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"Immoral Women, Delusional Men: Gender and Racial Differences among the U.S.
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In the late nineteenth and early twentieth centuries, the United States experienced a remarkable growth of the immigrant population and witnessed scientific and medical developments that facilitated the selection of desirable and respectable immigrants. Between the 1890s and the 1920s, the American government passed several immigration acts to exclude newcomers with mental or physical defects and expanded the excludable classes of immigrants.¹ The actual number of deportees was small, but their presence alerted the American public of the danger of the "new" immigrants. Compared to physical defects, insanity was difficult to detect due to its relative invisibility and cultural differences in its manifestations and diagnoses. Nevertheless, insanity was often discussed to prove the undesirable nature of the immigrant population, and the popular eugenic ideas of the time period justified its exclusion. Financial concerns at the American borders also posed a problem in detecting immigrants with mental defects. In 1912, against the criticism that immigration officials failed to implement the immigration acts, the Acting Secretary of the Department of Immigration asserted: "A dollar will only go so far, and we cannot get two dollars worth of work for one dollar."² The medical

¹ See Alan M. Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (Baltimore: The Johns Hopkins University Press, 1994) and Elizabeth Yew, "Medical Inspection of Immigrants at Ellis Island, 1891-1924," *Bulletin of New York Academy of Medicine* 56 (1980): 488-510.

² National Archives and Records Administration, Washington, D.C. Record Group 85, Entry 9, File 52730/8-B. Acting Secretary's July 8, 1912 letter to Mr. Goodwin Brown of the New York State

deportation of the "alien" insane was not just a political measure against diseased immigrants; it reflected social anxieties of the time period, and the causes and symptoms of insanity among immigrants revealed deeply ingrained gender and racial stereotypes of the "strangers in the land."³

Here, I focus on gender and racial differences among the immigrant insane in the United States by examining deportation records and patient files. Concerns with public health and racial degeneration led to the decision to incarcerate the "alien" insane at public institutions and eventually deport them from the country. As in the medical inspection, economic benefits of removing the "alien" insane from the United States motivated both state and federal governments to participate in the exclusionary process that brought together state mental institutions and immigration stations. At the same time, political, social, and cultural norms of the late nineteenth and early twentieth centuries offered various ways to read immigrants' immorality and delusions, which frequently appeared in deportation and patient case records. Immorality was often a symptom of insanity for female immigrants; when it came to male immigrants, it was a cause rather than a symptom, but unless taken to excess, their immoral behavior seems to have been tolerated. Immorality and sexual delusions were not uncommon among native-born mental patients; yet, the ways in which they were pathologized among the "alien" insane reflected these immigrants' marginalized social positions and the general attitudes toward the "new" immigrants at the turn of the twentieth century. How important was sexual morality or delusion in evaluating the mental conditions of immigrants? What role did their gender and race play in identifying a "deviant" sexual relationship as a mental

Commission in Lunacy.

³ John Higham, *Strangers in the Land: Patterns of American Nativism, 1860-1925* (New Brunswick: Rutgers University Press, 1955).

problem? This paper uses two sets of records: one is deportation cases of insane immigrants from Ellis Island, New York, and the other is commitment abstracts and patient records from California state hospitals and the San Francisco immigration station. They provide detailed information of the causes and symptoms of insanity to which immigrant patients were allegedly subjected and shed light on gender and racial differences among the "alien" insane.

Gender differences have well been noted in the scholarship of insanity. Contemporary discussions of immigration and mental illness emphasized that female immigrants were more likely to go insane than their male counterparts because of their inability to assimilate and reproductive roles while a large number of men succumbed to the illness due to physical causes.⁴ They shared various symptoms in common: a fear of persecution, incoherence, filthiness, and violence. However, one of the most revealing symptoms of insanity among the immigrant patients was their sexual immorality and delusions. Female immigrants, especially Chinese and Japanese, were associated with prostitution or white slavery; although some Americans viewed this association as a manifestation of their undesirable nature, others argued that prostitution was a result of insanity, not the other way around.⁵ For men, syphilis infection, masturbation, sexual excess, or opium/alcohol/tobacco abuse led to or became a sign of insanity. For example, masturbation, a much examined cause of insanity in the nineteenth century, still existed as an "exciting cause" of insanity in the early twentieth century. Sexual immorality of male immigrants was almost given as they were frequently diagnosed of general

⁴ See Thomas W. Salmon, "The Relation of Immigration to the Prevalence of Insanity," *American Journal of Insanity* (1907): 53-71.

⁵ Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1995), 228.

paralysis, a tertiary form of syphilis that led to insanity, marked by delusions and dementia.⁶ Thus, what became more problematic for male immigrant patients were the contents of their sexual delusions rather than their immoral behavior.

Female sexual immorality posed a grave danger as it was combined with a fear of hereditary degeneracy and a possibility of white slavery. Immorality was, however, hard to define; as historian Deirdre Moloney shows, deporting female immigrants based on the moral turpitude clause was not easily implemented and thus the "Likely to Become a Public Charge" clause was adopted in many instances.⁷ It was even more difficult to define insanity as the term used to encompass all forms of mental defects; nevertheless, immorality itself often functioned as a symptom of insanity among female immigrants. In 1908, Veronika,⁸ an eighteen-year-old Polish girl who had arrived in the United States from Austria in 1906, was brought to the Ellis Island Immigration Station for deportation. Arrested on the street by a police officer for vagrancy and put into a home in New York City by a probation officer, Veronika was committed to the Manhattan State Hospital for insanity after trying to kill herself by jumping from a window. Soon, a warrant of deportation was issued for her violation of the immigration act. Her two sisters in New York claimed that Veronika was always a quiet person and her family never suffered from insanity. According to the eldest sister, a doctor told her that Veronika had been two months pregnant when the warrant was issued. Veronika was so ashamed of her pregnancy that, in her sister's words, she had gone crazy over it. Based on the interviews,

⁶ Chinese and Japanese patients, though their number was small, were overrepresented in the general paralysis patient population. For the discussion of general paralysis, see Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997), 72-73.

⁷ Deirdre M. Moloney, "Women, Sexual Morality, and Economic Dependency in Early U.S. Deportation Policy," *Journal of Women's History* Vol. 18, No. 2 (Summer 2006): 95-122.

⁸ NARA, Washington, D.C. Record Group 85, Entry 9, Box 347, File 51967/180.

the Acting Secretary of the Department of Immigration canceled the warrant, confirming that her condition appeared after her arrival. However, five months later, the State Board of Alienists physicians declared that she was in fact not pregnant but suffering from a mental disease. Moreover, the probation officer testified that she must have followed "an immoral calling" while she was living on the street. Her false pregnancy and "immoral" life in the city were enough to override her sisters' statements and to prove Veronika's insanity.

Even after twenty years, immorality was still associated with insanity. In June 1928, Ludmila K. Foxlee, a social worker stationed at Ellis Island, recorded a detention/deportation case of a Sicilian Italian woman with an expression of surprise.⁹ "Two strong men from the Deportation Office were called in to try to carry her away. Suddenly her most private parts were uncovered and everybody was shocked and recoiled. I tried to cover her with a towel, but that was insufficient." She continued: "Today I would have pronounced her insane while she was in this fury." This behavior, which might have been quite common among the insane, was particularly abhorrent, but at the same time natural, because it was displayed by an immigrant woman, not yet assimilated to follow the social norms of American society and therefore far from the respectable American womanhood. Due to the small number of female immigrants from non-Western countries in the early twentieth century, it is not easy even in California to make a full comparison between racially/ethnically different groups of immigrant women. However, several cases of non-white immigrant women at California state hospitals and the San Francisco immigration station show that they were suspected of being immoral or sexually exploited. Were they really insane, or were they unfortunately detained at either state hospitals or immigration

⁹ Ludmila K. Foxlee Papers, Box 20, No. 2, random sample folder, case dated 6/26/28.

stations due to their alleged immorality? It is hard to know. Nevertheless, sexual immorality of immigrant women often became a trope of their undesirability.

Male immigrants were distinguished from native-born male patients by their delusions of sexual liaisons with American women. Being distressed or heartbroken by unrequited love was a common cause of insanity for both male and female patients; however, when a sexual lust or desire for American women was explicitly demonstrated, it became a serious problem that required immediate attention. A deportation case from Ellis Island well illustrates this point. In 1908, an English man named Alexander was deported from Ellis Island for insanity after he had become a public charge at the Manhattan State Hospital. His interviews with an immigration inspector specifically referred to his delusion that he came to the United States "in search of the two princesses, one of whom he says is his wife."¹⁰ When asked by the inspector, "Are you married?" Alexander answered: "I guess so; I wasn't married anywhere. Someone married a princess for me. I came to New York in search of her." His case must have been viewed as harmless—the immigration inspector did not make any judgment on his character and the medical doctor emphasized that these women were "imaginary"—due to its lack of sexual references; however, the delusion of pursuing women was significant in understanding the nature of insanity among other male immigrants.

Records from California, where there were a substantial number of "Oriental" immigrants, illustrate that such delusions became more threatening when expressed by non-white men. Quite a few cases of Asian male patients at California state hospitals were reported to have delusions of sexual liaisons with American women.¹¹ In July 1902,

¹⁰ NARA, Washington, D.C. Record Group 85, Entry 9, File 51967/195.

¹¹ These Asian patients were mostly Chinese and Japanese, with a few cases of Filipino and Korean

Ung Wong Lung, a Chinese cook, was committed to the Stockton State Hospital for his delusion. He claimed that "a woman had been stolen from him and [he] was searching for her—that he had had sexual intercourse with a woman but could not say whether she was a white woman or a Chinese."¹² There were other Chinese and Japanese (later cases included "dark" Mexican patients with similar symptoms) who claimed that they were sexually involved with white women. They could have invented imaginary women as their desperate attempt to deal with the problems of "bachelor society," which the records seemed to imply. Or, they could have been in real relationships with white American women, though in most cases, these relationships were not recognized. That is, non-white male immigrants' sexual liaisons, especially with white women, were perceived as an act of deviance, even on the verge of insanity. Such delusions, whether real or imagined, might have been interpreted as a threat to American womanhood, and therefore, as a rationale for the exclusion of these immigrants.

The records from the immigration stations and the state hospitals show that the insanity of immigrants was closely related to their gender and race. Pathologizing immorality and delusions of immigrants indicates that their insanity was often constructed not by the reality of their immigration experiences but by the historical contexts that justified the exclusion of "deviant" newcomers and promoted the protection of American citizens. Thus, insanity of immigrants at the turn of the twentieth century may be viewed as a lens through which to understand gender and racial relations of the time period. Insanity, especially of immigrants, might have been a convenient label to deter the threats against conventional social and cultural norms. In addition, it

patients. The number of Mexican patients began to grow in the 1910s.

¹² California State Archives, Stockton State Hospital patient abstract of commitment, File 15124.

exaggerated the presence of "immoral" women and "delusional" men among immigrants, rationalizing and fueling the contemporary social anxieties about immigration and insanity.

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