Women Writers and the Pathologizing of Gender in 18th-Century English Mad-Discourse

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Abstract:

One concern in the history of gendered psychiatric confinement is not that the field lacks good scholarship but that the extant scholarship is focused too narrowly on its height during the 19th century, neglecting the important temporal beginning of the trend in the 18th century. In the United Kingdom, it was in the 18th century that the move to confine became more widespread, prompted at the community, and more specifically, at the family level. This essay traces the philosophical changes in medical discourse as the move toward confinement began focusing more on the incarceration of women and the specific problem of their bodies as newly sexualized beings. Prior to the 18th century, the Galenic, one-sex model dominated both medical and social discourses. It was in the 18th century that women's bodies became pathologized which prompted the 'feminization' of mental illness. Interestingly, women writers of the period both reiterated and resisted this pathologizing of the female body through their mad-discourse, that is, their writing-about-madness. Although the ratio of female to male madhouse admissions disproves the prevalent belief in the mass-incarceration of the 'deviant' woman, Francis Burney, Lady Mary Wortley Montagu, and Eliza Haywood each reflect an emerging vision of this trope. It was the nature of confinement that so effected women's writing reiterating the concept of the deviant woman unjustly confined which, in turn, helped advance this idea in popular culture and eventually into medical discourse. It was this cycle which led to the trope becoming reality in the 19th century as women internalized this threat because of its unique dangers to what was believed to be their inherent female qualities.

The Development of the Madhouse

1   The development of asylum (madhouse[1]) culture in England during the long 18th century can be viewed as a function of localized, small-group normalizing. Because of the lesser reliance on religious faith and the developing primacy of reason in Enlightenment values, the madhouse became the preferred method of the treating and safe-keeping of deviant or mentally-diseased community members, quite often women who refused or were incapable of fulfilling their expected social roles. In terms of the development of the psychiatric profession, the cusp of Foucault's classical age saw the transition of religious fervor in the routing of witches and heretics to the more widely accepted belief in the witch as madperson. Likewise, the shift was not automatic, but rather a progressive shift in attitudes; the belief in witchcraft was not abandoned but rather subverted and appropriated within the new discourse of rationality (Porter, *Manacles* 16). In this conversion, the witch or heretic becomes the

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[1] Use of the term madhouse has a more open interpretation than the term asylum. Asylum was to become synonymous with the means of promoting rationality and improvement with its architecture and scope.

madperson, whose lack of rationality is the primary flaw that required confinement and treatment in the hope of the restoration of reason.

2   Prior to the 17th century, women were liable to be branded and punished as witches for any socially unacceptable acts or peculiar behavior. Through to the early part of the 17th century, European women were one of the ultimate subaltern groups, and were the large social group most frequently persecuted for misdeeds against the Church, a statistic often cited in gender studies on the subject. In her book *Women's Madness: Misogyny or Mental Illness?* Jane Ussher states that the medieval witch became the gold standard example for the idea of women as inherently evil and simply another manifestation of widespread misogyny.[2] She goes on to mention the process of confinement, trial, tortures such as blood-letting, dunking in water, and caning, enforced nudity during bodily searches, and eventual execution (52). One cannot help but recognize the similarities in the process for the routing of witches to the confinement and treatment of the madperson before the development of moral therapy during the 18th century; even the trial, no longer public, could still be seen in the scopophilic display of the madperson during public viewing at Bethlem Hospital. Ussher suggests that the epistemic change witnessed in the late 17th and early 18th centuries which shifted the overt power structure from the Church to Enlightenment values of reason did not in fact change the situation of women, but instead simply altered the form of misogyny. For Ussher, "madness, hysteria or insanity came to replace the catch-all description of 'witch' as a label applied to women who were in some way deviant" (60). I would suggest that this change in the root cause of deviance, madness vs. demonic interference, was not as limited to women as Ussher would have us believe. Reason became an inherent virtue, one not limited, though privileged, by men. Unlike the previous centuries, male deviancy became equally punishable through incarceration and/or confinement. The ultimate expression of this change was to appear with Freud's psychoanalysis in the 19th century where the witch, far from being demonic, is simply a woman who exhibits "unacceptable behavior, illogical behavior founded on a *proton psuedos*," or a false foundational belief (Bass 874).

3   The initial development of the madhouse trade illustrates this trend toward confining male deviants to the neglect of female confinement. The *Act for the More Effectual Punishing such Rogues, Vagabonds, Sturdy Beggars, and Vagrants, and Sending them Whither They Ought to be Sent* of 1714 allowed frenzied lunatics to be incarcerated in a "lock-up, bridewell,

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[2] Although Ussher never cites actual numbers of women prosecuted or killed for witchcraft, she implies that they were by far the highest social group victimized. Alternate view points importantly take the social and economic standing of the victim (in additional to ethic background) as a primary factor rather than only gender. For further reading on the subject please see Briggs.

or house of correction" along with other social disturbers such as those malcontents listed in the Act's title (Porter, *Manacles* 7). This act was intended to detain the disturbers of the community in order to maintain social cohesion. As the madhouse trade expanded, so too did the numbers of those confined within public and private madhouses. The beginning of this population explosion of lunacy can be illustrated with the number of confined patients: in 1800 there were only a few thousand people confined for madness, yet by 1900, the number was nearly 100,000 (Porter, *Manacles* 2). One can assume that by the end of the long 18th century, the number had grown exponentially from the few thousand in 1800. This growth was instigated at the community level rather than at the state level. Indeed, it was not until 1808 that an act was passed to allow local community authorities to found asylums for care of the mad, and it was not until 1845, just after the end of the long 18th century, that Parliament *required* communities to establish them (Porter, *Manacles* 117). Thus it was the local communities that drove the move to confine the mad, rather than the authorities, permanently altering the previously established familiar care system.

Gender and the Development of the Madhouse Trade

4   One of the major concepts in Foucault's *History of Sexuality* is the imposition of sexuality, and more importantly gender, within the changing microcosm of the family. With the development and preference for the nuclear family as the primary means of the control and correction of deviant sexualities, medical discourse appropriated the concept of moral therapy (110-11). Moral therapy, seen by some scholars as a more damaging and insidious form of oppression than the physical restraint common to the previous centuries, involved shaping the institution of confinement into a replicated family unit, placing the moral authority of the institution with the doctor or father figure. Duties and expectations were then assigned along gender lines. In addition to the influential testimony of the Tuke family in their moral reformation of the York asylum, this moral therapy led to a decrease in the use of physical treatments used in previous centuries (Digby 218). One could assume that the shift in treatment from physical to moral imposition accelerated the confinement of women as many families may have been reluctant to commit their sisters, wives, and mothers because of the physical tortures inflicted upon the mad and the belief in women as inferior men, and therefore less capable of withstanding the physicality of the madhouse. As such, when the treatment styles began to shift to a psychological coercement to reason, we see a noticeable rise in the confinement of women.

5   One cannot take Foucault's basis for the changing model of the family as the instigator for moral therapy without some critique. Naomi Tadmor suggests instead that 18th-century English society operated within a system of families based on household units which included the nuclear family, in addition to domestics, and non-blood related kin. The significant part of the "family" was that the household unit lived together under the authority of a householder, usually a male (Tadmor 151). However, this was not to prohibit women from the role of authority. The fluidity of households/families included the frequent periodic absence of a male householder due to shortened life expectancy, pandemics, and wars (Tadmor 151). This allowed women to fulfill their duty as householder, enabling them to work without social awkwardness.

6   Foucault maintains that the development of the madhouse trade can be viewed within the overarching trend of the great confinement. He places the date of the birth of this movement to confine as 1656 with the foundation of the Hôpital Général in Paris (*Madness and Civilization* 39). The significance of the Hôpital Général is that it was not intended as a place of medical treatment, but rather "a sort of semijudical structure" or "an administrative entity" charged with maintaining social order that might be disturbed by the unemployed, idle, and mad (*Madness and Civilization* 40). The founding of the Hôpital Général was subsequently mimicked all over Europe which correlates with the shift in the pre-17th- and 18th-century habit of briefly jailing the mad, to the specific, often long-term, penal aspect of confinement. It was during the classical age that "for the first time, madness was perceived through a condemnation of idleness and in a social immanence guaranteed by the community of labor" (*Madness and Civilization* 58). Thus, Foucault maintains that it was the madperson's lack of labor and production that so offended the rest of the community. This idleness was partially behind the move to confine the mad; and was evidence of their "inability to integrate with the group" (*Madness and Civilization* 64). Critics have pointed out the problem of a sudden condemnation of idleness as a primary basis for confinement because of its non-universal applicability. The "socially helpless," such as the mad, poor, and idle, were confined prior to Foucault's date, albeit in smaller quantities (Midelfort 107). More problematic, however, is the connection between women's increasing confinement and the condemnation of idleness. Although women of this period were said to have had freer opportunities than their later counterparts in the late 18th and 19th centuries, their frequency of employment outside the family was still relatively negligible compared to their male counterparts. The vast majority of women could not have been considered idle or deviant when running households and raising families. I suggest that the condemnation of idleness

can still remain applicable as a deciding factor for women's confinement by reconsidering our view of production. Women, excluding those of the emerging middling class engaged in business, produced less exchangeable commodities than their male peers. In confining women it is the confinement itself which leads to loss of labor (madness) instead of madness (loss of labor) leading to confinement.[3]

7   Some critics disagree with Foucault's notion of the great confinement, most well-known among them is Roy Porter, noted English medical historian. Porter states that the great confinement did not occur in England in the 18th century, but instead the move to confine was enacted in the 19th century. Porter also disagrees with Foucault's theory of the rationale for confinement being a move to make productive the idle and mad. He notes that some asylums offered gardening and needlework as a distraction for the patients, rather than a means to employ their labor for resources (*Manacles* 8). Porter also cites a miscalculation in Foucault's analysis of the great confinement as being an effect of a change in regime. Porter states that Foucault cites the consolidation of central authority as an inciting factor in the legislation that created workhouses and asylums, yet disagrees with this idea as applied to England. He argues that the opposite took place after the Restoration in 1660; "localism and community action rather than programmes emanating from Crown or Parliament" were employed when dealing with social issues, including the confinement of the mad (*Manacles* 111). This can be shown in the high numbers of small, privately-owned madhouses compared with the static number of large public institutions such as Bethlem Hospital. While it is true that the Victorian age saw the highest percentage of confined mad and the explosion of licensed and unlicensed public and private madhouses, Porter seems unduly harsh in characterizing Foucault's notion as "hyperbolic" (*Manacles* 8). While Porter cites the statistic of only 400 people per year being admitted to private madhouses in all of England at the end of the 18th century as proof that the massive move to confine was not applicable to England because of it paucity of patients, it must be noted that record-keeping, especially in private madhouses, was shoddy to non-existent in some cases (*Manacles* 8). Likewise, this statistic takes into account only the private madhouses; not included are the numbers of quickly growing public madhouses.

8   The shift in the steady and relatively un-gender-biased confinement of the mad during the latter half of the 18th century to the exponential growth of confinement, specifically female, during the 19th century has been thoroughly examined by Jane Kromm in her analysis

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[3] Derrida disagrees with this assessment; Derrida states that follies "do not amount to the 'absence of the work' – that fate of madness in the classical period that Foucault speaks of. Instead, they make up a work, they put to work" (Derrida 90).

of visual representations of madness. Through examining various print portrayals of the madhouse and its inhabitants, Kromm identifies the 1780's as the critical turning-point in the popular conception of the madhouse inmate. From the previous, male-focused imagery of Foucault's animalistic madman and the melancholic, love-lorn madwoman, the imagery shifts with a stronger feminine representation to images focused primarily on depictions of promiscuous, animalized women (515). She suggests that this shift was initiated by the sexualized stage portrayals of Hamlet's Ophelia due to a relaxation of the theatre codes and furthered by the development of the moral treatment, in which female patients were encouraged to participate with the "family" of the asylum – the internalization of the doctor/staff's paternal moral authority was used as a means of behavior control. For Kromm, this shift clearly depicted in print art, elaborates the nature of the demographic shift in confinement during the period. However, I would argue that this position neglects several factors. One factor to consider is that Kromm's samples are only from male artists, though unsurprising given the period. This othering of the female figure is referenced solely within one social group, educated and reasonably-moneyed white males. Likewise, when one reviews women's writing of the period, the demarcated shift in the trope of madwoman is absent. Though by no means an exhaustive study, my review of women's writing about madness noticeably showed no defining change in depictions.

9   As mentioned previously, the Retreat at York presented both a more humane and more seductive form of controlling the mad. Even at the Retreat, woman's new place as an other-sexed being was fulfilled. Whereas Samuel Tuke states that men were encouraged to exercise and converse to maintain health, women were "employed as much as possible in sewing, knitting, or domestic affairs" (Ingram 243). This segregation, though not a new phenomenon, was nevertheless a product of viewing women as a bodied other, rather than as a malformed man, as previous thought in medical discourse, i.e., the Galenic, one-sexed model. By clearly differentiating between male and female patients at the Retreat, Tuke simply reinforced the contemporary construction of gender and sexuality. As Foucault states, "the deployment of sexuality has its reason for being, not in reproducing itself, but in proliferating, innovating, annexing, creating, and controlling populations in an increasingly comprehensive way" (*History of Sexuality* 170). Thus, Tuke's asylum as family unit was merely one manifestation of the new deployment of sexuality and its added layer of control over female patients.

10   It is evident that the development of confinement as a way to handle the mad was intended as a punitive measure rather than a means to treat or cure them. In its own creation and rationalization, "the house of confinement in the classical age constitutes the densest

symbol of that 'police' which conceived of itself as the civil equivalent of religion for the edification of a perfect city" (Foucault, *Discipline and Punish* 63). In this, confinement assumes authority over the madperson which was previously held by the Church while promoting Enlightenment values of reason and civic responsibility. While England was not the hotbed of dissension as was Foucault's 17th- and 18th-century France, it nonetheless employed some characteristics of the explosive community. It was considered common knowledge that uncontrolled emotions were directly linked with madness: the 1750 *Treatise on the Dismal Effects of Low Spiritedness* comments on "madness as the vice of unbridled passions" (Porter, *Manacles* 26). Thus, when Lady Mary Wortley Montagu states that any young woman who considers running away with a man she does not intend to marry should be confined within Bethlem Hospital, she underhandedly comments on the rule of passion over reason (Porter, *Manacles* 27). The language is significant in that the would-be lover must by physically removed from the community and confined specifically within Bedlam or a Bridewell to remove the taint of her subversive ideas from the community at large, and more specifically, as a moral lesson to other young women. This lesson was easily observable and replicated through the habit of keeping the mad on view in public madhouses like Bethlem Hospital. As Porter states, until 1770, "almost unlimited sightseeing was allowed" with many English families spending the day at the asylum in order to observe the spectacle that was madness (*Manacles* 37). The spectacle of the madhouse was dramatic as patients were "manacled, naked, foul, sleeping on straw in overcrowded and feculent conditions" all the while being "jeered by ogling sightseers" (10). William Cowper comments that during a previous visit to Bethlem Hospital he felt that "the madness of some of them had such a humorous air, and displayed itself in so many whimsical freaks" (qtd. in Porter, *Manacles* 91). Thus it was both upper and lower class citizens that attended the spectacle at Bethlem Hospital, enjoying the safe exhibition of madness and the moral lesson it was said to provide.

11   The spectacle of the madman or madwoman served not only as a moral lesson in the inherent goodness of reason in humanity, but as a form of authorized scopophila in removing the madperson from his or her "easy wandering life."[4] In the madhouse, women were viewed with an eye toward appearance and cleanliness, whereas men were viewed with an eye toward

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[4] Much criticism of Foucault's Madness and Civilization has been based upon translation, specifically, the absence of English translation for the full manuscript, which runs about 600 pages. The English translation is less than half that length based on a 1964 abridged edition. Certain selections, such as the phrase alluded to above "an easy wandering life," remain contentious. Some critics suggest this interpretation is evidence of a more problematic and faulty use of primary source materials on Foucault's part. However, I recommend the excellent collection of essays Rewriting the History of Madness: Studies in Foucault's Histoire de la folie, edited by Arthur Still and Irving Velody, for some enlightening discussion on the subject, specifically Allan Megill's essay, "Foucault, Ambiguity, and the Rhetoric of Historiography."

restraint and violence. In the *Report from the Committee on Madhouses in England*, the testimony of Henry Alexander focuses on the confined insane at the workhouse Leskeard in Cornwall. Alexander speaks of the confined madwomen noting their physical condition, chained on dirty straw, covered in filth, dejected, and emaciated (Ingram 252). The examiner did not speak to the women; indeed his entire basis for observation was on one woman's physical non-conformity to socially acceptable appearance and an unprovable idea of the cause of her madness being an ill-fated love affair. Throughout the report, men are spoken to while confined, such as the infamous William Norris, a man reputed to have been physically restrained in an iron cage for 14 years (249), whereas women were spoken *about* and described with a focus on their nudity and filth. This reflects Mary Ann Doane's suggestion that women are continually represented as a body "over-present, unavoidable, in constant sympathy with the emotional and mental faculties, the woman resides just outside the boundaries of the problematic wherein Western culture operates a mind/body dualism" (206). Thus under the male, medicalized gaze, women are *only* their problematic bodies, where as men are situated against the concern of violence and animality, their higher, reasonable mind separated from the manacled body.

12   Another issue that Porter mentions with regard to Foucault's application of the great confinement in England that must be addressed is the missing and/or late entrance of the state in the creation of public asylums. As previously stated by Foucault, the move to confine was instigated by the state to penalize and control the idle bodies and unreason of the mad; yet in England, the central authority did not become involved in the creation and implementation of public madhouses until close to the end of the long 18th century. Porter states that "the 'great confinement' was a drive by the powerful to police the poor" yet the poor were never the only class to be confined (*Manacles* 9). Both Lady Mar (Lady Mary Wortley Montagu's sister) and Frances Burney's family friend, well-known poet Christopher Smart, spent time in madhouses despite their confirmed upper-class status (Grundy 281; Abbott 1021). Because of the relatively late involvement of the state and the broad class spectrum of those people confined within either private or public madhouses, this move to confine was based primarily within the local communities. However, I do not find this a sufficient reason to completely discount Foucault's concept as Porter seems most willing to do. While the move to confine the mad in England was not so much the oppressive police action that Foucault suggests, it was instead a policing action founded at the local community and more importantly at the family level.

13   One subject that Porter does not speak at length about is the role of women within the asylum. He does make a caveat that the "male admissions notably outstripped female" until

after the 1850's. He also explicitly states that "Georgian asylum admissions lend no support to the view that male chauvinist values were disproportionately penalizing women with mental disorders, or indeed that the asylum was significantly patriarchy's device to punish difficult women" (*Manacles* 163). This was reflective of Samual Tuke's 1819 design for a pauper lunatic asylum which planned for 150 people with equal distribution of men and women (Edginton 96). While this may be true especially in the early years of the rise in the madhouse trade, I find it difficult to believe that women were treated equitably with men. As Foucault states in *The History of Sexuality*, the 18th century saw a shift in gendered views toward women. He saw this shift as the "process whereby the feminine body was analyzed […] as being thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practice by reason of a pathology intrinsic to it; whereby, finally, it was placed in organic communication with the social body" (104). Thus it is through the process of the analysis of women's bodies that the changing ideology took place.

14 With the subtle rise in women's admissions came additional scrutiny of women's mad-diseases, such as hysteria, previously thought to be caused by a wandering uterus. One explanation for the long popularity of the wandering uterus as cause of hysteria was the widely held belief in the one-sexed body. Prior to the 18th century, the Galenic, one-sex model dominated both medical and social discourse. The idea of the woman as a flawed man was proven by woman's inverted male genitals; "you could not find a single male part left over that had not simply changed position" (Laqueur 26). Illustrations from the period exaggerate the similarities; the vagina as the inverted penis, the ovaries as the testicles, etc. In this view, the uterus has no direct male counterpart, which may have led to an acceptance of the wandering womb, that is, in a one-sexed body; the organ that does not have its male equivalent must therefore be an abnormality and likely to wander from it seat in the abdomen.

15 In the 18th century, "as the natural body itself became the gold standard of social discourse, the bodies of women – the perennial other – thus became the battleground for redefining the ancient, intimate, fundamental social relation: that of woman to man" (Laqueur 150). It is with this change, such as when women's ovaries became medically recognized in their own right as unique reproductive organs instead of female testicles, that the differentiation occurred. This new pathology was apparent in the move to blame hysteria as a "defect of the nerves" being "chiefly and primarily convulsive, and chiefly depends on the brain and the nervous stock being affected" (Porter, *Manacles* 48). The new concept of hysteria was that of a disease of the female nerves rather than of the body. The new hysteria was considered to be "the disease of a body indiscriminately penetrable to all the efforts of the

spirits, so that the internal order of organs gave way to the incoherent space of masses passively subject to the chaotic movement of the spirits" (Foucault, *Madness and Civilization* 147). The physically wandering womb became an excess of sympathy in organs that were led by "animal spirits" and as such, the previously thought purely physical disease assumed its new status as a mental disorder or symptom of madness (Porter, *Manacles* 49). As Foucault states, "the entire female body is riddled by obscure but strangely direct paths of sympathy; it is always in an immediate complicity with itself, to the point of forming a kind of absolutely privileged site for the sympathies" thus one organ, affected by a shift in spirit could, in turn, disease its closest neighbor, and so on (*Madness and Civilization* 153-54). It was because of this shift in the root cause of hysteria, from caused by the womb to caused by "a chemopathology of the spirits and nerves" that men could also become victims of the disease (Porter, *Manacles* 48). As Porter mentions, although the shift away from the womb-center of the disease, women were still much more likely to suffer hysteria than men: men had their own supposed counterpart in hypochondria (*Manacles* 48-49).

16   This new view of hysteria as a disease of the nerves rather than as a physical ailment led to mockery by some as affectation. In 1728, a physician bemoans the trend of patients assuming the currently popular disease: "the old distemper call'd Melancholy was exchanged for Vapours, and afterwards for the Hypp, and at last took up the now current appellation of the Spleen […]" (Porter, *Manacles* 86). Although hysteria was performed by some women because of its popularity in society and literature, there were however genuine sufferers. Mary Wollstonecraft is said to have suffered from "spasms and disordered nerves, constant nervous fever, a melancholy misery, accompanied by violent pains in her side, difficulties breathing, trembling fits, a rising in the throat (*globus hystericus*) and faintness" (Porter, *Manacles* 244). Porter reasons that the large numbers of women who suffered from hysteria were due to the fact that "being vapourish or hysterical were roles (sick roles) which women themselves sometimes adopted – as, of course, did men – to give vent to their feelings and to cope with life's demands" (*Manacles* 106). Similarly, in *Hystories: Hysterical Epidemics and Modern Cultures*, Elaine Showalter states that "hysteria is a mimetic disorder; it mimics culturally permissible expressions of distress" (15). Thus, in assuming the role of hysteric, women were able to express their frustration with their life in a culturally acceptable form. As Showalter notes, "throughout history, hysteria has served as a form of expression, a body language for people who otherwise might not be able to speak or even admit what they feel. In the words of Robert M. Woolsey, hysteria is a 'protolanguage,' and its symptoms are 'a code used by a patient to communicate a message which, for various reasons, cannot be verbalized'" (7). If

used as a protolanguage, when the hysteric is afflicted by *globus hystericus*, he or she is expressing, in a culturally permissible manner, the anxiety caused from the previous psychical trauma.

17   Hysteria became not just a disease that women were susceptible to, but rather a disease of women due to their new status with the break from the one-sexed body of man. With this change was the new understanding of hysteria as a woman's disease transmitted by nerves and sympathetic organs, allowing it to firmly enter the realm of symptoms of madness rather than physical illness. In furthering the move of the hysteric as a victim of nerves and excessive sympathy to the hysteric as the victim of previous, though unknown, psychical trauma, in the 19th century Freud and Breuer helped to delegitimize hysteria as a disease of the nerves and instead helped transform it exclusively to a disease of the unconscious mind. Breuer and Freud cite as proof that hysteria was the result only of a previous trauma when they found "that each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words" (Strachey and Freud 6). Thus Freud and Breuer were able to effectively "cure" the hysteric, something that was not even hoped for when physicians studied it in the 18th century.

18   Another example of this ideological change was the underlying current of a feminization of illness in George Cheney's treatise, *The English Malady*. Cheney does allude to the previously popular fluid imbalance theories in his work, but this treatise is significant because of his critique of social life as partly responsible for mental distress. He cites the "continu'd Luxury and Laziness" due to improved English prosperity as one of the primary seats of mental distress (Ingram 85). Likewise, Cheney blames the rich preparation of food as a cause for disturbance (86). Both the language he uses for the effeminate melancholy male and the domain of woman, that is, the preparation and display of food, serves to further demonize women. His essay appears to be written for men exclusively, not for men as the universal as in the one-sex model of society, but to men at the exclusion of women. Cheney's document illustrates the new two-sex model through his appeal to men exclusively and the critical eye toward effeminate traits and functions.

19   Another interesting example of the female body within the asylum in the long 18th century is the *Report from the Committee on Madhouses in England* from 1815. When commenting on the wretched state of patients in Bethlem Hospital, Mr. E. Wakefield notes typical abuses such as a male patient being chained by the neck to a trough, yet the abuses

suffered by the female patients focus on their exposed bodies. He briefly mentions that in the women's galleries women were shackled to the wall, but instead discusses, at length, their state of undress: "the nakedness of each patient was covered by a blanket-gown only; the blanket-gown is a blanket formed something like a dressing-gown, with nothing to fasten it in front; this constitutes the whole covering; the feet even were naked" (Ingram 247). The extreme interest and supposed shock in the nudity rather than the state of bondage of the female Bethlem patients is notable when contrasted to previous notions of the female body in the one-sexed society. Indeed the female body was frequently illustrated as nude, genitals exposed, and partially flayed in midwifery and anatomical manuals such as Estienne's *Dissection* series of illustrations (Laqueur 131-32). Importantly, illustrations of the flayed and eviscerated male body were equally eroticized as the female because they were of the same sex. It was only after the female body became medically categorizable and obtained its status as a separate sex that it became an object to be protected from view.

Women Writers and Mad-Discourse

20   Above even reason, the great confinement was about policing space; the placement of mad-bodies, the proper place for female bodies, the construction and regulation of asylums, all a function of the hope for the installation of correct behavior. Through the late 18th century, the mad as a population were not separated by gender. The 1815 report on madhouses notes that women and men were separated into gendered rooms where they were manacled together, but they were allowed mixed free time depending on the severity of their lunacy.[5] This is reflected in Eliza Haywood's description of the madhouse in *The Distress'd Orphan, or Love in a Madhouse* (1726). In the *Distress'd Orphan*, the protagonist Annila is wrongly confined by her uncle because she would not marry his son so that he could inherit her estate. In order to free Annila, her lover Marathon has himself committed in the same madhouse to assist with her escape. Especially relevant for this study is Haywood's detailed commentary on Annila's incarceration in the madhouse in comparison to Foucault's idea of the ideal institution. Foucault suggests that the pinnacle of the transition in the control of bodies in the classical age is Bentham's Panopticon. The Panopticon was a means of correct training by employing a normalizing gaze making it the "perfect disciplinary apparatus" (*Discipline and Punish* 173). Haywood's madhouse, however, does not reveal an early concept of the Panopticon but instead develops an image of the anti-Panopticon. It is through

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[5] The true gendered separation within the asylum did not occur until the 19th century. Bethlem Hospital, the premier and best-known of English asylums, planned for entirely separate male and female wards, separated by a central station (Bethlem Royal Hospital).

the possibility of being under observation at any time that the patient or inmate adapts his or her behavior, internalizing the means of correction and allowing the observer to control behavior from a single point in space. Key to this process is the architecture of sight; the inmate must be easily visible at all times. This was impossible in Haywood's madhouse, as frequent mentions are made of the dark, dank, secluded apartments into which the patients were confined (50). When Marathon initially encounters Annila after his admission to the madhouse, he barely recognizes her because of the dim conditions (57). For Haywood, the private madhouse in which Annila was confined was a return to the dungeon which was intended "to enclose, to deprive of light and to hide" (200). The private madhouse was not intended to cure or even to incite correct and socially acceptable behavior, but to hide the inconvenient away. Because of the awkward placement of the rooms, the dark environment, and the enforced solitude of the patients, the dungeon is the Enlightenment's anti-Panopticon, suggesting that popular conception of the madhouse in women's writing did not clearly align with Foucault's analysis of the trend. It is important to note that the development of asylum construction was not the all-pervasive explosion as previously thought because it continued to compete with homecare and private madhouses. Beginning in the late 18th century, asylums were constructed more with an eye toward correction than incarceration, with attention paid to pastoral scenery and rooms designed to assist with mental coherency (Moran and Topp 9). Haywood, however, reflects a contemporary belief in the madhouse as a relatively private place of confinement, rigidly adhering to the social class separation.

21   Although the subtitle of the novella is *Love in a Madhouse*, Haywood very carefully does not use that inflammatory term in her initial description of the private asylum to which Annila was to be sent. Annila was to be removed "to one of those Houses which are prepared on purpose for the Reception of Persons disorder'd in their Senses" (49). While it may have been the publisher who tacked on the subtitle to make it more sensational, it is still worth noting that Haywood made a very specific choice in describing the madhouse in a roundabout manner. The reader would have understood that by mention of the "houses" Haywood intended to evoke the idea of a private rather than a public madhouse, which though unregulated until 1774 with the *Act for Regulating Madhouses*, still had some semblance of restrictions upon family members falsely committing the reasonable. Another manner in which the reader was cued to share in Annila's concern about being committed to a private madhouse was the statement not that she was to be committed to a house prepared for those who were mad, but for those people "disorder'd in their Senses"; a much more subjective status. While madness at its most base form required unreason, it was the inability to

communicate and animality which signified its presence, whereas being simply "disorder'd" was a much more insidious accusation, entirely subjective on the committer's point of view, easily-proved and incredibly difficult to disprove on the part of the patient. It is not until Annila is confined within her chambers in the place of confinement that Haywood finally uses the term madhouse (50). By avoiding the direct term Haywood helps increase the horror of unlawful confinement for her readers so that they can more fully identify with Annila's distress when the term is finally uttered only after she is physically confined. Although her description of the madhouse is necessarily sensationalist because of her genre of amatory fiction, Haywood's writing reflected popular notions of the peril to confined women.

22   In addition to popular fiction, women writers evidenced concern about madness in their epistolary communications. Lady Mary Wortley Montagu, of the *Turkish Embassy Letters* fame, made frequent mention of maladies associated with mood. In a 1712 letter to her absent husband, the newly married and pregnant Lady Mary speaks of her efforts to prevent further incitement of the Spleen and Melancholy; she speaks of how her "constitution will sometimes get the better of [her] Reason," suggesting that the melancholia she experienced was bodily based rather than a creation of her circumstances. She notes that

> [t]he idle Mind will sometimes fall into Contemplations that serve for nothing but to ruine the Health, destroy good Humour, hasten old Age and wrinkles, and bring on Habitual Melancholy. […] I lose all taste of this World, and I suffer my selfe to be bewitch'd by the Charms of the Spleen, tho' I know and forsee all the irremediable mischeifs ariseing from it. (Halsband, ed., *Complete Letters* 173)

In this passage, Lady Mary reflects Robert Burton's idea in the *Anatomy of Melancholy* of a certain disposition falling more-easily victim to melancholy (143). This conception of a melancholic personality was common to the developing medical literature of the time, especially with regard to women. Lady Mary is documented as having the relatively unique (unique in its documentation) duty of caring for the mental well-being of her mad sister Lady Frances Mar through frequent letters of encouragement and the climatic 1728 kidnapping in which Lady Mary took bodily custody of her sister from Lady Mar's married family in order to have her confined within a private madhouse (Halsband, *Life* 134). In order for her to retain custody of her sister's body, Lady Mary engaged lawyers and had her sister pronounced legally a lunatic, staking her claim for the temporary "ownership" of her sister (Grundy 275). Lady Mar was treated by Dr. Richard Hale of Bethlem Hospital, an early moral therapist who avoided the more mechanical and restrictive treatments in favor of sedation (Halsband, *Life* 135). According to Halsband, Lady Mar was treated in her home, but others maintain that she was placed in Dr. Hale's private madhouse in Hampstead (Grundy 282).

23   Suggestions for physical and mental stimulus are a frequent theme in Lady Mary's letters to her sister. In a July 1727 letter, Lady Mary directs Lady Mar "as soon as you wake in the morning, lift up your eyes and consider seriously what will best divert you that day. Your imagination being then refreshed by sleep, will certainly put in your mind some part of pleasure, which, if you execute with prudence, will disperse those melancholy vapours which are the foundation of all distempers" (Wharncliffe 508). Here Lady Mary explicitly states that pleasurable actions will assist in relieving Lady Mar of the vapours which situates Lady Mary within the ideological shift that occurred mid-century in the field of medicine. These vapours, also known as the Spleen, illustrate that Lady Mary was cognizant of the newly popular concept of the "*machina carnis*, a machine of the flesh" replacing the previous notion of the humoural body (Porter, *Flesh* 51). By viewing the body as a machine, the basis of mental disturbance or lunacy became a physical ailment which indicated an awareness of physician-thinkers such as George Cheney.

24   One symptom of Lady Mar's illness was her difficulty with speech and human interaction. However hyperbolic it may seem, Lady Mar describes effectively isolating herself from the community at large in the previously mentioned letter to Lady Mary: "I fear a time will come when I shall neither write nor see anybody [...] my solitude comes from causes that you are too happy to have experienced, and gives me no other inclination but to doze upon a couch, or exclaim against my fortune, and wish [...] forgetfulness could steal upon me, to soften and assuage the pain of thinking" (Halsband, *Life* 127). This contradiction of both a fear and an embrace of isolation illustrates Lady Mar's melancholy, as according to Foucault, "[l]anguage is the first and last structure of madness, its constituent form; on language are based all cycles in which madness articulates its nature" (*Discipline and Punish* 100). Thus, it was Lady Mar's own language, and its evidence of unreason, that defined her melancholy within her letters to her sister which indirectly prompted Lady Mary to eventually pursue custody and responsibility for her mental well-being; however, it was Lady Mar's political position as a woman which led her constitution to be more inherently susceptible to madness.

25   Frances Burney had many interactions with madhouse culture which are documented in her journals and fiction. In addition to commenting on the confinement of her friend Christopher Smart, Burney was also a frequent witness to King George III's bouts of lunacy through her position as Keeper of the Robes (Wiltshire 75). Burney directly positions female madness in elite society in her novel, *Cecilia, or Memoirs of an Heiress* (1782). The protagonist Cecilia is an heiress bound by her uncle's requirement that her husband retain her

last name in marriage. After her uncle's death, Cecilia is led through a barrage of equally unsuitable guardians who proceed to steal her money and status. It is toward the end of the novel that Cecilia finally exhibits a psychotic episode when she is driven mad from ill-fated love. Cecilia runs through London without money or identification, even forgetting who she is and her circumstances, until she collapses, mute, in a shop (Burney 897). Interestingly, her rescuers, the shopkeepers, assume that Cecilia has escaped from "Bedlam" or a "private madhouse" because of her elite bearing and clothing (897) indicating the late 18th-century association of private madhouses with moneyed individuals. This is reflected in their next course of action; to lock her within their domicile until she is claimed by her proper keepers. They eventually post a newspaper advertisement titled "Madness" which described "a crazy young woman" is being retained by them for her own safety and "[w]hoever she belongs to is desired to send after her immediately" (901). Burney subtly mentions the growing trade of the madhouse industry when she has the new keeper post the notice about Cecilia only after she begins to worry on the "uncertainty of pay for her trouble" (901).

26   It is Cecilia's language transition which is of most interest. In the beginning of the novel, Cecilia is presented as the most level-headed and discreet of all the characters in her astute identification of her poorly-suited guardians and the effect they have upon her reasonable state. However, toward the end of the novel, Cecilia not only loses all sense of decorum in her dash through the streets, but she loses her speech at the height of her madness. Burney writes against the trope of woman silenced by her family by endowing Cecilia with the agency to silence herself. It is not until Cecilia is confined by the shopkeepers that she regains her voice, not in a reasonable manner, but launches immediately into a tirade where she "raved incessantly" and "called out twenty times in a breath" (Burney 900). In making Cecilia rave, Burney reiterates the idea of woman as basely emotional and nearer to madness; Cecilia becomes mad only from her ill-fated affair because it is tied to the sexualized emotion of "love" rather than because her guardians ruined her finances and reputation.

Conclusions

27   For some anti-psychiatrist critics like David Cooper, madness is a liberatory experience and a politically-conscious act. For Cooper, mad-writing is the only truly authentic form of expression untainted by Enlightenment (and Capitalist) oppression; "mad discourse skirts around, reaches above all this to regions where it finds nothing – but an important and specific nothing that is creative precisely in the measures that it is not destroyed by the normalizing techniques of the society" (21). He goes on to speak of madness as a

transformative act moving away from the Enlightenment trend of familialization in treatment (23), which has special applicability to feminist critiques of the patriarchal normalizing of the psychiatric institutionalization trend in the late 18th through mid-19th century. Cooper briefly mentions his own experiences with madness, notably never defining it, merely describing the liberatory sensations of freeing oneself from the constraints of fulfilling social expectations. This highlights the problematic aspect of writing of mad-discourse; it is difficult to adequately speak of madness without pathologizing or diagnosing the illness because of the pervasive quality of diagnostic medical discourse developed in the 18th century. If one hopes to avoid diagnosing after the fact because of inherent associated judgement and with the language of control utilized in such diagnoses, one may find it easier to leave madness undefined and simply examine the cultural variations it presents within itself. For Cooper, as for feminist writers on the subject, madness becomes another political position of the subjected body. This, however, was not evidenced in the women writers selected. In Frances Burney's and Eliza Haywood's fiction and Lady Mary Wortley Montagu's epistolary discourse on the subject of madness, women writers of the 18th century viewed madness not as liberatory, but as a physical affliction. Their writing showed an acknowledgement of the changing conceptions of women's bodies in Enlightenment discourse, but their writing of madness does not show the intensive progression in misogyny that one would expect to precede the huge growth of gendered confinement that characterizes 19th-century fiction.

28   One suggestion unrelated to the shift in gendered bodies in the 18th century is the idea of "mood sweeps" overwhelming social groups. Mentioned by Caudill with reference to the trend of a mood or emotion sweeping through the multiple social groups within the psychiatric hospital, this phenomenon is particularly based upon both the cues received which interpret both emotional and cognitive information. In this type of mood sweep, emotional information becomes more easily understood than cognitive information, which in turn spreads more quickly among both patients and staff (9). One could overlay this idea upon women's interpretation of the horrors inflicted upon their gender within the madhouse; although statistics note that most women were never confined, most women either knew of someone who was, or developed their concepts of confinement through popular culture. Because confinement was such an emotionally charged event, and women were thought to be ruled by their emotions, however much they may have internalized this trope, the idea of a mood sweep affecting the population is possible.

29   There is little evidence for the type of gendered confinement that many scholars have suggested at the end of the 18th century. Admissions records show that there was a rise in

female admissions which mildly out-paced the rise in male admissions during the period, a trend that continued through to the mid 20th century (Caudill 21). Necessarily these records are from the larger, urban, public asylums such as Bethlem Hospital and the York asylum because they were the earliest to be regulated, along with some of the earliest asylums to move away from physical treatment. Additionally, it is nearly impossible to account for the myriad of private madhouses which existed until the regulations of the mid-19th century; their admissions records are often non-existent as many served a small, informal population of the mad. It is possible that women's confinement proportion was demonstrably higher in private madhouses which could have helped propel the 19th-century trope of the unjustly confined (deviant) woman; however, this is an unsupportable conjecture and will remain just that until further archives are revealed, if they ever existed.

30   While women's proportion of admission did rise modestly above that of men, I believe that it was the nature of confinement that so effected women's writing enough to perpetuate the concept of the unruly woman unjustly confined which, in turn, helped advance this idea in popular culture and eventually into medical discourse, in a vicious, self-perpetuating cycle. It was this cycle which led to the trope becoming reality in the 19th century as women internalized this threat because of its unique dangers to what was believed to be their inherent female qualities. As evidenced by the women writers selected in this essay, the shift in the one- to two-sexed body became more pervasive in Enlightenment discourse. The body as other became more firmly entrenched as the female became defined only by her body. Women were doubly othered in their subjectivity viewed as seated solely within their politicized body while also believed to be victims of the newly antiquated and dismissed notion of female subjectivity as naturally ruled by emotions and irrationality.

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