threat of dismissal, rhetorically dismantling potentially harmful assumptions about the author and their account that would otherwise invalidate their voices.

Mary Elene Wood argues in *The Writing on the Wall* that the tendency to evaluate and diagnose women who write about madness demonstrates a desire to separate the supposed realities of mental illness from the discourse that permeates it (166). The medical community in particular assumes that the supposed biological bases of insanity are demonstrable even in the writing and speech of the alleged mentally ill. That is, insanity cannot be disguised by writing, and criticisms of memoirists attempt to show how their descriptions are evident of mental instability. In this view, assessments of authors’ and memoirists’ sanity based on their writing suggest physician attempts to provide the public (and the professional community) with a concrete example of the abstract concept of insanity. In the absence of scientific criteria for establishing mental illness, the identification of “insane” writing is an attempt to arrive at a definition by example, essentially telling readers “We are unsure of what specifically insanity is, but this is what it looks like.” However, separations of a supposed “objective” model of
mental illness and the social discussions surrounding them are impossible because mental illness cannot exist outside of historical and cultural contexts (166). For Wood, memoirists write to question social structures that accuse women of inherent irrationality and then propose to cure them of it; in her view, this process often conflates difference with deviance (170).

Sara Newman argues that life writings that feature disability, including asylum memoirs, further seek to challenge “cultural misconceptions about the mental, physical, and cognitive disabilities on which [diagnoses] are based” (263). For Newman, this genre of writing represents a cultural trend that challenges constructs of disability, their moral dimensions, and the gender lines those discourses permeate (274). It is my contention that in addition to correcting cultural misconceptions of mental patients, the asylum memoir attempts to position the author and the women they speak for in opposition to the label of insanity. Although many women who write about their experiences in the institution try to redefine the category of insanity by undoing the signifier and what it indicates, what predominates in this genre is instead an attempt at disassociating themselves and other women from the image of a madwoman. In Chapter 2, I suggest that the asylum memoir attempts to distinguish itself as a unique literary genre by disassociating itself from fictional depictions of madness. In this chapter, it is my aim to investigate the rhetorical

---

12 In many ways, diagnoses of mental illness are time and culture bound. Changing definitions and criteria for various diagnoses suggest disparate evaluations of ideation and behavior as socially acceptable. Changing cultural opinions also appear to have influence over psychiatric diagnostic categories. For example, in the U.S., homosexuality was classified by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders as a sociopathic illness until 1974. For these reasons, some professionals argue that mental illness is socially constructed. For further reading, see Szasz, Thomas. *The Myth of Mental Illness*. New York: Harper and Row, 1961, and Szasz, Thomas. *The Manufacture of Madness*. Syracuse University Press, 1997 (orig 1970).
purpose of asylum memoirs and how memoirists position themselves and their writing in relation to the public. As political documents that pursue social reform, asylum memoirs seek to question, criticize, and resist the social definition imposed by the insanity label. Personal accounts issue challenges to the insanity label and attempt to create distance from that signifier by criticizing the cultural and medical misconceptions on which insanity is based, refuting commonly held beliefs that asylum treatment is humane and effective, and pursuing a repudiation of the label by affirmations of sanity. In the following sections, I explore how the rhetoric of asylum memoirs uses self-presentation and authority figures to demonstrate disparities between definitions of insanity, adopt patriarchal structures in their writing, and attempt to disassociate female patients from the image of madwomen.

I. Differences Between Professional and Public Definitions of Insanity

In 1841, only sixteen asylums dedicated to treating mental patients under “moral treatment” existed in the northeastern United States under a loose affiliation of superintendents and physicians. By 1889, the American Medico-Psychological Association (formerly Association of Medical Superintendents of American Institutions for the Insane (AMSAII)) was responsible for treating over 91,000 patients in 160 asylums (De Young 79-101). Beginning in 1850, an average of seven new institutions opened annually in the United States, and by the end of the nineteenth century, there were over 200 asylums (Dowdall 33-34). The rapid growth of the asylum system is for many scholars an outgrowth of a “cult of curability” that manifested as a bureaucratic institution and a self-affirming medical discipline (Deutsch 132-133). In many ways, this
translated into an institutional base that would remain unchanged for most of the nineteenth century (Tomes 75). The growth of the institution mirrors the bolstering of psychiatry as a nascent discipline that quickly established its intellectual territory. Early psychiatrists attempted to assert themselves as the sole authorities for understanding, defining, treating, and managing mental patients. For much of the nineteenth century, the only voice articulating characteristics about mental illness is the authority possessing vested interests in controlling the discourses permeating those ideas. Further, accurate representations of the institution remained ambiguous at best to the public because medical literatures were largely restricted to the asylum and the professionals who patronized the system (Tomes 263). This translated into a significant disparity between professional and public conceptualizations of insanity and how it was managed in the asylum (263).

It is during the rapid growth of the institution beginning mid nineteenth century that the asylum memoir arises as a distinct genre. Memoirists’ accounts were, first and foremost, an attempt to open a discussion about the monopolistic control the asylum possessed over cultural evaluations of thought, affect, and behavior. In doing so, their rhetoric attempts to establish personal accounts and their authors as another authority in the ongoing discussion of insanity. In *Behind the Bars*, Adeline Lunt directly addresses the public/professional disparity, stating that the medical community should write a treatise on mental illness for common understanding (124-129). Lunt’s identification of not only public misunderstandings but also the absence of medical literature, positions her and other memoirists as proponents of public education. These women attempt to fill
the knowledge gap by presenting their interpretations of medical logic in the context of their personal experiences of the asylum.

It is important to note that like the public, memoirists do not appear to have access to texts by authoritative figures like Benjamin Rush, Thomas Kirkbride, or John Galt. Instead, their understanding of the medical logic of insanity is conveyed to them by physicians in the asylum. Memoirists then attempt to recreate this knowledge in their retrospective accounts, and in doing so, modify its presentation from the theoretical and philosophical considerations that characterize medical discourses to factual accounts of mental treatment’s human costs and effects. This shift allows memoirists the opportunity to question and criticize the application of early psychiatric pseudoscience. The question of what women were saying when they write about mental illness is significant in this context because the only ones writing for public consumption were fiction authors and memoirists.

While fiction authors at times write in order to question the social definition of insanity, the asylum memoir engages this question more frequently and directly,

---

13 Benjamin Rush (1746-1813) was a prominent figure in the American Enlightenment, and is often called the “Father of American Psychiatry.” He published some of the earliest attempts to classify and characterize mental illness scientifically. He also proposed specific causes and treatments for mental illness, and invented apparati to treat patients based on humoral assumptions to treat anxiety and melancholia. Thomas Story Kirkbride (1809-1883) was founder of AMSAII, superintendent of the Pennsylvania Hospital for the Insane, and proposed an architectural model of asylums based on presumed environmental affects on disturbed minds. The “Kirkbride Plan” became widely adopted as the system expanded and new institutions were built. John Galt (1819-1862) was superintendent of the Eastern State Lunatic Asylum in Williamsburg, Virginia. He was one of Kirkbride’s most vocal dissenters, arguing against the orthodoxy of the Kirkbride model for asylum construction. Galt instead proposed integrating European models of mental health treatment raised farms on asylum grounds, having patients work daily in “family circle” communities. Galt’s contributions to shifting how the “moral treatment” movement of Phillipe Pinel and Samuel Tuke were applied increased dissention among professionals, leading to an eventual abandoning of Kirkbride’s model.
positioning definitions of mental illness in the context of opposing views, usually public or medical. In doing so, women memoirists seek to educate the public on what they perceive as public misinterpretations of the medical definition of insanity. That is, by engaging their personal experiences, memoirists present the medical definitions of insanity and the logic of mental treatment. Memoirists subsequently impugn such definitions to criticize the underlying logic. Often, this is framed by presenting the effects of asylum treatment in personal narratives that feature physical, mental, legal, and social abuse. While the moral and ethical characteristics of asylum treatment are criticized, few memoirists seek to change how mental patients approach a cure. Indeed, that most women memoirists do not accept their diagnosis precludes the need for a cure. Instead, memoirists often focus on questioning definitions of insanity to suggest that the system is inherently flawed in recognizing who does and does not require treatment. What follows from this rhetoric is a necessary reconsideration of treatment regimens, if not an abandoning of them. The considerations about mental treatment are however based in the contradictions of madness definitions between groups and the effects those signifiers have on women, their social standing, and their writing.

Phebe Davis appears especially aware of her stigma as insane and its effects on how an audience interprets her writing. She writes, “the rational, pious people of Syracuse have nicknamed me [as a madwoman]; and of course they will not object to my publishing facts relative to their treatment of me, as long as they consider me crazy…that makes me out to be the possessor of two tongues—an absurdity” (54). Davis insists here that she possesses two voices: her self-conceived sane identity that readers regard as a source of information, and the superimposed insane identity that gives her access to the
asylum. However, these identities conflict with the reader’s understanding of Davis as an author; she is both the sane writer and the madwoman. In this sense, she simultaneously embodies two disparate images consisting of rationality and irrationality, an “absurdity,” she feels. The ways in which Davis challenges the definitions of insanity asserts her own sanity, attempting to disassociate from the insane identity. That is, the public conceives of Davis as mad, and her writing strives to create a public voice apart from that conception.

If we understand the asylum memoir as a document that attempts to construct and redefine social labels, it is notable that Davis thinks that she occupies two definitions that render her speech simultaneously fractured and multiplied. She regards herself as speaking from multiple identities, yet neither appears to be completely valid to the public, and exist in relation to each other. In *The Madwoman in the Attic*, Gilbert and Gubar assert that female authors writing about madness must assimilate and transcend the opposing images of monster and angel that patriarchal structures have generated and superimposed on them (17). Davis’ two-tongued speech appears to recognize those signifiers—here sanity and alleged insanity. However, it is unclear whether these women view themselves as moving past those images and constructing a distinct identity apart from the signifiers of domestic ideal and madwoman. Davis’ attempts to distance herself from stigmatization suggest an attempt to metaphorically cut out her insane tongue, but she is also aware that she cannot escape public categorization. The remaining option for Davis and other memoirists who cannot self-define in relation to the stigma of the madwoman is a shift in social definition from insane to sane, either by disavowing the diagnosis or proving that they have been cured, and hence formerly insane.
Ada Metcalf writes that the stigma of insanity is “the vilest calumny with which a proud, sensitive and intelligent being can be branded” (5), and while she attempts to question how it is identified and managed socially, she is like most authors in that she does not move towards redefining the label itself. Rather, she, like many others, attempts to disassociate from that stigma (75). Mary De Young indicates that most patients engaged in “role distancing,” even within the asylum so that if they cannot be seen as sane, they can at least be understood to be not as insane as other patients (137). In the context of undefined criteria for insanity, it is perhaps easier for memoirists to assert that they do not resemble insane women, rather than attempting to redefine the label. If these women are not silenced such that they cannot find the words to describe their experience, their status as speaking from two social identities (the sane writer and the formerly mad patient) problematizes their attempts to redefine themselves. While authors like Clarissa Lathrop question what constitutes insanity (121), there is a perceived futility in debating with the medical community’s pervasive stigma. Lunt notes, “argument and response is futile where every act is misinterpreted, every work mislead and distorted and measured not by what we are, but by what we have been” (214). Such considerations emphasize an indelible quality to the definition of insanity, which is ironically, vaguely defined.

Yet, those definitions are enforced by a patriarchal system in which women possess no voice. Memoirists find themselves in the unique position of trying to cast off a label that lacks distinctive qualities that would make dissociation demonstrable with evidence. If they attempt to distance themselves from what insanity is assumed to be, it problematizes in which direction they should go to be considered sane. Further, if memoirists perceive themselves as speaking for others, it also raises the exigency of
choosing the right direction because they will be bringing other women with them in those classification shifts. The criticisms of women like Davis, Packard, and Agnew reveal that few were successful at negotiating a distance from the insanity label, rendering them, as Davis suggests, as public voices that speak from two simultaneous cultural identities. In spite of these anticipations, memoirists still use their voice to challenge the underlying assumptions that transform them from women to madwomen.

One account that illustrates the disparity between public and professional understandings of mental illness can be found in the court stenographer’s report from Elizabeth Packard’s defense trial, which she includes in several of her early accounts. Rhetorically, Packard’s inclusion of her defense’s legal record anticipates public skepticism of her descriptions and attempt to nullify them with the stenographer’s objectivity. Further, her inclusion of another’s voice mid-chapter, rather than diminishing her own voice, positions her as an editor who instead uses the voices of others for her own purposes. Here, she invokes the state of Illinois’ authority to combat the distinctly masculine medical and religious authorities that enacted her commitment. In doing so, control over the discourse of insanity and the judgment of women’s mental states is

---

14 After three years of lobbying, refusals of writs of habeas corpus, interceptions of her letters, and bureaucratic filibuster, Packard was able to convince the Jacksonville Hospital trustees of her sanity. Following her release in 1863, Packard would write extensively about her experience in asylum care, or more specifically, the difficulty she had in being released, in more than five editions by 1892. By 1868, she had sold over 30,000 copies of her accounts (McGovern). In addition to being one of the first women to write about her experience in the American asylum system, she is also the most prolific memoirist, and an effective reformer for patient rights. To supplement her writing, Packard would visit asylums, debate with psychiatrists, and lobby state legislatures in over seven states until the late 1880s to reform mental health laws for married women (McGovern). Many scholars believe Packard’s Modern Persecution (1871) to be the best known text in this genre, and her writing likely inspired many other women to write about their experiences (Hubert 38-39).
transferred onto Packard and the “common sense” of the public. Packard thus shifts the power balance by positioning the public as evaluators of the medical system’s understanding of insanity and its management. In addition, Packard’s inclusion of those sections of the report that indicate the public’s reactions to her trial adroitly suggests what conclusions public “common sense” should arrive at.

After prefacing the protracted events that led to her trial, Packard inserts the stenographer’s report into her account, beginning with a witness examination. In the exchange below, Packard’s attorney questions Dr. J.W. Brown, who diagnosed Packard prior to her commitment, on his reasoning in her assessment:

“Ques. Was not that a new idea to you in theology?
Ans. It was.
Ques. Are you much of a theologian?
Ans. No.
Ques. Then because the idea was a novel one to you, you pronounced her insane?
Ans. Well, I pronounced her insane on that and other things that exhibited themselves in this conversation.
Ques. Did she not show more familiarity with the subject of religion and the questions of theology than you had with these subjects?
Ans. I do not pretend much knowledge on these subjects.
Ques. What else did she do or say there that showed marks of insanity?
Ans. She claimed to be better than her husband—that she was right—and that he was wrong—and that all she did was good and all he did was bad—that she was farther advanced than other people, and more nearly perfection. She found fault particularly that Mr. Packard would not discuss their points of difference on religion in an open, manly way, instead of going around and denouncing her as crazy to her friends and the church.
She had a great aversion to being called insane. Before I got through the conversation she exhibited a great dislike to me, and almost treated me in a contemptuous manner. She appeared quite lady-like. She had a great reverence for God, and a regard for religious and pious people.
Re-examined Ques. Dr., you may now state all the reasons you have for pronouncing her insane.
Ans. I have written down, in order, the reasons which I had, to found my opinion on, that she was I insane. I will read them.
1. That she claimed to be in advance of the age thirty or forty years.
2. That she disliked to be called insane.
3. That she pronounced me a copperhead, and did not prove the fact.
4. An incoherency of thought. That she failed to illuminate me and fill me with light.
5. Her aversion to the doctrine of the total depravity of man.
6. Her claim to perfection or nearer perfection in action and conduct.
7. Her aversion to being called insane.
8. Her feelings towards her husband.
9. Her belief that to call her insane and abuse her, was blasphemy against the Holy Ghost.
10. Her explanation of this idea.
11. Incoherency of thought and ideas.
12. Her extreme aversion to the doctrine of the total depravity of mankind, and in the same conversation, saying her husband was a specimen of man’s depravity.
13. The general history of the case.
14. Her belief that some calamity would befall her, owing to my being there, and her refusal to shake hands with me when I went away.
15. Her viewing the subject of religion from the ostetric standpoint of Christian exegetical analysis, and agglutinating, the polsynthetical ectoblasts of homogeneous asceticism.

The witness left the stand amid roars of laughter; and it required some moments to restore order in the court-room” (130-149).

The atmosphere of the courtroom demonstrates a clear difference in the ways in which the public spectators and medical professionals conceptualize insanity. If we examine Brown’s testimony and the audience’s reactions to him, it becomes clear that the assembly views the medical logic that labels and incarcerates Packard as nonsensical, and even preposterous. Even before Brown reads his list of diagnostic criteria, he posits Packard’s alleged insanity seemingly based on her status as a woman, “She claimed to be better than her husband—that she was right—and that he was wrong” (130). However, it becomes apparent that it is rather her status as a woman who does not conform to a domestic ideal that justifies for Brown an insanity diagnosis. Although Packard’s religious views are in question, and used as evidence of her insanity in Brown’s list (see items 5, 9, 10, 12, and 15), they are justified by their anticipated effects on her children. Packard writes that she is committed because of “doctrines ruinous in their tendency, and
such as alienate [her children] from their father” (19). Indeed, Packard’s religious views are not the focus, nor their direct influence on her children. In this view, Packard is suspected of insanity because her status as a nonconformant woman presents problems for her husband. Such thinking renders her label as a madwoman as originating not from a desire to cure her of mental distress, but as a mechanism to seclude her from her home and her community so that she will not cause others distress. Further, Packard regards her commitment and the reasons for it as gender specific, stating that if she had asked for her husband to be committed for the same reasons, it would be regarded as an “insane request,” and subsequently used “as a proof that [she] was a fit subject for an insane asylum” (25).

Packard demonstrates for Brown multiple indicators of mental illness that can be supported by contemporary medical theories. Although a modern audience can more easily see how Brown’s espousal of reasoning like Rush’s systematically pathologizes social groups who are not white Christian men, this discrimination is perhaps not lost...

---

15 Similarly, Anna Agnew writes about the system’s discrimination towards women in *From Under the Cloud* (1887), “From my earliest recollection I have most earnestly protested against the misfortune of being a woman, and since my experience as an insane woman, am less reconciled” (75).

16 Memoirist acknowledgments of the gender bias inherent in the medical community pronouncing women insane are not unfounded. Indeed, Brown represents many of the theories posited by superintendents during the mid-nineteenth century. For example, Benjamin Rush writes, “women, in consequence of the greater predisposition imparted to their bodies by menstruation, pregnancy, parturition, and to their minds…are more predisposed to madness than men” (57). Rush’s biologically based rationale for women’s susceptibility to mental illness extends further to other social classes on the basis that environmental factors will cause changes in biochemistry, which in turn will affect mental faculties. Specifically, Rush asserts that unmarried people, those who work in the arts, and members of religions other than Christianity are also more susceptible to mental illness (59-70).

17 A U.S. census in 1840 found that free African Americans in the North were diagnosed insane at a rate of 1 in 144.5, a figure six times higher that whites (De Young 11).
on the courtroom spectators. Indeed, Packard’s lawyer acknowledges such inconsistencies when he questions Abijah Dole, her brother in law. When Dole states that he does not “deem it proper for persons to investigate new doctrines or systems of theology,” Packard’s counsel asks about Dole’s conversion from the Congregational Church, to which he retorts, “I will not answer so foolish a question” (134). Dole’s hypocrisy and judgment of Packard presents distinct gender biases in navigating societal expectations and differing consequences for transgressing them for men and women. Men appear to be in a position that grants them the privilege to behave in ways outside of gender norm expectations and explore other modalities of thinking without being accused of insanity. By contrast, women like Packard who do not conform to societal expectations are accused of being a danger to themselves and others. The spectators appear to understand these discrepancies, even chiding witnesses, especially Brown, to comedic effect. In one moment, Packard’s sister, Sybil Dole, testifies that Packard is an unfit wife because she had run out of bread one evening and had to make biscuit for dinner, to which one man sarcastically addresses his wife: “Wife, were you ever out of bread, and had to make biscuit for dinner? I must put you into an insane asylum!” (136). Although the dialogues between witnesses, attorneys, and the spectators demonstrate conceptual disparities in how insanity is understood between professional and public spheres, what is more prominent is an apparent public criticism of Brown’s sophistic medical reasoning.

Women tended to be diagnosed with anxiety-related illnesses more frequently and interned longer than men. Although official asylum reports represent similar statistics for men and women in terms of diagnosis and treatment duration, it is unlikely these figures were accurate. By the mid nineteenth century, the “cult of curability” was so pervasive in its attempts to demonstrate effectiveness that many superintendents doctored their statistics to suggest cure rates of 90% or higher (Peterson 113).
The public’s roars of laughter as Brown leaves the stand indicate a perceived absurdity in the underlying medical logic. If we examine Brown’s list, we find that he includes Packard’s dislike of being called insane repeated in items 2, 9, and further in item 14 regarding her “belief that some calamity would befall her, owing to [Brown’s] being there” (131). Packard’s spectators no doubt wondered who would not take offense at being accused of insanity, and likely found her fear of “calamity” completely justified, as Brown indicates he has her committed based on the meeting he describes. Also of note is item 1, which implies Packard’s stated age of “in advance of the age thirty or forty years” (130) is incorrect; having been born in 1816, Packard was over 40 when she met Brown (McGovern). Another inaccuracy in Brown’s logic is presented in his assessment of “the general history of the case” (item 13) (131), which he could not have been familiar with, having just met Packard that day. The stenographer’s report notes two other public reactions, one in which Sybil Dole attempts to tear Packard’s daughter away from her and the sheriff has to restore order to an angry audience (134-135), and another when Packard is declared sane and the courtroom erupts with cheers (148-149). These examples present Packard’s trial as an elaborate public performance that involves the audience just as much as it involves the court. In doing so, the audience is positioned in alignment with Packard, clearly supporting her cause, and also in opposition to the representatives of the legal and medical authorities that confined her.

The rhetorical effectiveness of presentations concerning the differences between professional and public diagnostic criteria for mental illness relies on skewed interpretations of cultural standards that favor labeling any thought or behavior that does not conform to gender specific ideals as maladaptive. Women like Phebe Davis present
such differences and the authority of the asylum sardonically when she writes, “I will suggest one idea which perhaps will not be lost to the world…build an institution for the few that are not insane; for they are so few that t would be much less expense to fence in a small portion of old mother earth for a kind of protections for those that are unfortunate enough to inherit common sense” (56). For Davis, a lack of distinct diagnostic criteria affords the system the ability to commit anyone under the authority of scientific expertise. The systemic injustices women memoirists speak of can then be hidden by the assertion that confinement is in the individual’s best interest. Although Packard is just as adept at exposing the inequities and inequalities in the asylum system, the inclusion of the legal record of her defense trial is a particularly effective rhetorical maneuver. Here, Packard frames her message about the system by allowing the transcription to objectively present two evaluations of her sanity, one from Brown and another from the community. Notably, the spectator’s negative reactions to Brown and support of Packard reinforce her position while simultaneously modeling a desired response for the reader. In the context of such obviously fallacious reasoning, as Packard presents it, to agree with Brown is to appear similarly foolish, warranting roars of laughter at the reader’s expense should they not see Packard’s sanity and the validity of her claims.

Packard and other authors often use the disparity between public and professional definitions of insanity to expose and articulate the contrasts between the perceptions and realities of asylum experience. Agnew writes that before commitment, she was like most people in that she had “never read anything of insanity” and “never thought but little about it” (35). Memoirists perhaps assume their writing will educate an ignorant society because the medical profession has failed to do so. For memoirists, the threat of public
ignorance about insanity is in unquestioning deference to the self-imposed authority of the superintendents. In many ways the lack of medical literature is due to the profession not yet having established frameworks with which to understand mental illness. Early psychiatry consisted of a practice meeting a public need long before it would become a scientific study of human cognition, affect, and behavior (Benjamin & Baker 23). In this sense, mental treatment during the nineteenth century can be characterized by a process of trial and error that formed theories and attempted treatments, revising them continually in an attempt to help an ever-growing population of patients. Although psychiatrists had at best a tenuous grasp of mental illness, there was also a need to demonstrate assert the field’s validity, which depended on their knowledge and ability to meet the social needs raised by the insane. The vague criteria for mental illness adopted by early psychiatrists enabled them to make observations fit their theories and perpetuate dominant understandings of the insane, thereby minimizing large-scale revisions in a confirmation bias model. In particular, biologically based etiological views like Rush’s, which remained prominent until the late nineteenth century, allowed nearly any change in mental states to be attributed to insanity. Such confirmatory biases that find additional reasons to suspect those already suspected of insanity led superintendents to find the supposed truths of asylum medicine self-evident (Tomes 75-85). Diagnosis then relied on “generally accepted cultural standards that physicians used to distinguish sane from insane behavior” (Tomes 86).

18 While there was no universally accepted manual for classifying different types of mental illness before the 20th century, ancient, medieval, and early modern physicians exhibited a generalized agreement of three classes of mental illness: delirium, melancholy, and mania. Women were generally thought to be more susceptible to the latter two conditions, and men to delirium (Eghigian 1-9).
Packard’s trial is exemplary in demonstrating that the suppositions about cultural standards and their relation to insanity is conceived of differently by the public and medical authority, and yet neither party appears to know precisely what constitutes mental illness. Instead, both groups seem to assess mental soundness by means of common sense that is based on disparate assumptions. Packard’s trial perhaps represents early psychiatry’s struggle in establishing itself as a discipline. While Brown attempts to identify what insanity is using Packard as an example, the public seems more concerned with what insanity is not. Packard’s trial functions within her account as a highly rhetorical public argument in which two social groups present definitions of insanity to be assessed in a legal setting. Although most women were not granted defense trials as Packard was, this legal proceeding places the burden of proof squarely on the physician while concomitantly placing the judgment of that proof in the public domain. In this context, the public clearly finds medical logic spurious in defining Packard insane. However, her trial is only a temporary shift in the power balance surrounding insanity that was largely held by the medical community. In this sense, Packard’s account is an attempt to recreate and perpetuate that singular shift. Packard is aware of how difficult it was for her to gain public support and have her release granted. She is also likely aware that she is an outlier. Packard is able to secure her release because of her education, charm, and no small amount of fortune. If Packard attempts to recreate the performance of her rare release from the asylum, she also attempts to keep her case within cultural consciousness to maintain the wrestling of authority from the institution. However, just because Packard is found legally sane does not mean people were not skeptical of her, or other memoirists who attempt to demonstrate sanity in their writing. Indeed, even
Packard’s especially cogent rhetorical maneuverings do not make her immune to public ridicule. In the next section, I consider how memoirists conceive of their own voices in relation to the stigma of insanity and attempt to disassociate themselves, their writing, and other women from it.

II. Purpose, Style, and Contact with Religious Rhetoric

Earlier I suggest that the intended audience of the asylum memoir is the general public. This becomes even more pronounced when we consider that several memoirists directly address the reader. In Chapter 2 I explore how women memoirists, especially Adeline Lunt, enter into conversation with other literatures, but again, that conversation’s intended audience is still the public. We do not find many examples of memoirists directly addressing authors, medical professionals, or legal authorities, though they are present in many accounts. If we conceive of asylum memoirs as pursuing policy reform, it is notable that retrospective accounts often do so by avoiding direct conversation with power structures in their descriptions, instead favoring the public as a conversational partner. In so doing, women memoirists, much like Packard, attempt to assert control over the discourses permeating mental illness by excluding medical representatives from it. This often reduces physicians, attendants, and superintendents to proponents of physical and psychological abuse. The logical and philosophical considerations memoirists use in appealing for reform are then offered to the people, who are positioned by this rhetoric as a more amenable group possessing greater powers of reasoning and a higher potential for social influence.
It is perhaps unsurprising that women memoirists would find it unhelpful to appeal to physicians. For many memoirists, appeals to medical authorities have been fruitless within the asylum because their words are considered to be the ravings of a madwoman. Davis notes that even physical abuses by attendants, when reported, are dismissed as patient delusions (51). Lizzie Cottier further states that in cases of abuse there is no higher power for patients to appeal to, except for the one that detains them and labels them insane (5). In this presentation, the asylum is a self-governing body responsible for identifying and correcting social injustices like abuse in addition to mental treatment. Davis and Cottier however indicate that the asylum is poorly equipped to manage additional duties, even in cases where abuse is concerned. Women like Cottier promote a view that the legal system lacks authority over the asylum, leaving the public as the only audience left to write to. Yet, this does not mean that these accounts were not intended to be legal proposals. Packard for example would use her publications as testimonies during her lobbying in several states. Dorothea Dix’s reforms were also primarily argued from what she had observed in various asylums. Cottier’s exposition of the asylum as operating outside of legal supervision is not necessarily an indictment of the legal system, but an attempt to encourage legislature to exert authority in checking the singular power of the institution. Indeed, several memoirists include sections in which they propose specific legislative reforms. Cottier’s account only occupies a preface within her fiction story *The Right Spirit*, and there she proposes legislation that would allow patients to communicate with the public to counter what she considers an autocratic institution (6-7). Lemira Pennell also offers suggestions for legal reform that would place constraints on how physicians and attendants treat mental patients, including: mandatory
legal appeals to commit patients, restrictions on interrupting patient’s sleep for medication, background checks for asylum staff, and legal penalties for violating laws of abuse or false allegations of insanity (42). Because such proposals are primarily delineated to the public, memoirists appear to approach their own conceptions of an improved legal system via public appeal. In other words, social reform takes precedence over institutional reform, perhaps because women memoirists hoped the former would precede the latter.

Conversation with the public for reform is especially pronounced in Lydia Smith’s *Behind the Scenes* (1879) in which she dedicates a chapter to engaging in an imagined dialogue between herself and common, supposedly saner people. In doing so, she poses questions for herself and the people, speaking for both parties alternatively to address the concerns of both:

“Question.—People: Do you not think best to have an institution of this kind for the benefit of the insane?
Answer.—Most assuredly I do; but I claim that all such institutions should be conducted on the great principle, which was the original design.
Q.—Have we not laws—consistent laws—providing for all necessary expenditures, and regulating all the departments with a view to the good and comfort of the insane of our state?
A.—Most assuredly we have laws and grants providing for all necessary expenditures. You have been a generous and humane people in this respect. But you have been deluded in many things, and your confidence has been misplaced” (121).

Authors like Smith highlight that the intended audience for these accounts is the American public, rather than what they describe as the tyrannical medical and judicial structures that maintain the system. Whether the dialogue aims to prevent commitment or change the policies involved therein, the intended recipient is the public. We need look no further than the prefaces of memoirs to understand that these authors want to educate
the public and inspire a common desire for social change outside of the official spheres, if such appeals have been inhibited or are ineffective, as Cottier suggests (7). It is perhaps the ineffectiveness of those conversations prior to and during confinement that prompts memoirists to communicate these concerns to people outside of medical and legal structures. While it is true that women like Packard, Smith, and Cottier attempt to align themselves with the sane public, it is also the case that they try to align the public with themselves in order to empower the audience towards reform.

Although it is often clear to whom these memoirists are speaking, whom they presume to speak for is less obvious. While many authors write to demonstrate how they have been personally persecuted by the asylum system, others appear to write on behalf of women who cannot speak for themselves. In this way, many memoirists who attempt to inspire public passion for improving patient conditions carefully avoid making themselves the sole beneficiaries of reform. Instead, memoirists often present themselves as representatives of other women and thereby try to align readers with the women still confined to the asylum. As Cottier’s proposed reform suggests, patients were generally not able to communicate while within the asylum, save with other patients and the structures that kept them there. Few patients were able to even mail letters because it was often believed that patients would do harm to family and friends by “allowing the often embarrassing delusions of the insane to be broadcast without check” (Tomes 307). As such, Cottier’s reform would allow mental patients to voice their concerns, but until those reforms are enacted, the privilege of a social voice is generally reserved for those who have been released from the institution. In this sense, many authors describe feelings of obligation towards other patients. Agnew writes, “from painful experience I consider it
my duty to speak in behalf of my suffering sisters” (*From Under the Cloud* vi). Adeline Lunt appears to write from similar motivations to the extent that she admonishes women who do not try to help others after release, even if they write about their own experience: “the opinion of such patients is good for nothing, because based entirely upon selfish, narrow grounds which admit of no latitude beyond themselves and their own experiences. What humanity wants is criticism, not opinion” (323).

It is easy to imagine that sentiments like Lunt promotes above yield impassioned language in these accounts if the authors feel obliged to give voice to other mental patients. The writing styles of memoirs are often criticized on the basis that they are too emphatic or vulgar, and in many cases, indicative of the author’s insanity. Agnew for example concludes that the medical community’s assumptions that insanity is biologically based conflicts with contemporary Christian ideals, stating,

“The Almighty controls such matters, we are his creatures, utterly helpless in his hands. And, however we may struggle and grow desperate in our efforts to reconcile the directly opposite attributes, those of a ‘kind and merciful Father, who pities our infirmities,’ ‘who never willingly afflicts his children,’ …and though his promises are that we shall not be tried beyond our strength…does desert us in our extremity…Let those who have never thus been so fearfully tried [by the asylum or mental illness] reconcile these inconsistencies, if they can; and love the One who embodies them, if they choose” (9-10).

Agnew’s considerations not only challenge both medical and religious logic by problematizing a unifying explanation for mental patients, but also embrace her own polemical views in the process. Women who write in such dramatic and shocking styles perhaps do so to achieve powerful emotive responses in their readers, not unlike sensation fiction. In Chapter 2 I suggest that many memoirists adopt the literary characteristics of sensation fiction in writing their own accounts, but it is also true that some women adopt the language of male authorities to describe their experiences. That
is, the “vulgarity” of descriptions like Agnew’s can be understood as an appropriation of a male literary stylistic commonly used by authors.

Phebe Davis states that she knowingly adopts the rhetorical strategies of her critics, especially her religious opponents, in an attempt to speak more effectively: “I learned profanity from the pulpits in Syracuse; and I have a right to use the same language…If there is any efficacy in strong words, I have much more use for them” (8). Like Agnew, Davis is likely atheistic, and further uses her views to criticize contemporary medical logic: “Sometimes I think there was a little lack of good taste on the part of the Deity, being the author of a person like myself” (7). Davis and Agnew’s chiding tones inculpate religious beliefs and their role in medical discourses, but they also use religious rhetoric to go beyond the contexts of prayer and church by applying emphatic and even self-righteous judgments of the institution and its adherents. Their judgments are not unlike the ministers Davis condemns for adopting “smooth language for vile purposes” (10). The adoption of confident and condemnatory language is well suited to the asylum memoir’s euphuistic assertions about the system, for example, Davis’ assertion that “Insanity has become a fashionable by-word, and much degradation in high life is covered by the use of it” (29). One could conceivably change Davis’ subject matter to any vice (e.g. hedonism in the example above), and much of her writing would be perfectly admissible in a sermon.

Although religious rhetoric becomes prominent in most accounts, few of them focus on theological concerns in favor of secular considerations. For Davis, theological concerns overshadow people’s ability to examine the social issue of insanity objectively, stating, “‘Corrupt [religious] persons’ invariably envelop their motives deeply in the
present system of education; and that class of people have much more influence yet, than one honest person” (10). It is for this reason that Davis feels confident in adopting “profane” language to encourage reform: “There is a broad difference between language and ideas. The world must learn to do their own thinking” (10). Even Elizabeth Stone, who frequently uses her own religious beliefs to condemn the asylum and its supporters, is cognizant of Christianity’s role in promoting a subversive institution, writing, “we do not find insane asylums in heathen lands, where the Bible is not read” (30). Like the sensation novel, religious rhetoric is something that must be addressed in order to effectively convey asylum experience to the reader. It presents another obstacle to the author being conceived as normative, but it is also another opportunity to adopt patriarchal structures to criticize the institution. Women memoirists often use this opportunity to question theological understandings of mental illness and further use its rhetoric to present their judgments of the system in a familiar format. That is, they adopt religiously based power structures in their language choice to improve the effectiveness of their arguments.

III. Voice and Authority

Although asylum accounts utilize various language styles to demonstrate the author’s sanity and increase their effectiveness as political documents, many memoirs further use the authority of male figures directly in testimonials. For example, Smith’s introduction “To The Public” of Behind the Scenes states that she was committed by “unmitigated villainy,” and that “no greater outrage has ever been committed in any community that was practiced against this unoffending women,” with references
including reverends and doctors. In Davis’ description of her writing style however, we see that in addition to using the authority of male power structures, memoirists also adopt the presentation language of their medical and religious accusers. In doing so, these women relocate patriarchal displays of authoritative power and judgment, shifting these stylistics in support of their own position. However, rather than serving as ancillary support to their arguments, memoirists include testimonials primarily as a way of anticipating and nullifying claims of their alleged insanity.

The inclusion of physician, reverend, and judge endorsements is common in this genre. Rhetorically, physician testimonials are more effective however in that these figures serve as representatives of accrued medical knowledge. Agnew includes several physician testimonials at the end of her account, for example Superintendent W.B. Fletcher writes, “To the Public: I believe Mrs. Anna Agnew is permanently cured” (198). For another physician to diagnose these women as insane based on their writing in the context of another, equally valid medical assessment of sanity, especially one by a superintendent, places medical knowledge in oppositional positions. That is, since physicians have endorsed many memoirists and their accounts as sanely articulated, any following criticisms from other physicians pertaining to the alleged insanity of the authors inherently creates professional disagreements between physicians. During a period when the psychiatric community strove to establish itself as a credible discipline, such disagreements would publicly present the challenge of intradisciplinary dissent. For memoirists, medical endorsements of sanity function as an obviation to claims of their alleged insanity, and as a facilitating factor to speak freely. In theory, they will then be understood publicly without bias or stigmatization. With the authority of medical
professionals bestowed on them and their writing, women memoirists are able to participate in professional discourse and question those power structures with less risk of being disregarded. While it is true that these women are in many cases asking for professional endorsement, in essence, asking powerful men to speak on their behalf, it is also true that they selectively edit those endorsements into their writing to use their authority to reaffirm their sanity and the validity of their accounts.

However, the risk of professional disagreement did not prevent critics from denouncing memoirists as insane. Notably, the passion evident in much of these women’s writing is used as yet another affirmation of insanity. In *Marital Power Exemplified*, Packard includes a “false reports corrected” section in which she attempts to refute critical claims that arose after her first publications, this one among them: “Mrs. Packard’s statements are incredible. And she uses such strong language in giving them expression, as demonstrates her still to be an insane woman” (106). Like Davis, Packard also uses strong descriptive terms to present her experiences and criticisms of the institution. Doing so invites criticisms of their writing and by extension their mental states, as Packard addresses here. Like Davis, Packard also defends her word choice and style, stating that it allows her to convey the truth, and “truth is not insanity…neither is strong and appropriate language insanity” (106-107). In Chapter 1, I consider how these authors are considered insane based on their status as nonconformant women and their mental health history. Here, we can see evidence that the writing of both “always sane” and “cured” women is subject to the same manipulations by critics.

Yet, not all memoirists found their public sane/insane duality entirely problematic. Some used both identities in their accounts to further inform their readers
about the institution. Like Davis, Agnew also appears to understand the duality of her social voice because of her diagnosis. While Davis appears to acknowledge and to some degree accept her transformed public voice, Agnew uses the dual nature of her voice to her advantage. Agnew’s account is remarkable in that she does not avoid portrayals that question her sanity as many do, and the inclusion of her “insane” voice renders her retrospective as literally speaking from both identities. The affirmations of one’s sanity aimed at creating distance between the author, other mental patients, and the diagnosis of insanity work to circumvent those contradictions. Agnew however embraces them. In fact, she includes letters she wrote while interned that demonstrate delusions and illogical behaviors (71-72). These letters are then juxtaposed with her cogent writing throughout her account in order to demonstrate her current status as a “cured” woman. This presents the reader with representations of a “before” and “after” identity aimed at creating a disparity between those signifiers without shifting the definitions of those signifiers.

However, it is apparent that her insane voice has been erased because of her cured status, and is therefore reconstructed for her readers. This move leaves her current voice of reason intact, favoring a shift in her conception to the current identity. If Agnew is attempting to shift her social definitions, this juxtaposition becomes internecine however, in that the public may give more credence to the “insane” voice, though it is presented as an ephemeral one. Agnew presumably perceives which identity society is likely to choose for her when she includes an open letter to Indiana Legislature following her discharge which she sardonically signs on behalf of herself and other mental patients, “non compos mentis” (not of sound mind) (185). Although Agnew includes examples from her writing
during a time of mental instability, her account ultimately seeks assert her identity as a sane former patient who speaks for other women.

In these instances, it appears that these authors have undertaken writing primarily to help other patients because they have doubts as to whether they can redefine themselves socially. That is, within a medical rhetoric that construes all thought and behavior as reaffirmations of mental illness, patients and former patients are perhaps unable to shed the signifier of insanity. As authors of asylum memoirs, their status as mentally ill women not only takes precedence, but also reduces their resources, among them their social voice. Davis writes that the asylum has diminished her public presence, stating that if she had not been accused and interned, there would be “something left of me these days” (8). Presumably, there is enough left to write, if not for themselves, then for other women. Indeed, Davis and many memoirists do not give the impression that they write for themselves, but are rather duty bound to speak for others. In this relationship, while these women do engage in a reconstruction of social identity for mental patients as representatives of that group, their inclusion in the social class of “madwomen” ironically excludes them from the redefinition process for themselves because of the indelibility of the insanity stigma.

The signifier of madness is so pervasive that it can only be reconstructed from a distance—in other words, by a sane woman. The right to speak for others then demands an establishment of ethos that these authors try to affirm, as I have suggested, by asserting their own soundness of mind, either by the self or by authority. Despite the difficulties induced by public stigma, women like Smith understand that even under a diminished social identity, they still possess written and spoken words as a form of
defense: “I was a prisoner without the means of defending myself; I possessed no weapons by my hands and my tongue. I know these two members were useful. But I must be very careful how I use them. I must be discreet and wise, not appearing to be so” (87).

In addition to using their voice to question the constructions of insanity as proposed by the medical community, memoirists attempt to reintroduce themselves and other patients back into society by resisting the signifier of insanity.
Women memoirists’ concerns with resisting signifiers of mental illness and the public criticism their accounts anticipate suggest that the stigma of insanity is not easily disassociated from. Adeline Lunt argues that the stigma of a madwoman renders cured patients as never having left the asylum, becoming something “new and strange” upon admission (176). That is, even after leaving, memoirists perceive mental patients to be treated as insane women in the same manner as the institution and by the same transformations of speech. Memoirists in particular to vulnerable to having their words interpreted as evidence of insanity in that they have made their voices public. For these women, an interpretation of them and other women as insane functions because of preconceptions, rather than observations and diagnostic criteria. If definitions of insanity are arbitrary, it leaves patients to approximate the representations of sanity signifiers in order to rejoin privileged social structures after release. The asylum memoir is perhaps an attempt to achieve societal reintegration by publicly demonstrating sanity. However, this can only occur in the context of social evaluation unbiased by the previous demarcation of insanity, which is often not possible. Chapter 1 suggests that memoirists’ descriptions of the commitment process demonstrate that these authors offer a public performance of sanity, whose actions are based on common conceptions of what sanity embodies. Here, I suggest that in much the same manner, the asylum memoir represents a public literary
performance whose purpose is to demonstrate the sane status of the author and in many cases, other mental patients.

However, the extent to which women memoirists pursue social reconceptualizations of patients is dependent on their rhetorical choices. Generally speaking, memoirists can be characterized by writing styles that emphasize purposes of: 1) the author’s victimization, 2) criticisms of the institution, and 3) proposals for reform. If we consider the rhetoric of women’s asylum memoirs, we find that descriptive language correlates to outcomes, narrative elements, and purposes in predictable ways, as I propose here (see fig 5.1). Specifically, whether memoirists accept their insanity diagnosis, whom they place blame on for their alleged insanity, and how they react to and cope with confinement appear to correlate most significantly to the ways in which women describe their experience. While there is significant variation among this genre, memoirists who accept their diagnosis tend to write autobiographical accounts that aim to relate personal experiences and hardships within the institution. Such accounts attempt to relate factual evidence, yet are perhaps the most susceptible to skepticism in that these women contest their stigmatization to a lesser degree. That is, such accounts use less rhetorical strategies, relying primarily on the portrayal of supposedly accurate events centered on the author that appeals primarily to the reader’s emotional sensibilities. If the reader believes the author to be mentally ill or does not sympathize with them, their account cannot be effective as an expose.
Figure 5.1 Women’s Nineteenth Century Asylum Account Narrative Trends
By contrast, women who advocate for other women tend to engage their writing less with their own experiences and more with other women still confined. In addition, women who speak for others as a sister or matriarch figure tend to be more critical of the system and propose specific changes to medical and/or legal practices related to mental illness. In this sense, memoirs that are characterized by critical interpretations of cultural values and trends rather than autobiography are more literary. That is, asylum memoirs with autobiographical rhetoric use the author as a subject to relate factual evidence and inspire sympathy, while those with critical or interpretive rhetoric often overlook the author in favor of other women to generalize asylum experience. In doing so, memoirs that pursue advocacy necessitate a cultural, medical, philosophical, ethical, and moral analysis by the author. Memoirists who engage in a more in-depth analysis thus tend to use a greater range of rhetorical strategies and appeals to the reader to render their accounts not simply exposes or attempts to garner sympathy, but political documents that pursue social reforms through a variety of logical, moral, and ethical considerations.

While autobiographical memoirists seem to focus on what happened to them, advocates proceed several steps further to consider the social scale and cultural significance of how female mental patients are treated as a class of distinct, yet subverted individuals.

The ability of asylum accounts to speak for others involves the acknowledgment of a class of nonconformist women that have been excluded from society by the asylum. Erving Goffman asserts that the institution’s mechanisms seek to reaffirm to patients that they have “suffered some kind of social collapse on the outside,” and that they are “of little social weight, being hardly capable of acting like a full-fledged person at all” (152). That is, the stigmatization of insanity and asylum care forces mental patients into a new
social category characterized by what the public perceives as irrationality and disability. Many mental patients appear to adopt in part an identity within this new class. Memoirists at least partially associate themselves with the insane in that they represent mental patients and their experience by presenting them to the public. Class representation is even more apparent in magazines written and edited by mental patients (under heavy censorship) like Utica State Lunatic Asylum’s *The Opal* (1851-1860). Such publications tend to speak for mental patients as a cumulative body, often using the reflexive pronoun “we” in its articles. In this sense, the voice of mental patients has become unified as one entity, however it also reduces patients as individuals. Their voices instead become singular incomplete pieces that amalgamate to form one voice. The asylum memoir is also unique in this regard; it asserts individuality apart from the legion-voice of a class of mentally ill objects, and in doing so, attempts to present readers with a humanized and personal dialogue that simultaneously speaks for the self and for their class.

The motivations to speak in favor of patient rights is, as I have suggested, in part inspired by a sense of duty towards others. However, it is also apparent that patients had few other options, having been silenced themselves and lacking other groups to speak for them. Women who write while confined are rare, as most institutions did not allow communication with the outside world, and those that did heavily monitored and censored such correspondences. Some memoirists even describe suspicions that letters are being intercepted and destroyed. Even if the public were fully aware of the abuses enacted upon the person and rights of the mental patient, few appear willing to associate with them. Authors like Anna Agnew indicate that other communities were often
unwilling to speak for them, “I don’t think my sisters of the women’s rights party will care to claim me as one of them” (150). As I suggested in Chapter 1, Lemira Pennell found that she could not find help from women’s advocacy groups, writing, “the treatment I have had from some of these prominent women is in proof that they will not for anybody risk their social status” (40). Here, Pennell suggests that an association with “madwomen” would call advocates’ social standing into question. In such descriptions, Agnew and Pennell appear to view themselves as excluded from women’s rights advocate groups because of a fear of social stigma communicability. Although women’s suffrage movements associated with the first wave of feminism strove to address women’s rights, memoirists are ostensibly absent from those discourses. Moreover, memoirists appear to be aware that they have been excluded from such considerations. In this sense, memoirists found themselves without other women to speak on their behalf. If women mental patients wanted a public voice, they would have to speak for themselves and for each other because others would not. This leaves memoirists in the unique position of having to recognize a distinct social class of insane women and their former membership in it, while simultaneously asserting their distance from the irrationality an association with this class suggests.

The notion that the social stigma of insanity was transferable across cultural groups is perhaps not unrelated to common misconceptions about mental illness in a medical context. Indeed, the lack of understanding about mental illness led many to believe that it was infectious, and that contact with mental patients would result in the derangement of otherwise stable individuals. Janet Ruutz-Rees for example writes, “the influence of mental disease hangs about the [asylum] room vacated by a patient, just as
the infections of fever cling to bedding and clothes” (54). Contact with the insane was thought by some to transform rational subjects into irrational objects both medically and socially. It is because of the false belief of insanity as a contagion that Michel Foucault argues in *Madness and Civilization* that the social structures of exclusion were shifted from the public figure of the leper to the mentally ill (7). For Foucault, public denunciation of madness becomes a general form of criticism (13) that creates a doubled identity, both sides of which are empty, containing “the visible form of that non-being which is evil, and to utter, in the void and in the sensational appearance of its delirium, the non-being of error” (175-176). That is, the individual and the representations of the individual (i.e. voice) are both construed as that which can and should be socially excluded. Preconceptions about the indelibility and communicability of insanity impede women’s ability to negotiate the shift to sane subject. Davis’ anxiety about involuntarily speaking from two social identities (see Chapter 3) represents a social construction that establishes her inclusion in a class of insane women and her difficulty in disassociating from that signifier. This construction’s function is social exclusion, physically in the asylum and conceptually within the public. Similar to the protagonists of sensation fiction, the institutionalized are discouraged from being identified with, and they are kept at a safe distance so as to minimize their imminent threat. The asylum memoir’s pursuit of reforms necessarily includes an attempt to lessen the distance between mental patients and the public. That is, memoirists attempt to reintroduce themselves and other patients into the society they have been excluded from by the institution by challenging the assumptions of the perceived permanence and infectiousness of mental illness.
At first glance, the notion of a cure would achieve a reintegration into society by demonstrating that insanity is a transient experience. One would think that memoirists and mental patients would embrace treatment to be designated a “cured woman.” Yet, many patients do not appear to give credence to asylum treatment. Lunt describes how patients do not wish to get well, but rather, to go home (235-236). Few patients have positive experiences with their treatment, whether solicited or not. Indeed, the specialized care the asylum proposed to provide offered little that a physician could not give at home, which questions the need to separate the mentally ill in state funded institutions (Tomes 69). In “The Confessions of a Nervous Woman,” an anonymous author writes about her “Odyssey” to over thirteen physicians to cure her anxiety. She is never given the help she seeks, ending her account with the crestfallen question, “Am I ever to get well?” (54). With questionable mental treatment efficacy, patients instead turned to a fixation on leaving the institution as symbolic of reentering normative social standing.

Inherent in the focus shift from cure to release is a discourse that disregards the notion of cure, and perhaps illness as well. Whether these women accept or reject their diagnosis and by extension, their inclusion in a class of mentally ill women is irrelevant. They are included in this class because of the conceptual transformations of their public identity. Authors like Lathrop mirror this superimposed shift when they protest those signifiers, only to be told by physicians, “There are none but insane people here. If you were not insane you would not be here” (110). The desire to go home indicates for most a belief that a cure is nonexistent, or is, like the definition of insanity, an arbitrary classification. In other words, while some memoirists view mental illness as a condition lacking appropriate treatment options, most seem to support the idea that mental illness is
socially constructed and that the treatments used in relation to those definitions are likewise constructed, both having little, if any, validity.

At the same time, patients seem to be aware of how difficult it is to leave the institution and rejoin normative cultural definitions like “sane.” Although Lunt suggests that patients most desire a return home, she also asserts that patients do not speak of going home, but rather “getting out” (176). Patients who focus on leaving the asylum rather than being treated for mental disorders seem to no longer care where they go, so long as it creates distance from the institution. In many ways, the desire to leave the institution suggests a regaining of personal liberties, but also indicates a desire to disassociate from the asylum and its conceptual structures. The disregarding of attempts to get well in favor of simply leaving the asylum also indicates a desire to rejoin those civil structures patients have been, often unwillingly, exiled from. For memoirists, a mental cure is not a process or a personally achieved state. It is another social classification indicative of the rejoining of a social class of sane women, even if that means not returning home. Memoirists have been able to leave the asylum, but whether they have “returned home” by shifting their social conceptualizations to sane women is less obvious. As retrospectives, asylum accounts appear to serve this end for the author, and in rhetorically critical narratives, for other women. Although authors like Agnew, Lunt, and Packard are primarily interested in lobbying for patient’s rights, they must also be conscious of their own social definitions because, as suggested, their writing cannot be effective if it is considered the ravings of a madwoman.

If the social definition of a madwoman can only be challenged by sane women, memoirists must first create distance between themselves as social entities and the
signifier of insanity. From that distance, they can then attempt to self-define and redefine the social position of mental patients. This is achieved in asylum memoirs, as I suggest here, through a performance that is simultaneously literary and public. Even within the asylum, performance appears to be a prominent strategy in shifting social definitions for patients. Lunt notes that patients understand they would not have been pronounced cured had they persisted in behaving like themselves, and so they instead engaged in performances of sanity; “they curbed the natural emotions, appeared content, got the name of never shedding tears, and in a while were considered ‘well’” (214-215). However, the status of a “cured” woman only grants the privilege of release. This is a distinct act, as Lunt suggests, from the concept of going home to rejoin a class of sane women.

For women memoirists, the rejoining of social structures through rhetoric that criticizes the institution is then completed by their reintegration into the domestic ideal from which they were expelled and often because of which they were diagnosed. For many memoirists, return to the gender roles of wife, sister, and mother seem to correlate with normalcy and hence, a ‘cured’ status. For the institution, the domestic ideal and the degree to which women can perform it are perhaps evident of mental capacities. Indeed, the cures proposed to women who are not admitted to asylums appear to force her back into traditional gender role expectations. Gilman, for example, is told to “live as domestic a life as possible…have but two hours intellectual life a day [and] never to touch pen, brush, or pencil again” (De Young 21). The likelihood of being suspected of insanity during the nineteenth century increased with distance from socially accepted signifiers, especially mother and wife. Prior to admission, Agnew’s husband, upon learning of her
anxieties, intends to send her to a poorhouse (94-95). Often, it was thought that women suspected of mental illness presented a danger to their children, who were especially susceptible to the perceived infectiousness of insanity, thereby justifying commitment. Indeed, many women express a desire to return home primarily to see their children again. Agnew even dedicates her book to her children to demonstrate her motherly devotion (and her sanity). The reestablishment of social status is perhaps accomplished with a reentering of those domestic faculties. Memoirists who speak for other women perhaps exemplify an attempt to rejoin domestic spheres in adopting a sisterly or motherly duty towards other patients, essentially demonstrating that they exhibit distinctly feminine qualities.

Accordingly, it is the shift from madwoman to mother and wife that is so often met with resistance. As previously suggested, communication with family and friends was often discouraged and prohibited by the institution. Indeed, patients were typically not allowed visitors, as it was thought to be harmful to their recovery process (Rush 236). Lydia Smith, who frequently asks to be sent home, is told by physicians, “Oh, you must not think about your children. You must forget all about your children” (102). Notably, such exclusion from domestic life appears to be gender specific. Although Packard would lobby successfully for patient rights in several states following her release, she also fought unsuccessfully with her husband for custody of their children. For Packard, although she is found sane by medical authorities, her reintroduction into family life represents the furthest distance from her social identity as a madwoman, and it is this shift that is met with resistance by a legal system that favors the rights of men over women. Even if society grants former patients a designation of “cured,” patriarchal
structures appear to question whether these women can participate in the role of wife, mother, and sister. Here, we see that a “cured” woman is not equivalent to a “sane” woman. Indeed, whether any of these women were able to achieve a “normal” social standing free of the insanity stigma following asylum treatment is unlikely, even in exceptional cases like Packard’s.

Like the physician who diagnoses Gilman based on her writing (see Chapter 3), the public likely evaluated the performances of these authors, questioning whether their descriptions could be understood as accurate or the ravings of a madwoman. That significant mental health reforms do not occur until the mid-twentieth century questions the effectiveness of these accounts in motivating social change. Although Packard is a demonstrably effective reformer compared with other memoirists, she is an outlier. This suggests that most of these women were, despite their efforts, forced into the stigmatized social class of “madwomen,” never to return to a normal social standing, or in some cases, their families. In many ways, the asylum memoir during the nineteenth century represents a distinctly feminine social practice aimed at countering common misconceptions about mental illness, the supposed effectiveness of treatments, and the belief that the institution is an industry concerned with individual rights and well-being. During the explosion of industrialization and scientific progress that characterized the nineteenth century, these memoirists seem to suggest that in the aim of progress, the institution and its function of excluding inconvenient and threatening individuals, especially women, came to take on greater significance than the patients physicians sought to treat.
In addition to attempting to shift cultural conceptions of themselves as women, patients, and authors, asylum memoirists, especially those who shift their focus away from themselves, engage in a larger criticism of the effects of early psychiatric theories by figures like Kirkbride, Galt, and Rush. As political documents, they impugn the general assumption that psychiatry and the asylum represented a triumph of science and humanitarianism over superstition by presenting the public with vibrant personal accounts of legal, social, physical, and mental abuse by the system. The ways in which these women present their experiences attempt to force the human costs and effects of medical theory into cultural consciousness, similarly to Dix, with personal examples. Lunt writes, “in endeavoring to give a sketch of everyday life in an asylum, we must generalize biography…The lives of many are written under one head” (164). Lunt, who displaces her account’s focus onto other women, attempts to present asylum experiences for women as a common one characterized by social injustice. In this sense, she regards her personal trials as unimportant because she shares them with all women patients. Many memoirists write in this manner to ask, “what do modern science and human sympathy do for the insane?” (Lunt 342).

For many of these women, the labels of sane, insane, and cured are arbitrary. Their accounts seek to demonstrate that in the absence of specific diagnostic criteria to distinguish what insanity is, it is perhaps not a naturally occurring phenomena, but a social construct. Indeed, Lunt powerfully states, “Professedly [asylums] are for the cure of insanity; literally they are for encouraging, and in some cases…making insanity” (330). In so doing, women like Lunt attempt to change the signifier of insanity by demonstrating that what it signifies is not necessarily related to those it stigmatizes. By
presenting their own accounts alongside the women they meet and generalizing the experience of women in the institution, memoirists portray not only abuse, but a lack of treatment to the public that questions the institution’s effectiveness as well as the medical, legal, and cultural logic of the disorders it aims to treat.
BIBLIOGRAPHY


Packard, Elizabeth Parsons Ware. *Marital Power Exemplified in Mrs. Packard’s Trial, and Self-Defence from the Charge of Insanity; or, three years imprisonment for religious belief, by the arbitrary will of a husband, with an appeal to the government to so change the laws as to afford legal protection to married women.* Hartford: Case, Lockwood & Co., 1866. Google Book Search. 3 August 2013.


Pennell, Lemira C. *This Red Book is Partly a Reprint of what was Published in 1883, and later, and earlier Letters from Prominent Men. Instructions to Dr. Harlow, from Springfield, His Letters from the Hospital, and much else.* Boston: Self Published, 1886. Print.


