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Gender and Madness in Victorian Britain

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Gender and Madness in Nineteenth-Century Britain

Introduction

Bertha Mason, or more properly Bertha Rochester, haunts the characters of Charlotte Brontë's 1847 novel *Jane Eyre* as a plague. She is first introduced as ghostly presence, an echoing laugh on the wind that chills the heroine. We later learn that she is the mad wife of Edward Rochester, who married her for a fortune not knowing her family's history of insanity (Brontë, v. 1). When the character is fully revealed in a secret room in her own home, Bertha is described as barely human, scuttling on all fours, fiercely attacking her husband with bestial strength (Brontë, v. 2). Brontë presents the madwoman as a source of tragedy and chaos for the main characters in the novel, and yet she is given no voice nor is her story ever told.

Mason is certainly the most famous Victorian madwoman in literature. Second wave feminists were inspired by her voiceless plight and transformed her into an icon. Sandra Gilbert and Susan Gubar saw the madwoman in the attic as a metaphor of Victorian female authors writ large, who wrote out their frustrations in the form of palimpsests. Their work, *Madwoman in the Attic* (1979), inspired generations of scholars. Even today, modern authors look to Bertha Mason as a misunderstood, frustrated, and angry woman punished by the patriarchy (Ellis, 2015; Zoltan, 2021). In many ways, modern understandings of Mason owe more to her reimagining by Jean Rhys in *Wide Sargasso Sea* than the original source material of *Jane Eyre*. This novel tells the pre-history of Bertha Mason as a Creole heiress whose mental breakdown was caused by her cruel husband, scheming male pseudo relations, and the structures of colonialism and patriarchy (1966). It is a fascinating and powerful novel; yet it is a story about twentieth-century imaginings of nineteenth-century life. The worldview it presents bears little resemblance to the story that Charlotte Brontë imagined. As Gayatri Spivak notes, both *Jane Eyre* and *Wide Sargasso Sea* are novels that are limited by the gendered and imperialist structures of their respective worlds (1985). These literary debates loom heavy in the history of gender and madness as they spurred initial interest in the field and continue to influence ways of understanding and talking about Victorian madness. Spivak's warning about grounding our history in the full and complete specificity of the moment has become increasingly relevant to the historiography over time.

The history of gender and madness was founded on two methodological concepts that center on binaries of powers. The first, inspired by second wave feminism, understands mental health care structures as extensions of the patriarchy, working to lock up intellectual, rebellious, or non-compliant wives in the asylum or drug them into submission (Faludi, 1977). The second concept, inspired by Michel Foucault, reinforces the power of psychiatric medicine and its tendency to pathologize human behaviour and passion. Foucault argues that nineteenth-century asylums were designed to enhance the power of the mad-doctors and subjugate the disordered will and passions of those identified as lunatics (1994). A more recent influence, rooted in social history and mad studies, is to look beyond the coercive power of men, doctors, and the state to investigate the psychiatric patient in more detail, and carve back some agency for individuals who were so deeply marginalized by their own society (LeFrançois, Menzies & Reaume, 2013). This has energized a shift in the historiography of gender and madness uniquely positioned to reflect multiple theoretical and methodological changes. Originating in feminist studies, the exploration of gender and madness has been an interdisciplinary field since its beginnings; its

latest iterations push beyond binary understandings to embrace a subject deeply influenced by family, class, and subjectivity.

Women and Madness

Madness was an essential topic for second-wave feminist thinkers. The Victorian madwoman locked in an asylum was a powerful symbol that mirrored the distraught twentieth-century housewife subjected to chemical (or actual) lobotomy. These works were key to feminist discourse at the time and shone a bright and much needed light on the issue of women's mental health; however, early feminist accounts tended to flatten the complex history of women's experiences of the asylum and largely ignore men (Gilbert and Gubar, 1979; Ussher, 1991). Women are defined by their "womanness" and nothing else (Ehrenreich and English, 1976). Read out of their historical context, Digby notes some feminist interpretations of nineteenth-century madwomen threaten to be as reductionist as the patriarchal culture they attempt to critique (1989). Tromp argues that such works were primarily political criticism shaped by second-wave feminism and the challenges of the 1970s and 1980s (2009). These were key narratives to challenge psychiatric practice at the time. These critiques of the nineteenth century had enormous cultural resonance and were important influences on early revisionist approaches to Victorian psychiatry and asylums. If madwomen's illnesses are always a manifestation of their gender, there is no room in this framework for women who might have struggled for other reasons. Rather than seeing mental illness as primarily created by gender hierarchies, Haggett notes that the expression of illness was defined and evaluated according to gendered ideas (2009).

Feminist critiques were both deeply inspired by and ran in tandem with a broader movement critical of mid-twentieth-century psychiatry as a discipline (Cooper, 1971). Both approaches judged psychiatry as a discipline in the 1970s as an abusive practice with a long history of cruelty (Berke, 1977; Szasz, 1961). Most histories of the discipline up to that point were written by practitioners, often retelling a story of progress and positive change over time; an unapologetic Whig view in line with great man history (Alexander and Selesnick, 1966; Bromberg, 1954). A revisionist history was essential to break down these hagiographical histories of madness. This literature inspired by Michel Foucault re-examined moral treatment and instead of compassion and kindness saw a form of social coercion (Foucault, 1965; Scull, 1979). While some works might have been an over-correction, this skeptical approach inspired new generations of scholars to develop more complex and nuanced approaches to the history of madness (Andrews, 1995). These developments also built on the power narratives emphasized by feminist scholarship.

Studies of women and madness echoed these critical narratives in the 1980s and 1990s. Asylum studies highlighted evidence of the oppressive power dynamics of patriarchy at play in the institution. Ann Digby's classic exploration of the York Retreat posited that many women were driven to depressive episodes or outbursts due to the restrictive gender norms of Victorian womanhood (1985). Early scholars influenced by anti-psychiatry and critical psychiatry emerging in the 1960s deeply influenced scholars' perceptions of the nineteenth century. Psychiatry was blamed for pathologizing the female experience and asylums ended up functioning as forms of institutional control.

Much of this work was grounded in middle class and educated women's experiences due to the richness of elite sources compared to the pauper asylums and workhouses. This is particularly evident in studies of literary culture and middle class and intellectual women's lives. The idea of the madwoman was a dominant theme in Victorian literature, and authors often used madness to represent women's essential nature (Small, 1996). Literary critics thoroughly explored how Victorian popular and medical thinking linked psychological and psychic traumas (Logan, 1997). These tropes are quite powerful, and pioneers like Phyllis Chesler continue to insist that in nineteenth-century England, the majority of women in asylums were sane based on their study of a few celebrated case studies (1972; 2005).

Rather than retrodiagnosing intelligent and educated women locked in asylums, recent scholarship focuses on contextualizing the entirety of their experiences. Virginia Blain approached the case of Rosina Bulwer Lytton whose irate husband had her locked up as a madwoman. On the surface, this case seems to reaffirm the worst excesses of a patriarchal system. And yet Blain's deep dive on social perceptions of the events demonstrates a nuanced understanding of agency and power relations. Rosina might have been an embarrassing and improper woman, but the public was outraged by her husband's actions and she was released after only a few weeks (Blain, 1990). Scholars exploring the lives of supposed madwomen turned mad rights activists like Georgina Weldon and Louise Lowe put their husbands' attempts to incarcerate them in asylums alongside their public and very successful campaigns to rehabilitate their own reputations and campaign for the rights of others (Owen, 1990; Porter and Nicholson, 2016). Joshua Schwieso complicates the narrative of Louisa Nottidge's imprisonment in an asylum over her embrace of a millenarian sect. He emphasizes the precarious reputation of early nineteenth-century psychiatry and emphasizes the ambiguous power dynamics between doctors and patients (1996). These portraits reveal complex and contested understandings of madness and patriarchal rights.

Virginia Woolf's mental health is another area of incredibly complex scholarship. Feminist scholars of the 1980s questioned whether she was ever ill or simply a genius stifled by an unhappy marriage and childhood trauma. Stephen Trombley, in fact, set out to prove Woolf's sanity, and described her various diagnoses as an attempt by doctors to force her to mold herself to fit social norms of her society (Trombley, 1982). Other scholars have accepted her mental illness and instead try to provide a more specific insight or diagnosis unavailable to her contemporary physicians (DeSalvo, 1989; Caramagno, 1992; Jouve, 2000). Hermione Lee's masterful biography takes a rather peculiar view of Woolf's state of mind. In a chapter entitled "Madness" the author states that the author suffered an illness, but that she was not insane. Lee states this as part of a longer argument that Woolf's illness was significant as it shaped her life and her writing. However, she cautions that we know little of its nature as friends and family wrote contradictory stories about her condition. While we have doctors' prescriptions and letters there are no detailed case notes, and Woolf herself rarely chronicled the worst of her illness (Lee, 1996). Because of these contradictory and incomplete records, speculation about her state of mind reflect as much the shifting psychiatric taxonomies and feminist ideologies of contemporary authors' contexts as they do Woolf's experiences.

The most important development in recent scholarship is to move beyond a focus on the educated, and in many ways exceptional, middle-class woman. Diana Peschier found voices of

female paupers in the casebooks of English and Irish asylums that placed the role of religion front and center in terms of both diagnosis and experience (2020). Even the gendering of the psychiatric profession itself has been complicated. Charlotte Mackenzie theorized that women's marginalization from medicine shaped women's negative experience with psychiatry in the nineteenth century (1983). But the role of female madhouse keepers could be significant. Sharlene Walbaum highlights Susan Carnegie's role in establishing one of the first public lunatic asylums in the English-speaking world (2019). Women's roles as nurses in asylums demonstrates some of the complexity of gendered power relations (Wright, 1996). The field is still developing works that focus on women as agents-of-change rather than simply victims of asylums, psychiatry, and medicine in general.

Feminist disability studies also call for a renewed understanding and empathy towards the experience of those deemed mad. To imagine all female madness as a form of insurgence might have been useful in its time; however, it limited studies of women and madness. Feminist disability studies opened a space to accept the real debility mental illness could bring without diminishing the potential feminist frustrations of generations past (Donaldson, 2002). The very real suffering of mental illness threatens to be ignored if madness is only understood as a metaphor for feminist rebellion.

Gender and Madness

The beginning of a shift to historical understandings of the gender of madness in nineteenth-century Britain really began with Elaine Showalter's classic *The Female Malady*. Showalter's book looked at Victorian culture and institutions on their own terms, placing her literary criticism squarely within a cultural history framework. Showalter explored how mad men and women were represented in popular culture across several centuries. She also traced how a masculine vision of the mad gave way to a Victorian female malady before being briefly disrupted by twentieth-century war, and then shifting back to feminized understandings by the mid twentieth century (Showalter, 1985).

Scholars have revised numerous elements of Showalter's work, from her mischaracterization of asylum statistics to her selective twentieth century examples. And yet modern scholarship of gender and madness is indebted to her approach. It was Showalter's reading of asylum statistics that inspired Joan Busfield to discover that while the rates of male and female patients in Victorian asylums was relatively equal, the reasons they were placed there were highly gendered (1996). Showalter did for gender and madness what Foucault did for madness and asylums. To reduce mental illness to gender deviancy is too simplistic; and to focus exclusively on women and patriarchy is to ignore the complex reasons men and women were diagnosed and treated as mad. Showalter's work was the beginning of a shift from women's history to a history that recognized that gender influences all people.

Gender is now simply an integral part of studies of asylums, whether that is the specific focus of the research or not (Burt, 2003; Dale & Melling, 2006; Melling & Forsythe, 2006; Prior, 2008; Eghigian, 2017). Victorian culture was deeply gendered, and the medical profession and the asylum would always reflect that. It is key to acknowledge the significance of men's and women's experiences to gendered representations of madness. In my own work I argue that stereotypes of madwomen helped encourage calls for humane treatment, and yet

counternarratives of violent madmen reaffirmed the need for control and containment (Milne-Smith, 2022). Victorian psychiatry was deeply gendered; gender historians have increasingly teased out the complex and contradictory nature of patient-doctor relations. And historians' understandings of the effects of this gendering have expanded over time.

More recent scholarship has also focused in on the interrelations between gender and class in the diagnosis, treatment, experience, and outcomes of mental illness. Jonathan Andrews and Anne Digby's 2004 collection placed the complex theoretical questions of gendering the asylum at the forefront. These essays re-examine sources, call for renewed explorations of agency, and highlight the benefits of comparative asylum studies, all while placing gender and class at the forefront of their analyses. Louise Hide made class a necessary companion to her study of gender at Claybury and Bexley asylums in the turn of the century. Her ethnographic approach places the pauper front and centre. Hide reminds the reader that gender shaped not only patients' lives and experiences, but those of attendants, nurses, and doctors as well (Hide, 2014). Hide argues that asylum spaces continued to "a technology of control" deeply influenced by gendered practice. Men were encouraged to be outside more pursuing farm labour and sports whereas women were pushed to cleaning, laundry, and sewing (Hide, 2013). The gendering of asylum life was also marked in private for-profit institutions that mirrored the middle- and upper-class homes of its patients (Hamlett, 2014). Recent scholars have explicitly and in detail explored the potential implications of gender on asylum patients' diagnosis, treatment, and possibility of release in all four nations of the United Kingdom.

Gender historians have increasingly shown that even the most feminized forms of madness can be aided by addressing both men and women's experiences. As Andrew Scull points out doctor's treatment of female hysterics in the nineteenth century was ignorant, manipulative, and dismissive (2009). And while the British were less interested than other nations in the male hysteric in the late nineteenth century, there was a recognition he existed. Mark Micale traces the long and fluctuating gendering of hysteria in *Hysterical Men* and finds the controversial and contradictory diagnosis is a prime example of the internal contradictions of gendered madness. While he notes the disease was feminized in the nineteenth century to reaffirm an aggressively binary gender binary in medical thinking, he proves how Charcot's writings on male and female hysteria in the 1880s promoted a far more sophisticated and diverse understanding of gender at the fin-de-siecle (2008). Even in the case of hysteria, the hallmark example of the feminization of madness in the nineteenth century, neurologists, gynecological surgeons, and asylum doctors identified male sufferers as well (Kavka, 1998). The diagnosis that would become all the more relevant during the First World War as doctors explored hysteria and neurasthenia in their attempts to get at the roots of shell shock. The gendered history of shell shock is its own rich and diverse field that is beyond the scope of this essay (Moss & Prince, 2014; Loughran, 2016; Humphries, 2019).

The treatment of puerperal insanity highlights how the shift from women's to gender history can significantly change our understandings of the nineteenth century. Hilary Marland's research on puerperal insanity demonstrates how doctors considered women's economic status as integral to understanding their mental makeup. The surprising sympathy shown to desperately poor women who committed infanticide was rooted in both gendered and classed preconceptions (Marland, 2004). The diagnosis of puerperal mania has inspired numerous scholars to explore its

treatment in asylums and in criminal insanity cases (Quinn, 2002; Pegg, 2009; Cossins, 2015; Campbell, 2017).

For many years historians assumed that women were given special treatment in infanticide cases because of the idea that for a woman to overcome her natural maternal forces and kill a child she must be suffering from a diseased mind (Ainsley, 2000; Arnot, 2002; Walsh, 2004; Frost, 2009). Yet Carolyn Conley questioned whether sex was the deciding factor in infanticide trials (2007). And Jade Shepherd's work with the newly available records of the Broadmoor Criminal Lunatic Asylum reveal working class fathers' affection for their children was a significant factor in their sentencing (2013). Those who were found not criminally responsible for their children's deaths were often found so because of their previous devotion to their families. It was only bad or absent fathers who tended to be sent to the gallows rather than the asylum.

The medicalization and pathologization of female sexuality and desire has been a cornerstone of feminist scholarship for decades. In the context of mental health, it is no surprise such issues carved out a prominent place as the evidence on female sexual surgery is horrific. Andrew Scull and Diane Favreau identified a virtual "clitoridectomy craze" by the mid-Victorian era (1986). If women were fundamentally defined by their biology and sexuality, it made a certain amount of sense that doctors would look to that sexual biology as a site to "cure" (Smith-Rosenberg & Rosenberg, 1973). Gynaecologist Isaac Baker Brown ran afoul of medical authorities not because of his widespread use of female genital mutilation but rather because he transgressed medical professionalism by his self-aggrandizement (Scull & Favreau). The wider practice of pathologizing female sexuality largely holds true, and overt female sexual pleasure was often seen as a symptom of madness, or a potential route to the madhouse (Groneman, 2000).

The inclusion of men into the study of psychiatric control of sexuality does not diminish the patriarchal culture of the time, nor does it minimize the suffering of women who were often the focus of the medical gaze. Rather, studying both men and women who were identified as sexually deviant brings us closer to a more complete understanding Victorian sexual norms, and a fuller understanding of how damaging repressive patriarchy is for men and women. These gendered, nuanced understandings were sometimes overlooked in earlier, more focussed explorations of women's venereal disease (Sponberg, 1997).

Historians have demonstrated that ignorance about sexuality crossed gender lines. While women were subjected to cruel forms of genital mutilation, some men sought out painful and damaging treatments as well. The spermatorrhea panic was spurred by medical thinkers but enthusiastically pursued by men of the middle classes. Any man who suffered from involuntary seminal discharge could be caught up on this panic. Many men believed that their sexual shame was visible for all the world to see as it destroyed their physical and mental health. As Elizabeth Stephens notes, men's masturbation was seen as a secret vice and public health threat that was evident on the body itself (2008). Pathologized sexual habits were not forced on men by moralizing doctors, but rather spurred by patient demands. Men identified their own symptoms and sufferings, medicalizing and pathologizing their sexual desires.

Thomas Laqueur notes that moralists and even progressives warned of the horrors of masturbation to men and women for two centuries (Laqueur, 2004). Gender historians like Lesley Hall emphasize how this sexual guilt crossed gender boundaries. Quack doctors made careers out of stoking men's fears and anxieties (1992). While masturbation had long been censured as a moral sin and physical waste, medical opinion in the nineteenth century reached a consensus that seminal excitement and emissions were generally problematic for the healthy male body. As Robert Darby notes, while there were always those who preached caution, mainstream medical thinking promoted an idea that transformed normal male sexuality into a disease (2005). Older ideas of seminal loss or new theories about nerve power pathologized the loss of men's sperm in anything but recreative acts.

Mad studies and Gender and Madness "From Below"

The influence of social history, and writing history from below, has vastly expanded the scope of scholars' approach to the mentally ill. Roy Porter's call to look at medical history from the patient's point of view inspired medical historians of all stripes to attempt to reconstruct and recover patient voices (1985; Condrau, 2007). Another important development is moving beyond questions of retrodiagnosing patients as healthy or insane. Edward Shorter notes it is possible to acknowledge that mental illness can be a real disease while still acknowledging the importance of gender and class to shaping understandings and experience of such disease over time (1997). Mad studies specifically called for scholars and practitioners to take the voices of the institutionalized, the diagnosed, and the "mad" more seriously. It calls for a radical rethinking of academic approaches to mental health and mental illness (Burstow, LeFrançois & Diamond, 2014; Ingram, 2016).

While not all of these demands have been integrated into the discipline of history, the influence of social history and mad studies is evident. Men's and women's voices have been recovered through the study of patient letters (Beveridge, 1998). Leonard Smith demonstrates that men and women's families were deeply involved in the care of their loved ones at the Gloucester Asylum. More recent scholarship has been able to read casebooks and even elusive asylum photographs against the grain to attempt to recapture a better sense of patient experiences and patient outcomes. Shari Addonizio suggests that both female patients and their doctors shared the belief that asylum photographs could show the truth of the patients' minds (1999). Recent scholars have been drawn to the and found it even more complex when questions of agency and consent are acknowledged (Sidlauskas, 2013; Rawling, 2017). What were once dismissed as lost lives have been partially recovered through nuanced and thoughtful approaches to the patient archive (Swartz, 2018). This work has been particularly rich in colonial contexts (Coleborne, 2010b).

Another important corrective inspired by mad studies is to question whether male or female patients were ever as powerless as early studies claimed. Sarah Chaney notes that patients' protests and lack of cooperation highlight that treatment was often as much about negotiation as subjugation. In a stunning example she highlights how patients could even be involved with the writing of psychiatric texts themselves (2016). The Victorian patient was not completely independent, yet neither were they completely subjected to medical power, be they men or women (Jacyna and Casper, 2012). However, much work remains on unpacking the power dynamics between doctors and patients, and how that can vary from institution to

institution. As Dobbing and Tomkins note, broader developments in the professionalization of asylum doctors could have a direct influence on those power dynamics, but not always in the ways one might expect. In looking at two cases of male superintendents' sexual exploitation of female asylum patients at either end of the nineteenth century they find that relations between doctors, asylum staff, and patients were ridden with competing vulnerabilities and powers, even more so by the end of the century (2021).

The decentering of the asylum and the power of the doctors is an important and evolving conversation. Families played a central role in the recognition and care of the mentally ill within the home and were often the ones who ultimately decided to send a family member away to an asylum (Finnane, 1985; Coleborne, 2010a). Women's domestic lives were often seen as the cause of their mental distress. Marjorie Levine-Clark looked at women in the West Riding Pauper Lunatic Asylum and found that the very real pressures of these women's lives from poverty to mourning to violence, sometimes pushed them over the edge (Levine-Clark, 2000). Akihito Suzuki's rich study of the first half of the nineteenth century demonstrates families' deep involvement in psychiatric care, and an increasing pressure from government and medical authorities to determine that care (Suzuki, 2006). Alice Mauger's exploration of nine institutions catering to all classes of Irish citizens provides a nuanced account of why families resorted to asylum, and when they did not (2017). As Jade Shepherd notes, even when families had no choice over the care of their mad relations in the context of criminal insanity, they still retained intimately connected to their loved ones (2020). The history of Victorian madness is often as much a history of the family as it is the history of medicine.

Conclusion

The idea of the madwomen in the attic continues to dominate popular understandings of gender and psychiatry. The idea of madness as feminine, and the use of madhouses and pharmaceuticals to punish, control, and otherwise subjugate women was a powerful narrative for second-wave feminists. Early studies helped inspire interest in the topic of gender and madness; however, they also coloured the history through ideology that was not always backed up by the historical archive. Modern scholars of mental health have followed the trends of gender history more broadly, pushing beyond clearcut binaries of power to explore what else a study of gender and madness can reveal about class, about family, and about sexuality. Gender is now an inherent part of almost any scholarship on madness and institutionalization. The history of gender and madness is a dynamic, historiographically deep field; a subtopic in the history of medicine that historians in other fields should pay attention to. The complexity of current research is shaped by generations of scholars of feminism, medicine, social history, and disability studies. This essay is only the tip of the iceberg.

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