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National Encounters and Institutional States of Exception:
The US Insane Asylum and the First-Person Reform Writing of Mad Women,
1844-1897

A dissertation submitted in partial satisfaction of the requirements for the degree
Doctor of Philosophy

in

Literature

by

Trina Larson

Committee in Charge:

Professor Linda Brodkey, Chair
Professor Claire Ramsey
Professor Roddey Reid
Professor Rosaura Sánchez
Professor Meg Wesling

2012

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The dissertation of Trina Larson is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California, San Diego

2012

DEDICATION

In loving memory of my father, Jack Larson (1933-1997), to my mother, Rita Larson, who ran across the lawn of the Buffalo State Asylum for the Insane late at night, many evenings, to bring french fries back to friends at Buffalo State Teachers College, to my brother and school psychologist, Jon Larson, and to Mrs. Moses, to whom I dedicated my first book.

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VITA

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ABSTRACT OF THE DISSERTATION
National Encounters and Institutional States of Exception: The US Insane Asylum and
the First-Person Reform Writing of Mad Women, 1844-1897

by

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Doctor of Philosophy in Literature

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Professor Linda Brodkey, Chair

Following the mid-nineteenth century, every state in the expanding US founded at least one public insane asylum. Responding to the needs of those with severe cognitive and mental impairments who were poorly housed in prisons and private homes, the asylum promised enlightened management of a seemingly growing social problem. Professional discourse centered both on patients' needs for isolated and restful care and on the threat they posed to the larger community. While asylum superintendents deemed some patients cured and released them, many were found incurable and all were held for indefinite periods of time, isolated from family, friends, and, often, the protection of the courts. As such, patients proved vulnerable to abuse. Among those incarcerated and released, some published asylum accounts that publicly criticized the abrogation of their basic citizenship rights within a constitutional, democratic government. This dissertation examines such first-person asylum narratives

written by women in the last-half of the nineteenth century.

In this dissertation, I rely on Giorgio Agamben's notion of the state of exception to organize the work of these nineteenth-century writers. The state of exception refers to a civil status brought about by executive order that broadly suspends civil rights under conditions of emergency. Applying Agamben's theorization, I argue alongside Emile Durkheim, that executive authority rests, not only, or primarily, with chief executives such as the US president, but with the administrative branches of government that truly execute state sovereignty. Bolstered by specialized knowledge, political and legal mandates, a strong professional organization, and permissiveness that accrues to practices occurring in relative isolation, chief asylum doctors held such authority with respect to their patients. In large numbers, they suspended the constitutional rights of US citizens under discursively constructed conditions of threat in the nineteenth century.

CHAPTER ONE

Introduction

[T]here is a necessary outside to this notion of the United States as the embodiment of the rule of law. American history is marked by episodes that can be simultaneously conceptualized as violations of the law and as actions sanctioned by law; violations of law are as fully a part of America as what we consider to be its democratic inside. Ruptures in the guarantees of rights have been as central to actual practice as the guarantees have been to American ideology. (Dudziak and Volpp 596)

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Though we had never met, I have carried you about with me for a long, long time. (*Birth of a Nation*, D.W. Griffith 1915)

Following the mid-nineteenth century, every state in the expanding US founded at least one public insane asylum. Responding to the needs of those with severe cognitive and mental impairments who were poorly housed in prisons and private homes, the asylum promised enlightened management of a seemingly growing social problem. Professional discourse centered both on patients' needs for isolated and restful care and on the threat they posed to the larger community. While asylum superintendents deemed some patients cured and released them, many were found incurable and all were held for indefinite periods of time, isolated from family, friends, and, often, the protection of the courts. As such, patients proved vulnerable to abuse. Among those incarcerated and released, some published asylum accounts that publicly criticized the abrogation of their basic citizenship rights within a constitutional, democratic government.

Married women in particular proved vulnerable to institutionalization. One woman incarcerated as insane found the practice “fashionable” for husbands with unwanted wives and the threat, “I’ll have you committed!” was such a common refrain in the popular literature at the time that it had become almost a cliché in the cultural lexicon” (Smith 117; Dowling 34). Lizzie Cottier, who had been confined in the asylum at Buffalo, wrote in 1885 of the perpetual (and eventually realized) threat her husband leveled should she “ma[k]e any complaint of treatment at home” (6). According to the principle of coverture, which conveyed legal rights and protections to husbands upon marriage, married women were citizens without citizenship rights, subject to their husbands’ often sovereign rule. Married women, then, held a border position through which they were simultaneously included and excluded from the privileges and protections of the state.

Reports that asylum doctors incarcerated women and men for reasons unrelated to their mental health sparked popular concern in the latter half of the nineteenth century. Carrying the reform mantle appropriate to women’s public speech and appealing to the sensational draw of the popular press, enough women published asylum accounts that these, together with men’s narratives, became a recognizable literary form. Women often framed their asylum accounts as both legislative and popular appeals, a tactic that sold copies and influenced lawmakers. The press also actively took up the cause, urged reform, and helped secure a market for first-person asylum accounts.

Law, alongside romanticism, was one of two primary “narrative systems” of nineteenth century (Suggs 329) and many women writing asylum accounts deployed

legal discourse to effect legislative and cultural change. While those like Elizabeth Parsons Ware Packard eschewed association with the women's rights movement, instead favoring the rhetoric and spirit of true womanhood, their works argued forcefully for a reordering of women's political and legal role in the nation, then less than one hundred years old.

In clear cases including Indian and Mexican treaty abrogation, imperialist aggression, and widespread instances of lynching in the South, legal, political, and institutional agents asserted sovereign authority at odds with constitutional law and democratic ideals. Such states of legal exception find a further example in the exercises of the insane asylum. There, incarcerated women encountered what many took to be a disturbing form of despotic tyranny. Against the discourses that upheld such tyranny, women seeking reform held an idea of a democratic nation they had "carried... about with [them] for a long, long time" (D.W. Griffith, *Birth of a Nation*). The idea they carried was in keeping with the national ideology and their dedication to it provoked them to disrupt the sovereign authority conveyed by arms of state, by their husbands and asylum doctors, that is, authorities that rendered women, in legal language, a "disabled caste" that was "civilly dead" (Davis qtd. in Isenberg 33; Isenberg xv).

Women incarcerated as insane had an immediate view to their larger political condition as women, or, to what Giorgio Agamben refers to as the "hidden paradigm of the political space of modernity, whose metamorphoses and disguises we will have to learn to recognize" (*Homo Sacer* 123). Through their incarcerations, they gained direct knowledge of the realities of a purportedly democratic, constitutional

state. Their experiences with the law and institutional medical practice revealed their inherent vulnerabilities as legal and political subjects in the starkest terms.

Rather than reflecting a historic chapter we've closed the book on, their living dead status signals, for Agamben, the future direction of all national subjects, inculcated in the modern era of biopolitics as the docile body of the *homo sacer*. His view is perhaps overly pessimistic in light of the transgressive work performed by these women, however. Anna Agnew, convinced of her insanity and appreciative of her asylum care, doffs her more typical true womanhood rhetoric to offer an incidental account that demonstrates the failure of rendering her docile. In her account *From Under a Cloud*, she speaks to her resistance, as follows.

I know when the time came, after years of self debasement, self condemnation, when I could not so much as lift a finger or an indignant glance to show my deep resentment of outraged feeling! when [*sic*] the time came when I could turn upon my tormentors, friends or foes, with a threatening jesture [*sic*] and an *emphatic* "Go to hell! *God damn* you!" my recovery was a matter of *hope* at least.
(*From Under* 46)

In response to her resistance, her attendants referred to her as "the Devil" and placed her on display for asylum visitors. Her later book, called for legislative reform and was so popular it was in its third edition by 1887, one year after its original release (Brian 279). As was true for Agnew, nineteenth-century asylum incarcerations lifted the veil on shadow exercises of state and served as a call to arms for victims, the press, and public. In the pages of women's first-person asylum accounts are assertions of self, of life, and of political being. Incarcerated women believed in the productions and possibilities of their lives and goaded the nation, its legislatures, and

its institutions to catch up.

Historical Context of Reform

A half-century after the US nation took shape, efforts began in earnest to reform it. As the US urbanized and developed an industrialized market economy, the religious Second Great Awakening (1800-1870) accompanied the social and political Age of Reform (typically 1820-1860) and both worked to constitute America amid dramatic social change. Belief in the perfectibility of the US nation paralleled belief in the perfectibility of the human spirit, and reform paralleled revivalism as ideological touchstones for the nation. Ever allied to Christian responsibility, reform work continued apace through the nineteenth century and into the twentieth. While reformers' aims and discursive strategies responded to ongoing social, economic, and political change, they maintained a fundamental interest in aligning public institutions to both the political and legal ideals of a nation ordained by God and to the political agency and power of the reformers themselves.

The Second Great Awakening, which proved the impetus for early- to mid-century reform movements, turned away from the once-traditional Calvinism and toward charismatic, utopian, and millennially oriented Christian practices. The resulting revival fervor gave rise to calls for abolition, temperance, land reform, common school education, women's rights, and for effective and humane practices related to those with disabilities, including the visually and hearing impaired and those with mental impairments. Later nineteenth-century reform centered on the national scourges of lynching in the Jim Crow South, substandard and crowded

urban housing, poor sanitation, and the rise of monopolistic corporations seemingly above the law.

Public discourse took up these causes, which the increasingly influential bourgeoisie understood to be the great ills of the mid- to late-nineteenth century. Newspapers, magazines, and other media championed their views and causes. Reform-inflected exposés often treated institutional failures of public trust. Implicit in this civic critique was the notion that institutional authority issues from the people, which then has the right to criticize and redress institutional wrongs. A democratic sense of popular sovereignty underwrote the active debates in the nineteenth century.

The Age of Reform accompanied the nation's rapid territorial expansion, massive immigration, growing middle class, widening reading public, and flourishing religious and social institutions that created or responded to threats of social and economic chaos. Middle class women of the nineteenth century, those who had been active reformers in their homes as matriarchal agents of virtue and who further carried out this work in social clubs and churches, entered the political debate increasingly throughout the nineteenth century by applying to social problems what the bourgeoisie recognized as their redemptive grace.

The convergences at this particular period in US history laid the groundwork for women's reform discourse and, specific to this study, the publication of women's first-person asylum accounts. Among the asylum accounts published, some were decidedly legal works that made legal arguments and affected US law and politics. Some helped to establish their writers' public personae and allowed them to earn a

living. Every work sought to educate the public about ills (and less often the benefits) of asylum incarcerations and in most cases they sought some form of asylum reform. As the first-person asylum narrative became a distinct literary form, women who wrote them had reason to believe they would find a market. Through their works, writers of such accounts charted paths into the public sphere, exploiting opportunities that arose with increased national literacy and a rapidly growing reading public.

Women who wrote reform works in the mid- to late-nineteenth centuries, such as Helen Hunt Jackson, who advocated for American Indian land claims in the west, Ida B. Wells, who spoke out against lynching in the south, Ida Tarbell, who began studying the Standard Oil monopoly and, related to this study, women such as Elizabeth Parsons Ware Packard, who exposed the legal abuses of married women and the insane, effected significant legal and political change in the US. Each witnessed historical circumstances that bore on the lives and survival of the subjects they wrote about, embedded themselves in these lives (whether by choice or otherwise), shaped public opinion, and in the process, contributed to the building of the US citizen and nation.

These women's first-person accounts were enlivened by their personal and material engagement with their subjects. Their arguments, embedded in first-person works, conveyed strong sympathies meant to effectively stir the readership in a felt, action-oriented, and embodied way to reform the democratic state according to the nation's stated laws and ideals. Through embodied, political discourse they helped to materially and ideologically shape the nation and mobilize their own agency and that

of other women. In this way, they conducted influential political work even as they were excluded from casting a political ballot. Their work therefore began in earnest long before they gained the right to vote.

Despite publication opportunities, women nonetheless remained Constitutionally exceptional citizens in the late nineteenth century for, in extending voting rights to those of any “race, color or previous condition of servitude” while remaining silent on the question of sex, the Fifteenth Amendment (1870) formally excluded women from the right to vote (Isenberg 169). Women seeking political change nonetheless exploited strategies related to their sex to obliquely enter the debates and engage in political activism. In doing so, they successfully countered formidable structures of authority and helped lay the groundwork for women’s political life in the US.

Institutional Authority

The emerging US republic and states within the US founded institutions, in part, to establish and legitimate themselves politically and socially. Common schools attempted to inculcate normative thought and behavior in children, indigenous Americans, freed people, and immigrants. Insane asylums also assumed this role. They did so especially, but not exclusively, among middle-class, white men and women who doctors initially argued were most affected by the stresses of civilization and most susceptible to cure (Dain 57, 207). Asylums built exclusively for African Americans came later in the century.

Institutions reified white, male authority, which, in the case of the insane

asylum, was further buttressed by the purported elite knowledge of its practitioners. As asylum scholar Benjamin Reiss argues, however, “nothing in [superintendents’] medical training provided a basis for this type of authority: as the first generation of psychiatrists, they had no regular coursework or clinical experience that might convince the public of their expertise in these matters” (*Theaters* 79). In fact, some superintendents received no advanced medical education at all, instead having trained as apprentices under other general practitioners (Reiss, *Theaters* 79). In 1844, superintendents formed their own professional organization to help establish and legitimize their profession and to distinguish themselves from the general medical field, which faced its own crisis of authority at mid-century (Reiss, *Theaters* 80).

In addition to this figurative distance from general medicine, superintendents established very definite methodological and geographical distances from the larger field, a relationship that persisted throughout the nineteenth century. Toward the end of the century, their isolation, refusal to professionally interact with the larger medical community, and failure to conduct ongoing scientific research drew severe criticism from the neurologist, S. Weir Mitchell, in an address to the superintendents’ professional organization. Interesting from a literary perspective, S. Weir Mitchell had received his own measure of scathing criticism in 1892 with Charlotte Perkins Gilman’s publication of “The Yellow Wall-Paper.” In it, his famed and, for Gilman, debilitating Rest Cure was satirized.

As a basis of authority, superintendents’ professional qualities were enumerated by one of its members to include “high moral, social, literary and scientific qualifications,” a list that privileges social and cultural values of a middle-

class doctor over the stated scientific values of the medical profession (Reiss, *Theaters* 80). In the early years of practice, superintendents looked to cultural authorities to frame and legitimize their theories. Shakespeare, in particular, did much to establish this emerging profession (Reiss, *Theaters* 80). Reiss argues,

In the first three decades of American asylum medicine, no figure was cited as an authority on insanity and mental functioning more frequently than Shakespeare. In the pages of the *American Journal of Insanity* - the official organ of the nascent psychiatric profession - no fewer than thirteen lengthy articles of Shakespearean criticism were published from 1844 to 1864, and in other psychiatric writings his name was regularly invoked in matters concerning diagnosis, nosology, and treatment. (Reiss, *Theaters* 81)

A good Shakespeare anthology may have been, then, something of a textbook for early asylum doctors. Indeed, Amariah Brigham, superintendent of the influential Utica State Asylum, writes in the 1844 inaugural issue of the *American Journal of Insanity*, "There is scarcely a form of mental disorder, that Shakespeare 'has not alluded to, and pointed out the causes and method of treatment'" (qtd. in Reiss, *Theaters* 81). A protégé and colleague, A. O. Kellogg, agrees, stating, "A very complete system of psychological medicine could be compiled from the works of Shakspeare [*sic*]" (qtd. in Reiss, *Theaters* 81). Kellogg finds that "no textbook or treatise extant deserves to be so carefully studied by those engaged in psychological pursuits" (qtd. in Reiss, *Theaters* 81). Elite cultural discourses proved formative in the early investigations of the profession.

Although somewhat unsettling, observational and descriptive inquiries into natural phenomena, as opposed to experimentation, were in keeping with legitimate

forms of nineteenth century scientific inquiry. This inquiry, in fact, led the superintendents (and Shakespeare) to affirm that mental impairments have medical bases (qtd. in Reiss, *Theaters* 81). This inquiry also helped early professionals stake out the territory of their work. The broad range of medical phenomena superintendents encountered pointed to the larger question of human nature. Since human nature was the subject of superintendents' practice and the sphere of Shakespeare's genius, superintendents sought Shakespeare's understanding of human nature and hoped to translate this into their medical practices (Reiss, *Theaters* 81). The "logical end of such conceptions," however was "institutional authority [...] and the social power that came with turning other humans into objects of knowledge" (Reiss, *Theaters* 82). This authority and social power, then,

rested with a cadre of experts with unprecedented powers to define and enforce standards of correct behavior from institutional perches that they controlled with little accountability. In this light, grabbing the mantle of the timeless genius helped to mask the novelty of their powers. (Reiss, *Theaters* 82)

In the midst of this self-formation and despite the ad hoc nature of their expertise, superintendents came to control all aspects of patients' lives.

Both products and agents of state and culture, institutions, in their most coercive guise, have sought to reform the aberrant. In the nineteenth-century, the aberrant included those freethinking and reform-minded women whose efforts challenged the authority of states, institutions, and husbands. By definition, carceral institutions, like the insane asylum, oversaw the suspension of fundamental constitutional rights of US citizens, including those of many sane women. As the

nineteenth century progressed, such state exercises emerged as a growing concern. Writers for the periodic press, notably Fanny Fern, Rebecca Harding Davis, and Nellie Bly, commented on and sought to reform what had become, by the 1860s, a “nation-wide controversy” (Davis qtd. in Dowling 23). Rebecca Harding Davis described this fight against asylum abuses as a “‘bitter battle’ fought heroically ‘through press and legislature’” (qtd. in Dowling 23). L. Clarke Davis, lawyer and Rebecca Harding Davis’s husband, asserted that, “‘lawbooks are full of such cases, and so well known have they become that *writers of fiction* have found in them material for their work, such as their wildest imaginations would fail to suggest” (qtd. in Dowling 34). As such, victims, the press, and the public, including many fearful they would be committed, took up the cause of those falsely consigned to insane asylums.

Elizabeth Parsons Ware Packard, and other women writing first-person accounts of their experiences, identified and challenged asylum practices that, for them, constituted deep ruptures in the foundation of the US democracy. The erasure of women’s rights and the commitments of non-normative citizens constituted legislative, political, and juridical fissures anomalous to US democracy according to these writers. Through their first-person asylum accounts, they sought to redress such anomalies by way of political, legal, and governmental reform. In doing so, their work commented on and challenged what I interpret as states of sovereign exception.

Theoretical Framework

In this dissertation, I rely on Giorgio Agamben's notion of the state of exception to organize the work of these nineteenth-century writers. The state of exception refers to a civil status brought about by executive order that broadly suspends civil rights under conditions of emergency. Applying Agamben's theorization, I argue alongside Emile Durkheim, that executive authority rests, not only, or primarily, with chief executives such as the US president, but with the administrative branches of government that truly execute state sovereignty (Durkheim 50-51). Bolstered by specialized knowledge, political and legal mandates, a strong professional organization, and permissiveness that accrues to practices occurring in relative isolation, chief asylum doctors held such authority with respect to their patients. In large numbers, they suspended the constitutional rights of US citizens under discursively constructed conditions of threat in the nineteenth century.

As the psychopathological profession turned its attention to more nuanced understandings of insanity throughout the century, these interpretations increasingly pointed to the supposedly latent threats posed by the so-called insane to themselves, their families, neighbors, and society. Doctors' therapeutic interest came to center not solely on the very clearly impaired as it had in the colonial and revolutionary eras. It came to center instead on the hidden dangers posed by insanity, which asylum doctors alone had the necessary knowledge to identify. As the conditions for broadly imposing this institutional state of exception grew, so too did the definition of insanity, the construction of insane asylums, the need for superintendents, and the

commitments of those diagnosed as insane.

The Concept of Sovereignty and the *Homo Sacer*

Like other modern Western nations, the US is constructed as a nation of laws. Foundational to Western law and rooted in the Magna Carta (1215) is the writ of habeas corpus, which protects those detained or imprisoned by compelling custodians to appear in court to provide evidence of custodians' legal right to hold them (Agamben, *Homo Sacer* 123-4). As Agamben argues, legal rights such as habeas corpus also tend to serve the ends of the state, since persons named on the writ must come forward and present their bodies to the state as its subjects. Of significance, the figure called to the bench is not the person or the citizen but the *corpus*, the body, and as the body is presented to the court, so is its life. For Agamben, here we find a "limit concept of the doctrine of the law and the State, in which sovereignty borders... on the sphere of life and becomes indistinguishable from it" (Agamben, *Homo Sacer* 11). As law carries and extends sovereignty it also encompasses life of the sovereign subject in the form of the body.

Agamben finds that this bare form of corporeal life is so inculcated in the founding of nations that the word *nation* derives from *nascere* meaning *to be born* (*Homo Sacer*, 128). Institutionalized mental patients appeared in this period as subjects whose lives were implicated in the sovereign exercises of the growing nation as bodies requiring assessment, confinement, and treatment. The status of patients' corporeal and political lives and their relationship to the sovereign state were at issue. Many of the women writing first-person asylum accounts recognized

the gravity and urgency of their situation in these terms and this spurred their desire to achieve reforms as matters of life and death.

According to Giorgio Agamben and Carl Schmitt, on whose work Agamben's notion of sovereignty is based, sovereignty is a distinct and potent form of authority that confers *life*, discussed here, and *exception*, to which we'll return shortly. The sovereign can be said to control *life*, first, because he or she reserves the right to punish by death or to spare life. Second, the sovereign determines who will and will not be claimed by a given political order, a decision that equates to life. Life beyond this order is merely *bare life*, according to Agamben and Schmitt (and Aristotle), since the good life relies on engagement with and inclusion within a political order. Claimed by the sovereign only to the extent they are excluded from the citizenry, those outside a given political order are utterly vulnerable to the point where their lives can be taken by anyone at will. Borrowing from Roman law, Agamben refers to this figure as *homo sacer*.

While political life may appear as an ongoing contest among adversaries, for Agamben, in "Western political tradition since Greek antiquity ... the main line of separation is not the difference between friend and enemy, but the distinction between bare life (*zoē*) and political existence (*bios*), between the natural existence and the legal status of a human being" (Lemke 5). Because state legitimacy and authority arise alongside the political subject that it claims as its own, "the inclusion into a political community seems only possible by the simultaneous exclusion of some human beings who are not allowed to become full legal subjects" (Lemke 5). For Agamben, political life begins with "the establishment of a borderline and the

inauguration of a space that is deprived of the protection of the law” (Lemke 5).

Forming “the basis for the rule of sovereignty” (Lemke 5), the “homo sacer is constituted by political-legal means ‘to personalize what [politics] excluded from the protection of law’” (Vismann qtd. in Lemke 5). The homo sacer, doppelganger of the good citizen, therefore dwells in an identifiable space and possesses a vivid personhood. However construed, this otherness marks the inclusionary borders of the state from without. The homo sacer constitutes the state by shoring up its borders and so occupies a place of “inclusive exclusion” within the political order (Agamben, *Homo Sacer* 21). Comparable to married women, the insane and enslaved people in the nineteenth century legally construed as civilly dead, the homo sacer carries the juridical and political status of the “living dead” (Lemke 5). Those supposed to be insane, who were construed as dangerous and secured by large and imposing asylums in the outskirts of town, occupied such a constitutive position in the US as the nation rapidly grew and grappled anxiously with its identity and prospects for success.

For Agamben and Schmitt, the critical defining feature of the sovereign, however, is that the sovereign alone has the authority to make exceptions to the rule of law. As the final arbiter, the sovereign resides at once inside and outside the rule of order, identifies the limits of the order, and determines the conditions under which the law can be suspended. Rather than considering the actions of presidents or governors, I examine the practical exercises of this authority and find, as did some women writing first-person asylum narratives, that such power rested with asylum superintendents.

Asylum superintendents oversaw the first large-scale deployment of an institutional regime of care in the US, a development that Michel Foucault believes founded the modern state. Against Agamben, Foucault argues that exercises of biopower, typified by the insane asylum, replaced exercises of sovereign power. For Foucault, sovereignty is merely reductive, stripping subjects of life, land, and standing. Biopower, on the other hand, controls populations by deploying regimes of care. Through intricate systems of medical care, for example, the state inculcates itself into the populace creating an internalized state, or what he refers to as governmentality. Agamben, however, argues that sovereign power and biopower are inherently linked to the degree that “the production of a biopolitical body is the original activity of a sovereign power” (*Homo Sacer* 6). More recently, Judith Butler finds cause to recoup the notion of sovereignty in the modern state, identifying “a ghostly and forceful resurgence of sovereignty in the midst of governmentality” (59). With alarm, she considers the detainees at Guantanamo and remarks upon their legal and political status, which also applied to women incarcerated in insane asylums in the nineteenth century.

The decision to detain, to continue to detain someone indefinitely is a unilateral judgment made by government officials who simply deem that a given individual or, indeed, a group poses a danger to the state. This act of “deeming” takes place in the context of a declared state of emergency in which the state exercises prerogatory power that involves the suspension of law, including due process for these individuals. The act is warranted by the one who acts, and the “deeming” of someone as dangerous is sufficient to make that person dangerous and justify his indefinite detention. The one who makes this decision assumes a lawless and yet fully effective form of power with the consequence not only of depriving an

incarcerated human being of the possibility of a trial... but of investing the governmental bureaucrat with an extraordinary power over life and death. Those who decide... are government officials, not elected ones, and not members of the judiciary. They are, rather, part of the apparatus of governmentality; their decision, the power they wield to “deem” someone dangerous and constitute them effectively as such, is a sovereign power. (Butler 58-9)

Nineteenth-century professional discourse advanced the arguments that insanity was prevalent, threatening, and increasing in the population. The rhetoric was so effective that the fear became widespread. Asylums flourished under such rhetorically fueled conditions of emergency.

In keeping with Agamben, this work figures sovereignty within a representative, democratic government, as that authority which wields biopower and is conveyed through laws, legislatures and institutions. Accordingly, sovereignty is not primarily a form of authority vested in the monarch or other head of state. Rather, “[i]n constitutional government, it is the people ruling through a body of law that is sovereign. That is the version that commands legitimacy most commonly in the world today” (Philpott). Representative governments, therefore, exercise sovereign authority. Sovereign authority is distinct from other forms, however, in that it is supreme in a given context (Philpott). While such sovereignty conveys supreme authority, this authority need not be absolute. The non-absolute form of sovereignty limits “the scope of matters over which a holder of authority is sovereign” not the “extent or character of sovereignty, which must always be supreme” (Philpott). As such, sovereignty isn’t monolithic. Instead, supreme sovereignty can be conveyed from site to site and wielded by various agents, each

with a transmitted and politically or legally conferred claim to its authority in the modern state, as was true for asylum superintendents.

However mobile, sovereignty can be most succinctly defined as “*supreme authority within a territory*” (Philpott). Just as British kings conferred varying degrees of sovereign authority to lords at distant outposts within the realm (referred to as “counties palatine”) and the US later exercised imperial authority in the Philippines, Puerto Rico, and elsewhere, legislatures and courts conveyed similar sovereign authority to asylum doctors. As a function and condition of sovereignty, “[t]erritoriality is a principle by which members of a community are to be defined. It specifies that their membership derives from their residence within borders” (Philpott). The isolated asylum, tied to yet excluded from the nation proper, served as the stage for all inmates’ life functions and did so indefinitely. As a stage of remote sovereign authority, such a territory tends to enact “a powerful principle, for it defines membership in a way that may not correspond with identity (Philpott). This, then, describes one aspect of the asylums’ coercive nature. It occurs in a place and there, ““the impress of authority is never withdrawn, but is stamped on every transaction”” (Crichton Asylum qtd. in Scull 22) and on every patient, refiguring their identities as a function of state.

The State of Exception and US Governance

The state of exception, in which laws are broadly suspended, seems incompatible with the ideology of the US nation and indeed Agamben finds this exercise remarkable. According to him, the US has stood as “the cradle of

democracy,” and its system of governance would seem to reject such suspension of laws entirely (Agamben, *State of Exception* 19). Rather than disruptive to the state, however, the exception helps constitute it according to Agamben, performing the work of a modern democratic nation that democracy cannot claim as its own.

While Agamben theorizes what he refers to as an “unlocalizable,” ubiquitous state of exception that operates pervasively, he recognizes that its exercises can be identified and tracked (Agamben, *Homo Sacer* 19). Because Agamben’s primary interest lies in the ontological nature of the sovereign and of subjects whose lives are bound to the sovereign through politics and the law, he dismisses considerations like those of Carl Schmitt for whom, “[t]he problem of sovereignty was reduced to the question of who within the political order was invested with certain powers” (Agamben, *Homo Sacer* 12). Specifically, he argues against this investigation as an end in itself, while “the very threshold of the political order itself was never called into question” (Agamben, *Homo Sacer* 12). Certainly, the latter constitutes his greater contribution to the theorization of sovereign exception. However, tracing the movements of sovereignty in an increasingly administrative, burgeoning democracy like the US in the mid- to late-nineteenth century proves productive.

I seek to trace these instances and so consider the way a state of exception was deployed by institutional bodies in localized but no less significant ways. My study is in part motivated by the desire to examine an unexpected arm of state and US governance, in this case the insane asylum, that came to wield surprising extra-constitutional sovereign powers as the states and nation developed. Tracing the manner in which these remote agents wielded sovereign power, conferred life, and

marked exception contributes to our understanding of US governance in a formative age.

The sovereign acts of exception I consider were not principally carried out by the US president or legislators. They were rather enacted by asylum administrators situated at the further reaches of the governmental venous system. These superintendents assumed sovereign authority in ways intended and unintended, and, in notable instances, upheld the social order by suspending the legal order. If this notion is at all remarkable, it may be so because it argues that state functionaries can operate in ways that are truly sovereign. This notion relies on an understanding of how sovereignty is transmitted.

Mobile Sovereignty

To order, legislate, and police the growing US nation in the nineteenth century, the states and nation opened bureaucratic offices, installed commissioners and agents, assigned judges to courthouses, built prisons and asylums and, in doing so, signs and actors of state and federal authority appeared increasingly on the landscape. This infrastructure extended executive, legislative, and judicial authority throughout the nation. In a democracy this authority derives from the people, a cumbersome assembly whose will is theoretically concentrated and enacted when the state invokes its authority. The authority or sovereignty of the people is carried out by the branches of government and is vested in those who act on its behalf.

From at least the time of the Magna Carta in 1215, sovereign rights have been vested in state subjects. The charters that underwrote the colonial enterprises in

British North America, for example, all conferred some measure of sovereign authority to the colonists. In the modern state, sovereignty is vested in arms of the state and thus mobilized. In attempting to arrive at a clearer conception of the state and the distribution of its executive power, Emile Durkheim rhetorically asks, “Is it not generally held that... the State... has the executive power?” In response, he finds that such a notion

is altogether out of place: the State does not execute anything. The Council of ministers or the sovereign do not themselves take action any more than Parliament: they give the orders for action to be taken. They co-ordinate ideas and sentiments, from these they frame decisions and transmit these decisions to other agencies that carry them out: but that is the limit of their office. (Durkheim 50-51)

For Durkheim, “secondary” or administrative powers are more precisely executive and form the basis of the political state. He argues that “political societies are in part distinguished by the existence of secondary groups” (Durkheim 46). Advanced political organizations, indeed, require “intermediary, subordinate and dependent powers.” (De l'Esprit des Lois qtd. in Durkheim 46). Durkheim finds no internal tension in this distribution of authority. Indeed

[f]ar from being in opposition to the social group endowed with sovereign powers and called more specifically the State, the State presupposes their existence: it exists only where they exist. No secondary groups, no political authority—at least, no authority that this term can apply to without being inappropriate. (Durkheim 46)

Rather than serving an executive function, “the State is a special organ whose responsibility it is to work out certain representations which hold good for the collectivity” (Durkheim 50). These representations prove mutable, shaped in part by

public debate and political action.

The danger Durkheim imagines is this:

In a great society there are always particular local or professional interests which tend naturally to bring together those people with whom they are concerned. There we have the very stuff of associations of a special kind, of guilds, of coteries of every variety; and if there is nothing to offset or neutralize their activity, each of them will tend to swallow up its members. (Durkheim 62)

All membership structures are prone to imposing coercive forms of “assimilation” (Durkheim 62). This type of structure is especially pernicious “when left to itself” maintaining within “its orbit all those who go to make it up and are under its immediate domination” (Durkheim 62). For Durkheim,

to prevent this happening, and to provide a certain range for individual development, the individual must be able to move with some degree of freedom over a wide field of action. He must not be curbed and monopolized by the secondary groups, and these groups must not be able to get a mastery over their members and mould them at will. (Durkheim 62).

In order to avoid such an outcome, Durkheim recommends that governments install overseers capable of holding true to the greater state good (Durkheim 62). Against superintendents who would “mould them at will,” women who wrote asylum narratives in the nineteenth century helped constitute these overseeing bodies and also spurred legislatures and the press to provide such oversight.

Legal Borderlands, the Indeterminate Subject, and the State of Exception

The US’s geographical borders “are not outlined by physical structures; they exist on the shelves of law libraries, their dimensions defined in treaties” (Dudziak

and Volpp 593). Of course, measurable and mappable geographical borders are contested and volatile zones. States of exception mark borders that are even more difficult to discern. Situated within this amorphous zone is the institutionalized patient threatened with loss of freedom and life.

The zone of indistinction, or what Agamben refers to as a *threshold* between limit concepts (“since every limit concept is always the limit between two concepts”), is of primary political and legal significance here (*Homo Sacer* 11). “What emerges in this limit figure is the radical crisis of every possibility of clearly distinguishing between membership and inclusion, between what is outside and what is inside, between exception and rule” (Agamben, *Homo Sacer* 25). This indeterminacy threatened the lives of those incarcerated in asylums, some of whom experienced a deeply troubled relationship with elusive US and state laws. In the example of the asylum patient, we find the “threshold in which life is both inside and outside the juridical order, and this threshold as the place of sovereignty” (Agamben, *Homo Sacer* 27).

The state of exception marks an indistinct borderland between politics and law and between violence and justice. This is true to the extent that only the sovereign can determine what surmounts politics to become law and surpasses violence to become justice. The sovereign’s right to except the rule of law constructs the ultimate zone of indeterminacy between politics and law, between law and life, and yet for Agamben this indeterminacy constructs rather than undercuts the domain of the rule of law. “*Exception*” to the rule of law and “*example*” in which the rule of law holds firm “constitute two modes by which a set tries to found and maintain its

own coherence” (Agamben, *Homo Sacer* 21 emphasis added). The exception “thinks the general with intense passion” (Schmitt qtd. in Agamben, *Homo Sacer* 16) and proves the rule (Agamben, *Homo Sacer* 16). In this sense then, exception is not an aberration. It is a part of a whole as “an *inclusive exclusion* (where it serves to include what is excluded)” (Agamben, *Homo Sacer* 21). This zone of inclusive exclusion is “the creation and definition of the very space in which the juridico-political order can have validity” (Agamben, *Homo Sacer* 19).

At sites of border slippage, the law constructs strange hybrids including the so-called “foreign domestic” island territories gained in the Spanish-American War, the “domestic dependent” American Indian, the “corporate personage” that sprang from the Fourteenth Amendment (1868), and the inclusively excluded freed people in the Jim Crow south who gained rights that the police and judiciary did not enforce. Married women’s citizenship rights were vested in their husbands and so they proved citizens without citizenship rights. Those committed as insane likewise forfeited their civil rights. The women among them were doubly bound by their legal indeterminacy as a result.

While women comprised a small percentage of those incarcerated in prisons for committing dangerous acts (Ginzberg 13), they represented half of those incarcerated in insane asylums on the grounds that they could both benefit from therapies and spare their communities from danger. The therapies, often notorious in the public eye, were perhaps well intended by most superintendents. However, in the rare cases when women sought their release from asylums in the courts, the doctors’ arguments for continued commitment often centered on the threats such women

posed to themselves or others. While the profession construed all of the insane as inherently dangerous, none were thought more homicidally dangerous than the borderline cases. Borderline cases included those who, after a period of observation (sometimes amounting to years), failed to outwardly manifest their insanity. At an 1896 meeting of the American Medico-Psychological Association, Elizabeth Parsons Ware Packard, the subject of Chapter Four, was deemed by the profession as one such borderline case (Dewey, “Our Association” 204).

Focusing simply on the triad, *reform*, *women*, and *exception*, we find thresholds of great indeterminacy. This is true to the extent that reform is a framing of juridico-political order outside the existing order; exception wields law that is outside the law; and the women I consider worked within the juridico-political order to affect change as unenfranchised, political outsiders. This is a complex mix. However the very slippage constituted both crises and opportunities that help us deconstruct the instances under investigation and better understand the nature of US democratic governance.

The conceptual border categories that have catalyzed states of exception arose with great institutions of the nineteenth century, and in medicine lay importantly at the meeting of sanity and insanity, normal and abnormal. By pitting the rhetorical constructs of sanity and normality against those of insanity and abnormality, the profession and the state effectively “produce[d] categories that are then seen as social problems in need of legal regulation” (Ngai qtd. in Dudziak and Volpp 595). States of exception and the exceptional subjects they produce have thereby served to order and unify the republic through its constructive acts of

exclusion and, in doing so, relegating the bodies and minds of US citizens to a state of limbo beyond citizenship and protections of US law. These constructions, however, have also afforded opportunities for strategic resistance.

From *Zoē* to *Bios*

Agamben finds that the Greeks distinguished bare life, or *zoē*, from life invested with the possibility of political action, or *bios*. Accordingly, *bios* figures as the privileged form of life appropriate to agential people. Agamben argues that in the modern state, however, the lesser state of bare life is politicized through biopolitics. That is to say, through the social sciences and regimes of care that count, measure, assess, and categorize bodies, the body itself becomes the object of sovereign authority and all lived experience is reduced to *zoē*. By extension, the homo sacer becomes the modern political subject. The women discussed in this dissertation, however, actively cultivated their own political agency, acted against the civil death imposed on them by the state, and fought against efforts to render them docile. To the extent history has taken the path that Agamben suggests, these women did not participate in the effort. Instead, they worked to emerge from *zoē* to *bios* and did so through language.

For Aristotle, the movement from *zoē* to *bios* is analogous to the movement from voice to language. While voice is a property of higher animals, “only man has language” (qtd. in Agamben, *Homo Sacer* 7). The voice merely enunciates “pain and pleasure,” however,

language is for manifesting the fitting and the unfitting and the just

and the unjust. To have the sensation of the good and the bad and of the just and the unjust is what is proper to men as opposed to other living beings, and the community of these things makes dwelling and the city. (Aristotle qtd. in Agamben, *Homo Sacer* 8)

Language and discourse, then, inaugurate not only political life, but also a community of people, a city (as the place of the citizen), and the possibility of dwelling there. In a sense, they found a world. As opposed to a state of docile inertia, the expressive and receptive ebb and flow of discourse carry on this production. In the spirit of the time and reflective of the work discussed in this dissertation, Margaret Fuller, editor of Transcendentalist magazine, *The Dial*, argues that we “must reform rather than create a world” (Fuller qtd. in Dowling 29). The women who wrote asylum narratives lent their discursive production to this end.

Acts of Resistance

Law can also be a tool drawn upon to challenge state power. We might see in law not an inescapable hegemony, but a role in an ascribed identity. Law does mark bodies (as citizen, as alien), but it can also be drawn upon in constructions of self. (Dudziak and Volpp 595)

The women discussed here demonstrate that disabling political realities are hard fought and the establishment of new social truths and new political imperatives hard won. Durkheim depicts the process in terms that reflect the optimism of a perfectible world, which is one that Elizabeth Parsons Ware Packard and her fellow writers worked earnestly toward. He argues that

[t]he rights of the individual, then, are in a state of evolution: progress is always going on and it is not possible to set any bounds

to its course. What yesterday seemed but a kind of luxury becomes overnight *a right* precisely defined ... And this gradual liberation does not simply serve to fend off the opposing forces that tend to absorb the individual: it also serves to provide the milieu in which the individual moves, so that he may develop his faculties in freedom. (Durkheim 68-69, emphasis added)

Durkheim asserts the value and necessity of political resistance that, in turn, opens up the space of action. He does not find the state at odds with this process or necessarily foreclosing. Rather, “[i]ts tendency is to ensure the most complete individuation that the state of society will allow of” (Durkheim 68). Indeed,

[f]ar from its tyrannizing over the individual, it is the State that redeems the individual from the society. But whilst this aim is essentially positive, it has nothing transcendental about it for the individual consciousness, for it is an aim that is also essentially human. There is no difficulty in understanding its appeal, for ultimately it concerns ourselves. Individuals can become instruments of the State without any inconsistency, since the action of the State is towards giving them reality [...]. (Durkheim 68-9)

Balancing Agamben and Foucault’s productive, yet perhaps incomplete, notion of a dominating state power, Durkheim instead finds the state to be the imperfect ground of individual and political transformation. While it’s true that he wrote during the Progressive Era, and his work well reflects the notion of teleological advance, many of the women who wrote asylum accounts shared such a belief in the potential of the US nation, sought to play a role in its advance, and, indeed, helped to achieve it.

In rather practical terms, Durkheim portrays the realities encountered by many people incarcerated as insane, arguing that “[w]hat matters, is not what the individual is, but how much he counts and on the other hand [...]” (Durkheim 67).

Durkheim finds that political rights come from the value society attributes to groups

of people and their causes (Durkheim 67). The women who wrote asylum narratives worked to establish their value within a political order that denied them such value. Their writing created and fueled popular critiques and complement Durkheim's finding that it "is the way in which the law is made, the competence of those whose function it is to make it and the nature of the particular agency that has to make this particular [democratic] function work" (107). As women's reform writing testify, "the particular advantage of a democracy is that, owing to the communication set up between those governing and the citizens, the latter are able to judge ... the way in which those governing carry out their task" (Durkheim 107-108). In the nineteenth century, many women's asylum narratives worked toward this end and, in the process, empowered women as political agents.

Critical Influences

My approach to this interdisciplinary study benefits not only from the political framework supplied by Giorgio Agamben's theorization of the state of exception and Michele Foucault's concept of biopower, but also from feminist critique, critical work on the autobiography, disabilities studies, social and political studies of the insane asylum and asylum medicine, and studies that have uncovered and critically consider women's asylum narratives. My method is, in part and owing to Foucault, genealogical. The usefulness of this approach grew out of the research process itself. Many accounts of former patients condemned asylum practices, which wasn't surprising. More surprising, asylum doctors also tended to condemn the practices of prior eras. This willingness to condemn practices within their own field

appeared reflective and self-critical. I continued investigating only to find that in every era professionals attacked prior approaches, upholding their practices at the expense of what came before. Strikingly, very little changed over time and the past condemned by professionals continued to bear a strong resemblance to ongoing practice. Indeed, those incarcerated as insane often maintained a negative view of the successive eras of care. Trying to locate the Dark Ages in the care of the insane in the US was rather like chasing a moving target. Nonetheless, these investigations did prove valuable. Investigating primary documents in the pre-national and early national periods has provided necessary critical distance from contemporaneous nineteenth-century texts and a broader understanding of the state of asylum medicine during the period under investigation.

This study is informed by several large-scale studies of the asylum, including seminal works by David Rothman, Gerald Grob, Andrew Scull, Norman Dain, and Roy Porter. Two collections of women's first-person asylum narratives, *Women of the Asylum*, by Jeffrey Geller and Maxine Harris and *The Writing on Wall*, by Margaret Wood, provided valuable assistance in discovering a number of asylum writers. Susan Huber's *Questions of Power* served as a companion to these anthologies, offering critical insights into many of these works. Nancy Isenberg's *Sex and Citizenship in Antebellum America* supported my investigation of the social, legal, and political status of women in the early decades of the women's rights movement. Joan Burbick's, *Healing the Republic*, is a work of similarly expansive scope that examines the role of medicine and medical discourse during this period. As a central figure in this work, Elizabeth Parsons Ware Packard, is the subject of

two book length studies, the most recent, *Elizabeth Packard: A Noble Fight* by Linda Carlisle, and *The Private War of Mrs. Packard* by Barbara Sapinsley, have provided valuable historical and biographical information. Leigh Gilmore's *Autobiographics* and Sidonie Smith and Julia Watson's *Reading Autobiography* proved valuable critical studies of the autobiography as a genre and mode of discourse. Ian Dowbiggin's *Keeping America Sane* argues for the sway of eugenics among asylum doctors in the late-nineteenth and early-twentieth centuries.

Periodization

This study centers on the years 1844 to 1897. The former corresponds to the founding of the Association of Medical Superintendents of American Institutions for the Insane, an organization largely responsible for the legal, political, and social construction of those it diagnosed as insane in the nineteenth century, for patients' incarcerations, and for professional support of later eugenics practices. The latter corresponds to the year in which Michigan became the first state to propose eugenics legislation calling for the castration of criminals and "degenerates" (Kaelber).

Dissertation Overview

The chapters that follow respond to these research questions: (1) What gave rise to the sovereign authority of the asylum in the US? (2) Did asylum practices give rise to a state of exception? (3) What role did women's reform writing play in countering this state authority? (4) As an exemplar of reform writers whose work had significant political impact, what political discourses and strategies did Elizabeth

Parsons Ware Packard employ? (5) What were the outcomes of this work and how did these help to further instantiate the insane subject as the homo sacer or break down this figuration?

Chapter Two, which follows this chapter, offers a history of madness in the US and demonstrates its close relationship to reform. Here, reform figures both in terms of the larger, guiding ideals of the Reformation and in terms of the reform projects of the US in the nineteenth century that performed significant acts of nation building. I'll show that the legal and medical philosophies emerging in the pre-national and national eras founded a treatment approach, mad subject, and chain of sovereign authority that genealogically inform the asylum experiences, narratives, and political interventions of the women discussed in this dissertation.

In Chapter Three, I critically examine the insanity counter-discourse advanced by patients and journalists and question the ways women constructed their own cultural and political authority through asylum narratives and critique. This provides not only the context, but also the groundwork from which to consider the phenomena of asylum incarceration and the societal "inclusive exclusion" of those diagnosed as insane. This inclusionary-exclusion aimed to uphold a pretext of democratic liberty under states of exception, yet the breach was exposed by women's narrative accounts. As a counterpoint and mutually constituting force, I consider the reform work of women journalists. Here the press itself figures as a character of import, from the more measured sources to the sensationalizing yellow press.

Chapter Four centers on the political discourse and achievements of

Elizabeth Parsons Ware Packard, a prolific writer and successful activist for the rights of those incarcerated as insane. I'll consider her work as constituent of the nation and counter to exercises of, what she considered, despotic state authority and examine how the state of exception was deployed in her case. The chapter will consider her commitment and sanity trial, the professional discourse surrounding her case, and the historical, legal, and cultural importance of her reform writing.

Finally, I close with Chapter Five, in part, by tracing the trajectory of mental health practices and politics from Packard's day to those at the turn of the twentieth-century and conclude, not with the contemporary advancements of Freud, but with the dark national turn toward eugenics that came to broadly inculcate US politics, science, and popular culture in the late-nineteenth century. Packard's accounts bear witness to the limits of psychopathology and the professional anxiety at those boundaries. Eugenics, as critics like Ian Dowbiggin argue, offered something akin to professional salvation. Against the crisis of a national body desperate to cleanse itself, against a profession seeking to redeem itself, the eugenic subject constituted the ideal homo sacer in a state of exception fixed in the material of life.

In all, this dissertation provides insights into the transformational political activism of proto-feminist women who laid very early paths into political halls and cleared space on the public stage for ever-more empowered exercises of women's authority.

CHAPTER TWO

Sovereignty, Domain, and Madness: The Radix and Rise of the US Insane Asylum

I look upon the body of the people to be the very radix of all power, and consequently the Primum Mobile of all government, and whatever authority governors or rulers have, it is from the people; but this is an argument so well known that I need not spend time in demonstrating a self evident truth. (*Reasons for Leaving* 20, written in 1777)

[A] separate and specific power has ... been ascribed to the nervous fibres ... while the brain has been contemplated as their radix [How] fibres unite ... and what are their respective powers when thus complicated, shall be glanced at hereafter ... at present, we must confine ourselves to their actuating principle, whatever that may consist in. (Good 28, written in 1825)

The modern nation takes shape, like an organic body, through remote neural and venous executions of itself. Its sovereignty is meted and executed through the powers and places of legislatures, courts, and administrative offices, where the state is actuated, inculcated, and enlarged. Because the nation is an imaginary concept that draws from a material world and gives rise to a material people, the nation is always and necessarily at categorical and practical distance from itself. In the natal, national domain that encompasses concept and reality lay the state's dynamic possibilities, creative, destructive, and transgressive.

The nation is likewise materially situated, it is continentally rooted, and it codes the dirt it appropriates with ideology, law, politics, and society. Madness must happen in this place; it is a product of this place and has no existence beyond its borders. Indeed, “[n]o [one] can be insane alone” (Crosby 615). Since bare life is likewise coded and

actuated by the society that gives rise to it, “every[one] is, and must be a social symptom” (Crosby 615). The winners who write history likewise write its reforms, its legislation, its prescriptions. For some nineteenth-century women incarcerated in asylums, the questions clearly centered on how one wrests this subjugating, generative pen and to what end.

In this chapter, I consider the changing constructions of and responses to madness in the British North American colonies and US republic, tracing a genealogy whose progeny and progenitors are the women discussed in this dissertation. Given that in the twenty-first century the nation’s ideology continues still to hearken back to that of the colonies, this was perhaps even truer in the twenty-five, fifty, and seventy-five years following the Revolution. In these years, specifically the last quarter of the eighteenth-century and first half of the nineteenth, the emerging nation actively grappled with its identity, its mission, and its prospects. These years gave rise to the insane asylum, the reified product of a reform spirit that bridged colonial and republican aspiration. Of primary importance to me, the last half of the nineteenth-century realized the fruition and fall of that which the earlier century set in motion - the profound organizing forces of reform and progress fructified in the form of the institution.

Nation, Nativity, and the Perfection of Place

In the aftermath of the Revolutionary War and fueled by the religious fervor of the Second Great Awakening, the spirit of reform broadly shaped the young and protean United States, a decidedly Christian nation whose citizens increasingly turned their religious energies to secular matters. Religious revivals of the early- to mid-nineteenth

century espoused belief in the imminence of the Second Coming, and social reform provided powerful means for secular salvation in the temporal world (Burbick 2).

Millennial promises not only looked forward, but also harkened back to more traditional Puritan beliefs, forging reformers' optimism in their ability to perfect the relatively new American just as the Puritans had perfected the New World (Luchins 206).

Enlightenment principles elevating the status of human beings to that of agents endowed with inalienable rights, liberty, and rationality, inflected Protestant understanding (Luchins 207). In this providential nation, reformers sought to bring about the Resurrection through social works that would "purify the nation, morally and spiritually" (Rosenberg qtd. in Luchins 208).

Among a number of claims to their attention, a select group of predominantly privileged white reformers devoted much effort to the plight of those thought insane. Initial efforts, looking back to those of the first colonial hospital in Pennsylvania, were aimed at providing institutionalized care for the mad, who occupied squalid spaces in private residences, jails, and almshouses, or roamed at large without provision of any kind. Reformers, exemplified by Dorothea Dix, believed with proper care and lodging many insane could be restored to health and productivity. Legislative efforts to this end were well intended if fraught with grave challenges to the ideals they aimed to uphold. Indeed, the very institution reformers would later criticize, the insane asylum, began as the promise and product of this earlier reform in the purportedly providential US.

“Brain of the New World, What a Task is Thine”

Thou Mother with thy equal brood,
 Thou varied chain of different States, yet one identity only,
 A special song before I go, I'd sing o'er all the rest,

.....
 Preludes of intellect tallying these and thee, mind-formulas fitted
 for thee, real and sane and large as these and thee,

.....
 By thee fact to be justified, blended with thought,
 Thought of man justified, blended with God,
 Through thy idea, lo, the immortal reality!
 Through thy reality, lo, the immortal idea!

.....
 Brain of the New World, what a task is thine,
 To formulate the Modern--out of the peerless grandeur of the modern,
 Out of thyself, comprising science, to recast poems, churches, art,

.....
 Thou holdest not the venture of thyself alone, not of the Western
 continent alone,

.....
 Venerable priestly Asia sails this day with thee,
 And royal feudal Europe sails with thee.
 Beautiful world of new superber birth that rises to my eyes,
 Like a limitless golden cloud filling the western sky,

.....
 Thee in thy larger, saner brood of female, male - thee in thy
 athletes, moral, spiritual, South, North, West, East[.]

.....
 Land in the realms of God to be a realm unto thyself,
 Under the rule of God to be a rule unto thyself.
 (Lo, where arise three peerless stars,
 To be thy natal stars my country, Ensemble, Evolution, Freedom,
 Set in the sky of Law.)

.....
 In many a smiling mask death shall approach beguiling thee, thou in
 disease shalt swelter,

.....
 But thou shalt face thy fortunes, thy diseases, and surmount them all,

Whatever they are to-day and whatever through time they may be,
 They each and all shall lift and pass away and cease from thee,

Thou mental, moral orb—thou New, indeed new, Spiritual World!

The FUTURE only holds thee and can hold thee. (Whitman 1-3, 28,
 30-33, 34-36, 52, 59-62, 88, 103-105, 114, 118-120, 134, 137)

In his 1881-1882 edition of *Leaves of Grass*, Walt Whitman envisions America as the apotheosis of all nations “[l]ike a limitless golden cloud filling the western sky” (62). America, the “Brain of the New World” (1), is for Whitman the product of a long teleology that expresses an encompassing “san[ity]” (88). It “formulate[s] the Modern – out of the peerless grandeur of the modern” (Whitman 35) in part by “comprising science” (Whitman 36) and in its alchemy turns “fact” (Whitman 30) into the “immortal idea” (Whitman 33). Its polestars, “Ensemble, Evolution, Freedom,” are “[s]et in the sky of Law,” affirming that laws, not kings, rule this nation, the progeny and promise of inspired human endeavor (Whitman 105). As was true for the religious reformers that appropriated and settled this land, for Whitman the “New World” (34) is a “mental, moral orb” (134). Whitman extols democratic sovereignty, an enlightened form of government equal to *America*, and gives voice to the nation’s sense of its own divine ordination, proclaiming: “Land in the realms of God to be a realm unto thyself, Under the rule of God to be a rule unto thyself” (103-4). Working against such a generative world, the US’s national ideology, and its nativity story, is “disease” (Whitman 104). While Whitman’s optimism is little troubled by such danger, since “all shall lift and pass away” without lasting harm to the nation, the fear, management and epistemologies of disease have indeed helped shape the US and formed, reformed, and deformed its

relationship with its citizens in significant ways throughout its history (120). With disease as its adversary, “[o]nly the body [and mind]’s health can index how well the republic is functioning” (Burbick 3).

“Thou mental, moral orb”: Madness in the New World

As an antagonist of the nation, community, family, and selfhood, the disruptive power of madness lay in its profound alterity – in its ability to unsettle our fundamental interpretations of the world, our rote assumptions, our relationships, our deeply held beliefs, and in a practical sense, our need to understand and anticipate what’s happening around us in order to escape the alternative – life as a steady state of terror, uncertainty, and anxiety. Behaviors and beliefs taken as signs of madness have inspired interpretation and, within the context of communal living, have spawned frameworks of understanding, whether madness has been taken as a medical condition or signaled an alliance with beasts, evil forces, or the gods.

Signs and interpretations of madness concerned the New England Calvinists who founded the British colonies in America, whose philosophies and attachments resonate in the nation today, and who played an overt role in Elizabeth Packard’s story. Without offering a map of God’s grace (which according to Calvinism is inscrutable, unswayable, and alone confers salvation) or the means by which one might curry favor with God (since pre-destination renders this process moot), manifestations of reason and madness appeared to expose aspects of the divine order among those who settled the incipient nation. Reason held a profound value for the learned Puritans who vested ideological hopes in, what was for them, the New World. The Reformation had

established Christians' direct relationship with God, and the later scientific revolution and Enlightenment stationed Reason as a revelation of God's nature. In religious matters, therefore, Puritans tended to align dogma with the rational tenets of logic, empirical evidence, and the dictates of science. In secular matters, God's ordered Reason came to assume the position of sovereign authority and madness that unravels Reason could disrupt one's knowledge of and alignment with God.

Precariously settled in a place largely unknown to them, the Puritans relied on their communion with God to direct their steps in the New World. Madness served as an outward sign of alienation from God and the influence of evil, thereby calling into question the mad persons' place in the divine order. In a secular sense, those so afflicted found themselves beyond the pale of that which issues from Reason – political voice, societal position, cultural authority, inheritance, legal standing, moral accountability - that is, much of what structures material and psychological lives and constitutes persons and citizens. As this has been true historically to the present day, the binary of reason/unreason, with its roots in antiquity, has been well rehearsed and is much entrenched in the West.

However the Calvinists and later Enlightenment philosophers didn't formulate this line, nor is it peculiar to the West. Conditions including mania, grandiosity, melancholy, distraction, delusion, profound learning difficulties, seizures, and diseases akin to schizophrenia and psychosis, all of which have been associated with madness, have figured as either problematic or (more rarely) revered as god-inspired historically. This was true in both Western and Eastern antiquity and among indigenous cultures of the Americas going back centuries before the Common Era (Millon, Ch. 1, ¶ 6, 11-12,

21-82).

Instead, what the Reformation and later Enlightenment advanced with respect to madness was a philosophical understanding that emphasized the common humanity of those afflicted and their need for care. These advancements certainly did not put an end to cruel and carceral attitudes toward those supposed to be insane, nor were they responsible for the notion that the mad might be appropriately treated with kindness. Again, the call for humane medical treatment of the mad and practices to ensure these ends are noted in the historical record as early as the sixth century B.C. and in diverse countries and cultural traditions in both the East and the West (Millon, Ch. 1, ¶ 11-12, 20-21, 26-27). What we can say, however, is that since the Reformation (and in the US since the Puritans arrived in New England), this foundational belief has become broadly affirmed in the West.

Some characteristics of this ongoing development from the colonial through the US national eras include the following:

First, a heady mix of Reformation and Enlightenment ideas firmly established the notion that while the mad had responsibility for their obligations to God, Christians imbued with Reason have responsibility for the mad. This form of acceptance constructed the mad as members of communities whose inclusion was based on dependence and thereby situated the mad at a distance from direct democratic and legal participation (Grob, *Mental Institutions* 258; Hurd 472; Rothman 4). The “inclusive exclusion” (Agamben, *Homo Sacer* 8) of the mad expanded in the nineteenth century in step with the rise of US professional institutions, administrative bodies, and legal precedent. As the space of inclusive exclusion grew, it constituted an ever-widening

valley for medical and legal determinations of madness. This inclusion, then, was such in two senses: it encompassed a growing number of the supposedly mad and a growing range of aberrant signs. US/American women in the nineteenth century fell subject to this widening domain and proved vulnerable to an increasingly indeterminate set of standards by which insanity came to be judged.

Second, since justifications for the widening domain of madness were bound to the moral order, this responsibility demanded rigor and opened the door for heavy-handedness and coercion in providing for the supposed insane. While earlier colonial communities, in particular, accepted their mad dependents in stride (Rothman 5), this attitude quickly gave way to more aggressive and anxious interventions in the name of good as the nation urbanized. As the citizenship rights of the mad became more explicitly targeted in the nineteenth century, doctors, politicians, and the courts more frequently invoked emergency as a warrant for action. Because fundamental rights were at stake, decisions came to rest increasingly with the authority of the courts and administrative bodies. These carried out their obligations on behalf of the sovereign state and assumed the position of the sovereign in doing so. In many instances, however, they set aside laws to uphold extra-legal social, political, and economic orders. In the social sphere, this national/Christian sense of responsibility underwrote the reform movement that gave rise to the insane asylum and the coercive practices it organized. Among other effects, it institutionalized the means by which troublesome women could be silenced and contained in the name of progressive benevolence.

Third, humane treatment methods were paradigmatic from at least the US's colonial period through, we can presume, the present. As medical treatments arose in the

eighteenth and nineteenth centuries, the methods of humane treatment (including commodious and serene surroundings, social interaction, and occupational therapies) varied little. However, impassioned and vigorous arguments for this simple menu conspicuously recurred, often as though something radically new were being proposed, and frequently against the backdrop of a supposed dark age from which the profession was ever awakening (Hurd 469-81). The dark-past/bright-new-day professional narrative might have represented a sincere understanding of psychopathological history at any given point. However, we might recognize that the repeated staging of a dark past could do much to bolster the profession in an advancing present. Indeed, this narrative of teleological progress identified doctors and asylums with advancing world History ordained by God. Obverse to this grand narrative, which rhetorically marked the political domain of sovereign authority, were a growing number of people figured as insane, their asylum narratives, and the political transgression these achieved.

In all, the Reformation and Enlightenment underwrote the socio-political ideologies of the colonies and nation, which in turn informed the treatment of the mad in the US through the nineteenth century. These ideologies espoused human worth and privileged the human mind as an arbiter of Christian responsibility and meaning. Significantly, these deeply held principles spurred Elizabeth Packard and other women who wrote first-person asylum accounts to form independent and progressive ideas of their own. As was true for men, the ideological groundwork of the Reformation and Enlightenment formed the very conditions of women's writing, even if their opportunities to exercise independent judgment were highly circumscribed. In many cases, women's decisions to voice such independence provided the basis for declaring

them insane. Effecting a powerful double-bind, the Western humanistic advances that authorized (Western) people to investigate, interpret, and testify were pitted against gender prejudices that defined women as insane for doing so.

In what follows, I'll briefly consider the pre-institutional response to madness in Puritan, colonial Massachusetts. I then turn to the first treatment-oriented institutional response to madness that emerged in pre-revolutionary Philadelphia and continued at that hospital under the auspices of Benjamin Rush into the early nineteenth century. The latter investigation relies on archives from the Pennsylvania Hospital discovered in the late nineteenth century by psychiatrist, Dr. Thomas Morton, who provides his interpretation of the documents from a historically situated vantage point. This history lays the groundwork for an understanding of how the US constituted states of exception for those purported to be insane and for women in particular. Both establish roots that productively inform nineteenth-century conceptions of madness and help to situate the writings of women who wrote narrative accounts of their experiences in asylums. The remainder of the chapter centers on the nineteenth-century asylum as sovereign arm of state.

From the late eighteenth century and well into the twentieth, the professional, legal, and societal responses to madness in the US have largely been institutional. What came before is instructive, since this wider lens allows us to compare the institutional model, which is perhaps most familiar to us, to an earlier community-based response. The larger perspective gives us a sense both of the departures nineteenth-century asylums took from the colonial model and also the colonial features asylum superintendents hoped to retain – chiefly the colonies' insularity and cohesiveness under

strong paternal authority. This paternalism, in particular, formed the *sine qua non* of the model asylum superintendent, a cultural figure fashioned by politicians, press, and the psychopathological profession as a minor secular deity, lauded as supremely wise, sagacious, and beneficent. This status proved especially pernicious and undermining to women who spent years, even lifetimes, under their seemingly altruistic domination and authority.

Madness in Puritan New England

While British colonization in North America served commercial and political ambitions that rivaled the Puritans' more celebrated cause of religious freedom, the Puritans nonetheless enjoyed broad hegemony in the early New England colonies (McManus 6). This authority, based on Christian morality, bound the legal, social, spiritual, and medical spheres of knowledge into a rather self-affirming and streamlined intellectual universe. The early colonial justices served alongside the congregational ministers to arbitrate personal behavior and define legal, medical, and social subjects. Transgressive behaviors associated with madness figured in the range of deviance that colonial magistrates had to account for. While we might expect that those thought mad were grossly mistreated at a time when witchcraft garnered capital punishment, medical knowledge was profoundly lacking, and communities served as bulwarks against evil's invasion, in fact, more recent historians find that the colonists' responses to madness tended toward communal support (Eldridge 361, 374; Rothman 7-9). Indeed, Christian duty required that communities care for those unable to care for themselves, so legal obligation only supported colonists' sense of moral obligation.

Colonial Notions of Madness

Madness, also referred to by terms like *distemper*, *insanity*, and *craziness* in the colonies, defined a form of unreason accompanied by frenetic and erratic behavior that left a person other to themselves and bereft of their senses (Eldridge 366). The early colonists understood melancholy, at the other end of the affective scale, to have significant corrosive effects on the mind and spirit as well (Eldridge 367; Mather, *Angel* 133). For example, Cotton Mather (1663-1728) once bemoaned the fate of a fellow minister afflicted with melancholy. As Mather saw it, evil forces attached to the religious man for bringing the word of God the New World. The resulting despair, Mather feared, would leave this man vulnerable to damnation after a lifetime of Godly achievements (Mather, *Magnalia* 387, 438-9). Given the spiritual and intellectual threats melancholy posed, it occupied an important place in the variants of madness alongside mania.

Although the specter of evil dwelt in the periphery of madness, the colonists' concept of witchcraft does not seem to have been confused with their concept of madness (Eldridge 370; Grob, *Mental Institutions* 12; Mather, *Angel* 129-32), nor did the suspicion of evil influences override the colonists' practical and Christian concerns for those with mental impairments (Eldridge 384-5). According to Cotton Mather, the world itself is a "Mad-house" and each person possesses his or her own "Mad Point," which reason cannot penetrate once crossed (Mather, *Angel* 130-1). His notion reflected the fairly common belief that madness could strike anyone and that it was a regrettably human affliction (Williams qtd. In Eldridge 382, Mather, *Angel* 129-132). Theological renegade Roger Williams, who famously founded the Providence Plantations after his

expulsion from the Massachusetts Bay Colony, sought help for an afflicted woman in 1650 arguing that “we know not how soon ...we our selves [may be] deprived of all or most of our reason before we go from hence, except mercy from the God of mercies prevent it” (Williams qtd. in Eldridge 383). Compassion therefore figured in the range of appropriate responses to mental afflictions.

Causes of madness, when referred to by colonists in court records and diaries, included “religious consternation,” which sometimes led to melancholy and suicide (Eldridge 369). Considering the difficulties of daily life in the colonies and the religious fears that Calvinism inspired, bouts of melancholy could take more serious turns and the prevalence of this condition caused great concern for colonial leaders Cotton Mather and John Winthrop, Governor of the Massachusetts Bay Colony. Women’s intellectual exercises carried special dangers, as was also claimed through the nineteenth century. Mrs. Edward Hopkins, aunt to the founder of Yale University, Elihu Yale, and wife of Connecticut’s governor, wrote a number of books and her authorship, while an exceptional production for a woman of her era, garnered a well-worn patriarchal response. This intellectual labor, Winthrop believed, led to her eventual “loss of understanding and reason” (Winthrop qtd. in Eldridge 372). According to Winthrop, her madness resulted from the fact that she abandoned “such things as belong to women” and gravitated toward “such things as are proper for men, whose minds ... are stronger” (Winthrop qtd. in Eldridge 372).

Magistrates, ministers, and doctors assessed cases of madness based on their own long-standing knowledge of the afflicted. These assessments, while bolstered by personal knowledge of the accused, nonetheless suffered from imprecision. Terms like

crazy applied to the mind rather ubiquitously and even described aberrant bodies (McManus 104; Eldridge 383-4). However, as David Rothman argues, public concern didn't center on medical diagnoses, but rather related to how communities might best meet the needs afflicted in a manageable way (4-5). In a practical sense, the colonists made provisions so that incompetent persons would have legal representation in court; families would provide for persons unable to make a living; and families unable to provide care would receive support from others in the colony. Under these circumstances, the relevant governing board would provide funds to cover expenses when required.

Madness and Colonial Law

Those thought mad benefited from some codified legal protections during this period in colonial history when relatively few laws were set in such formal terms. While Puritans looked to the Old Testament to assist them in enumerating capital crimes, English law and Reformation principles that advanced rationality, individual rights, and humans' direct relation to a sovereign God formed a stronger basis of colonial law and governance. These principles guided the colonists in constructing laws to protect the mentally impaired and these were based on the proto-modern principle that one must possess knowledge that an act is unlawful in order to be held accountable for it (McManus 105).

Colonial laws and religious duty afforded protection to *dependents* as a category (Rothman 4; Hurd 472), which typically included the poor, the elderly, the infirmed, and “any woman that [wa]s married, any childe under age, Ideott, or distracted person”

(*Massachusetts Body of Liberties* 76). The 1641 Massachusetts Body of Liberties explicitly directed that “Children, Idiots, Distracted persons ... strangers or new comers” be protected according to the dictates of “religion and reason” in criminal and other cases.

The desire to protect the legal rights of dependents and others reflected a strong communal value of the colonial period. The Massachusetts Body of Liberties mandated broad access to public and political forums such that,

[i]nhabitant or fforreigner [*sic*], free or not free [had] libertie to come to any publique Court, Councell, or Towne meeting, and either by speech or writeing [*sic*] to move any lawful, seasonable, and materiall question, or to present any necessary motion, complaint, petition, Bill or information [there].

The document further stipulates that the ninety-eight detailed liberties be read aloud in public every three years; failing this the governor and his lieutenants were fined. It therefore seems that the colonists meant to uphold the law rather than look for reasons to suspend or to make exceptions to it. Indeed in the colony, “[s]trict limits were set on the power of government, and individual rights were carefully protected Some of the key guarantees of American constitutionalism first took root and flourished in the legal culture of Puritan New England” (McManus xi). This stands to reason, since Puritans originally formulated colonial laws and built governmental structures, not to establish their own sovereignty in a distant land, but to make real God’s unimpeachable sovereignty on earth.

Madness and the Ordered Colonial Community

The community benefitted from their relationship to the mad because it affirmed what they understood to be God's divine, hierarchical order. As one minister would have it, "Good order is the Strength and Beauty of the World. The Prosperity both of *Church* and *State* depends very much upon it ... the only effectual Method under God ... is, for *every one* to ... do[] what is *proper* for him in his *own Place*" (Chauncy qtd. in Rothman 10-11). Accordingly, poor and rich, damned and saved, low and high played necessary roles in God's universe and provided no end of opportunity for those on the latter end of the scales to test and display their divine election (Rothman 7-8). In the name of Christian good and the uneven topography of dependency, those in obvious need received care without undue formality or any attempt (or often any option) to remove them from their homes or communities. They were not ostracized but rather remained a part of the fabric of early colonial community life (Rothman 20).

As revisionist historians have found, the early colonial treatment of the cognitively and psychologically impaired does not reflect the dark past that nineteenth-century asylum journals and early twentieth-century histories tended to advance (Hurd 469-81, Deutsch qtd. in Eldridge 361). Rather, this period represents some significant advancement in thought. As medical, religious, legal, and social subjects, the mentally impaired were believed susceptible to treatment, such as it was; they retained a place in the divine order as inherently rational and spiritual beings that bore a mirror relationship to the unimpaired; they gained legal rights which the New England colonies established and protected; and they retained a role in the social fabric as community members.

While colonists drew begrudging distinctions between those in need due to

idleness or the abuse of alcohol and the involuntarily afflicted, ostracized dependent strangers altogether, and even held the violently insane in small buildings on the settlement commons, the broad understanding and ideological commitments they brought to bear on the mentally impaired within their colonies merits attention.

Although social and religious coercion figured in colonial life broadly, legal coercion, especially in the forms of bodily removal and the suspension of liberties and rights, did not. With the coming of an institutional approach in the latter eighteenth century, the legal and social status of the so-called mad began to change markedly.

For a time, the colonies remained fairly insular as a result of settlement laws and banishment practices and so they weren't burdened greatly by dependent strangers. Hopeful colonists unable to thrive well enough independently were either denied passage in England, were turned away at the colonial ports, or were banished from colonies once on land. This allowed communities to sustain an intimate knowledge of those with mental impairments and enough community cohesiveness to care for them. Colonists vulnerable to all manner of deprivation relied on close affiliations with one another and their leadership drove out forces disruptive to these ties (McManus 149). With increased settlement and urbanization it became impossible to preserve this kind of bounded community. The cosmopolitan urban center in Philadelphia, for example, soon became a world that included unaffiliated strangers, and those who were impaired and uncared for became a prominent fixture on the public streets. In the early colonies, the clearly incapacitated could rely on communities that knew them, churches that ministered to them, and families that helped them even if this support was flawed or meager. As tight-knit communities succumbed to increased immigration and the vision

of the early Puritans flagged, new social challenges evolved that inspired institutional responses in the late-eighteenth century.

What *did* remain constant however, from the seventeenth century through the nineteenth century, when Elizabeth Packard and many other women were incarcerated in insane asylums, was that both women and the mad enjoyed special protections as dependents, not as autonomous subjects. The great legal coercion that Elizabeth Packard and other women experienced in the nineteenth century was the result not only of new responses to and perceptions of the mad, but also a stable set of assumptions related to women's roles and capabilities that proved persistent throughout this long history. Women were discouraged throughout this period from taxing intellectual pursuits because these could lead to unreason, madness, and dependency – what we might recognize as a circular and self-fulfilling authoritarian rationale. In many instances, nineteenth-century women who challenged this authority found themselves spirited away to the asylum.

Such women, married women in particular, proved inclusively excluded in the citizenship promises of the US in a double sense, both as wives, whose legal and civic status was subsumed by their husbands, and as those declared legally and civilly incompetent. While they remained subject to state authority – *included* as it were – they were effectively excluded from all agential action within the sovereign sphere of the state. The patriarchal forces that sought to contain women by sending them to insane asylums attacked both their gender and their minds – the “moral, mental orb” Whitman understood as supremely generative - and did so in part by stripping them of their unalienable rights and liberties as US nationals. The mental asylum became a state arm

for accomplishing this and was an American institutional form founded in the latter eighteenth century.

A Founding Institutional Form: The US Nation's First Hospital

Whose fair abode is this? Whose happy lot
Has drawn them in these peaceful shades to rest,
And hear the distant hum of busy life?

.....
I have seen
Within what seemed so fair, this mansion's tenants:

.....
Here are shut in, life's outcasts; Madness here[.]

.....
I had not sought this scene – my thoughtless steps-
Had brought me, where, I knew not, till the sights
And sounds of woe revealed its awful terrors;

.....
A moment's struggle, and my mind gave way,
And my soul sickened at the awful thought
That I was mad ...

.....
Francis Scott Key, "On Visiting the Pennsylvania
Hospital" (1-3, 15-16, 25, 50-52, 55-57)

.....
What is that which the breeze, o'er the towering
steep,
As it fitfully blows, now conceals, now discloses?

.....
Francis Scott Key, "The Star Spangled Banner" (11-12)

The day the Pennsylvania Hospital's cornerstone was laid, bearing a tribute by Benjamin Franklin to George II, Philadelphia's children were released from school because the city founders wanted those young enough to recount the event well into the next century, to witness it (Morton, "Pennsylvania Hospital" 39). The laying of the

cornerstone represented a founding moment in the history of what became the US. The hospital was the first of its kind in the British North American colonies dedicated to the care of the sick and the education of doctors – and its first mission was to care for those “distemper’d in Mind” (Morton, “Petition” 3). The Quakers, who founded the religiously tolerant State of Pennsylvania and whom Cotton Mather declared mad, played a crucial role in the care of those with mental impairments in England, the North American British colonies, and later the US. This influence, which would shape the form of care and institutionalization in the US, was grounded in the Pennsylvania Hospital. This hospital was largely a product of urbanizing forces.

As the insular colonies gave way to bustling and populous provincial centers by the eighteenth century, the personal social relations colonists once shared with one another, including social relations shared with those believed to be mad, were significantly altered. Provincial Philadelphia, a paradigm of this shift, was the second largest city in the British Empire by 1750 and the most heavily trafficked port in the colonies. The immigrant population grew exponentially at this time. Influential leaders like Benjamin Franklin shaped this city, which figured so prominently in colonial and national affairs that it eventually became the seat of the nascent US government. The urban center, then, well represents the complexities of cities that arose in the next several decades.

As a port city, Philadelphia provided for ailing immigrants who landed on its shores by temporarily quarantining them on a remote island where doctors provided minimal care. Two almshouses also offered spare medical treatment for the indigent and one of these accepted the insane. As these were insufficient to meet the growing need, in

1751, Benjamin Franklin and Dr. Thomas Bond submitted a petition to the Provincial Assembly of Pennsylvania calling for the creation of a hospital for the indigent sick, an institutional form Bond had studied abroad that was as yet unknown in the colonies (Franklin qtd. in Morton 6). The hospital's clear purpose was to care for the indigent with special attention devoted to the curable mad. According to the petition, Philadelphia faced a problem in that the "[n]umbers of People, the number of Lunaticks or Persons distemper'd in Mind and depriv'd of their rational Faculties, ha[d] greatly increased in th[e] Province" (Morton, "Petition" 3). In response, Franklin and Bond requested that the Assembly build a hospital "acceptable to God and to all the good People they represent" (Morton, "Petition" 8). The petition reflected Franklin and Bond's intention to cure the insane by garnering, as they hoped it would, the same two-thirds cure rate as had been reported by England's Bethlehem hospital (Morton, "Petition" 8).

It's historically noteworthy that the Pennsylvania Hospital observed a liberal admissions policy and accepted patients whether they were enslaved or free, regardless of their race. This policy, if imperfectly adhered to, affirmed a nascent belief in the common humanity of all people. For abolitionist Benjamin Rush, racial difference (that is, difference gauged against normative whiteness) represented a curable condition (Rush, *Diseases* 289). This conception, while laughable and supremacist, also speaks to Rush's sense of a human commonality that underlay differences between white people and those who were racially marked as *other*.

The hospital played a pivotal role in the history of Western insanity reforms, treatments, and abuses, its reform work figuring alongside advances also occurring in

Italy, Scotland, France and England (Lecky qtd. in Paterson 401). Dr. Benjamin Rush, a signer of the Declaration of Independence, author of the first psychological textbook in the US, and later referred to as the Father of American Psychiatry, is frequently credited as the first American physician to consider insanity a disease and treat it accordingly. As a physician at the Pennsylvania Hospital, he discontinued the display of the mad before the public for purposes of amusement and while he retained the use of heroic treatments like bloodletting well beyond their respectable practice, he also strongly advocated for what became known as the moral treatment. This treatment affirmed the inherent worth of patients who were then expected to behave as moral agents. The treatment sought to aid recovery through social stimulation, gender-specific engagements like sewing and farming, obligations to read and write about topics recommended by physicians, physical exercise, and care facilitated by capable caregivers rather than quasi-jailors (Morton, "Rules: Insane" 559-62; Rush, "Letters" 195). Rush argued that, "[w]hile we admit Madness to be seated in the mind, by a strange obliquity of conduct we attempt to cure it only by corporeal remedies – The disease affects both the body and mind, and can be cured only by remedies applied to each of them" (Rush, "Letters" 195). The notion of a holistic approach that centered on what we might consider a person's psychology and their psychological and physiological well-being is typically associated with Philippe Pinel in France and William Tuke in England; however it's clear these ideas were fairly well formed, even if unfulfilled, at the Pennsylvania Hospital.

While Franklin and Bond intended that the insane would be treated at the Pennsylvania Hospital, they suspected this would not be easy to achieve, since "few or none of [the mad] were so sensible to their condition as to submit voluntarily to the

Treatment their respective Cases require” (Morton, “Petition” 8). Additional coercion was therefore built into the institutional model, since those perceived to be mad, without benefit of care by friends or family, or too incapacitated for such care, could be involuntarily consigned to the hospital whether they believed they needed care or not. This strong-arming likely seemed commensurate with the urban crisis caused by those thought mad. As Franklin and Bond indicate in the petition –

Some of the[mad] going at large, a Terror to their Neighbours, who are daily apprehensive of the Violences they may commit : And others are continually wasting their Substance, to the great Injury of themselves and Families, ill-disposed Persons of wickedly taking Advantage of their unhappy Condition, and drawing them into unreasonable Bargains, etc. (Morton, “Petition” 8)

As was true of the city’s quarantining of foreigners, early hospitalizations were then meant to protect those on both sides of the hospital walls from disease and harm, establishing the hospital’s carceral and beneficent motives. Philanthropist Samuel Coates, who served as a hospital manager during Rush’s tenure and documented patient “cases,” as he called them, frequently referred to the patients as ““prisoners”” and, like Rush, to their rooms as ““cells””(Tomes 278).

Not only did Franklin and Bond intend to provide for the keeping and care of the insane, they also sought to protect them from those who would draw them into “unreasonable Bargains, etc” (Morton, “Petition” 8). That is, they sought to protect their estates, legally constituted and conveyable capital, that not only patients, but families and the state had stakes in. The state’s interest in protecting the assets of the mad finds its roots in English law going back to the thirteenth century when, “[o]wing to some abuse of [the trust of the insane], a statute ... gave the[ir] charge and custody to the king”

(Paterson 401). This statute, issued by Edward I, created a direct relationship between those thought mad and the sovereign. The objective “clearly appeared to be the preservation of the lands and tenements from waste, and the mere aliment rather than the personal comfort and cure of the lunatic” (Paterson 401). Perhaps to meet his sovereign obligation to those directly under his charge, Henry VIII offered London a dismantled monastery, St. Mary of Bethlehem, to serve as a lunatic residence and treatment facility in the mid sixteenth century (Paterson 402). The institutional foundation for the care of the mad in the West therefore lay on its chief cautionary example, St. Mary of Bethlehem or Bedlam. It also instantiated the integral relationship between the sovereign and the mad in Western law.

The belief that the insane should be gathered in or drawn to a common site necessitated an architectural form, which figured centrally in the treatment and constitution of the insane as legal, medical, and cultural subjects well into the twentieth century. As a matter of “municipal law[,] subjects must find *place*” a significant organizing principle of civic society (Paterson 1, emphasis added). This notion, and the provisions for the poor and sick that resulted, appeared fairly late in the English municipal code and developed as urban spaces grew more complex. This, then, also formed a basis for provincial law in the colonies and later US.

The legal provisions that afforded housing for the poor and insane gained approbation in England in part because they seemed commensurate with the advancements of civilization and marked further distance from barbarism (Paterson 1). These laws developed alongside the Western market economy through which “population[s] grow[] dense, employments [are] multiplied and subdivided, business

[becomes] intricate and complicated” – something the “thinly-peopled [barbaric] countries ... have neither the experience nor the time nor the occasion to think about” (Paterson 1). In this dense and productive universe, the poor house, and by extension the asylum, were antagonists to the flow of urban life and the lively halls of commerce. The conditions of pauperism and long-term illness figured as antitheses to capitalistic striving. Then, as now, we must either turn the wheel of production or “fall into the abyss,” as Jeremy Bentham, noted legal philosopher of the eighteenth and nineteenth centuries, lamented (qtd. in Paterson 3). In an effort to prove the necessity for poor laws, he states,

[f]ew resources [are produced without] daily labour - always near to indigence - always liable to fall into the gulf from accident - revolutions of commerce, natural calamities, disease Man can only rise by continual efforts, without which he will fall into this abyss The motive to labour and economy is the pressure of present and the fear of future want. (qtd. in Paterson 3)

The asylum may have functioned, then, not only as a proving ground for stable mental activity but for Darwinian economic competency, and the two may have been mutually constituting. Certainly Rush favored appropriate occupational programs for his patients and felt those in the working class, who were thought suited to manual labor, fared better than the leisure class, who were thought unsuited to such labor. Indeed, in the nineteenth century inmates labored in asylums as “slave[s],” according to patient Ada Metcalf (131) and, according to Adriana Brincklé, were abused by their attendants if they did not work (112). This notion of production had a further effect in the latter nineteenth-century: with an eye toward economies of scale it encouraged the development of the increasingly “monolithic hospital ...[and t]he hegemony of

monopoly capitalism [that] legitimated the ruling idea that bigger institutions were better” (Goodheart 106).

The Pennsylvania Hospital likely produced some positive results, restoring patients to health and productivity. As was later true for all of the grand and impressive state asylums, the Pennsylvania Hospital also gravely disappointed. Despite his efforts to champion the cause of his charges, provisions for the mad in the hospital were compromised and Rush believed this contributed to patients’ greater incapacitation and often death. He describes the problem to the hospital’s Board of Managers in 1789 as follows.

I am sorry to add that my attempts which at first promised some Improvement were soon afterwards rendered Abortive by the Cells of the Hospital.

These apartments are damp in Winter & too warm in Summer. They are moreover so constituted, as to not admit readily of a change of air; hence the smell of them is both offensive and unwholesome.

Few patients have ever been confined in these Cells who have not been affected by a cold in two or three weeks ... and several have died of Consumption ...

These facts being clearly established, I conceive that the appropriating of these Cells any longer for the reception of mad people will be dishonourable both to the Science and Humanity of the city of Philadelphia.

Should more wholesome apartments be provided ... many of them might be Relieved by the use of remedies which have lately been discovered effectual in their disorder. (Rush “Letters” 193)

The hospital, as was true for later asylums, didn’t merely replicate or reflect the horrors of the mad; rather it helped to constitute them. Recognizing this perhaps, Rush asked the board to remember that the profoundly ill experience acts of kindness, injustice, and neglect, regardless of their disease, and these are in part conveyed by the hospital itself

(“Letters” 196). These kinds of concerns remained a common theme through the nineteenth-century, reaching heights of notoriety at fearsome institutions such as the lunatic asylum opened in 1839 on Blackwell’s Island in New York City’s East River. The deplorable conditions of such asylums were well known to the public and sources of sensational press.

Despite significant lapses in care and often deplorable conditions, the Pennsylvania Hospital did help to constitute those believed insane as humans endowed with reason and susceptible to humane treatments. Through the work of Rush and others at the hospital, the mentally impaired became decidedly medical subjects, for better and worse. Even though the traces that once linked mental impairment to godlessness continued to dissipate in the early national era, however, in some sense this thought persisted.

In his poem, “On Visiting the Pennsylvania Hospital,” Francis Scott Key uses madness as an allegorical device to suggest that the mad he encounters have forgotten their Christian allegiance and duty to God. Through their thoughtless neglect and failure to fulfill their duties, he finds that they have forfeited their covenant with God who has therefore withdrawn the light of reason from them. In this way, the mad serve Key as a “narrative prosthetic,” a term coined by Disabilities Studies scholars David T. Mitchell and Sharon L. Snyder. In this case, Key uses the figure of the madman to slide a crutch under the culturally dominant notion that a bond of grace joins the able-bodied/minded and God, at the expense of the mad whose existence serves merely to prop up that good order. Scott delivers the poem’s powerful lesson, again subserved by the figure of a madman, when he considers - and asks the reader to consider - that they too could

succumb to such madness for want of vigilance. While Scott isn't callous to the plight of the so-called mad he encounters, his experience seems to be one of pity; he holds the mad spectacle at arm's length while reminding the reader not to be like the lunatics, God's outcasts. The aversion and pity Key experiences when beholding the mad breaks with the sense of affinity Cotton Mather and John Winthrop once envisioned between the mad and their beholders. Indeed, Key's impulse to distance himself from the radical other assumed an architectural form at the Pennsylvania Hospital. Such distancing reformed the place of, and concomitantly the social construction of, the mad that had once been constituted in Puritan New England.

The asylum commitment, which newly stripped the legal and social status of those committed, relied on the rhetoric of emergency to coercively abrogate citizens' rights while appearing a measured and appropriate response. In the wake of discourses advancing the threat posed by the insane and their need for containment, the Pennsylvania Hospital facilitated a carnivalesque engagement with the mad in its early days. Well secured in viewing cages not unlike zoo cages, those understood to be lunatics became objects of speculation, excitement and revulsion. Provincial citizens perceived the caged mad as entertaining curiosities and Sunday outings often included trips to the hospital to view madmen for a fee. We can be fairly well assured that the curious did not come to see themselves reflected back in a mirror, as Mather once implored us to do, since this would sap all of the diversionary fun from the spectacle. Instead, the curious came to see the strange other. When Rush discontinued this practice, the hospital drafted a full page of visiting rules that accounted for detailed aspects of the amended terms. The level of detail, including where carriages could park and numerous

prohibitions related to visiting days and hours, suggests that the hospital needed to create a policy capable of reorienting the staff and visitors to a broad new set of acceptable practices and, in a sense, the citizenry to a broad new understanding of madness (Morton, “Rules: Insane” 562).

To further discourage the idle curious, the hospital built a tall brick wall around its permanent building. Years afterward, states built asylums outside of cities altogether, which both protected and isolated patients from the citizenry at large. This duality, enforced at the Philadelphia Hospital, accomplished something singular. It established a cultural notion that persisted for at least two hundred years in the US: that madness is associated with a place and that place is someplace other than *here*.

State of Exception at the Pennsylvania Hospital

The legal requirements for an asylum commitment in the pre-national and early national eras resembled those of the later nineteenth century: first, a friend or relative had to request a commitment in writing and second, two physicians had to certify the patient’s madness before their commitment was reviewed by the treating hospital. While colonial law required that there be at least two witnesses to try a capital crime and this likely spared many innocent people from the gallows, the analogous requirement that two physicians attest to a person’s sanity seems to have been fraught with abuse from the beginning. Since the mission of the Pennsylvania Hospital was inherently charitable and hospital care was costly for the institution and generally short-term, we have little reason to believe that any sinister intention attached to hospital commitments. However in 1895, Dr. Thomas Morton, once President of the Pennsylvania Hospital medical staff,

wrote a fairly candid history of the hospital based on a vast store of its long-forgotten archival records. There he describes the following related to asylum commitments.

In the earlier days¹ of the Hospital [footnote from original text], even down to quite recent times, the mode of commitment of the insane was so easy and free from formality that a few words hastily scribbled upon a chance scrap of paper was sufficient to place a supposed insane patient in the Hospital and deprive him of personal liberty. If he did not remain passive, chains or some other form of mechanical restraint were used. A sufficient number of such scraps of paper have survived to show the astonishing informality of the lunacy proceedings. The friend (or it may in some instances have been the enemy) of an alleged lunatic, applied to the Managers, or to one of the physicians, for an order of admission ... Once in the cells, or quarters for insane, the patient had no appeal from the opinion of the attending physician. (Morton, "Department for the Insane" 127)

The subject of Morton's footnote preempts the principle question: *By what authority could this occur?* The footnote reads:

In the provincial history of our State, no general law was enacted for the commitment of insane to places of detention; whatever legal proceedings were requisite for their guardianship, estates, etc., were derived from the English statutes. The charter for the Pennsylvania Hospital conferred power upon the Contributors to make all needful rules and regulations for the government of the Hospital and admission of patients. (Morton, "Department for the Insane" 127)

English law formed a basis for colonial and later state and national law and, in this case, the prevailing English statute "gave two justices power to issue their warrant to lock up and chain the insane person, and apply his property for his maintenance" which was "the machinery ... often made use of to get rid of obnoxious relatives" (Paterson 402). As noted, the Pennsylvania Hospital similarly required a written request from friend or family and the agreement of two doctors; a process that was no less subject to abuse.

Hospital contributors were granted authority by the hospital charter to determine who should be admitted into the hospital. This is perhaps surprising since these men had simply provided financial support for the institution. They had not studied insanity or its treatments. In turn, they made the commitment decisions on behalf of “God and ... all the good People” that “the Assembly represent[ed]” (Morton, “Petition” 8). In this way a financially interested board of administrators was empowered to withdraw the fundamental rights – those of liberty and property – from any citizen, relegating them to legal dependency or, what was referred to as, *civil death*.

The hospital thereby galvanized a complete if deformed civic universe ordained by God and funneled into the care of the indigent, the mentally impaired, and those falsely accused of insanity. The sovereign authority initiated in England, rather than becoming attenuated and diffuse as it traveled through complicated lines of transmission, maintained a fearsome potency. In the end, the supposed lunatic in the distant US, who held a direct relation to the sovereign, was reduced as a legal subject to a set of instructions scrawled on a scrap of paper.

The Pennsylvania Hospital, as the administrative, or what Durkheim refers to as the “executive” (Durkheim, Ch. 4, pars. 6, 9-12) arm of the sovereign state, proved to be a prototypical institution that flowered into its final form, the insane asylum, in concert with the rise of the psychopathological profession in the nineteenth century.

Radix of a Nation: The Nineteenth-Century Insane Asylum

.....
 Wisest heads keep their mouths close,
 Doctors increase and double dose,

And vary it as the disease
 Demands ...

 But then 't is well at approach of day,
 The darkest hour to grope the way,
 Gradually behold the light ...

 Oh, my heart melts in its sadness,
 As Opaled I look on life's scenes,
 And pray that the wisdom of madness
 May reveal what wonders have been.
 As we turn over and over,
 Lessons we have given the world,
 That mind in views of Dover,
 May dream of the Flags unfurl'd.

 "Asylumia," 1852 (73-6, 79-81, 119-125)

Looking back to England, where the institutional form of the asylum was in part inaugurated (Scull, *Social Order* 98) and where the US derived much of its insanity law, the poet offers a re-formed version of Whitman's "Brain of the New World." Drugged with a "double dose" and seemingly grateful for it, this American mind "in view[] of Dover" occupies a similarly superior position in what Whitman referred to as the "western sky," straddling the Old World and the New. However, Whitman's conception of the American "mental orb" experiences disease, even triumphs over it, yet remains opposed to it, while the poet above, an anonymous patient at the New York State Lunatic Asylum at Utica writing in *The Opal, A Monthly Periodical of the State Lunatic Asylum Devoted to Usefulness*, lauds the "wisdom of madness" and the mad who offer "[l]essons[to] the world" ("Asylumia" 80). Disease for this poet/patient is, in other words, a generative epistemological source that likewise drives the currents of America.

The title of the poem, “Asylumia,” refers to an imaginary world created by the patients at Utica – a kind of fine, urbane, cultural realm whose writers and imagined readers were modeled after those of the well-bred literary magazines of the day such as *Knickerbocker* (Reiss, “Asylumia” 5, 12-3). A party-line optimism underlay the periodical, which was printed on the same presses as the profession’s first journal, *The American Journal of Insanity*. This patient-authored and doctor-overseen work likely derived its optimism from the rise of the asylum and the accompanying rhetoric that began in the first half of the century.

In the late eighteenth and early nineteenth centuries, Western interpretations and responses to madness seem to have shifted synchronously. The Enlightenment undoubtedly prompted these changes, with its roots in the Reformation and its revolutionary espousal of unalienable human rights and dignity. Aside from the advocacy of Benjamin Rush in the US, similar changes occurred in Scotland, Italy and as described here, in Britain and France. In the late eighteenth century, a French physician, Philippe Pinel, famously threw the chains off of the mad at Bicêtre and implemented what he referred to as *traitement moral*, or the humane care of those thought mad. In 1796, although independently, William Tuke, an English Quaker, formulated his own response to the care of those afflicted with mental disorders and likewise referred to it as a *moral treatment*. Tuke’s therapeutic institution, known as *The Retreat*, relied on Quaker principles and used restorative therapies for body, mind, and spirit. The Retreat, located in Great Britain, encouraged social interaction and required patients to comport themselves properly so as to affirm their undiminished role as agential, social beings despite impairments to their reason.

This model later spread throughout Britain and the US largely through his son's work, *The Description of the Retreat near York* (1813). According to both Pinel and Tuke, effective treatment for patients was to be based on a fundamental belief in their spiritual and human worth so as to develop patients' self-restraint, self-esteem, and sense of well being in an atmosphere of benevolence. They intended to reform a system that had historically treated mental patients with both disregard and brutality. The moral treatment became an early basis of care for those thought insane in the US.

The first private mental institution in the US predominantly reliant on moral treatment, the Quaker-founded Friends' Asylum, opened in Frankfort, Pennsylvania in 1813. Its original and continuing mission statement calls for "tender, sympathetic attention as may soothe ... agitated minds, and under the Divine Blessing, facilitate their recovery" ("Mission Statement"). Like all US institutions that followed, the hospital at Frankfort refused to relinquish restraints in its early decades. US proponents of restraints argued that they were required for patient safety and particularly in the US where patients were less likely than those in England, for example, to submit to institutional authority (Dain 124). Using the logic of state power, American liberty (the beacon of Enlightenment promise) drew its subjects into a realm that necessitated even greater coercive restraint than required by those who had never achieved such self-determination.

The public insane asylum movement spread across the US largely due to crusader Dorothea Dix's reform campaign of the early 1840s that resulted from her review of the almshouses and jails in Massachusetts. Finding widespread abuse and neglect of those with cognitive and psychological impairments, she lobbied vigorously

at the federal and state levels for humane and Christian care of those considered insane, especially for those who were indigent. As a result of this and a wider spirit of reform grounded, at least putatively, in Christian and social responsibility, states began broadly funding institutions for the care of the old, poor, mentally ill, and the incarcerated. The state conceived of these institutions as linked, in part because it seemed each represented a response to a pressing social ill that required programmatic solutions to organize and administrate the distinct, but commonly dependent, populations (Rothman 130-54).

In the US, states frequently clustered these institutions in lands at the outskirts of urban centers, close enough to benefit from labor pools and other resources, yet sufficiently remote to effect a concentrated relationship between the state, the doctors, and the recipients of their care (Rothman 138). Well into the nineteenth century, personal visitors and correspondence were denied to asylum inmates, which were rules that Rush had once insisted upon (Rothman 138). The purpose of this insularity was to construct in each asylum a model society that nostalgically harkened back to traditional hierarchic and authoritarian colonial social structures that had once produced unified and vigilantly normed communities (Rothman 127).

While personal visits from family and friends were generally denied to patients, nineteenth century asylums again proved popular to a curious public. Departing from Rush's prohibition against public visitation, asylum superintendents welcomed the general public, hoping their reception would convey a sense of openness between asylums and the public that funded them (Rothman 143). Notably, Utica State Asylum received a staggering 11,794 general visitors in 1876 (Rothman qtd. in Huber 50). To satisfy the expectations of thrill-seeking visitors, asylum staff located the interesting

“characters” in the visiting wards – like those believing themselves to be the US president or an inanimate object (Agnew 66). Hospital staff fashioned patients along these theatrical lines, giving some fantastical nicknames like Anna Agnew who they called, “the devil” (Agnew 66; Brian 279). Such staging worked to affirm the inmates’ alterity before a public anticipating this very cultural narrative of insanity. As a result, patients in the distant asylum were ever more cut off from society and citizenship. Those who gained their freedom as falsely incarcerated or cured, however, had another, particularly salient, story to tell an interested nation. Women who wrote first-person accounts, such as Elizabeth Packard and Anna Agnew, seemed to know that their stories would be popular and lucrative as indeed they were.

As the stage and domain of state power, insane asylums tended to be grand and imposing stone structures surrounded by open space, allowing, at least in principle, ample air and light to interior rooms and patients’ exposure to the calming effects of expansive natural settings beyond its walls. This approach followed the vanguard architectural program of Pennsylvania Hospital superintendent Dr. Thomas Kirkbride. In what became known as the Kirkbride Plan, reform architecture accompanied the reformed asylum. While structures called *asylums* commonly refer to mental institutions, the sanctuary sense of the term never aligned with institutional realities, however. The word *asylum* conjures such shadowy and frightful images it’s perhaps startling to extract the term and remember that the term denotes a place of calm refuge. This sharp dissonance between the denotation and connotation is a reliable signal that the promises of asylum were never fulfilled in the US and indeed they began to dissolve even as they were formed.

Social Alarm

Early- to mid-nineteenth-century disease theory located the cause of disease in “violations” of “natural laws that governed human behavior” and argued that such violations were “insolubly linked with filth, immorality, and improper living conditions” (Grob, *Mental Institutions* 88). Lacking an understanding of germs or other biological causation, “American physicians and laymen interpreted health as a consequence of a proper and orderly relationship between nature, society, and the individual” (Grob, *Mental Institutions* 88). Accordingly “health ... was synonymous with virtue and order” (Grob, *Mental Institutions* 88). The state therefore attached significant stakes to the status of its citizens’ bodies and minds. Discourses of health captivated public attention and became the source of popular and national debate. The health of the nation and of democratic promise mirrored the health of the body (Burbick 4). The thought seemed to be that “if the individual could sustain well-being, sense disease, reflect, read, listen to good advice, and act properly, then a free society could be upheld and, when necessary, healed” (Burbick 77). As Foucault argues, the modern state establishes and sustains its power by inculcating itself into the care of the bodies and minds of its subjects in just this way.

The state, doctors, and lay health practitioners helped to constitute this order; however, they weren’t the only constructive agents in this regard. In the post-Revolutionary era of reform in the nineteenth century,

the hegemonic middle class with its roots in Northern European Protestantism busied itself crafting narratives of American life and American destiny that not only attempted to represent the complexities

of their lives but also provided a guide for the nation and its citizens. In the lives of these “representative men” and “republican women” the tales of the new nation emerged ... that represented the healthy body [and mind] as a goal of the great republic. (Burbick 2-3)

The White Anglo-Protestant progeny of the nation’s founders felt themselves particularly allied to early colonial settlement, the nation’s founding, and its development. Men and women among them felt it their responsibility to contribute to the nation’s ongoing progress and therefore participated in and derived authority from debates related to their notable preoccupation, specifically, health and disease.

As the nation grappled with its expansion and freedoms, some eminent psychopathologists in the first half of the century shared the concern that “the varied economic and intellectual opportunities ... [that] democratic, competitive societies” give rise to, produce “uncertainty, anxiety, instability and mental disorder, in contrast to static, despotic [or ‘primitive’] societies, which engender[] mental stability” (Jarvis qtd. in Dain 89). Many argued that “the freer a society, the greater the forces leading to insanity” (Jarvis qtd. in Dain 89). Doctors studied key facets of US culture, from its familial structures to its economic systems, “[a]nd little of what they saw pleased them” (Rothman 114). “Everywhere they looked, they found chaos and disorder” (Rothman 114). This concern was prevalent among asylum superintendents.

Beneath popular health discourse seemed to lurk anxieties about national and civic viability. Such threats required responses equal to the nation that fostered them. To that end, “the great age of social reform that constructed the terms of our nationalism” gave rise to the “age of institution building” that “create[d] disciplinary practices necessary for social order” (Burbick 96). At this time, “a massive institutionalization of

the body began, placing it not only within coercive structures, but also within factories, offices, and the common school” (Burbick 97).

The American Mind as an Institutional Object

The rhetorical figure of “The Brain of the New World” and its complement, the new American citizen who thinks, becomes ... a linguistic space in which a struggle over the meaning of nation and citizenship takes place. Anxieties and glories overlap in this space of language where the issues of freedom, restraint, and control are inscribed and linked to the physiological “fact” of the brain. The natural symbol of the brain, a symbol steeped in culture, becomes aligned with the hegemonic expression of the nation-state. The brain represents a particular form of hierarchy, a valuing of certain types of behavior that appear necessary for the continuation of the hegemonic social group ... “Man Thinking” is the basis for freedom, but if thought is not moored in reason, moral conscience, and a spiritualized form of intuition, it can drift into a frightening Poe-esque nightmare of introversion. ‘Man thinking’ ... in pursuit of economic, political, and aesthetic power [is] the direct heir of the Protestant Reformation and the builder of the modern world, [and] his mental vitality both a blessing and a curse. (Burbick 146)

Nineteenth-century rhetoric encouraged a fear that rigorous intellectual exercises, necessary for a self-governing people, left them vulnerable to collapse and in need of institutional shepherding. Concerns about the mental effects of democratic life were not new. Following the Revolutionary War, Benjamin Rush discovered that citizens of the young republic kept actively voicing concerns regarding their liberties and kept agitating for various political gains. The hierarchic order of things, also much valued in the nineteenth-century, was thereby subject to threats so unnatural, Rush believed, that agitators were themselves insane, stricken with a form of the disease he

referred to as *anarchia* (Rush, *Medical Inquiries and Observations* 293).

Fears about the thinking man, somewhat paled in comparison to those directed toward the thinking woman whose body and mind were thought inherently vulnerable to disease even in the absence of intellectual exercise.

[I]n the nineteenth century this fear of the intellectual woman became so intense that the phenomenon ... was recorded in medical annals. A thinking woman was considered such a breach of nature that a Harvard doctor reported during his autopsy on a Radcliff graduate he discovered that her uterus had shriveled to the size of a pea.” (Martin qtd. in Gilbert and Gubar 28)

The crisis was such that the nation got its best men on it.

Asylum/Nation

The nation, the asylum, and the psychopathological profession mutually constituted themselves during the first seventy-five years of the nineteenth century. Asylum superintendents took the helm of the institutionalized American mind, fashioned and fashioning themselves as an enlightened and scientific nobility. They enjoyed a good deal of autonomy in their distant county palatines – that is, franchises of the realm so distant from the king as to render the sovereign’s direct rule impracticable. Just as county palatinates enjoyed the quasi-sovereign rule of hereditary noblemen, so too did asylum superintendents. In 1850, Superintendent J. M. Higgins, argued that the superintendent should reside at his asylum as the “Paterfamilias,” that is, as father and “natural guardian and governor” of a vast domicile (65). As was true in Roman and, to some extent in nineteenth-century US law, legal rights accrued to the father. In Rome, a father could even kill his children or sell them into slavery with impunity. At odds with

the notion of a benevolent father, writers of first-person narrative accounts commented on their experiences of the asylum pater. Clarissa Caldwell Lathrop, incarcerated 1880-1882, asked for “ordinary hospital rules and treatment in place of One Man Power over SECRET INSTITUTIONS” (159). Phebe B. Davis, incarcerated 1850-1853, found that “for all we claim freedom of speech, our mouths are subjected to monarchical government just as much as the dogs are to the muzzle” (51).

To cement their authority, superintendents fairly quickly formed a strong professional organization, the Association of Medical Superintendents of American Institutions for the Insane (AMSAI), and began publishing *The American Journal of Insanity* (AJI) in 1844. The patrician institutional setting of Kirkbride-inspired asylums legitimized the authority of the profession and also legitimized the nation as enlightened, economically advanced, and consummately civilized. Upon beholding asylums’ grand edifices, a common point of praise was that they proved a credit to the nation, the state, or the people. Such rhetoric was clear – more than buildings emerged in the bargain; indeed the nation, states, and citizenry arose with them. For most women writing about their asylum experiences, the asylum raised questions that related unequivocally to nation.

The National Subject in the Regime of Care

Asylums become, then, models for society and are seen as havens of tranquility ... to enter this alternative society, however, the individual must relinquish free will and the very image of ‘man thinking’ that constituted a republican form of freedom [in the first place]. (Burbick 152)

The US’s institutional response to madness, from its auspicious beginning in

colonial Philadelphia to the present day, has centered rather univocally on what Foucault refers to as a regime of *care*. To the extent that this evaluation holds true, it may do so because the US mental asylum was founded along with the US nation in an era Foucault characterizes as the most recent conception of the uses and techniques of state power. According to Foucault, modernity begins when state power shifts its locus from the sovereign body to the social body, from sovereign power to bio-power. While the sovereign, according to Agamben, is the figure that productively *wields* bio-power, for Foucault sovereignty is merely reductive, demanding fealty in the form of personal property and fortunes; wielding prohibitions and ultimately the right to kill. This form of power produces little and lends itself to decay according to Foucault. Bio-power, on the other hand, centers itself on life; it supports life and produces life. It is exercised in the counting, measuring, and caring for the body in processes not directed toward domination or exclusion but toward normativity (Foucault, *Abnormal* 25-6). This normalizing process occurs when institutional programs and practices are applied to the social body and then individually internalized and self-policed. Exquisitely inculcating each body, mind, and “soul,” the regime of care becomes the source and the object of what Foucault refers to as *governmentality* – the internalized state.

Like Elizabeth Packard, who actively refused such governmentality, those committed as insane in the mid-nineteenth century were the first to experience the institutional shift grounded in care, that afterward came to characterize the goals of state institutions and governance (Rothman 154). According to Foucault, alienists like France’s Pinel, famous for implementing what are often depicted as humane reforms, treated the *mental alienation* of their patients, that is, they treated those ways in which

the mind was other to itself (e.g., the delusions and mania of the so-called delusional and maniacal). Beyond this, however, Foucault describes a further professional shift that accompanied the rise of bio-power; that is the shift from these alienist practices to psychiatry.

According to Foucault, psychiatry is a form of bio-power that gauges behavior against a societal rather than a personal standard and, indeed, this became the primary focus of care as the century progressed. While asylum superintendents on the witness stand, in journal articles, and in meetings, averred that insanity must be gauged against patients themselves in their normal and healthy state, the line between sane and insane played against a larger cultural set of expectations that they did not ignore. Women's diagnoses, for example, varied widely from the seven forms of insanity recognized in the US by 1880, which included "mania, melancholia, peresis, dementia, dipsomania, and epilepsy" (Grob and Kutchins and Kirk qtd. in Pouba and Tianen 99). Instead the "labeling of women" reflected "social attitudes toward [them]" (Pouba and Tianen 95). Diagnoses including "religious excitement," "nymphomania," "suppressed menses," "domestic troubles," and "mental excitement," reflected strong gender bias and were highly subject to interpretation (Pouba and Tianen 98, 95-6). Superintendents, who rejected the notion that patients were, in truth, evaluated against a societal standard, saved themselves the embarrassment of revealing prejudices that might become visible and refutable in a court of law and afforded themselves, instead, the very private domain of interpretation located in the individual patient. As such, they further cemented their power over their patients.

Undermining superintendents' authority, however, was the fact that the moral

treatment proved therapeutically disappointing. Moral treatment promised high cure rates for the manifestly mad and therefore state, county, and city asylums expected such results. This expectation held despite the fact that US asylums retained many practices antithetical to the moral treatment like the medical heroics of blistering, leaching, and dousing and the use of restraints. In practice, far fewer patients than anticipated were responsive to the moral cure and accordingly doctors considered patients' illnesses debilitating and chronic. However unwittingly, the moral approach thereby laid the groundwork for more coercive and reductive interventions that took shape as ever-more refined practices of bio-power. In the US, this process was rooted in the moral experiments of early Quaker retreats and culminated in its most sinister form with the late-century professional turn toward eugenics.

Since the chronically mad proved difficult if not impossible to cure and the acute patients could struggle with melancholy or mania for long periods, shepherding patients from mental alienation to mental integration proved elusive. In light of this, identifying sanity with normality and conformity had a couple of advantages. First, normalcy has always been a rather high and vague standard: simply trying to be normal, under scrutiny, tends to elicit abnormality. The potential pool of abnormal patients is therefore quite large. Second, treating those who are, from a common-sense standpoint, sane, offers an advantage. Such patients have already proven susceptible to institutional practices, normalization, and therefore the "cures" of culture and oppression. Their cure has taken hold. By definition, the insane, however, flout (intentionally or otherwise) standards of normalcy.

While the psychopathological profession of the nineteenth century firmly held to

the belief that insanity resulted from biological disease (perhaps the result of lesions or brain trauma), the specialty suffered from a confusion of therapeutics and morality, from an inability to understand elusive mental functions, and from the necessity of establishing a medical profession and medical practices despite these obstacles. One critic, who represented a group of former patients and reformers, chided the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL) claiming the organization was merely established to fortify the profession against attacks. While this may be true for all professional associations, it was perhaps never truer than for the psychiatric profession of the nineteenth century whose foundations were at best deemed nascent and at worst thought ungrounded in science and therefore highly dubious.

Still, as extensions of the state, asylum superintendents were in a privileged position to authoritatively assign medicalized identities to patients and if, indeed, everyone is a “social symptom,” to incorporate members of the society at large in this rubric (Crosby 615). Superintendents therefore categorized, ranked, and variably interpellated the wealthy, middle class, and poor; the indigenous and those who presumed to civilize them, the enslaved and emancipated; foreigners; men and women; people of color; and the educated and uneducated. They variously interpellated these as proper subjects for healing, incarceration, display, dousing, shackling, as proper subjects to share confidences and tea with, or as proper subjects to relegate to the back wards, to hard labor, or to the pine box.

Race and the Asylum

White, middle-class superintendents found that the class they best understood,

the white middle-class, was the most prone to the stresses of civilization and therefore insanity. They believed their therapeutic treatments were ideally suited to this class as well. The Utica patients who wrote and edited *The Opal* reflected the early promise of the asylum, which figured for them as the refined world they called, *Asylumia*. This idea of a progressive retreat underwrote doctors' and patients' rhetoric even though it seems that the reality fell short of the ideal.

In fact, paupers considered insane usually occupied the largest number of asylum beds as wards of the state. Among the poor, some were fairly recent immigrants. In 1853, Superintendent M. H. Ranney reported his finding that most of these suffered from poor nutrition, difficult passages from their homeland, and the stark realities of life in the US (63). He found these immigrants amenable to the moral treatment and quickly curable through acts of kindness (Ranney 63). However hospitals, including his, did not always offer such kindnesses. Thirty-five years later, journalist Nellie Bly posed as an insane Cuban immigrant at Ranney's institution on Blackwell's Island. Although she too stayed there only a short time, her experiences of abuse were so profound, they compelled a grand jury investigation and significant legal reform.

The physiognomic "laws" of the time upheld the supremacist racial order, finding, for example, that those of African descent and eastern Europeans were intellectually and developmentally inferior to western Europeans. In 1840, US census counts supported this view although some incredible returns alerted the Census Bureau to misreporting. Worcester, Massachusetts, for example, reported that of the 151 blacks in its township, 133 were insane (Gilman 112). In the same census, freed blacks were reported as eleven times more prone to insanity than enslaved blacks and six times more

prone than whites. In 1851, the *American Journal of Insanity* relied on this census data, already shown to be spurious, to argue that –

there is an awful prevalence of idiocy and insanity among the free blacks over the whites, and especially over the slaves. Who would believe, without the fact, in black and white ... that *every fourteenth colored person in the State of Maine is an idiot or lunatic?* And though there is a gradual improvement in their condition, as we proceed west and south, yet it is evident that the free States are the principle abodes of idiocy and lunacy among the colored race. (qtd. in Gilman 112).

The implication was clear: only freedom and encounters with civilization could account for increased instances of insanity among blacks. As we see above, the rationale was exploited not only by anti-abolitionists, but also by predominantly northern medical professionals who construed black people in America as constitutionally intolerant of freedom.

In addition to the intolerance of freedom, enslaved people were said to suffer from other illnesses peculiar to their status as slaves. In 1851, the *New Orleans Medical and Surgical Journal* published Samuel Cartwright's findings that the enslaved suffered from two forms of insanity unique to them, *Drapetomania* and *Dysaesthesia aethiopsis*. The first manifested as a desire to escape, and the second as lethargy of mind and insensitivity in the body (Gilman 112). Cartwright's suggested cure for each was more corporal punishment.

While free and enslaved African-Americans sought treatment in asylums, the segregated asylums that would care for them tended to be sub-standard, often woefully so. Following Reconstruction, they were nonetheless a source of national pride according to the historically black press, which asserted that their readers and

community members had an equal right to asylum treatment. Despite their advocacy, once overcrowded, asylums often denied people of color first. At the close of the century, eugenics discourse emerged and asylum doctors found black inferiority further substantiated. This upheld a pernicious and enduring social order and further forestalled equitable national participation for black Americans.

Finding that native “Africans” living in Africa were largely impervious to insanity (inferably those in a “primitive” state), Doctors Lillybridge and Butler reported that the same was true for Cherokee Indians (“Exemption” 287-8). Serving as the US’s superintending physician, Dr. Lillybridge saw to the medical needs of 20,000 Cherokees in their forced relocation to Oklahoma (1827-1829). Through what he claimed to be a *close* inquiry of 20,000 Cherokee along the Trail of Tears, he found no instances of insanity among them (“Exemption” 287). Superintendent Butler, who spent 25 years as a Cherokee physician and missionary, reports that neither he, nor an “intelligent” eighty-year-old chief, had ever seen one such case (“Exemption” 287). These findings well served the national narrative in post-Jacksonian America. The relocation, it seems, *supported* the already healthy state of the Cherokee mind. Indeed, phrenologist George Combe “provided an anatomical rationalization for relocating Indians from tribal lands” showing that the nation need not “fear [for their] mental distress.” (Gamwell and Tomes 104). Combe compared the skull of an American Indian to that of a European and, through this comparison, identified an “organ” that he referred to as “*concentrativeness*” located in the European skull (Combe qtd. in Gamwell and Tomes 104). According to Combe, *concentrativeness* regulates the degree to which one is connected to their land. Not surprisingly, he found that American Indians lacked such an organ and were

therefore suited to wandering. While activists such as Catharine Beecher launched desperate campaigns to save indigenous Americans from forced removal, the medical profession was busy crafting a narrative that upheld the nation's story of itself, and so too, Jackson's troubling legacy.

In the west, insane asylums appeared in California at mid-century; however it's unclear to what extent the once-sovereign Californios or Mexicans sought them out or were taken there. A non-scholarly review of all commitments announced in Sonoma County newspapers for the second half of the century lists only Anglo-European sounding names ("Sonoma County"). No Latino asylum histories seem to exist. According to scholar, Genaro Padilla, however, General Mariano Vallejo, countered the white racist rhetoric figuring "Californios as the illiterate, culturally backward, social and morally degenerate inhabitants of a progressive, right-minded, visionary American society" (298). He did so, by arguing that only with the introduction of American "lawlessness [as] the result of unjust laws, crooked judges and juries" did "the insane asylum [receive] as guests some Californios" (Vallejo qtd. in Padilla 299). The lawless state of exception in the west and the south imposed by "Judge Lynch," as Vallejo says, which stripped Californios of their land despite treaties to the contrary, matched in spirit the lawlessness of the asylum.

The Nineteenth-Century Asylum and Institutional States of Exception

Because asylum commitments stripped those diagnosed as insane of their Constitutional liberty and consigned them to institutions of care, the profession was from the start a strange hybrid of medical, legal, and administrative practices, none of

which were particularly well served according to its own practitioners (“Duties” 1672-3). The title, *Superintendent*, that applied to the nation’s chief asylum physicians, attests to the pointedly administrative nature of the emerging profession. Superintendents reported to civil authorities that held the purse strings of public asylums and were notoriously stingy, a funding strategy that ensured once the grand edifices were built the programs they housed would never achieve their promises. Funding for food, clothing, linens, and staff significantly lagged behind need. Superintendents were in a double bind, accountable to the patients and families for these deficiencies and to the civil authorities, courts, and public for negative outcomes attributed to them.

In addition, doctors imagined they would treat a limited population of acutely (rather than chronically) ill patients who would enjoy the positive influence of their advanced treatment. But in reality, these doctors served large populations, including a great number of chronically ill patients, in wards that were almost immediately overcrowded. This administrative tension and professional hamstringing may have contributed to or eased the professional shift toward extreme solutions grounded in Social Darwinism and ultimately eugenics, since the practice of sterilizing or killing the aberrant offered resolute, immediate, and inexpensive solutions to a field mired in uncertainty, incurability, and mounting expense.

While the courts and laypeople tended to retain a common sense notion of insanity, the profession pushed for ever more refined interpretations in its diagnoses throughout the nineteenth century. While this is what disciplinary fields tend to do, in the case of asylum care the ongoing discussion led to few tangible insights. In meetings where definitional matters took the fore, the one generally agreed-upon conclusion

seemed to be that, as professionals, they knew madness when they saw it. (“Annual Meeting” 68). Further exacerbating this problem, the definition of insanity was sufficiently broad, or rather sufficiently ill formulated, that it could apply to nearly anyone. Diagnoses included even “premonitory insanity” through which superintendents were purportedly able to identify “incipient stages” of madness “by reason of their skill in reading the prefatory chapters of insanity” (“Committee Report” qtd. in Dwyer 90). As many incarcerated women argued, this definitional construction was so indeterminate as to effect a form of despotism at the heart of the asylum and, therefore, the democratic nation. Its power lay not only in its indeterminacy, but also in its distribution, for unlike the king confined to his body, asylums spread across the nation and stationed agents in all domains of life - homes, courts, churches, the ports – and gained the potential to reach into the lives of anyone.

Psychopathologists and family practitioners who espoused such ambiguous definitions also occupied a fraught margin between medicine and law. Commitment papers signed by doctors have historically required a legal review, most often by the courts. Although superintendents held supreme authority within their asylums, their assessments were scrutinized before the bar. Through hard experience and bad press, superintendents balked at the idea of serving up their analysis to vulgar jurists incapable of comprehending or properly respecting it (“Writ” 303). They begrudged the time it took to respond to writs of habeas corpus initiated by family, friends and, albeit less often, the inmate themselves (“Writ” 303). In keeping with the regime of care, they evinced concern for the beleaguered patients dragged from their calm retreat to address legal matters before intrusive onlookers. And they claimed for themselves a *quasi-*

juridical status in the legal process, that is to say, they claimed not merely the status of legal witnesses but of judges who must make the ultimate determination in cases of insanity. In practice this is a role they often played (“Writ” 309).

Despite the criticisms they suffered, asylum superintendents held notable value to society and the legal system: they housed difficult patients for families and civil bodies and rendered expert opinions, interpreting signs and assessing states of insanity for the courts. Largely due to professional rhetoric, the insane retained, and increasingly gained, a reputation for violence in the nineteenth century. The judicial system in turn asked psychopathological professionals to predict the likelihood that persons believed to be insane would commit violence. The profession was eager to comply because this in large part substantiated their professional value. In a catalog of violent attacks by the insane in the *American Journal of Insanity*, three themes emerge: 1) that violent acts of the insane tend to be unprovoked and without motive; 2) that they often inflict harm on beloved family members; and 3) that they tend to be committed in the daytime. Mad violence is then especially pernicious on several grounds. We can infer from these characteristics that the insane freely cross heavily guarded borders: the logic of their violence is unclear, it is inflicted from within the sanctified family, and it occurs when least expected, that is, during the clear light of day rather than the sinister night.

The liberties and prerogatives of asylum doctors were suspect, however, and when their expert knowledge was questioned, they often turned to the rhetoric of emergency. As one superintendent argued, if judges, lawyers, and juries choose to rely on common sense rather than expert knowledge to assess insanity, “no municipality can be sure of its right even to protect itself against pestilence and contagious disease”

(“Writ” 303). The discourse of emergency was then central to superintendents’ authority and to their role in the state apparatus. They served, in a sense, as military keepers who would protect the safety of the state against a medicalized population they, themselves, constructed as dangerous. Although they subjected their patients to set of highly ambiguous definitional states, they drew clear if expanding lines around their own sphere of sovereign authority.

Judges guarded their professional territory as assiduously as did the superintendents and often reserved and acted on their right to ignore or question the conclusions of the doctor. While meant to provide a system of checks and balances to protect the liberty of patients, the border struggle between superintendents and judges frequently dissolved into judges’ rubberstamping (Dwyer 82) or their bullheaded recalcitrance (MacDonald, “Legal versus Scientific” 23). Rubberstamping was not unique to the justices. Doctors, sheriffs, attending physicians, and superintendents, tended to approve the recommendation of whoever made the initial claim, often a male family member. The second doctor brought in to approve a commitment felt pressure to merely sign off based on professional courtesy. This was true to such an extent that students were warned against this common practice in the primary professional journal, *The American Journal of Insanity* (MacDonald, “Examination” 506).

The asylum, which was shaped by an emerging profession, an architectural program, and a set of practices, interpretations, and discourses, sought not only to reform the insane and society’s civil relation to them, but to construct the medical and legal concept of insanity in the first place. In turn, patients were subject to the quasi-judicial and sovereign authority of asylum superintendents, and to vague diagnoses,

discourses of emergency, and corrupt commitment practices. When the specter of insanity was evoked, despite all of the professional and cultural wrangling, a consolidation occurred through which doctors, lawmakers, politicians, and the public constituted both the privileged and shadow form of the medical, legal, and civic body of the *American*. In doing so, superintendents likewise demarked the site of the sovereign ban where the insane could be figured as sufficiently foreign or disruptive as to open the door for depriving them of legal subjecthood, in a state of exception where laws remain “in force without significance” (Agamben, *State of Exception* 4).

Women incarcerated in asylums were subject to this dire legal state and sought to construct their own counter-authority through the writing and publication of first-person narratives. As the next chapter demonstrates, they were not the only witnesses to the carceral turn the nation had taken. This was a concern for the press and for canonical authors responsible for the formation of the early body of American literature, as well. Women writing asylum accounts, like Anna Agnew, Elizabeth T. Stone, and Nellie Bly, participated in a counter-discourse that bore directly on their status as civil subjects.

CHAPTER THREE

Sovereignty and Authority: Women's First-Person Asylum Narratives

Traditionally canonical authors, Melville, Hawthorne, and Poe, whose works contributed to the formation of an American literature, examined with notable preoccupation the carceral turn the US took in the nineteenth century. This turn was sparked by what David Rothman refers to as a “social revolution” through which the asylum was deemed the “preferred solution to ... poverty, crime, delinquency, and insanity” (Rothman qtd. in Berthold 240). However,

[f]or Melville the prison system [one carceral form alongside the insane asylum] signified a general absurdity of freedom in America ...

Rather than applying the democratic norm of "rights" to prisoners, [Melville] applies the despotism of the prison to the culture at large. The prison and the prisoners it "protects" are instructive to the degree that they dramatize how illusory, in practice, most American freedoms are, how trapped, in reality, the most virtuous of American citizens can be. (Berthold 242)

Melville found that "institutions which in other lands seem above all things intensely artificial, with America seem to possess the divine virtue of a natural law" (Melville qtd. in Berthold 240). The large granite pillars of the Egyptian-styled prison known as The Tombs in New York City, where two of his works, *Pierre* (1852) and “Bartleby, the Scrivener” (1853), are set, and the classical architecture of many state insane asylums perhaps ease this impression (see figs. 3.1 and 3.2), announcing their affinities with the Republic and inspiring in “spectator[s] a sensation of profound awe” as onlookers “contemplate[] this stronghold of LAW ... [and] an impression of POWER”

(see figs. 3.1-3.3) (McGinn qtd. in Berthold 237).

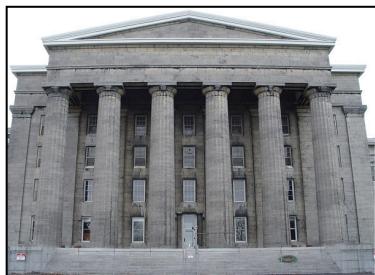


Figure 3.1. New York State Lunatic Asylum at Utica. The institution's superintendent, Dr. Amariah Brigham, printed the professional journal, *The American Journal of Insanity*, and the patient-edited periodical, *The Opal*, on its presses, from Roger Luther; *Utica State Hospital: Old Main, Utica, New York, 1843; Asylums of New York State*; R. Luther; Web; 2 Feb. 2012.



Figure 3.2. Column Detail. From Roger Luther; *Utica State Hospital: Old Main, Utica, New York, 1843; Asylums of New York State*; R. Luther; Web; 2 Feb. 2012.



Figure 3.3. “Insane Woman Confined to “Crib” in New York State Institution, 1882.” The hospital is also famous for its invention of the Utica Crib, a small slatted enclosure for subduing and keeping patients, *Insane woman confined to “crib” in New York State institution, 1882; Western Illinois Museum: Preserving the History of West Central Illinois*; Western Illinois Museum; Web; 2 Feb. 2012.

For Melville, the carceral institution's capacity to psychologically impress and “validate[] the republic's ideology,” places it on par, as a representation of America,

with the capitalistic rapacity of the whaling practices he describes in *Moby-Dick* (Berthold 241).

In Hawthorne's *The House of Seven Gables*, as is true in "much of [his] fiction ... the buried referent is the language of modern psychology" (Knadler 290). Hawthorne, who experienced melancholy and therefore found himself susceptible to claims of insanity, "was particularly aware of the attractiveness of the discourse on mental hygiene as an exemplary metaphor that would fix conditions of membership in a world of volatile social change" (Knadler 284). In Hawthorne's works, the reformer deploying such discourse is a reoccurring character capable of "exert[ing] dangerous, diabolical control of a political hubris disguised as idealism" (Knadler 280). Asylum superintendents, who were products and producers of such reform, held considerable power over the psychological health of the nation. As experts, they possessed professional authority that competed and sometimes trumped "theological authority over the self" (Dain qtd. in Knadler 281). The wielding of this authority troubled Hawthorne. He found that mental hygiene discourse effectively drew from both "traditional Puritanical self-examination [and] scientific knowledge" (Knadler 284). As such, mental hygiene reformers positioned their discourse within the intellectual domain of the white Protestant Brahmins who founded the nation and defined the very conditions of membership Hawthorne feared (Knadler 284).

Finally, Poe's short story, "The System of Doctor Tarr and Professor Fether" (1844), parodies the insane asylum as a coercive site, not unlike the American nation, that polices the borders of inclusion and exclusion central to the social order. We find

however, that the asylum can hardly control the elusive lines of demarcation separating, in this case, the sane from the insane. Set in the fictional Maison de Santé in France, the story is conveyed by a narrator who visits the asylum and is invited in only because the superintendent, Monsieur Maillard, deems him to be a “stupid-looking young gentleman of whom [the Monsieur has] no reason to be afraid” (Poe 289). It seems that, unbeknown to the narrator, the Maison de Santé is in a state of overthrow and the patients, including Maillard, are posing as keepers. Maillard describes the asylum’s original, now overturned, “soothing system” in which “confinement was [once] seldom resorted to” (Poe 268). A more covert confinement prevailed, however, which took the form of “secret[]” surveillance of which the patients were apparently very much aware (Poe 268). As Maillard explains, “the patients, while secretly watched, were left much apparent liberty, and ... most of them were permitted to roam about the house and grounds in the ordinary apparel of persons in right mind” (Poe 268).

Clothing, alone, helps the narrator/visitor distinguish the sane from the insane and even humans from animals. Ironically, rational speech and behavior can hardly be counted as measures of sanity because “a long acquaintance with the metaphysics of *mania*, had taught [the narrator/visitor] to put no faith in such evidence of sanity” including responses that are “perfectly rational ... and ... original observations ... marked with the soundest good sense” (Poe 269). Instead, clothing serves as in/sanity’s proxy. In this indeterminate space, lunatics usurp the “reigning powers,” specifically, the medical personnel, which they “medical[ly] treat[]” by tarring, feathering, and locking in cells (Poe 285, 288). When the legitimate, tarred and feathered personnel

later retake the asylum, they burst upon the narrator as animalized figures, looking like “Chimpanzees, Ourang-Outangs, or big black baboons of the Cape of Good Hope” (Poe 288, 292). Underscoring the notion that this is a critique of the American nation and the institutions, professions, and persons authorized to police its borders, the melee between keepers and kept occurs while the asylum band plays “Yankee Doodle” (Poe 272, 290).

For these authors, psychiatric practices served as signifiers of America and sources of cultural critique, a point I highlight not to authorize the speech of nineteenth-century women who also contributed to such discourse, but rather to show that the women who wrote asylum narratives grappled with the same set of problems and launched critiques that test the exclusionary boundaries of the traditional US/American literary canon. In addition, and even greater, these women’s texts authorized other women to speak, opened up new avenues for women’s political participation, and broadened women’s presence in the public sphere. Their work was often politically inventive and strategic as it had to be to enter the heavily guarded, male dominated political arena and this careful work helped to construct women as citizens of a democratic republic, a status that until the nineteenth century and long afterward, was merely a self-congratulatory national ideal.

In this chapter, I consider women’s asylum narratives and publications in the periodic press as both counter-narratives to professional discourse and political appeals for reform. Against the exercise of state sovereignty, these acts of authority helped to constitute women as political agents and effectively challenged sovereign power

problematically carried out at the nation's insane asylums.

The Legal Status of Nineteenth Century Women

In the *History of Woman Suffrage* (1887), Elizabeth Cady Stanton, Susan B. Anthony, and Matilda Joslyn Gage, reflect upon the centennial celebration of 1876, at which the National Woman Suffrage Association ceremoniously presented its "Declaration of Rights of the Women of the United States" to the federal government (in the person of the Vice President) and to the citizenry at Independence Hall. While centennial organizers sought to merely fete the nation, the suffragists drew on the galvanizing enthusiasm of the centennial to address the nation's failure to live up to its promise and political guarantees. The irony that the event celebrated a revolution fought to cast off tyrannical rule, not unlike that which oppressed women one hundred years later, was not lost on suffragists. Looking back to 1776, Stanton, Anthony, and Gage recall that Abigail Adams warned women, "Do not put such unlimited power into the hands of Husbands ... Remember all men would be tyrants if they could" (qtd. in Kerber 352). This debate had a long national history. For women in particular, the personal was distinctly political.

Against state, legal, medical, and familial authority, nineteenth century women, wives in particular, had little standing and few legal rights. In the eyes of the law and according to the principle of coverture, wives were construed as united to their husbands who "covered" or represented them before the bar and in the political realm. In legal language, marriage rendered women "civilly dead," a fact that Stanton condemned in "The Declaration of Sentiments" in 1848. While freeborn women

constituted the majority of the population in the late nineteenth century, they did not enjoy equal rights or political representation, which are key legal and ideological protections of the nation (Isenberg xii). Women were therefore exceptional subjects. Struck out of the political process, their majority status garnered them no democratic advantage. Abigail Adams had foreseen women's "[e]xcluded" condition and argued that even in the "freest countrys" [*sic*] "the Laws have given sovereign Authority" to men (qtd. in Kerber 350). She warned, however, that women "would not hold [them]selves bound to obey laws in which [they] have no voice or representation" (qtd. in Stanton, Anthony, and Gage III: 33-4). Nonetheless, Stanton, Anthony and Gage found most nineteenth-century women politically apathetic and unwilling to consider the larger stakes of their political and legal subjugation (III: 56).

Women who did fight for enfranchisement in the US grappled with a paradox at the heart of their democratic participation. Politically and legally, "freeborn women had the appearance of citizenship but lacked the basic rights to be real citizens" (Isenberg xii). In 1873, the US Supreme Court determined that women were citizens, but courts and legislatures continued to deny them the right to vote or to act as legislative representatives (Stanton, Anthony, and Gage III: 24). Women were, however, accountable to the law, and, if single, obligated to pay taxes (Kerber 351). In essence, women were bound to a political order that would not claim them as members, and this gave rise to other paradoxes. Judicial decisions reflected justices' desire to "abandon patriarchy in politics but maintain it, in sentimental form, in their private lives" (Kerber 375). Men, who had overturned entrenched historical relationships between subjects

and rulers by founding the US, “nevertheless refused to destabilize the law governing relations between husbands and wives, mothers and children” (Kerber 351). Ideology and practice were at odds, but rather than creating political chaos, this helped sustain the dominant political order. According to one legal scholar, “[a]bstract rights,” like freedom and equality ideologically associated with the US, “authorize the male experience of the world” (MacKinnon qtd. in Isenberg 194). The appearance of an enlightened, democratic government was thereby maintained despite practices based on racial and gendered supremacy.

Political opposition to women’s enfranchisement figured women citizens of the “*polis* as wom[e]n of the streets” (Kerber 378). Opponents spuriously confused the term “equality” with “indistinctness” and therefore dismissed women’s claims based on their natural (and supposedly natural) differences from men (Isenberg xviii). Rejecting this, proponents of women’s rights sought *co*-equality, which recognized men and women’s equality despite the differences they bore and brought to the political process (Isenberg xviii). In this way, activists strategically framed their debate around a more clearly conceived political objective, one far less susceptible to falling into absurdity and impasse. Of course, the anti-suffragists’ fallacious construction of equality was strategic as well. Enlarging MacKinnon’s assertion that abstract “rights” serve those in power, a study of insanity commitments reveals the degree to which diagnostic abstractions and broad conceptions of madness uphold the same dominant order.

Co-equality would have ensured women the right to vote and otherwise participate in public debate and elections, which are engagements that activate

sovereign authority. This is true to the extent that the sovereignty of democratic citizens passes to elected representatives who then serve as citizens' political proxies (Isenberg xiii). The ballot itself, then, affirms and extends one's sovereignty. Popular sovereignty relies on one's ability to elect representatives, participate in public debate, and seek political and legal redress. Women, wives especially, enjoyed none of these citizenship rights. In 1850, women suffragists began to challenge state constitutions that failed to protect what they understood as women's inalienable rights and status as citizens. "The Declaration of Sentiments," demanded full and immediate citizenship rights for women. Elizabeth Cady Stanton and members of the convention sought to ensure that women gain equal protection under the law and that popular sovereignty (e.g. voting rights) be vested in women. However, women continued to be legally and politically termed a "disabled caste" and treated accordingly (Isenberg 33).

The Female Citizen as Disabled

In the nineteenth century, the concept of the citizen was understood through discursive figurations of the body, since citizens once originated from the body of the king. Democracies have essentially "resuscitated the body of the sovereign and g[i]ve[n] him life through the citizen" (Isenberg 196). This buried referent, the king, and the extension of his body, the citizen, were decidedly male in the nineteenth century. The masculine civil body, offspring and vessel of state, was "fashioned, crowned, and deemed worthy of the title" (Isenberg 197). Women, on the other hand, had been associated with "Luxury, effeminacy and corruption" since the Renaissance. Set against republican qualities, women were thereby "defrocked" in matters of state

and politically divested (Kerber 350; Brown qtd. in Isenberg 197).

An 1873 Supreme Court decision found that women, subordinated in the divine, social, and legal orders, were incapable of practicing law because they could not be “vested” to carry the interests and will of the state (Isenberg 202). Their bodies lacked the masculine, assured, and natural “form of a sovereign citizen” (Isenberg 202-3). In depicting women as wholly deficient, men (and women) rhetorically dismantled and refigured them as political impossibilities, incapable of carrying the weighty imperatives of the democracy. Stanton especially contested “men’s legal version of the ‘woman-citizen’” (Stanton qtd. in Isenberg 197). This, she said, constituted a “‘monster, half-human, half-beast’” (Stanton qtd. in Isenberg 197). Women de-formed in this way shared their dependent status with children, those deemed insane or idiots, and enslaved people.

For Stanton and others, such “female divestment best related to physical disfigurement” (Stanton qtd. in Isenberg 197). Suffragist depictions of women’s political status often figures women as disabled. In the *History of Woman Suffrage*, Stanton, Anthony, and Gage ask women to awake from their “apathy and deeper degradation” and to join those “who protest against the artificial disabilities by which their freedom is limited and development arrested” (III: 56). They find that women “accept without protest the disabilities that grow out of their disenfranchisement” (Stanton, Anthony, and Gage, III: 56). One suffragist writing under the pen name “Mrs. Schlachtfeld” finds women disabled by both a “legal thralldom” and by the hysteria that should they become emancipated women will no longer choose to marry, family life

will disintegrate, and the species will die out (Stanton, Anthony, and Gage, III: 723).

Insanity, in particular, has been coded as female historically. Elaine Showalter demonstrates this, in part, by showing that in Tony Robert-Fleury's famous 1887 painting of Pinel throwing the shackles of the mad, insanity is allegorized as female and the enlightened and ministering authority as male (2). The term, hysteria, derives from the Greeks who believed that this condition, much studied in the nineteenth century, was caused by movements of the womb. These notions of disability prefigured women as appropriate for asylum incarcerations.

Women's Commitments and the State of Exception

Marriage, asylum commitment, and other forms of custodianship rendering dependents civilly dead occurred by necessity under the auspices of a sovereign authority. States vested such authority in husbands, family members, judges, and doctors for the protection of both the sick and society in the case of insanity commitments. Not only wives, but also property owners and inconvenient friends and relatives, had reason to fear the exercise of this authority because the definition of insanity was elusive, laws were broad, and sheriffs, judges, and doctors sometimes applied them cavalierly and even perniciously. Concerns that one might be identified as insane loomed as a dread specter in the nineteenth century. Under threat of arrest, Stanton once hid "a fugitive mother" who had been incarcerated for eighteen months in an insane asylum (Stanton, Anthony, and Gage, III 469). Because Stanton and the women around her "had known so many aggravated cases of this kind" they resolved "that this woman should not be recaptured if it was possible to prevent it (Stanton,

Anthony, and Gage, III 469).

Although their representation in insane asylums was not widely disproportionate, women proved vulnerable to claims of insanity for specific reasons related to their gender and social status. Husbands who were abusive, tired of their wives, or hoping to pursue other marriages, fathers who sought to assert greater control over their daughters, or family members wanting to attach women's property could pursue women's commitments and often achieved them (Geller and Harris xx-xxi).

According to Lydia A. Smith, incarcerated from 1865-1871,

[i]t is a very fashionable and easy thing now to make a person out to be insane ... [I]t is not a very difficult matter to get [wives] into institutions ... Belladonna and chloroform will give her an appearance of being crazy enough, and after the asylum doors have closed upon her, adieu to the beautiful world and all home associations. (117)

Men, fashioned as mobile vessels of state, could in turn fashion troublesome, tiresome, and burdensome women as objects of confinement, and according to Smith this exercise of sovereign prerogative was itself, "fashionable."

In some cases, women welcomed asylum treatment and women's families, perhaps typically, acted in what they believed were women's best interests. It would be eliding to ascribe sinister motives to woman's asylum incarceration in general. However, as historically oppressed witnesses whose claims are corroborated by nineteenth-century asylum doctors such as Thomas Morton, political activists like Elizabeth Cady Stanton, and writers like Rebecca Harding Davis, women who wrote asylum narratives have earned a thoughtful hearing. As we might expect, their charges against asylums and superintendents generally centered on accusations of their false

commitment and mistreatment once admitted. Adeline T. P. Lunt, whose exact years of incarceration are unknown, observes that among her cohort,

[a] close, careful study and intimacy with these patients [demonstrates] no irregularity, eccentricity, or idiosyncrasy, either in language, deportment, or manner, than might be met with in any society of women thrown together, endeavoring to make the most of life under the most adverse and opposing circumstances. (28)

While authors like Elizabeth Parsons Ware Packard believed that a class of *truly insane* women dwelt among them, they frequently remarked upon fellow inmates who exhibited no traces of insanity and whose incarcerations, they believed, were clearly unjust.

Considering some women's accounts of institutional abuse, asylum narrative scholars, Jeffrey Geller and Maxine Harris, pose the rhetorical question, "Are these women of the asylum exaggerating or lying?" (xxiv). Their conclusion is unequivocally no. According to them,

[e]ach account affirms every other account. Each woman says, quite simply, that she, and *every other women she ever met at the asylum*, were psychologically degraded, indentured as servants, and physically tortured by male doctors and especially by female attendants. (Geller and Harris xxiv)

These indictments belie the professional narrative depicting psychiatric medicine as an enlightened, forward-moving response to insanity. Instead, the darker portrait seems to have typified asylum life according to most published narratives. Turning a critical eye to the question, it's possible that marketable accounts merely followed the narrative convention of "*every other*" published, first-person account. While such narrative

framing, including circumstances of incarceration, accounts of abuse, and calls for legislative or other reform, organized most narratives, the biographical grounding, richness of detail and sense of urgency in telling them is also apparent. Audiences affirmed their belief in the truth-value of women's accounts, which began to gain traction in the mid-nineteenth century. While women wouldn't be granted full citizenship rights until the 1920s, asylum writings, in parallel with the women's rights movement, helped to fashion women as political agents who could (and did) re-form a nation.

Further bolstering their claims, women who wrote these narratives did so for publication, despite the stigma attached to asylum patients and manifold challenges to their claims of authority. When these women entered the public sphere and situated themselves at its center, they generally did so under the cover and authority of their own names. Estelle Jelinek, a scholar of women's autobiography, believes that among the first expressions of feminism in American literature are "accounts of defiance by incarcerated women" (Jelinek qtd. in Huber 19). This chapter investigates such accounts.

Sovereignty and Authority of Self: Women's First-Person Asylum Accounts

Could the dark secrets of ... insane asylums be brought to light ... we would be shocked to know the countless number of rebellious wives, sisters and daughters that are thus annually sacrificed to false customs and conventionalisms, and barbarous laws made by men for women. (Stanton, Anthony, and Gage, III 469)

Stanton, Anthony, and Gage begin their exasperated conjecture with a reach for

something withheld (what “could” be “brought to light”) and the desire to see into “dark” and “secret” places. Such places prove the orientalizing domain and nature of woman that renders all who enter (whether woman or man) like the woman (Showalter 4), sequestered from the determining “real.” That is to say, sequestered from the wills and aims and flow of communities and from the compacts and kindnesses of our constructed worlds. And, too, sequestered from constituting and carrying the “real,” a carrying so exquisitely tight to the body and close to the self that it is as a second skin, vested.

Women who wrote of their asylum experiences in the mid- to late-nineteenth century, produced texts to instruct, warn, and encourage other women and the larger society, often with an eye toward directing the course of state and national policy. These ends were accomplished within the context of personal narratives that engendered intimacy and empathy. In 1885, Lizzie D. Cottier, published *The Right Spirit* in which a work of sentimental fiction follows a brief appeal to her readers. In her appeal, she addresses her public, as follows.

Reader, were you ever confined in an insane asylum, kept there by a power entirely above and beyond your control, and under the sanction of the law so far as forms are concerned, feeling that it was a terrible injustice, with no opportunity to have the question of your right to freedom presented to or passed upon by any tribunal except the authority which detained you, and which you know was in the hands of persons interested in keeping you as long as possible? (5)

This plea for action in the guise of a rhetorical question, describes the state of exception effected by asylums and the stateless condition of the civil dead. Countering her subjugation, she then announces her plan to seek passage of legislation authorizing

asylum patients to communicate with friends, family, and “any public official, without the inspection of such communication by the authorities of the asylum” (Cottier 6-7). Proclaiming her proposal a “just law,” she recognizes that passage of such a law, “may not be a task of one year or two, because people do not willingly yield such autocratic power as the authorities in these asylums now possess” (Cottier 7), again underscoring the totalizing forms of authority she encounters. Her sentimental novel that follows is intended to demonstrate her sanity insofar, we can infer, as it is a work of thoughtful mental labor. The genre likewise demonstrates that her intended audience is women, among them, those who may be in danger of commitment or may be in a position to aid others.

They also wrote to redress political wrongs and authorize their right to participate in the public sphere. Sophie Olsen, incarcerated from 1862-1864, directly spoke to her experience within this state of exception. In one instance, the viciousness with which she and other inmates were treated prompted them to civilly, disobediently “campaign against the State’s property, and in various ways, destroy all [they] possibly could without discovery” (qtd in Packard, *Modern Persecution* 326). Olsen refers to this as patient’s “military necessity” and asks her audience to remember that they, “were fighting for their lives” (qtd in Packard, *Modern Persecution* 326).

Women writing asylum narratives varied, however, in their estimation of their experiences. Among these authors, some spoke approvingly of the healing institutions they turned to for sources of crucial support. Catharine Beecher, famous for her didactic work, *A Treatise on Domestic Economy for the Use of Young Ladies at Home and at*

School (1841), experienced numerous physical and nervous problems, for which she sought treatment in fashionable institutions. In *Letters to the People on Health and Happiness* (1855), she describes her various treatments, including the celebrated Water Cure. At one eminent institution, this regime required physical activity and a schedule of treatments in which patients were kept in wet sheets for several hours and then plunged into cold baths (Beecher 167). Following comparatively more aggressive forms of the water cure, she relocated to an institution where treatments were “still more mild” (Beecher qtd. in Geller and Harris 45). There, she came to the conclusion that “the heroic treatment, as it was called, [i]s not fitted for the excitable and debilitated American constitution” (Beecher 119). Her assessment argues that therapeutic treatments should be suited to national character and so indicates that medical discourse was molded by and molded US subjectivity.

Hers is a malady, she surmises, endemic to US women, especially wives. In her travels within the “Free States,” she observes the “secret domestic history” of women who once believed marriage to be “the highest earthly felicity” (Beecher 121). Instead, for many women it “was but the beginning of care, disappointment, and sorrow, and often led to the extremity of mental and physical suffering” (Beecher 121). Beecher’s own sense of confinement began earlier in her life, when she was “shut ... up in the house ... [with her studies] and thus confined ... to breathe such air as most young girls are condemned to inspire through all their school-life” (Beecher 114). Her later treatments prove a restorative tonic for her domestic ills and she publishes them as sources of information and support for the people of the United States. Importantly, the

elite institutions she selected to treat her nervous disorders were very different from most institutions, which were often publically (under-) funded and overcrowded, however. In these, attendants administered water treatments that issued back to the days of Benjamin Rush. In practice, they were brusque dousings in which patients were held under water to the point of near or actual drowning, something women's accounts often refer to.

While Beecher chooses not to return to domestic life after becoming a successful writer and is touched by the many "devoted husbands [she meets who] express the hope that their daughters would never marry," she ultimately determines that women's troubles lay not so much with the domestic institution of marriage but with their general poor health, thus attributing women's difficulties to natural rather than cultural conditions (Beecher 121). A conservative anti-suffragist, she ultimately finds medical discourse and the laws of health a better guide for judgment than her own experiences.

Others, like Anna Agnew, believed in their insanity, felt their commitment was necessary, but nonetheless raised questions for critical inquiry and redress. As was perhaps true for all women who wrote first-person asylum narratives, Agnew found an opportunity to refashion herself through her asylum experiences and eventual publication. Her asylum account employed ideological and discursive strategies that helped to refigure herself as an appropriate social and maternal subject, and enabled her to support herself and her children when, following her asylum release, her husband refused to let her return to his home. Taking a darker turn, it also appeared as a

forerunner and seed for later interest in eugenics, as scholar Kathleen Brian argues (289).

Committed by her husband at the age of 42 to the Indiana Hospital for the Insane (1878-1885), Agnew self-published *From Under a Cloud or, Personal Reminiscences of Insanity* (1886), out of “duty ... in behalf of [her] suffering sisters (Agnew vi). This work achieved rapid popularity. As was true for many other women, her life was one of frustration, nervous prostration, and often profound depression. From an early age, Agnew recalls “aspirations and longings [and] repeated attempts at accomplishing things beyond childhood attainment, with their consequent failures” (Agnew 6). With a “shudder” she remembers “days of gloom” and as a young child feeling “hopeless” (Agnew 7). She was also “proud, willful, and not always an obedient child” who “inherited [her] most pronounced traits of character from [her] father” (Agnew 8). Once when “giving utterance of some grievance in an emphatic matter,” her father warned her by saying, “Mark my word, my daughter! Your pride will be brought low, before you die” (Agnew 9). Writing her account years later, she “wonder[s] of what [she] was proud” (Agnew 9). With a certain fatality, she imagines she was “born with a suicidal tendency ... [that she turned to as a] means of escaping from an impatiently borne life” (Agnew 7).

Agnew imagines that suicide would have allowed her to “escape her impatiently borne life” (Agnew 7). This then speaks to the life she bears or carries. In a political sense, however, the life she carries could carry nothing. It was unvested, bare, “defrocked,” un-transactional, civilly dead. According to Carl Schmitt, who first

theorized the state of sovereign exception, political existence within the domain and favor of the realm is the only true form of human life. The alternative is, what he refers to as, *bare life*, a form of existence once reserved for the banished or brute animals. Agnew's impatience is perhaps a furtive signal of her resistance. That resistance, her boundary breaking and recalcitrance, paradoxically resulted in her incorporation into the disciplinary regime of the asylum, as was likely true for many women. Her aberrance, in other words, signaled her need for coercive interventions. Emily Dickinson famously captures this irony in "Much Madness is divinest Sense" when she writes,

.....
 'Tis the Majority
 In this, as All, prevail –
 Assent – and you are sane –
 Demure – you're straightway dangerous –
 And handled with a Chain – (4-8)
 (c. 1862, published 1890)

State sovereignty like human agency must be conveyed. Its exercises are transactional, in constant motion, and require representatives to carry them. Women, however, could not (would not) be vested with the state's authority in the nineteenth century. Agnew's tendency toward death, toward lack, and toward absence returns us to psychological formations of the dark and secret room and to the women's asylum cell as a terminus for the civilly dead. At the original onset of her "nervous prostration" she awoke –

with an inexpressibly horrible sensation, as though falling – falling into some dreadful place of darkness! ... And, startling as a flash of lightening in a clear sky, came the revelation ... 'something' ... had

been with me all my life! walking by my side! invisible ... had come!
and it was insanity! (Agnew 15)

Insanity, here, figures as an omnipresent doppelganger.

The patriarchal structures in Agnew's life, the larger culture, and the nation oversaw her secular conversion from impatient (assertive of self), to institutionalized patient, to someone who became patient (emotionally docile). After some trials and contemplation at the asylum, she concludes with a commendably long view, stating,

No, we must not question the dealings of Providence. We must wait patiently, with unquestioning childish faith! Must groan even unto fainting under burdens too heavy for poor humanity until [the Second Coming]. (Agnew 47)

Her patience speaks to her conversion to institutional docility that later served her professionally.

Agnew was not a feminist and indeed valued male authority. In an argument common for the time, she believed that women were closer to madness than men since woman made the first contact with the serpent in Eden (Agnew 70, 75). Other to herself as a woman and at her own expense she laments, "[f]rom my earliest recollection I have most earnestly protested against the misfortune of being a woman and since my experience as an insane woman, I am less reconciled" (Agnew 75). This self-alienation, like her suicidal tendency, occupies her earliest memory, underscoring her belief that her illness is innate rather than culturally constructed. In a similar vein, she argues against the notion that her "domestic troubles" were the cause of her insanity, again pointing to the notion that they weren't culturally nurtured but were inherent (Agnew

14).

Agnew's life story and narrative account of her illness depart from the others in significant measure because she claims the disease of insanity where many others adamantly deny it. It also departs significantly because, in fact, she embodied what was and is the looming specter of the madwoman: the crazed fury who kills her children.

Agnew seems to have indeed suffered from deep and prolonged episodes of depression. Before she was committed, she returned again and again to her preoccupation with committing suicide and as her disease progressed, she started thinking about killing her three children (Brian 280). As her experiences worsened, she in fact poisoned her son, Dadie, who was rescued by Agnew's husband. Believing she passed her disease down to her children, Agnew claims "[t]hat it were far better that [she] lay all [her] little ones at rest, than they live to become victims of a fate than which *death* is a positive *welcome guest*" (Agnew 19). Her asylum records label her as homicidal, which she contends was "cruel in the extreme" since her motivations were to rather "*save*" her children from a dread disease and a cruel life (Agnew 17).

According to Kathleen Brian, Agnew strategically deploys her disability to elide the fact that she had attempted to kill her children and to simultaneously establish her authorial status (280). Insanity was a "particularly threatening" condition that many in the mid-nineteenth century feared had reached epidemic proportions" (Brian 288). Cures were never certain and hereditary disease raised great anxiety. Agnew fashioned herself as the rare patient who had overcome both obstacles, her heredity and odds against a cure. As such, the reading public received Agnew's autobiography with much

“eagerness” (Brian 288). As Brian argues, Agnew’s work, however, had another effect. It substantiated fears about diseases lurking in the gene pool and promoted eugenics discourse (281).

While her account was deemed primarily suited to women (Harrison qtd. in Agnew 198), in it she directly appeals to men for assistance.

Men, all over this beautiful land of ours, it is your mother, wife, daughter, and sister who are being thus outraged. In every asylum in the land some such scenes are daily enacted, and it will be so, must be, until state laws are so amended as to make such abuses impossible. (Agnew 76)

She cites “[r]eforms” that have been “instituted all over the land” and their “humane heads,” the supervisors, who “need only the hearty cooperation of the law-makers” to transform medical facilities into refuges for “the unfortunate victims of fate and heritage” (Agnew 77). Agnew thereby adopts two important discourses: first, the reform discourse of the day, which proved marketable; and second, the darker genetic discourse. The latter centers on the inevitability of disease, society’s need to absolve those so afflicted from all responsibility, and, implicitly, the notion that great danger resided in the genetically diseased subject. Her narrative therefore contributed to ““a climate of receptivity”” for eugenics. An interest in eugenics came to inflect the psychopathological profession through the nineteenth and into the twentieth century (Kevles qtd. in Brian 280).

By “[a]ligning herself with evolutionary science and asylum medicine,” she likewise garnered tremendous professional support (Brian 284). Both disciplines were in flux, with evolutionary science burgeoning and asylum medicine waning. Her

reliance on and amenability to established professional (male) authorities and her insistence that her disease was inherent to her, even while successfully demonstrating to the public that it was neither inevitable nor inexorable, kept her from prison and formed the bases for her authority. It's perhaps mindful of this strategy that she speaks supportively of the asylum toward the end of her narrative stating, "I am thankful for this home – I love to call this place an asylum" (Agnew qtd. in Brian 287).

The proceeds from this very popular account allowed her to sue for divorce, afford her own house, and care for her children. As an independent woman and author, she records that she remained cured. The eugenics inflection of her narrative also helped ensure that the maternal care she demonstrated toward her children (by attempting to kill and therefore save them from the painful experiences of life) could now be enacted by the state. Indeed, physicians under the authority of federal and state governments eventually oversaw the destruction, not only of embryos, but infants, children, and adults perceived as defective (Brian 289). Agnew's account is particularly "troubling" for Brian because it was one of the earliest articulations of eugenics that thereby prodded its "assimilatory potential" (Freedman qtd. in Brian 283). In her narrative's closing line, Agnew takes her case to the people. Staging a trial whose jury is the nation, she closes her text by asking, "WHAT IS THE VERDICT?" (Agnew 196).

Unlike Beecher and Agnew, other authors' accounts were highly critical of asylums broadly, the states and nation that authorized them, and their own fallacious diagnoses of insanity. Some, like Elizabeth T. Stone, a shop owner outside of Boston

who was incarcerated for holding religious beliefs that varied from those of her church, addressed executive powers directly, as sovereign entities whose authority is distributed through governmental agents and administrative sites like insane asylums.

Stone was committed to an asylum by her brothers in 1840, where she remained until 1842. In 1861 she published, *The American Godhead: or, the Constitution of the United States Cast Down, by Northern Slavery or by the Power of Insane Hospitals* to expose the critical constitutional problem posed by insane asylum practices. The work announces her own theoretical understanding of US governance, which she then relies on as a basis for her strong criticisms and demands. She opens her short book in rhetorical conversation:

Why have I given such a title to this book is, because it is particularly adapted to show the reader how man is robbed of his God-given rights, which are inalienable. The right to life, liberty, and pursuit of happiness, - these great fundamental principles are recognized and guaranteed to every person on the American soil by those laws laid down in the Constitution of the United States; but a secret inquisition is going on, depriving a human being of the benefit or the protection of those laws laid down by our honorable ancestors. Therefore, I denominate it the AMERICAN GODHEAD. (Stone 3)

In the asylum, she finds a “secret inquisition” that denies citizens the benefit of law which Stone believes are Constitutional guarantees.

According to her conceptual formulation, “three Godheads ... control all mind and matter. It takes three powers combined in one, to constitute a Godhead” (Stone 3). The first represents the trinity, the second represents humanity, “born into the world of the flesh,” the third represents, the “love of life, liberty, and the pursuit of happiness” which is the product of the first and second Godhead (Stone 3). In all, these form “an

imperfect state, which controls mind and matter[:] The ordained ministry, legal or law power, and medical faculty power. These all pass under an oath, or a ceremony of man” (Stone 3). Beside these is a fourth Godhead, “what might be called the do-evil power or Devil’s Godhead. The unrighteous doing of the last Godhead is the cause of all misery and suffering on the earth ... causing mind and matter to bow down to something besides the everlasting Godhead, [which] violates a law in [persons’] own existence, and it causes distress” (Stone 3). Her conception reflects the spiritualist tendencies of the era. The “do-evil power” of the fourth Godhead organizes a space for reform and redemption.

Stone believes God speaks through her and in this guise, she addresses executive and congressional powers, reminding them that

He cometh to you in all your forms and ceremonies, addressing you according to your earthly titles: to his Excellency the Governor; to his Honor the Lieut. Governor; the Honorable Council and Members of the Senate and House of Representatives [...]. (Stone 4)

Like a latter-day Moses, she asks them to “take off [their] unholy tyrannical, oppressive, and unconstitutional hand, from the neck of [God’s] people *Israel*” (Stone 4). According to Stone, insanity serves as a proxy for extra-Constitutional exercises of government. She speaks with immediacy and verisimilitude, addressing the governmental powers (and her reader) directly in matters that effect “all the world” (Stone 4).

The subject I wish to bring before your mind and all the world is, *Insanity*, or rather the dark, tragical deeds done under that word, - showing how the Constitution is violated and made void, of none effect to sustain any one’s liberty, - concerning their religion, property or social

relations, where it comes in contact with others of opposite feelings and manner of logically reasoning upon mind and matter. (Stone 4)

Those incarcerated as insane, who doctors tended to argue were the authors of “dark” and “tragical deeds,” are recast by Stone as victims of great violence committed by the dominant order. She addresses sovereign authorities and makes a Constitutional argument for seemingly protected and inviolable rights in the US.

Enumerating the flow of sovereign authority (that authority which is unique in its ability to declare the state of exception), she argues,

the Constitution gives power to each State to frame and make laws to govern each State, but they must be in accordance and rightly framed upon the great Constitution, not destroying the force of those laws which are for the protection of each and every individual, in regard to life, liberty, and right to hold property. (Stone 4-5)

Her argument anticipates the equal protection clause of the Fourteenth Amendment (1868), designed to ensure that federal US law is applied evenly and equally in all states. This Constitutional protection would not, however, extend to women whose rights varied from state to state.

Stone argues that “[e]very son and daughter of America is entitled to a lawful trial of twelve jurymen, and judges and witnesses in the case, before one can be deprived of their liberty” (Stone 6). Her insistence on a jury trial for those accused of insanity came on the heels of damning accusations of abuse perpetrated by judges, asylum administrators, and asylum staff. In particular, she criticizes Massachusetts, “that unconstitutionally uses her constitutional power, and deprives some of her noblest sons and daughters of their liberty, under the plea of this *hobby-horse*, Insanity” (Stone

6). Insanity figures, again, as a mutable status that the state can mold to its purpose.

Reminiscent of the paradoxical nature of women's citizenship rights, Stone adds, "We might as well do without the Constitution of the United States, as to be deceived by it, thinking we have got a law in this country to protect us in all our religious and social relations, if we cannot be protected by it" (Stone 6). She argues that it would be better to discard the Constitution altogether, because its mere pretense is additionally deceptive and confounding. She thereby calls women to consciousness of their borderland and paradoxical status.

She condemns "the great national sin of slavery" but argues that the problem of asylum incarcerations, what she refers to as Northern slavery, is even more "monstrous" in terms of sheer numbers (Stone 14). According to her, asylums rely on a system of "pira[tes], sailing under the flag of philanthropy, cruising round fireside[s of] happiness to catch its noble victims" (Stone 7). She calls for the people to, "partake no longer of the deeds of death" but rather to use their "power of free speech" to plead the case of the falsely accused (Stone 8). She thereby shares Nathaniel Hawthorne's mistrust of reformers.

Because, in many cases, women could not count on institutions and governments to promote their causes, they turned to other potential bases of power deemed appropriate for women including social clubs, churches, and the home. Women seeking political place and voice otherwise denied to them devised strategies to enter the public sphere through discourses that appeared to support the patriarchal order. Women were figured as "'republican mother[s]'" (Kerber 354), virtuous exemplars of

all things good, nurturing, and morally corrective, therefore, it was acceptable for middle class women to speak and even write publically about moral reform under these auspices. Women writing narratives often asserted their own allegiance to true womanhood, yet pushed this boundary by entering into contentious political debate. Elizabeth T. Stone's book is an example of this. The process of testing and extending the limits of political participation is a strategy women employed to gain political power until they received the vote.

Writers of asylum narratives appealed directly to the public as a democratic driver of political change. The popular press likewise constituted a powerful political force that drove reforms. In the mid-nineteenth century women began to be both influential producers and avid consumers of periodic literature. An investigation of one such popular journalist, Nellie Bly, centers on her under-cover reporting assignment in an insane asylum, her subsequent publication, and the reforms these achieved.

The Asylum and the Press: Nellie Bly's *Ten Days in a Mad-House*

Become insane? And through my own desire be confined as a lunatic in a mad-house; bring upon myself all the mental torture of being day and night with those staring, senseless creatures, whose proximity alone fills our souls with sickening horror? And to what end? In order to make for myself a position whereby I could earn a livelihood. (Bly, "Among the Mad" 709)

This is not the rhetoric, founded on Christian duty and a belief in the perfectibility of humans and their earthly works that the US nation had or has come to expect from its reformers. Nellie Bly (1864-1922), originally born Elizabeth Jane Cochran, was an unusual suspect in this regard. As a journalist, she cultivated the

professional persona of what became known as the girl stunt reporter for Joseph Pulitzer's New York *World* newspaper. In fact, Nellie Bly invented this brand of newspaper woman and she did it to make a living, that is, to make a living as a journalist. With the rise of the popular press and in an era of reform, girl stunt reporting struck a number of chords with US readers. These girls, who were in fact women, infiltrated the secreted spaces of public and commercial institutions and did so *as* women. The juxtaposition of the intrepid woman adventurer in the halls of power and intrigue, or the "amateur casual" in the domain of experts, impelled the drama of newspaper articles, titillating and appealing to the voyeuristic tendencies of readers. Imagine a lovely, young woman from a common walk of life training an elephant; or a shapely woman in a full-length dress scaling a building on a rope with fire hose draped over one arm; or a woman circumnavigating the globe in record time with only one suitcase. Such women not only wrote articles that exposed the wonderful, ugly, and strange recesses of US life to view, they *were* the stories. They sold newspapers.

Alongside such sensationalism, the reform spirit was alive in the culture, spurred by opportunities and threats that were up-close and personal. The New York *World*, which commissioned and published Bly's *Ten Days in a Mad-House*, lay in sympathy with New York's large number of immigrants and others on fringe of social and economic opportunity, at least putatively. According to Jean Marie Lutes,

The *World* actively promoted its image as an educator and uplifter of the immigrant masses. But Pulitzer avoided controversial appeals for women's rights and most other calls for radical reforms; his paper's crusades for the disempowered may be best interpreted as business maneuvers ["since marginalized groups constituted a major part of the

newspaper's audience"]. (Lutes 242)

Whatever Pulitzer's motives, readers sparked to the promises of reform that may have vicariously or practically eased some of their own burden at a time when the workday was long, wages were low, and the poor house was just across the river.

Bly isn't usually thought of as a reform writer but if she's ill-suited to the attribution it may be because her goal was to launch a career as a journalist rather than to crusade for particular causes. Her assignments for the popular press were varied, as was their appeal. Some appealed to readers' voyeurism, their desire for entertainment, and their interests in political and institutional reforms that typified the age. Bly's account of her feigned insanity and incarceration in the asylum at Blackwell's Island followed significant American literary contributions by many women writing first-person asylum accounts and by writers of the periodic press including Rebecca Harding Davis, E.D.E.N. Southworth, and Fanny Fern, the first women to have her own newspaper column. In all, Bly's career as a woman journalist and her interest in asylum reform had important professional and literary precedents.

While Bly's reform agenda wasn't foremost or conventional, however, her *Ten Days in a Mad-house*, published in the *World* and later in book form, prompted a grand jury investigation and significant asylum reform. As a result of their work that relied on Bly's assistance, the grand jury sought six reforms: 1) increased funding for the hiring of sufficient, professional staff; 2) increased funding for food; provisions for overcrowded wards and additional towels for bathing; 3) increased care in committal examinations; 4) better classification and separation of patients to avoid the spread of

contagions; 5) the use of a mechanical lock to connect patients' rooms so that only one lever need be pulled to open all doors in the case of an emergency; and 6) a restructured law that would "plac[e] the poor and the insane under a different commission from criminals" ("Due to Lack"). Separating the administrative umbrella that had theretofore served both criminals and the mentally ill on Blackwell's Island (later Welfare then Roosevelt Island) furthered a philosophical advance that began when criminals and the mentally ill were legally distinguished and physically separated in the US in the early nineteenth century. This distinction found further institutional, administrative, and conceptual resolution as a result of Nellie Bly's work.

At Blackwell's Island and in response to a sensational reporting assignment, Bly posed as a mentally ill, Cuban immigrant and was successfully committed to the notorious Blackwell's Island where New York City held many of its indigent sick and poor and its criminals. Masquerading as a mad and racialized other, she feigned a lack of memory and the suspicion that women living in her boarding house were trying to kill her. In effect, her commitment proved easy. This ease may have been facilitated by the borderland identity and economic positions Bly pretended to occupy, that of a poor Cuban immigrant woman without family whose mental state was reasonably in question. Her borderland status was amplified by the transitory physical spaces she occupied, that is, the boardinghouse and the asylum, and her purported identity as a recent immigrant and madwoman. These borders are well policed.

This site of legal regulation-the streets, alleys, boardinghouses, labor camps, and ranches where migrant workers [in this case, an "immigrant" worker] congregated-functioned as what [Nayan] Shah calls a borderland space, a location characterized by police

surveillance and anxiety about unruly, uncontained behavior that troubled categories and boundaries. In this sense, the space of the borderland functions as the shadow side, the other, to what is presumed to be the space of the normal. The borderland is the opposite of what we believe to be American normality. (Dudziak and Volpp 600)

In order to be committed, she successfully deceived her landlady and a judge by positioning herself as a poor, deranged, immigrant, or perhaps a weak impersonation of one.

Complicating this picture, however, Bly maintained the behaviors and comportment of a confused but refined woman, a fact she repeatedly affirms to her middle-class readers (Lutes 24). Such discordance between her person and that of an imagined lunatic was striking and this, in itself, sparked the press's attention. Unsuspecting reporters from competing newspapers took notice of her. Aiding the cause, the presiding judge who imagined she must be some "mother's darling," asked the court journalists to cover the story to help reunite her with her loved ones. Her middle-class comportment likewise elicited the restraint of an ambulance driver who refrained from sexually assaulting her even though he believed this (and not a medical examination) was the best way to determine whether she was insane. His reasoning rested on his belief that mad women are promiscuous and amenable to sexual advances (Lutes 24). Even so, her refined manners held him at bay. While Bly crossed the border into an abject otherness, that is, into the lunatic asylum, she remained planted in the realm of middle-class propriety. Fashioning herself as an embedded reporter in a highly stigmatized setting, she took pains to maintain middle-class propriety and wove

affirmations of this into her stories. In addition, she enjoyed legal protections and the backing of strong commercial interests.

Historian Ellen Dwyer finds that those who supported the asylum system were opposed to allowing mental patients the constitutional right of habeas corpus, even though this left people committed to institutions without redress (Dwyer 93). While procedures existed to lessen the risk of unwarranted commitments, “[s]trict enforcement of procedural guidelines did not necessarily protect alleged lunatics. Even asylum doctors admitted that it was fairly easy to find two physicians to sign a commitment certificate, and that judges rarely, if ever, contested their judgment (Dwyer 95). In this way, constitutional rights were abrogated at the discretion of very few such that people deemed insane were routinely stripped of their Constitutional liberties.

While opposing criminalization of the insane, pro-asylum groups nonetheless stressed their dangerous natures and worked to ensure their commitments (Dwyer 93). The insane, they argued, threatened civil peace and morality (Dwyer 94). This argument is significant because these threats constituted the only bases on which the state could commit someone to the asylum. In all other circumstances, only family members could commit allegedly insane persons. Pro-asylum advocates, therefore, discursively constituted the insane in such a way as to allow greater latitude for state commitments. This fostered the conditions under which constitutional laws could be suspended. The conditions for exception were additionally fostered by the definition of insanity itself, which was highly contested in the nineteenth century. The threat of insanity functioned as a thinly disguised threat to American order.

The Best Seller, the Periodic Press, and the Work of Asylum Reform

Influential authors like Rebecca Harding Davis and Fanny Fern worked to reform asylum practices using the power of the periodic press, or what Margaret Fuller referred to as “the only efficient instrument for the general education of the people” (qtd. in Dowling 23). Writers like Fuller had “openly tied their literary professionalism to reform” (Evelev qtd. in Dowling 29). Similarly, the highly successful novelist, E.D.E.N. Southworth, uses fiction in *The Hidden Hand* to critique women’s precarious relationship to the law including their vulnerability before state institutions.

In 1870, Rebecca Harding Davis published *Put Out of the Way* in serial form in the popular women’s magazine, *Peterson’s*. The sharp, literary realism she also uses to influential effect in *Life in the Iron Mills*, sketches the life of a man falsely committed to an insane asylum. As is true in *Put Out of the Way*, Davis’s primary critical target is capitalism and in the insane asylum she finds another of its machinations.

Perhaps in an effort to garner legislative support, Harding conspicuously chooses a male protagonist. She does so despite the fact that during a recent bout of financial trouble and illness she, herself, might have been committed to an asylum. *Put Out of the Way* demonstrates a keen sense of the bind those declared mad find themselves in. Those so diagnosed often assert their sanity, yet individual assertions prove ineffective against the claims of institutional authority. Davis reveals that dilemma through a compassionate portrayal of those declared insane in a work that proved influential (Dowling 40).

Fanny Fern’s serialized novel, *Ruth Hall*, demonstrates the ease with which

married women were dispatched to the insane asylum. Having toured a Northampton, Massachusetts asylum in 1862 and shocked by the disproportion of women she found there, she argued that if women had political voice and occupational options, these conditions wouldn't persist. Fern was the highest paid columnist at the *New-York Ledger* and an influential social critic who helped establish middle-class interests. In her serialized novel, *Ruth Hall*, Mary Leon is committed to an asylum where she finds that, “the law you see, as it generally is, [i]s on the man's side” (Fern qtd. in Dowling 31). Once incarcerated, Leon, who has captured the reader's sympathy, dies brutally. This only fueled public concerns about asylum practices.

E.D.E.N Southworth's novel, *The Hidden Hand*, represents the private realm of male-female relations as a construction of public policies “since law is constantly available to men wishing to police women's lives” (Baym). The novel is critical of the pretences of true womanhood that bind and constrain women. While Southworth clearly demonstrates the ills related to true womanhood and the associated expectations of women, she also finds “[t]here is no point in urging women to change themselves if the law will not support their rights as citizens” (Baym). Significantly, Southworth's

point is not merely sentimental, it is also political and national. The superiority of rule by law, according to American founding political theory, by which the republic was supposedly distinguished from aristocracies or despotisms, was that all were subject to law, therefore that the weak were legally protected from the strong. But *The Hidden Hand* shows how the rule of law, being among other things the rule of men-as-such, is merely a cover for tyranny, institutionalizing the power of the strong over the weak. (Baym).

Southworth thereby performs significant political work that enables her reader

to glean the legal and administrative practices of US governance. Indeed,

law in *The Hidden Hand* ... regulates the entire lives of all the characters--birth, marriage, death, incarceration in jails and insane asylums, inheritance, court-martials--is the truly significant hidden or invisible hand. (Baym)

Southworth's highly popular novel, like the work of Fern and Davis, helped to bring awareness to women and the larger culture about the politically disabled condition of women. Southworth's radical notions of a truer womanhood (beyond true womanhood) supported women's ongoing cultural and political advancement, and she foregrounded the legal condition of women vulnerable to institutional abuses. In all, the works of Fern, Davis, and Southworth, acted as significant counter-narratives to the sovereign authority of asylum superintendents and to the ruling order that would exclude women from legal protections and political participation. The periodic press therefore proved a powerful ally in the political work of women writing asylum narratives.

Women's first-person asylum narratives cohere by virtue of their first-person narration, reform agendas, and, in many cases, their marketability. Some are fairly brief and focus on the period of incarceration; others incorporate the larger historical and political influences that informed women's incarcerations. Many made legal arguments, some effected legislative changes, and most directed their efforts at nation building. Elizabeth Parsons Ware Packard's autobiographical asylum accounts were broad in historical and political scope and allied to discourses of reform, law, nation, and both true womanhood and women's rights. Her works achieved legislative ends on behalf of

others incarcerated as insane. While once committed to an asylum without legal rights or standing, she went on to publish and campaign for reforms throughout her life. She became independent and fairly prosperous, while her estranged husband fell into destitution and her former asylum doctor committed suicide. As is demonstrated in the next chapter, the indomitable Elizabeth Packard constituted, in her doctor's words, "a world of trouble" (McFarland qtd. in Carlisle 78).

CHAPTER FOUR

The Reform Autobiography of Elizabeth Parsons Ware Packard

Go little book, go seek the world;
With banner new, with flag unfurled;
Go, teach mankind aspirings high,
By *human* immortality!

.....

The pallid sufferer on the bed
Of sickness, shall erect the head
And cry, "Life yet hath charms for me
When Packard's books shall scattered be."

Each prison victim of despair
Shall, in thy book, see written there
Another gospel to thy race,
Of sweet "Requiescat in pace."

The time-worn wigs, with error gray,
Their dusty locks with pale dismay,
Shall shake in vane in wild despair,
To see their prostrate castles, where?

.....

Sophia Olsen, "The Book of 1863," qtd. in Packard,
Exposure 86-7 (1-4, 13-24)

Reflecting on the manuscript of Elizabeth Packard's first asylum autobiography, *The Great Drama; or, The Millennial Harbinger*, a fellow patient and friend of Packard's arose from a fitful sleep and felt an "impulse which seemed almost irresistible, to rise, and write" on January 26, 1863 (Packard, *Exposure* 86). As Packard describes it, Mrs. Sophia Olsen penned "The Book of 1863" in such a state

that “[i]n the morning she could only recall the first line from memory” (*Exposure* 86). As was true in Whitman’s “Thou Mother with Thy Equal Brood” and the anonymous poem, “Asylumia,” the subject of this poem, Packard’s book, carries transcendent knowledge that rises above the earth, surveys the world, and attempts to redeem it. As in “Asylumia,” an unfurled flag conveys the authority, not merely of a nation in this case, but of a God who will judge the living and the dead. Those who ignore such knowledge, the poem later warns, will remain accountable for it when they “rise” and “to judgment fly” at the Resurrection (Olsen qtd. in Packard, *Exposure* 87). Olsen’s poem reflects the millennial nature of Packard’s book. Destined to outlive the “stars” and the “sun” (49), Packard’s work will have an abiding presence “on this our earth” (53) long after the sun has gone dark, according to Olsen (qtd. in Packard, *Exposure* 87). The numinous quality of her urgent, moonlit inscription and the poem’s mystical landscape link it to the reform discourse of the time. Such discourse advanced belief in an immanent union with God and sought to perfect the world in preparation.

The Book of 1863

The year, 1863, marked Packard’s release from the Illinois State Hospital and her early efforts to publish. In the same year, her doctor, the esteemed Superintendent Andrew McFarland, presented her case at a meeting of his professional peers. At this meeting, Packard’s diagnosis, treatment, and lengthy incarceration raised questions he inadequately addressed. While this remained a tight-knit professional association, the power McFarland once possessed began to erode. Olsen’s prescient title, then, “The

Book of 1863,” appropriately marked Packard’s auspicious year.

“The Book of 1863” would have provided an apt title for the larger national saga as well. In his role as Commander and Chief, Abraham Lincoln signed the Emancipation Proclamation on New Year’s Day, which was slated to take effect if rebel states failed to promptly rejoin the Union. According to Article II, section 2 of the US Constitution, presidents may enact measures and suspend civil law under conditions of threat. This provision, which serves as the basis for executive exception, empowered Lincoln to *proclaim*, rather than congressionally legislate, a prospective national law (Agamben, *State of Exception* 21). In deference to “justice,” the proclamation states, “the Constitution,” and most notably for Lincoln, “military necessity,” the president and not Congress signed it into law. Lincoln, who had earlier suspended habeas corpus, thereby extended the state of exception with his proclamation by summarily imposing an executive order on all state governments. As was true during Reconstruction, “the executive government of the United States, including the military and naval authorities thereof” would enforce its compliance (“Emancipation Proclamation”). Invariably undercutting the democratic process, such executive exercises can nonetheless achieve valuable and lasting national ends, as was true in this case.

Later that year, the Union Army held the line at Gettysburg and in November, Lincoln dedicated its cemetery. In his address, Lincoln refers back to the “new nation” then some eighty-seven years old, which had been “conceived in liberty” and asks if “any nation so conceived ... can long endure.” This very anxiety fueled the rhetoric of

reformers who imagined themselves stewards of a fragile nation. In response, Lincoln finds that “the living” must be “dedicated here to the unfinished work” so “that this nation, under God, shall have a new birth in freedom – and that government of the people ... shall not perish from the earth” (“Gettysburg Address”). This struggle played out dramatically, but not exclusively, on the battlefield.

Members of the larger culture, reformers in particular, dedicated their efforts to this central question and to the demands of sustaining and perfecting a nation they believed so closely aligned with God’s purpose. Elizabeth Packard exemplified this figure in US history.

Elizabeth Packard, Reformer

I do write to defend the cause of human rights; and these rights can never be vindicated, unless these usurpations be exposed to public view, so that an appeal can be made to the public conscience, on the firm basis of unchangeable truth – the truth of facts as they do actually exist (Packard, *Modern Persecution* 176)

Elizabeth Parsons Ware Packard (1816-1897) was an educator, wife, and mother known to be quick-witted, well spoken, and like an increasing number in the young United States, inclined toward somewhat more progressive religious views than those of the capital-“R” Reform churches that founded the nation. Her beliefs, still Christian, often conservative, experimental, and above all devoted to free inquiry, departed from those of her father, a moderate Congregationalist minister and her severe Calvinist husband under whose authority and that of two town physicians, a

town sheriff, and a respected asylum superintendent, she spent three years confined in an insane asylum. We know of Elizabeth Packard because after her release in 1863, she devoted herself to reforming laws that facilitated her asylum commitment, a commitment accomplished despite her broadly acknowledged sanity.

As an exemplar of the age and of superior education, Elizabeth Packard took passionately to reform, her particular causes centering on freeing the country from the constraints of Calvinism, expanding married women's rights, raising women's station, abolishing slavery and, most notably in her case, improving the treatment of those incarcerated as insane. To these ends, she became a self-published writer of largely autobiographical works that were so impactful she has assumed an enduring place in both public and professional discourse. Legal advocates for the rights of women and mental patients have hailed her efforts and paid her varying degrees of attention since her early advocacy work (Himelhoch and Shaffer 346). Within the profession, she has been diagnosed and re-diagnosed as "half-cured," suffering from "paranoid psychosis," and vilified as "vindictively" destructive as late as the last half of the twentieth century (Hurd 477-81; Gerty, "Roles and Responsibilities" 837).

Packard rose to public and professional attention despite social, political, and legal barriers grounded in male authority. While such authority was broadly confining to all US American women in the nineteenth century, that which was brought to bear in Elizabeth Packard's case is noteworthy because she confronted this increasingly restrictive authority at the juncture – once its undisputed bulwarks – of religion, education, politics, and sex. Among the cultural shifts occurring in the first half of the

nineteenth century, progressive religious views came to rival the conservative tenets of Calvinism (Hirrel 26), educational institutions multiplied, founded not only on religious but secular bases (Potts 368), professions emerged with answers to significant questions beyond the reach of the church, and the women's rights movement was beginning to take shape and trouble the national stage. While disconcerting to many old-school Calvinists and disruptive to the hegemony of male authority generally, it cannot be overestimated how much of this change grew directly from the Reformation and Protestant religious philosophy. Protestantism, which was foundational to male power in the US, advanced a deep-seated belief in individual interpretation and authority. Common citizens of the young nation, including many women, sought with great zeal to establish a national character based on independent thought and personal liberty, hallmarks of a people whose authority, they believed, came directly from a Sovereign God.

During this period of social foment, Packard fought to interpret what she understood as her soul, her mind, and in all, her "moral center." This became the text that representatives from two increasingly disparate eras in US intellectual history strove to authoritatively interpret. Despite the gap between eighteenth- and nineteenth-century worldviews, both led Packard to an oddly similar condition of naked dependence. It was primarily this condition she resolved to correct through publication.

Packard's writings were the principal tool she used to carry out her reform work and they perform a number of functions useful to my investigation of

institutional states of exception in the nineteenth century. Specifically, they provide a record of Packard's experiences as an object and author of institutional medical practices that treated, coerced, and constituted the insane. They also offer critical insights into laws, mobile sovereign exercises, and states of exception peculiar to women and the so-called insane in the US during this period. Finally, they mark her entrance into the public and political spheres, which, in part, demonstrates how she constituted her authority at a time when relatively few women took the public stage and far fewer had any direct political access.

Elizabeth Packard's Commitment

On July 18, 1860, at the age of 43, Elizabeth Packard was delivered to the State Hospital for the Insane at Jacksonville, Illinois, having peacefully resisted boarding the train that carried her there. A famous illustration depicts two men joining arms to convey her to the train and shows Elizabeth rising above the crowd as though she were carried on a chair (see fig. 4.1). The sheriff, who had been refused a court order to remove her from her home, relied on the authority of Packard's husband and did so anyway. While Packard hoped a gentleman from the crowd would rescue her, the sheriff lied and told those gathered that he had the necessary warrant. Men who gathered did not want to intervene in a matter under her husband's authority, "especially when assured by the sheriff that the 'forms of law' had been met" (Carlisle 63).

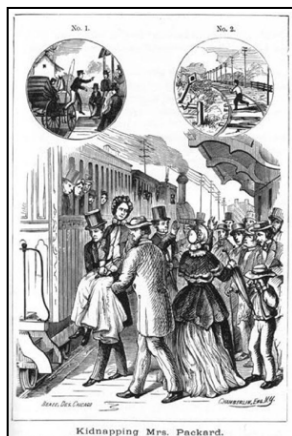


Figure 4.1. “Kidnapping Mrs. Packard.” Elizabeth Parsons Ware Packard peacefully resisting her forced removal to the Jacksonville Insane Asylum in 1860, from *Disability History Museum*; Web; 2 Feb. 2012.

Andrew McFarland, asylum superintendent at Jacksonville, also served as president of the Association of Medical Superintendents of Americans Institutions for the Insane (AMSAAI) and addressed this group less than a month before Elizabeth arrived at the Jacksonville. His paper considered the role of the superintendent as an agent of the state and a steward of the insane. On the evening she was committed, McFarland was away at another Association meeting but expected her arrival based on correspondence with Packard’s husband, Theophilus. In McFarland’s absence and acting under his authority, an assistant physician conducted Packard’s examination and committed her. Her diagnosis was moral insanity with monomania on the subject of religion (Carlisle 74).

Laws in the state of Illinois authorizing married women’s commitments underwent a number of transformations that indicate the impact of professional insanity discourse and asylum boosterism over the course of the nineteenth century.

Pre-1851 Illinois commitment law concerned what justices, doctors, and family members took to be manifest madness. Until 1851, those brought to asylums in Illinois were to be committed only if they were “so furiously mad as to render it [that is, their mental state] manifestly dangerous to the peace and safety of the community” (Carlisle 60). Generally speaking, such frenetic madness, it seems, would be fairly easy to discern without the interpretive skills asylum doctors would eventually claim, including the ability to detect latent (unmanifested) insanity. The pre-1851 law reflects a non-specialized, common-sense basis of knowledge in protecting both the supposed mad and the community from harm by persons in severe states of affliction.

In the pre-1851 law, therefore, the lines between sanity and insanity were fairly clearly drawn and the stakes identified. State interest centered on the well-being of the community but also implicitly sought some measure of well-being for the afflicted, since, in theory, hospitalizations offered medical care rather than mere sequester. The “furiously mad,” seen (or imagined) to pose an emergent threat, were stripped of their civil rights in order to protect themselves and the community from their exercises of liberty. These rights were originally conferred by the state, and so fell under its purview to uphold or suspend. The loss of rights relegated patients to a civil limbo or “civil death” for the duration of their indefinite commitments. The pre-1851 law was, therefore, seemingly clear-cut and relevant to a small group of severely afflicted people who clearly required assistance in managing their affairs and well-being.

The law, however, was subject to abuses practiced since the first commitments at Pennsylvania Hospital. Elizabeth Packard, for example, was committed to an

asylum under this statute by her father at the age of nineteen so that she could recover from a disease comparable to encephalitis or meningitis, and not insanity. In fairness to her father, it appears that he arranged this as a matter of convenience. The asylum was the nearest hospital and Elizabeth Packard had been sick for several weeks. She, however, did not believe this was necessary and resented him years later for it perhaps because, in part, it helped to substantiate later claims of her insanity. While her specific case is open to interpretation, false commitments under the pre-1851 law seem to have occurred. Opportunities for such abusive commitments only grew with the 1851 statute revision.

Illinois's later 1851 commitment-law revision inserted a permissive clause related to two dependent classes. What member of the American Medico-Psychological Association and Packard critic, Richard Dewey, referred to in 1912 as a "vicious commitment clause," was enumerated as Section 10 in Illinois' general statutes of 1851. This law provided that

[m]arried women and invalids who, in the judgment of the medical superintendent, are evidently insane or distracted may be received and detained in the hospital on the request of the husband ... without the evidences of insanity or distraction required in other cases.

Late twentieth- and early twenty-first-century Packard scholars, Linda Carlisle and Barbara Sapinsley, identify this point of law and indicate that Elizabeth's incarceration, while unconstitutional was nonetheless legal (60; 3). The law, on the face of it, does not bear this interpretation out, however. While this clause created a more private and streamlined commitment process that bypassed judicial hearings and,

therefore, a measure of due process, it firmly placed responsibility for a clear determination of “evident[]” madness on the asylum superintendent.

It is difficult to read this law and surmise that the legislature intended a definition of “evident” other than “manifest and unmistakable.” The casual usage of “evidently” as something akin to “possible at a cursory glance,” would seem to argue for a usage out of keeping with statutory rhetoric. Even more, it would posit a lack of regard for these populations, a disregard that tended to manifest itself in action but not in the recorded language of men who imagined themselves gracious, civilized Christians called to the higher purposes of state governance. What this clause did install, however, was a profound responsibility for asylum superintendents to make unilateral, professional decisions about the legal, social, and medical status of Illinois citizens.

With this clause, the power of the state to suspend the liberty of broad populations based on perceptions of threat, that is, to impose a state of exception, was vested in individual superintendents. These men, isolated in remote asylums, were thereby rendered executive and sovereign. In this way, the state of exception defines the legal and political technology of the insane asylum.

This state of exception did not merely develop through isolated activities at distinct asylums, however. While asylums arose in every state by the last quarter of the nineteenth century, the superintendents had already professionally organized by mid-century. The Association of Medical Superintendents of American Institutions for the Insane (AMSAI), or “the Body” as Superintendent McFarland referred to it in 1860

(Shrady 34), was vested with the power of casting executive exception. As their organization, the nation, and asylums grew, superintendents carried this sovereign authority to every state in the nation and, through their broad authority, to large numbers of citizens from every state. The states of exception instituted by Abraham Lincoln during the Civil War, or George W. Bush during the War on Terror, were no more material or impactful than that imposed by asylum superintendents. The post-911 reality that US citizens, especially those racially and religiously marked, could be consigned to Guantanamo Bay for indefinite periods without due process was a status-quo prospect for nineteenth-century citizens in the US. Once incarcerated, patients in the worst wards were reported to have lived in fetid cells with no furniture (Packard, *Modern Persecution* 98). Benjamin Rush's cold-water dousing, or holding patients under water to tame their animal natures, was common practice throughout the nineteenth century. Those who failed to survive such treatment were carried out at night to unmarked graves in simple coffins made by fellow patients. Such was this pervasive political reality.

The Sovereign State Asylum

Less than a month before Elizabeth Packard arrived at the Jacksonville asylum, AMSAII President, Andrew McFarland, described what Packard referred to as the "despotic" authority of superintendents in terms quite similar yet in tones more palatable (*Modern Persecution* 147; "Attendants" 53-61). According to McFarland, the superintendent must maintain absolute control over the bodies, minds, and

destinies of patients and personnel within the sovereign sphere of the asylum.

The Absolute Authority of the Asylum Superintendent

We should demand that the subject under treatment should shape his manner of living, in all its minutia, to the hourly prescription of his superior; that the superior should be as well advised in regard to the clothing worn, the food eaten, the exercise taken, and all the other influences acting on the subject, as he is of the same influences acting upon himself. Nay, more; he would require that the spirit of his own being should infuse itself, so far as it is possible, into the mental and moral life of his subject, until the latter would become elevated by his smile, would bow at his reproof, and, in all respects, regard himself as the dominant and good spirit from which the subject-mind was to catch all its motive forces. (McFarland, "Attendants" 53)

In language capable of swaying Foucault's most ardent critics, McFarland describes the ideal and sought-after relationship superintendents should attempt to cultivate with their patients. The trouble with asylum reality, he argues, is that superintendents' "influence and control" over the patient's "subject-mind" is hampered by superintendents' frequent distance from patient care (McFarland, "Attendants" 53). Nonetheless, McFarland upholds the notion that this level of inculcation is necessary for patient recovery. In Whitman's poem, "Thou Mother with Thy Equal Brood," America is the "moral, mental orb" from which, using McFarland's phraseology, the American should "catch all its motive forces" (McFarland, "Attendants" 53). According to McFarland, superintendents drive these motive forces within the asylum and so serve as proxies for the "dominant and good spirit" of a nation. In a spirit far less exuberant than that animating Whitman's poem,

McFarland's conception calls for a highly coercive hegemony. If successful, patients' resulting governmentality constitutes the cure. In the balance, lay patients' hope of political and social existence.

McFarland asserts that the superintendents' total authority should extend to ward attendants, who, in turn are vested with "a set of agencies as fully under [the superintendent's] control as the fingers upon his hand" ("Attendants" 55). For McFarland, asylum control rightfully assumes a military character. Staff must assume strict compliance as executives of superintendents' orders (McFarland, "Attendants" 55). He specifies that "[g]ood attendants may unquestionably be made from Teuton, Scandinavian, and Celt" because they "comprehend the views and policies of the director whose purposes he is to execute" (McFarland, "Attendants" 57). He summarily discounts hiring people of color, specifies that attendants be unmarried so they don't become fellow "sympathizers in each others' imaginary grievances," and rejects the notion of providing letters of reference given the evils inherent in attendants' moving from asylum to asylum (McFarland, "Attendants" 57-8).

Elizabeth Packard began to glean McFarland's desire that she bend her will to his. She came to understand that "[h]er own reason was to be replaced by that of her doctor who, she wrote, 'considered his judgment a safer guide for my actions than my own conscience was!'" (Packard qtd. in Carlisle 81). Accordingly, she states, "I found that my personal liberty, and personal identity, were entirely at the mercy of Mr. Packard and Dr. McFarland; that no law of the Institution or of the State, recognized my identity while a married woman; therefore, no protection, not even the criminal's

right of self-defense, could be extended to me” (Packard, *Modern Persecution* 94). Linda Carlisle argues, as a “daughter of the Early Republic, she held liberty as her highest value: It was unthinkable to her that anyone – male, female, slave or free – could be denied freedom of expression, liberty of conscience in religious matters or protective of basic human rights” (6). As a “daughter of the Early Republic,” Packard likewise understood herself to be an agent of the nation, possessing responsibility for upholding its ideals.

Subject-Mind as “the Caliban”

The Prospero-Caliban relationship, as Andrew McFarland depicts it, posits a scheme in which state sovereignty vested in the asylum superintendent is transmitted and executed. The savage and deformed Caliban, like Cady Stanton’s politically divested and so de-formed woman, is “place[ed] on a level with the beasts” by a political order that claims him while nullifying him (Packard, *Millennial Harbinger* 6). As McFarland shows, the mind, not coveted land, resources, or souls, serves as his colonizing objective. Disease and threat serve as entrance points. He argues,

[L]ike another and a benignant Prospero, the superior mind controls, for the best of purposes, the Caliban whom disease brings under his direction. To give another form to the same idea, we should suppose the function of the superior in such a case to be, to take note of portions of the mental machinery of the subject which were unfitted for independent action, and supply, from the abundant resources of his own being, such as are wanting or defective. (McFarland, “Attendants” 53)

The “mental machinery” in play is a moral-political order that would claim

McFarland as sovereign at the expense of any alternative distribution of power and require the subject-mind to be complicit in its own usurpation. Claims of self-sovereignty by those deemed dependent and subordinate, as was Elizabeth Packard, formed a basis for declaring them insane. We might imagine, for example, that the colonizer arrives on Caliban's shore to find him seated on the throne. This very act of a beast claiming sovereignty becomes evidence of its insanity. The mere indictment of insanity (and often nothing else) clears the beast from the throne. As McFarland describes the profession's ensuing responsibility,

[i]f the common figure of a dethroned intellect were allowable, we should constitute the superior thus supposed a sort of regent, empowered, as in other regencies, with full sovereignty in respect to the powers which the subject is declared unable to exercise, as well as the person of him out of whom, in his healthy state, those powers proceeded. ("Attendants" 53)

Once the intellect is deemed "dethroned," the professional could step in and assume its place in the guise of a regent. In a final act of usurpation, conquest is accomplished:

The superior thus supposed takes full possession of the subject; acts for him, thinks for him, involves within himself his responsibilities, and becomes accountable for him, both to the God who created him, and to society, which is formed to see him protected. (McFarland, "Attendants" 53)

Thus is the power of this state technology couched in the professional rhetoric of beneficence.

The Medicalized Elizabeth Packard

At Jacksonville, Elizabeth Packard was discursively constructed as insane through the medical narratives of those to whom she was legally subjugated. Dr. McFarland and others spoke of her case at some length at professional meetings and these discussions and papers were printed in *The American Journal of Insanity* (AJI). A medical account of Elizabeth Packard figures her according to the disciplinary apparatus of nineteenth century asylum medicine. Her asylum physician, Dr. Andrew McFarland, presented her case at an annual AMSAI meeting in 1863, as follows:

About the year 1836, or from this to 1840, there was a young lady admitted in the Worcester Institution; she was then twenty years of age. She was the daughter of a Massachusetts' clergyman, a man of high intelligence, and of sufficient wealth to give her the most superior education. Her mother was insane for many years ... She possessed a fine personal presence, was a person of exquisite taste At nineteen years of age, she was the principal teacher of a first-class Massachusetts female school. At twenty, as I stated, she was an inmate of an insane Hospital. After a term of residence ... she was discharged recovered, and a few months after that, was married. Out of a large choice, she selected as a husband a young clergyman of fine promise, and they commenced life under the very best auspices. He was settled over a wealthy parish in Massachusetts. (*AJI*, "Annual Meeting" 89)

While establishing her fine qualities, which were generally remarked on by most who met her, Dr. McFarland asserts the fact that not only she but also her mother suffered from bouts of, he's suggesting hereditary, insanity. According to Dr. McFarland, she later enjoyed the best advantages a good matrimonial match could bring. However, in the course of five or six years, she began to manifest a disposition

to thwart her husband in little matters, and throw checks in his way-questioning the propriety of what he was doing in regard to matters affecting his church, and in regard to his family. He kept these facts within the bosom of his family, making no disclosure of it to any one, and in the mean time she was bearing children. By and by, however, matters became too troublesome, so much so, that they became known, and he removed from the place he was in, and went to the State of New York. For a little while, matters went better; but very soon, as soon as the novelty of the position wore off, she again began to thwart him, and again made trouble between his children and himself. (*AJI*, “Annual Meeting” 89)

According to McFarland, while Elizabeth was troublesome, her husband patiently bore her and her secret while she continued bearing children. Just as women over forty and past their childbearing years were frequently those women accused of witchcraft, many in the nineteenth century argued that asylums stored unwanted women. In eighteenth-century England, Daniel Defoe found that asylums served as repositories for unwanted wives (McCandless 366). Given his position in the community, the impossibility of divorce, and the potential for scandal, Elizabeth’s commitment may have proved convenient as it had for other men.

Dr. McFarland continues,

[y]et, during all this time she showed no sort of intellectual impairment. She was the centre of a great circle of friends, which she had the faculty to gather about her wherever she was; but matters became so troublesome, by reason of her conduct, that they interrupted the harmony of the church, and again he was compelled to remove, and he went to Ohio. Things began again to grow a little better, and they continued so for a few weeks; but again these peculiar characteristics began to develop [sic] themselves, and soon after he was again compelled to remove [...]. (*AJI*, “Annual Meeting” 89).

Although ill-spirited and thwarting in familial and church matters, she enjoyed a strong circle of friends. This seeming contradiction is explained by the fact that they couldn't *detect* her insanity. She simply showed no intellectual signs of it. Indeed, her insanity was latent and lying-in-wait to be discovered. This casts Dr. McFarland in a heady role, that is, as the intrepid discoverer, which in Western terms often proves the obverse to dominating conquest. And, too, it capably explains why untrained friends might continue strongly asserting her sanity.

While Dr. McFarland may have described any number of neighborhood intrigues had they occurred, it seems Elizabeth's primary offense lay in the fact that she challenged the authority of her husband and the church. The family relocated frequently given her difficult nature. However the difficulty reported above relates primarily to her husband, Theophilus. A crisis seems immanent, and indeed,

[m]atters were growing worse all the time. She began gradually to absorb all the erroneous ideas of that sort of half in certain circles, and she got her mind filled with them. Though she possessed extraordinary powers of mind, she was gradually changing her characteristics into a general "devilishness" in regard to everything about her... This went so far that at last she set up in opposition to her husband in matters of religious belief tore his church all to pieces, and created great dissensions in his family (*AJI*, "Annual Meeting" 89-90)

Elizabeth's interests were not uncommon and, in fact, experimental and self-directed religious thought was a dominant force in the nation at this time. "Popular religious movements of the early republic demonstrated a strong democratic spirit... [and so]

rejected distinctions that set clergy apart from the laity. Ordinary people were empowered by movements which accepted their spiritual impulses rather than having the orthodoxy of their beliefs scrutinized” (Weaver qtd. in Hatch 1).

Exercising her prerogative to think in ways opposed to the strictures of Calvinism, she seemed *devil-like* to Theophilus. It’s unclear in this case whose interpretation trumps. While her views indeed roused debate within her husband’s church, she reports that her husband suggested she begin speaking at the flagging Sunday school program to see if she could boost attendance. Although not all agreed with her divergent views and many vigorously disagreed, Sunday school attendance began to flourish, according to Packard. Dr. McFarland continues,

[a]t this stage of her history, three years ago, her husband got her admitted into our institution. She was admitted when I was attending the last meeting of this Association. I do not think that for two years of the closest study I could discover any intellectual impairment at all—certainly nothing that deserved the name. Her hatred of her husband had something diabolical about it. Every instinct of love was banished from her. She was thoroughly demoralized, and corrupted in all her moral sentiments. Yet, the closest study could not discover any intellectual impairment, except when she was sick; then delusion would exhibit itself, and then only. On one of those occasions, she informed me that she had discovered that her husband was the great “Red Dragon,” and that her eldest son was the “man-child” mentioned in the same apocalyptic connection, and that was the only delusion I discovered in her in two years and a half. (*AJI*, “Annual Meeting” 90)

During the course of her incarceration, he found Elizabeth “*diabolical*,” “corrupted in *all* her moral senses,” a woman without “instinct of love,” “thoroughly demoralized,”

“corrupted” and yet detects the signs of her insanity when she similarly demonizes her husband (*AJI*, “Annual Meeting” 89-90, emphasis added). Meanwhile, she remained incarcerated without evidence of intellectual impairment for two and a half years.

Finally, Dr. McFarland recalls with some aggravation that Packard “gave me infinite trouble, and after having her about two years and a half, I got tired of her, and I proposed to the Board of Trustees to discharge her as the only means of getting rid of an intolerable and unendurable source of annoyance” (*AJI*, “Annual Meeting” 92). Her annoyances proved difficult for him to abide. His medical decision, here, centers squarely on his personal needs, that is, his mental state, his comfort, and the need to reestablish his authority.

This medical narrative seems to describe a woman silenced and thwarted at every turn. Her release would wait, however, because

her husband appeared and protested against her discharge, and she appeared too with a paper ... It was a paper of some singularity, exhibiting a good deal of power of language and composition, and was a treatise on Calvinism [*sic*][...]. She proposed subsequently that she be allowed to continue to write her book. I gave my consent, and when she got fairly into the work, the whole delusion which had lain concealed in her case for eighteen years, became fully developed, and it showed that all this perversity of conduct arose out of one single delusion; and the delusion was, that, in the Trinity, distinctions of sex had to exist; that there could be in the Trinity no more than in the family unity of sex; that there must be a distinction of sex, and that she was the Holy Ghost [...]. (*AJI*, “Annual Meeting” 91)

Her conception of the Trinity closely followed her conception of the family. She believed in a strong male patriarch but also felt that women were necessary and full

partners in a perfect union. As is true for national claims to God's ordination and of the Protestant sense that Christians commune directly with God, she wrote that she manifested the mobile feminine spirit of the Holy Ghost. This held the long-awaited sign for Dr. McFarland. As he describes his moment of diagnostic discovery,

[i]t appeared, moreover, unmistakably in her writings that this delusion had possessed her for eighteen years, growing and increasing upon her, and giving origin to all this perversity of conduct, clearly and connectedly as I now see it, making out a case perfectly consistent with the idea of original intellectual delusion, underlying and producing all the so-called phenomena of moral insanity (*AJI*, "Annual Meeting" 91)

For McFarland, the facts of Packard's case came to support a clear understanding of her pathology that fit squarely in the profession's diagnostic framework. While he depicts this conclusion as a culminating flash of insight, the conclusion may have been foregone.

McFarland finds doctors responsible for arriving at diagnoses of madness in advance of visible or necessary signs. Indeed, it seems as if Packard's commitment was determined in advance of her arrival and examination at Jacksonville. In interpreting signs of future madness, he argues that physicians must posit a theory in advance. He states with optimism, "We have the idea in our mind, and... we shall find what we are looking for (*AJI*, "Annual Meeting" 92).

As the century progressed, more discernable indications of madness gave way to ever more inscrutable, vague, and seemingly superstitious diagnostic standards. In light of these professional developments, legislators amended statutes to allow

superintendents more direct authority over commitments and removed language that delineated specific symptoms or levels of severity. These legal developments were coupled with a growing professional organization that helped asylum superintendents coordinate their messages and grapple with practical standards for assessing insanity. While standards continued to widely diverge among superintendents during the nineteenth century, and public fears about false commitments abounded, AMSAII helped expand asylums and asylum medicine throughout the nation.

“The Value of this Association of Ours”

Despite internal disagreement, AMSAII members were united on several points including the notion that only asylum doctors could capably assess insanity, that asylums were necessary therapeutic environments for the insane, and that the insane often harbor violent and dangerous tendencies. It's unclear whether any of these were indeed true. Nonetheless, the national legislative efforts of Dorothea Dix and the close affiliation of the nation's superintendents helped to establish the hegemony of asylum medicine and orchestrate a national state of exception centered on the non-normative mind.

AMSAII and related associations also helped discredit vocal critics, who were often former patients receiving media attention. In response to the threat they posed, professional organizations countered by encouraging belief in the even greater danger posed by the supposed mad themselves. In one address, Dewey states,

We know that there is an ignoble army of cranks ... in ... well-

regulated lunatic hospital[s] ... enabled in posing as belonging to the “noble army of martyrs” These are the very ones who are often subject to homicidal tendencies We of this association think we have a wiser view of these cases in keeping [patients] safe, but they are often released by the courts in habeas corpus proceedings [...]. (“Our Association” 204)

Substantiating this threat is the vague and elusive notion of a behavioral *tendency*, which society would then rely on doctors to discern. Dewey makes light of common anxieties about the internal functioning of asylums through, we can imagine, exaggerated oratory. Satirically bemoaning popular fears, he finds

the idea is, rightly or wrongly, common that the insane are, in general, badly and brutally treated, and that the persons in charge of these abodes are mostly willing, “for a consideration,” to enter into and perform a compact to take any innocent and unfortunate wight [sic] whose liberty is inconvenient or whose possessions would be convenient to some bad man, and obligingly detain him behind bolts and bars, while the plunder is divided or while he goes hopelessly mad, so that he will never be heard from again (Dewey, “Our Association” 196).

In particular, he cites Elizabeth Packard, who he refers to as, “an able but erratic woman” (Dewey, “Our Association” 208). He finds that, “[h]er case was one in which the evidence of insanity, before and for some time after her commitment, was convincing” (Dewey, “Our Association” 208). This notion, presented before his peers, belies the analysis of her own doctor who could find no evidence of her insanity for over two years (*AJI*, “Annual Meeting” 91).

Reclaiming Nation

Elizabeth Packard recognized the despotic powers wielded not only by the superintendents, but also by his executive “fingers,” that is, the attending physicians and attendants. However, she came to view this, fundamentally, as a national and state problem that created a form of slavery across the country. She argues that

[w]hile the superintendents are guilty in abusing their power, I say that government which sustains oppression by its laws, is the first transgressor. Undoubtedly our insane asylums were originally designed and established, as humane institutions, and for a very humane and benevolent purpose; but, on their present basis, they really cover and shield many wrongs, which ought to be exposed and redressed. It is the evils which cluster about these institutions, and these alone, which I am intent on bringing into public view, for the purpose of having them destroyed. (Packard, *Marital Powers* 105)

Following her release from the asylum and an 1863 trial that declared her sane, she sought to redress problems at the national and state levels. Her rhetoric demonstrates a notion common to the nineteenth-century republic: that the nation was a mutable work-in-progress. Writing to her children, in the introduction of *Millennial Harbinger*, she exclaims, “Oh, my children! Every earthly love has died within me - but oh! the death agonies of the *maternal love* well nigh rent soul and body asunder. Yes, the mother has died! But she has risen again – the mother of her country – and her sons and daughters are – *The American Republic*” (Packard 6). Her sense of purpose with respect to the nation reaches an apotheosis here.

Elizabeth likened the relationship between men and women to that of the North and South, both divided by the presence of a grand and debilitating exception, the

civilly dead status of women and slaves. For her, both groups constituted true American citizens who had been denied their birthright. Only through this integration could the nation be an “American Kingdom” as a “kingdom of Heaven” that “stand[s] upon the immovable foundation of truth and justice” (Packard, *Exposure* 16). With these aspirations, she turned a critical eye to the country and addressed it as follows.

To the Government-of these United States of America, I now make my appeal for protection. Say, will you protect the inalienable right of womanhood in me, or will you not? I wait a prisoner, among maniacs, for your answer!

Say, shall I remain, buried alive, in this living tomb, till the trumpet of the archangel summons us to judgment; or will you protect me, and allow me to come forth to the world, with my new, resurrected life, with which I will try to aid in moving on the triumphal car of universal liberty?

Let the votes of the people for the higher and the lower law be speedily tested- for as is my *fate*, so will be that of my *country*.

Will you restore to me my personal liberty? Will you secure to me my rights as an American citizen? (Packard, *Exposure* 156)

While regrettably dismissive of the “maniacs” she believes herself imprisoned with, her plea remains millennial and constitutional. As such, her address stakes a claim in the public and political spheres. Taking a path seldom traveled by women, she needed to devise strategies to access the government and legislatures.

“Mrs. E. P. W. Packard”

In autobiography, the name has several functions: it identifies a person within a historical context of place and patrilineage, and focuses attention on the solid corporeality to which it refers. Ultimately, it seems to mark a ground zero of representational veracity, “Who is the autobiographer?” (Gilmore 66)

Elizabeth Parsons Ware Packard's unwieldy name carries ancestral, historical, and ideological markers of US history. It conveys her matrilineal genealogy in "Parsons" and her patrilineal genealogy in "Ware." It also reflects a genealogy in the Foucauldian sense, as one that emerges through documents to reflect and generate discourse and systems of power. In brief, the Parsons family history reaches back to the seventeenth-century witch trials, to the founding of towns, and land deals negotiated with American Indians. The Ware family helped bring about a signal shift in eighteenth- and nineteenth-century ideological and religious thought. "Packard," the name she assumed in marriage, connects her to an influential religious thinker who promoted education for women and supported the founding of two colleges, Amherst and Mount Holyoke. This "daughter of the Early Republic" carried the nation with her in a sense (Carlisle 6). To author one was to author the other.

The Parsons

Elizabeth's name conveys a pre-national lineage that extends to the colonial era. In seventeenth-century New England, a half-century before the Salem witch trials began, two women by the name of Mary Parsons were accused of witchcraft. The first Mary (Lewis) Parsons was acquitted of witchcraft but found guilty in 1651 of killing her child. Her case is noteworthy because her guilt was established despite the fact she was believed to be mad. The verdict hinged on the court's assertion that although mad, she knew the difference between right and wrong. In the US history of madness, Mary (Lewis) Parson's case figures as note-worthy because of it.

The second Mary (Bliss) Parsons was accused of witchcraft by a neighbor who

suffered misfortune. Mary Bliss, wife of Cornet Joseph Parsons, was known for her outspokenness. Mary and Joseph were two of Springfield and Northampton's founding citizens and notable personages both in wealth and influence. As a young man, Parsons signed his name to the document that concluded negotiations with Indians for the Springfield lands (Burt 65). Despite Mary's prominence, or perhaps because of it, she was tried for witchcraft in 1656, acquitted, and succeeded in her slander case against her neighbor. Elizabeth Parsons Ware Packard was related to the second Mary (Bliss) Parsons who helped settle Springfield and Northampton, however unrelated to the first, Mary (Lewis) Parsons, who committed infanticide. Given her husband's claims of Packard's hereditary insanity and her counter-claim to her leadership role in the republic, it is of some value that Packard's heritage bears out in this way.

The Wares

Elizabeth Packard's father, Rev. Samuel Ware, held a prominent position as a Congregational minister. Forward-thinking intellectuals who questioned the fundamentalist tenets of Calvinism frequented their family home (Sapinsley 41). Her father encouraged her education, believing, as did her future father-in-law, that women should be well educated (Sapinsley 23). This moderately progressive tendency of Elizabeth's immediate family had further roots in the Ware history, however. In 1805, the decidedly Calvinist Harvard College offered its Divinity professorship to Unitarian, Dr. Henry Ware, Jr., Elizabeth's third cousin. This represented a sea change in US religious and social thought, profoundly distancing the eighteenth century from the nineteenth, and ultimately Elizabeth Packard from her strict Calvinist husband,

Theophilus, Jr.

The Packards

The Packard family enjoyed social status and abiding community trust. Theophilus, Sr., Elizabeth Packard's father-in-law known as the Sage of Shelburne, helped to frame the social, religious, and intellectual direction of western Massachusetts, providing spiritual leadership and helping to institute colleges for both men and women. Notably, he supported Mary Lyon, who established Mount Holyoke Female Seminary (now Mount Holyoke College). This is the nation's first permanent women's college. He also helped found Amherst College.

Mrs. Elizabeth Parsons Ware Packard

Mrs. E.P.W. Packard became the name she adopted for public purposes. In doing so, she retained her husband's last name and therefore her marriage status after their separation in 1863. She refused to divorce outright, however, arguing "it is a secession principle" that "undermines the very vital principles of our Union and saps the very foundation of our social and civil obligations," an analogy that again linked her personal life with the larger life of the nation (Packard, *Modern Persecution* 114). As a female public figure, her title of "Mrs." also conferred upon her the propriety and authority of marriage.

The public name she chose signified and helped construct her identity, underwrote her autobiographical claims to truth, marked out a space for her in the public sphere, and became self-referentially concentrated in her narrative *I*. The lineage enunciated in her name necessarily points to systems of male authority, whose

names women in patrilineal societies carry. In the nineteenth century, this naming privilege also signaled male property rights to women. The founding attribute of the autobiography, the author's name, therefore contains a story in advance that typically sustains the histories of men and erases those of women. Elizabeth's name, which retains her father's and her mother's names, distills her larger tendency to both vigorously transgress and sustain borders, a quality evident in her belief system, activism, and discursive strategies. In fact, she even chose her own first name, eschewing her birth name, "Betsy" (Sapinsley 13). As such, she transformed the earliest record that would impose a narrative upon her into autobiography.

The autobiographical *I* is subject to postmodern critique to the extent that it serves as a proxy for the Enlightenment subject, consolidating power within Western European patriarchy, organizing this master narrative, and deploying the order as natural. Such master narratives find no fuller ideological or material realization than in the galvanizing and coercive birthing ground of the nation. This structure, so oppressive to women in the nineteenth century, was the very thing Packard upheld and fought for. She believed in the proper exercise and sphere of male authority and sought a distinct but equivalent authority. She claimed the autobiographical *I* in an effort not only to establish herself as an agent in a political sphere that afforded no role to her, but to establish her self-sovereignty.

Ironically, her asylum incarceration put her close enough to sovereign and political power that she had an opportunity to engage with it, learn from it, and, to some extent, usurp it. She possessed a savvy mind and posed a formidable intellectual

challenge in any debate. Nonetheless she faced a crippling form of domination at the asylum where she almost immediately found herself defined by the totalizing term, “insane.” Surprisingly, she found a measure of freedom in the term, however. She reflects, “There is one thing we get ... by being called insane, that but few have, and that is – our “spiritual liberty” (Packard, *Great Disclosures* 40). As a mentally and morally liberated *civiliter mortuus* roaming an asylum, she learned something of the totalized other and the institutional and political systems that give rise to the civilly dead. As a result, she proclaims, “I am not so afraid of apparitions as some folks, I guess they will find, before this game is played out! I have not been sent to school three years for nothing, they will soon find out [...]. (Packard, *Great Disclosures* 40).

Packard’s Autobiography and the Narrative *I*

The autobiographical *I*, “focuses attention on the solid corporeality to which it refers,” as “a ground zero of representational veracity” (Gilmore 66). This autobiographical *I* marks a location “where someone *is*,” however this location is not neutral or entirely self-authorized (Gilmore 67). Rather, one’s location stands on precedent, on “certain historical situations for certain persons” and “coincides with other forms of authority ... which may be attributed to human agents but also to genre(s) of self-representation (especially autobiography)” (Gilmore 67). Applying Leigh Gilmore’s formulation, Packard’s autobiographical work was, in part, authorized by a reading public fascinated with asylum accounts, and by their presence in the press. Packard exploited this significant readership base and there established

the site of own authority with the imposition of her narrative *I*.

She introduces her first work by strongly figuring this autobiographical *I*. She establishes that “[i]n presenting this volume before the public, *I – the first-person singular* – assume the entire responsibility of the statements and opinions it contains ...” (Packard, *Millennial Harbinger* 6). She argues for her right to her own opinion and that others’ opinions likewise be respected, “so long,” she says, “as these opinions do not lead them to trespass *upon my inalienable rights*, I have no right or desire to interfere with them ... [W]hen these opinions of my enemies lead them to *kidnap* my accountability, by placing me on a level with the beasts, for opinion's sake merely,” she warns, “the law of self-defense compels me to resist this, their interference with my inalienable rights, as a trespass upon my identity” (Packard, *Millennial Harbinger* 6). She thus establishes a powerful voice that seeks autonomy and self-sovereignty and resists her construction as the Caliban.

Packard, the Women’s Rights Movement, and Claims to Sovereignty

Elizabeth Packard held strong religious convictions assigning traditional roles to men and women and so distanced herself from the women’s rights movement. Nonetheless, her political positions frequently accorded well with it. She advocated for married women’s legal rights and their full political participation (Carlisle 116). In an argument commonly asserted by members of the women’s rights movement, Packard asked legislators to recognize the necessity of securing rights for women comparable (“at least”) to those of emancipated slaves (*Modern Persecution* 69).

“The Declaration of Sentiments” delivered by Elizabeth Cady Stanton in 1848 affirmed women’s right to follow their consciences in determining their “sphere of action,” and Packard claimed the domestic sphere as the site not only of women’s action but their sovereignty (Packard, *Modern Persecution* 391). (Carlisle 116).

According to Linda Carlisle,

Like other women who believed “moral suasion” was a more powerful tool than suffrage, [Packard] used the doctrines of separate spheres and domesticity to elevate women’s role and to place men in the position of servant-protector rather than sovereign ruler. Thus she wrote that the home was “woman’s proper sphere” and the “husband is the God-appointed agent to guard and protect woman in her God-appointed orbit.” (Carlisle 116)

Packard sought a form of co-equality that the women’s rights movement also strove to achieve. In response to the argument that women could only hold the rights of men if they became pseudo-men, women’s rights activists reframed the political discussion by instead claiming the right to equality that encompassed differences between men and women (Isenberg xviii).

Despite her decision not to participate in the women’s rights movement formally, her activism helped lay the groundwork for women’s national participation. Packard’s unapologetic and powerfully written works were early examples of later nineteenth-century women’s autobiography. Estelle Jelinek, noted scholar of women’s autobiography, finds

[t]he autobiographies of the last decades of the nineteenth century mirror the continuing process of women’s emancipation. As political, social, and economic forces resulted in greater freedom and

opportunities, women plied their literary craft, settled the western frontiers, and forged the reform movements that transformed the lives of the oppressed in America. In these three areas especially, autobiographies poured forth from women proud of their achievements and increasingly bold in their expression. (89)

According to Packard, “strong language is the only suitable and ‘appropriate drapery for a reformer’ to clothe his thoughts in” (Packard, *Modern Persecution* 177). She assumed this voice despite, “the very unsuitable and inappropriate stigma of ‘Insanity,’ which has always been the reformer’s lot to bear for so doing in all past ages, as well as the present age ... (Packard, *Modern Persecution* 177). Throughout her works, her prose is direct and self-assured.

Through her writing and reform campaigns, she “would soon demonstrate – that women could wield substantial political power without voting or holding public office” (Carlisle 116). After years of successfully fighting for asylum reforms and upon her death, the *Boston Evening Transcript* stated that ‘no woman of her day, except possibly Harriet Beecher Stowe, exerted a wider influence in the interest of humanity’” (qtd. in Himmelhoch and Shaffer 374).

Female Petitioners Can be Lawfully Heard

It may be, that female petitioners can lawfully be heard, even by the highest rulers of our land. (Beecher qtd. in Portnoy 589)

From 1829-1831, Catharine Beecher conducted a campaign to save American Indians in Georgia from forced relocation. Indian policy remained under the purview

of the federal government and so while she once publicly disavowed women's right to petition the federal government, in fact, she did just that thirty years before Elizabeth Packard's asylum reform campaign (Portnoy 574). Her petition campaign was "the first announced instance of women's federal activism in a space declared national and political" (Portnoy 576). Therefore "these petitions marked and transgressed a boundary that, though symbolic, had material consequences" (Portnoy 576). Women involved in the campaign had to fashion themselves in a culturally appropriate form to ease their access into the political space of government. To accomplish this, they conducted their work in the spirit of "true womanhood" as "partisans and mediators" (Portnoy 576). Beecher in particular helped to strike an effective and ultimately transgressive balance.

First, Beecher declared women apolitical. She said... "women are protected from the binding influence of party spirit, and the asperities of political violence. They have nothing to do with any struggle for power, nor any right to dictate the decisions of those that rule over them" Beecher gave up a tremendous amount of political power in this brief statement about women. But their apolitical status made women immune to political pressure. This immunity increased the service to which women could be put by men with [conservative] leanings as these men attempted to link morality and benevolence to the political sphere. The apolitical and therefore more "pure" position of women in fact protected and even warranted women's influence in this case. (Beecher qtd. in Portnoy 586).

This stands in contrast to Elizabeth Packard's approach thirty years later, when she actively sought to make decisions on her own behalf, and, while doing so in a womanly fashion, claiming self-sovereignty.

In some ways, like Packard, Beecher invoked the sense of urgency and the notion that women's participation was prompted by an exceptional state of crisis and a quasi-political state of exception:

The most consistent and most basic gesture in women's antiremoval petitions was the articulation of the Indian question as an isolated case, a move probably intended to assure congressmen that women's "interference" was not the beginning of a widespread challenge by women to the ideology of separate spheres. In almost all of the [text printed on the] antiremoval petitions, women interpreted the debate as extraordinary, as unusual or unique to public policy. (Portnoy 593).

While Beecher and other women who engaged in the petition campaign avoided referring to what they considered masculine discourses like those related to treaties, the Constitution, and sovereignty, Packard welcomed the discussion. This is perhaps suggestive of the proto-feminist work accomplished by Beecher and other women who shaped the petitions' discursively then eased the way for Packard.

Elizabeth Packard's first-person narrative accounts of her asylum experiences joined what was by the three-quarter century mark a thriving and distinguishable literary form. With its strong dual appeal that was seriously reformist on one hand and sensational on the other, many women who wrote these works did so to finance their lives after being released from the asylum. These relatively new legal subjects faced new socio-economic problems that outpaced their still-subjugated status. Having been effectively banished from their families, or choosing not to return to them, some women were rendered domestic refugees. Publication allowed them to become financially self-sufficient.

The public eagerly received tales from the hidden quarters of American life.

And so,

[t]his period... witnessed a dramatic increase in literary projects speaking to anxieties of asylum captivity. Located in popular periodicals, scientific journals, and self-published books, these narratives offered the American public fantastical descriptions of asylum wards crawling with hauntingly disturbed patients, malevolent attendants, despotic superintendents, unsettling sensory experiences, and physical (as well as psychological) danger. By the turn of the twentieth century, close to 100 such books, articles, and exposés circulated in the English language. In the second half of the nineteenth century, the genre was an established cultural space for prolonged critiques of gender hierarchies, the American asylum system, and various practices of the medical professions. Even Joseph Pulitzer's *New York World* entered the discursive fray when it published Elizabeth Jane Cochran's (or Nellie Bly's) exposé of the internal workings of New York City's Blackwell asylum. (Brian 285).

Just like Nellie Bly and Anna Agnew, who published their accounts to develop their public personae and earn a living, so, too, did Elizabeth Packard. In order to make the jump from asylum to independent life, Packard sold her books by the chapter and by subscription to secure the advance printing costs. Her efforts proved lucrative enough that she purchased her own home in the convenient halfway point for a national (and international) traveler, Chicago. Indeed, sale of these books supported her reform work and independence for the rest of her life.

She ensured her book publication would coincide with legislative sessions. As a result of her campaigns and book publication, she helped enact laws in four states that required jury trials for those accused of insanity, postal-service rights, and the

right to send and receive private correspondence. Attempts at passing federal legislation to secure these rights failed, however.

While still under the authority of Dr. McFarland, and believing she was to be permanently incarcerated in the asylum, Packard enlisted his support in order to publish her first book. The stakes she imagines were high: political participation, that is, the movement from bare life to political life. She imagines

such a novel position for me -a woman of America- to be allowed to think and speak and even write as I please, I cannot tell what I should not be willing to do for the man who thus secured to me my spiritual freedom. I do not know but I should make choice of such an anomaly as a protector for my defenseless children! (Packard, *Great Disclosures* 58)

Her affinities remain with notions of family and the protective male. But ultimately, her goal is freedom. She muses that

[t]here is a maxim, I do not know how true it is that in relation to evil, we first endure, then pity, then embrace. I have endured and pitied Dr. McFarland, but whether I shall ever embrace him depends altogether upon circumstances! So you can see for yourselves how I have baited my hook to catch my spiritual freedom with! (Packard, *Millennial Harbinger* 58)

In the midst of “bait[ing her] hook, she wrote Dr. McFarland a passionate letter, hoping to win him to her cause. Years later, when she appeared before the US Congress to pass federal asylum legislation, Dr. McFarland produced the letter she had asked him to burn. This created scandal and the distrust of her in Washington. While several of her state efforts succeeded, her federal effort to secure nationwide postal and communications rights for patients did not succeed as a result.

Elizabeth Packard's campaign resulted in the passage of four state bills, however, allowing those incarcerated as insane the right to send and receive mail and to commitment hearings. As the century came to a close, asylum medicine fell under considerable criticism from the press and doctors from the emerging neurology field. S. Weir Mitchell delivered a scathing address suggesting that asylum doctors' isolation not only hampered their ability to produce sound scientific data, but also quite likely affected their sanity. The profession desperately needed a sound medical basis for their work. Eugenics provided a basis for professional optimism.

CHAPTER FIVE

Women's Asylum Narratives and US Institutional Psychiatry: Bridging the Nineteenth and Twentieth Centuries

The *Chicago Tribune* marked the death of Elizabeth Parsons Ware Packard in 1897 by noting that through her books and tireless efforts, thirty-four reforms had “been passed by various legislatures, each benefitting the insane in some way” (qtd. in Sapinsley 198). These became known as the Packard Laws or Personal Liberty laws. They required that: 1) asylum commitments fall under legal (rather than medical) jurisdiction; 2) persons accused of insanity be given written notice and an opportunity to respond in court; 3) commitment notices be sent to friends and family who could then come forward on patients' behalf; 4) the accused be afforded a jury trial; 5) the false accusations of another's insanity that leads to a wrongful commitment be deemed a serious crime (Curran 1565). Despite her failure to pass legislation in every state or federally, these laws came to effect change across the US (Curran 1565). At least as late as 1967, a public health scholar could argue that

[w]e still operate under many of the legal procedures she imposed upon us in her efforts to protect against wrongful commitment to the huge, “snake-pit” mental hospitals of her day. (Curran 1565)

Spurred by Gilded Age corporatization, the influence of social Darwinism, the carceral roots of the asylum, and professional fatalism, large mental hospitals persisted beyond “her day” and well into the twentieth century. As a locus of ideas, initiatives, and historical circumstances, the mental hospital also became an early seat of eugenics in

the US.

As the nineteenth century came to a close, asylum superintendents succumbed to the fatalistic professional belief that most patients could not be cured. Given the large numbers of custodial patients, superintendents and legislatures turned to corporate models of efficiency to ease the burden. One superintendent argued, “Business success now largely depends upon consolidation, upon combination of capital and experience, and upon large operations under the control of a single head” (Page qtd. in Goodheart 129). Asylums hoped to gain cost saving economies-of-scale by building large asylums based on the corporate and capitalistic assumption that bigger is better (Goodheart 104). This consolidation was well suited to the carceral nature of the asylum because both relied on strong central authorities and docile bodies. Despite women’s dehumanizing experiences while incarcerated in insane asylums, some resisted docility and actively worked to establish their political and personal voices.

Argumentative Arc

In Chapter One, I have sought to establish the theoretical framework for this dissertation, arguing that the US nation organized its subjects through the inclusively exclusionary political practices theorized by Giorgio Agamben. In this way, a superficial form of democracy was maintained by excluding those deemed unacceptable to the dominant order, women diagnosed as insane among them. The rationale for this exception centered on threat and emergency – threat to the race, threat to safety, and threat to the family. While a *de facto* form of martial law

prevailed for these exceptional subjects (since their rights were broadly suspended for indefinite periods under conditions of threat), the rhetorical face of such legal exception exuded liberality and a desire to provide Christian care. The authorities that voiced this rhetoric established handsome institutions to carry out their policies behind impressive facades that inspired state and national pride. Nonetheless, women so incarcerated were subject to a state of exception enacted in asylums throughout the nation.

Relying on Durkheim, I have argued that the insane asylum superintendent held sovereign authority within their institutions. While courts and review boards often regulated the admittance and release of patients and legislatures regulated the funding of public institutions, asylum doctors wielded cultural authority and decision-making powers that mediated those encounters. According to many women writing first-person asylum accounts, superintendents wielded the authority of tyrants, monarchs, and despots in practice.

While situated on the outskirts of town, marked on maps and in the popular imagination, the asylum constituted a liminal or border space that enforced the ongoing subjugation of those incarcerated in asylums. Expert diagnoses were so ill-defined that professionals had trouble agreeing upon the meaning or evidence of such diagnoses. It therefore became difficult to assail expert opinion. Once committed, inmates were included within the larger national order only by virtue of their exclusion from it. In that way, they appeared to belong to a political system in which they could not participate. Citizens became citizens without citizenship rights.

In Chapter Two, I have examined the genesis of the asylum as a carceral form from the US colonial period to the era of large institutional asylums. In the early colonies, the demonstrably afflicted received care within tight-knit communities. However, as the nation urbanized and the ties of mutual responsibility endemic to the small Puritan community gave way to greater complexity, those who appeared to be afflicted and threatening to the public order became pressing urban concerns. Once the second largest city in Great Britain, colonial Philadelphia responded to this need by building the Pennsylvania Hospital. This was the first hospital in what later became the US. The institution's primary mission was to care for those thought mad. The Pennsylvania Hospital became a model for later institutions and it was inherently carceral.

In order to preserve the safety of the city and personal estates of those deemed mad, the afflicted were committed to the hospital as deemed necessary by a board of local financiers. This remained true even if the patients themselves did not wish to be incarcerated. One of the hospital managers referred to patients as "inmates" and to their rooms as "cells." The asylums of the nineteenth century remained carceral and adopted practices from the Pennsylvania Hospital that included restraint and harsh treatments to shock patients out of their disease. The insane asylum that promised cures and the alleviation of grave social ills at mid-century became overcrowded and largely custodial institutions by century's end. The impressive grounds and stone edifices and the distant outskirts of towns enforced an indefinite state of exception for those incarcerated.

Chapter Three has considered women's first-person asylum narratives written to counter the sovereignty of superintendents and husbands. Through publication, women began constituting their own counter-authority to the powers of the state. Challenges to women's self-sovereignty and political agency were endemic to the asylum and to larger culture and political system as well. In an 1873 US Supreme Court decision, the justices found that women could not be lawyers because women, already deemed politically and civilly dead, were declared unfit to be vested with the will and authority of the state (*Bradwell v. the State of Illinois*).

Women who wrote these narratives performed self-constituting work that established the ground for their own citizenship and eroded barriers to their larger political participation. They also helped persuade a nation, eager to read their salient yet reform-minded exposés, to change asylum practices and increase institutional accountability. The popular press supported the cause as well. Best-selling and influential authors E.D.E.N. Southworth, Fanny Fern, and Rebecca Harding Davis took up the matter in their works and helped rouse the public to take action. Their participation further ensured former asylum inmates access to the press. Collectively, their writings effectively challenged the sovereign authority of asylum superintendents and helped to dismantle their broad authority.

Chapter Four has considered perhaps the most significant and effective reformer among these women, Elizabeth Parsons Ware Packard. Retrospectively diagnosing her in 1965 with a "troublesome combination of a paranoid psychosis coupled with a powerfully active intelligence," Dr. Francis J. Gerty laments in *The*

American Journal of Psychiatry that this mix “never seemed so sane as when it had a cause to pursue” (837). Upon her release from the asylum in Jacksonville, she “had a cause to pursue” for close to forty years.

Packard was a complex and independently minded woman. On one hand, she was fiercely committed to a belief in her moral authority, yet, on the other, opposed to women’s voting rights. She refused to divorce a husband who hoped to incarcerate her in an insane asylum for life, however, like the most liberal “Lucy Stoners” of her day (women who kept their last names after marriage), Packard retained her patri- and matrilineal surnames. Packard published political works that departed from the gentler forms of rhetoric in women’s earlier political appeals, like those of Catharine Beecher. Instead, she advanced legal arguments and constitutional interpretations once deemed unsuitable for women. She tirelessly campaigned for legislative reforms and achieved powerful national results. Writing in 1988, legal scholar Hendrik Hartog finds that “Mrs. Packard” possesses the

[s]tatus as a “site” though which ran many of the most important highways of American cultural history. Historians of libertarianism, of religious pluralism, of institutionalization and social control, of women’s rights, and of family law would all be enriched if attention were paid to Mrs. Packard’s perspective and to the events of her life (83).

Packard also informs nineteenth-century political theory as a witness to and challenger of a national state of exception grounded in the insane asylum.

In all, I’ve sought to demonstrate how a state of exception was enacted and sustained through the asylum and, in response, how woman began to negotiate for

political power at a time when they lacked both the right to vote and citizenship status. I've examined first-person narratives and works from the popular press to show how they bore witness to a covert political technology, the state of exception, and the transformational strategies women used to counter such domination.

As is likely true following any study, I'm surprised by the significance of the insane asylum in US political, legal, and cultural history and by the strong role of women's first-person asylum narratives in early feminist negotiations. In the larger history of Western literature, the first women's autobiography, *The Book of Margery Kempe*, is that of a woman who experiences post-partum depression in the late-fourteenth or early-fifteenth centuries. Following her "A Vindication of the Rights of Women" (1792), Mary Wollstonecraft began writing *Maria; or, the Wrongs of Woman*, a novel left unfinished at her death that explores the social evil of men who commit their wives to madhouses. For her protagonist, the asylum figures as a "mansion of despair" that "becomes a symbol of all man-made institutions" (qtd. in Showalter 1). In the US, women's texts remain both frightening and inspiring artifacts of a dark chapter in democratic governance.

Future Research

First-person asylum narratives written by people of color in the nineteenth century are missing from this account and, it seems, from available scholarly sources. Despite many attempts and employing a number of search strategies, such texts seem woefully absent. The work of discovering and recovering the asylum experiences of

people who shared cultural traditions and heritages distinct from that of the dominant culture would prove valuable. Seeking to recover nineteenth-century Chicano autobiography, a project hampered by Mexican dispossession in the west and the resulting displacements of language and culture, Chicano scholar, Genero Padilla, finds that “[d]igging through archives – layer by textual layer – searching for material that will construct an autobiographical tradition in Chicano culture is the first requirement of the archaeological project” (286). It seems similar work needs to be accomplished to recover asylum voices distinct from those of the white bourgeois. Vanessa Jackson has begun this work for the twentieth and twenty-first centuries with her account and guidebook, *In Our Own Voice: African-American Stories of Oppression, Survival and Recovery in Mental Health Systems*. Through her project, Jackson collects oral histories of African-Americans who have received mental health care, including those who have been committed to mental hospitals. Archival work will likely need to be done to gather accounts for the nineteenth century. This call becomes more pressing as large institutions close and records are lost. In February 2012, legislators met to hear the Illinois’s plan to close the Jacksonville asylum that incarcerated Elizabeth Packard.

**Asylum Reform, Eugenics, and the Homo Sacer,
Late-Nineteenth/Early-Twentieth Centuries**

The work of this dissertation suggests links between asylum medicine in the nineteenth century and the discourses and practices of mental hygiene, as it became known in the early-twentieth century. Eugenics serves as one such link. Eugenics and

its growing importance within psychiatric medicine at the turn of the century serves as the endpoint of this dissertation because it completes the trajectory of the homo sacer from a biopolitically subjugated figure in the emerging US to its most abject form, a figure that can be sterilized or gassed with impunity. As Chapter Three explains, Anna Agnew's asylum narrative helped set the stage for eugenics discourse arguing, as she did, that her depression and desire to kill her children were inherent to her. Future scholarship might usefully examine the extent to which women's asylum narratives and related works in the periodic press were or were not complicit in the rise of eugenics.

In the nineteenth century, women and men wrote asylum narratives that destabilized asylum medicine. In the early-twentieth century, doctors became partners in the production of patient discourse. The well-known narratives of the early-twentieth century, including Clifford Beers *A Mind that Found Itself* (1908) and Marian King's *The Discovery of Myself* (1931), are mediated by introductions and other commentary written by psychiatrists and psychologists (Wood 125). In part, these are meant to demonstrate the value of doctors' professional skills that bring about patients' recovery (Wood 125-6). They also argue for the need to incarcerate patients (Wood 125-6). To some extent, doctors' therapeutic interest in patients' asylum narratives was based on principles at odds with eugenics. Some doctors assumed that more congruence existed between mental aberrance and normality than eugenics would allow, and asylum narratives affirmed that recovery was possible (Wood 127). However, other strong currents in the mental hygiene movement

continued to espouse eugenics. The 1927 textbook, *Mental Hygiene*, “advises students, ‘Eugenics aims to get children better born. We are coming to see that we can not keep people healthy-minded unless they are well born’” (LaRue qtd. in Wood 146).

Asylums came to espouse eugenics before the turn of the century under considerable and multiple pressures.

The Asylum: Professional Climate and the Turn to Eugenics

Eugenics may exercise a great influence upon the destiny of the civilized races. Of course, the reproduction of human beings cannot be regulated as in animals. The propagation of the insane and the feeble-minded, nevertheless, must be prevented.

Alexis Carrel, *Man, the Unknown*

The first duty of society is to give each of its members the possibility of fulfilling his destiny. When it becomes incapable of performing this duty it must be transformed. Alexis Carrel

Mounting pressures from reform efforts like those of Elizabeth Packard, meddlesome scrutiny by state charity boards, professional insecurities, and increasingly negative press reached critical mass for asylum superintendents in the late-nineteenth century. As large waves of Europeans, particularly those from the south and east, immigrated to the US, reform came to center on the many ills associated with urban poverty. Women, who once imagined their social beneficence issued from the moral nature of their gender, came to associate such impulses with their class status by the late nineteenth century (Ginzberg 5). Swayed by promises of efficient, scientific solutions to the growing problems of asylum care, states and, in turn, superintendents found eugenics highly promising.

While eugenics came to fruition in the twentieth century, discourses and practices aimed at promoting desirable traits among people through selective breeding, sterilization, and euthanasia, find roots in the nineteenth century. Darwin's publication of *Origin of the Species* (1859) and speculation about laws of genetic inheritance that culminated in Mendel's discovery of dominant and recessive genes, known in the US by 1900, provided the basis for ongoing debate. Superintendents had argued for the hereditary basis of cognitive and mental impairments throughout the nineteenth century and their rhetoric came to increasingly center on eugenics in the late-nineteenth and early-twentieth centuries.

Disability and the Crisis of Immigration

Non-northern European immigrants were targeted as degenerate, less suitable for assimilation as US citizens. In the first quarter of the twentieth century, federal immigration placed limits on immigrants from eastern and southern Europe based on “[a] rhetoric of ‘defective races,’ rooted in claims that certain nationalities were prone to congenital defects” (Baynton). This path was charted earlier by the Immigration Act of 1882, which followed passage of the Chinese Exclusion Act in the same year. The general immigration act of 1882 was the first comprehensive law to place immigration under federal, rather than state, authority.

The Immigration Act of 1882 denied entrance to anyone deemed a “‘lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge’” (Brignell). By the end of the century, lunacy still hadn't been defined and means to enforce the act were not specified (Dowbiggin 194). Nonetheless, in

1896, “the *Atlantic Monthly* confidently claimed that the necessity of ‘straining out’ immigrants who were ‘deaf, dumb, blind, idiotic, insane, pauper, or criminal’ was ‘now conceded by men of all shades of opinion’” (qtd. in Baynton). “In short,” disability studies scholar Douglas Baynton argues, “the exclusion of disabled people was central to immigration policy” (Baynton).

Disability and the National Subject

According to Baynton, “In the three great citizenship debates of the 19th and early 20th centuries: women’s suffrage, African American freedom, and immigration restriction, disability played a substantive role” (Baynton). Those opposing women’s political enfranchisement in the nineteenth century construed them as mentally and physically disabled. Women’s supposed susceptibility to nervousness, intellectual exhaustion, and physical collapse, as was argued, “made them incapable of equality” such that equality’s “burden would result in even greater disability” (Baynton). Edward H. Clark, author of *Sex in Education; or, A Fair Chance for Girls* (1873), found that mental exertion had already resulted in “numberless pale, weak, neuralgic, dyspeptic, hysterical, menorrhagic, dysmenorrhoeic girls and women” (qtd. in Baynton). In response, suffragists appropriated disability rhetoric, depicting their opponents in one political poster as “slope-browed, wild-eyed men” appearing insane. In it, the caption reads, “ ‘It’s time I got out of this place. Where shall I find the key?’” (Tickner qtd. in Baynton). Confined alongside other classes of dependents denied citizenship status, Elizabeth Cady Stanton “charged that women were ‘thrust outside the pale of political consideration with minors, paupers, lunatics, traitors, [and] idiots’”

(qtd. in Baynton).

Opponents of emancipation similarly argued that the mental deficiency of enslaved African Americans would render the burdens of education, industrialized civilization, and freedom grave threats to them resulting in a “‘harvest of mental and physical degeneration’” (Miller qtd. in Baynton). According to South Carolina Senator John C. Calhoun, the “‘number of deaf and dumb, blind, idiots, and insane, of the negroes in the States that have changed the ancient relation between the races’ [i.e. in the states that have abolished slavery] was seven times higher than in slave states” (qtd. in Baynton). This strategy sought to discount emancipation and citizenship rights for the enslaved, arguing that greater harm would certainly come to freed, rather than enslaved, “negroes.”

The Late-Nineteenth Century Asylum and Twentieth-Century Hospital

The national population rapidly increased in the late-nineteenth century and asylum doctors attempted to keep pace by adding hospital beds, placing them in hallways and in other makeshift spaces in already overcrowded hospitals. Cures continued to elude doctors and patients. Costs and demands mounted while the nation politically and economically regrouped in the post-Civil War years. In the midst of this morass, eugenics science emerged, promising not only authoritative explanations for cognitive and mental impairments, but proactive solutions for the elimination of such diseases (Dowbiggin 73). As Ian Dowbiggin argues in *Keeping America Sane* (1997), asylum doctors’ enthusiasm for eugenics stemmed largely from their professional interests. And, in turn, asylum doctors’ interests were closely linked to those of the

state and citizenry that funded their institutions and conferred authority upon them.

Eugenics proved attractive to most asylum doctors whose work continued to lean further away from therapeutic practice and toward custodianship. A representative leader among them, G. Alder Blumer, Superintendent of the Utica State Asylum, supported eugenics measures, which included restricting immigration, sterilizing and segregating patients, and imposing marriage laws to limit the reproductive capacity of the mentally impaired (Dowbiggin 71). In this effort, superintendents joined reformers, scientists, statesmen, academics, and citizen's associations with the "conviction that one way to address the problems of poverty and dependence was to study the laws of inheritance to determine how to prevent the hereditary transmission of undesirable traits" (Dowbiggin 71).

Patients institutionalized in insane asylums constituted the majority of those receiving state financial assistance (Dowbiggin 236). Under the scrutiny of state charity boards, which were formed in part to quell mounting costs and public scandal, superintendents had lost much of their independence by the latter nineteenth century. Taking up the banner of eugenics demonstrated their motivation "to be more utilitarian, accountable, and cost effective" and "to change, modernize, and streamline services" (Dowbiggin 236).

According to most superintendents, the large influx of immigrants "posed an urgent public health danger" and they called for immigration reforms and enforcement. (Dowbiggin 191). The Immigration Act of 1882 didn't go far enough to limit "defective classes," they stated (Dowbiggin 194). Professionals argued that

“hereditarily tainted persons” who came to the US and married spread mental impairments throughout the nation (Dowbiggin 194-5). By the 1890s, immigrants constituted a large portion of the population at many underfunded asylums. They served as scapegoats for administrators, posed serious practical problems for them, and bolstered superintendents’ interest in eugenics practices.

While asylums were thought to do little to *cure* the insane, some social Darwinists argued that asylum incarcerations *promoted* disability within the population. The unfit, or those who might not otherwise survive, were being artificially supported by the state, according to this rationale (Dowbiggin 72). Darwin, himself, argued this point. Although conceding the ultimate importance of charity, in later life, “he worried aloud about the danger to civilized progress posed by the fertile ‘scum’ that made up Great Britain’s lower classes” (Darwin qtd. in Dowbiggin 72).

Dowbiggin finds a correlation between eugenics reception among superintendents and the institutional models in which they worked. Beleaguered by state demands, one New York State superintendent declared in 1894 that rather than continue in his profession, he “would rather be a pauper” (Wise qtd. in Dowbiggin 49). Large public institutions rendered superintendents custodial managers, obliged to monitor every nickel spent, rather than the therapeutic healers they believed they should be. G. Alder Blumer became interested in eugenics as a solution to overwhelming challenges while working at Utica. After accepting the superintendent post at Butler Hospital, a private hospital in Rhode Island, his views began to change, however. Reliant on the private charity of wealthy benefactors, he found it difficult to

argue that the problems of a more elite and influential clientele had a genetic basis (Dowbiggin 86). While at Butler Hospital, he came to distance himself from eugenics.

Very early in Blumer's tenure, however, while speaking at a professional engagement in 1903, "he conjured up a social Darwinian nightmare" that represented eugenics rhetoric of the time.

He claimed the mentally ill and feeble-minded were "notoriously addicted to matrimony and by no means satisfied with one brood of defectives." He then called for legislation outlawing the marriage of people with family histories of insanity and alcoholism, authorizing indefinite detention after a third admission to an asylum, and permitting divorce on the grounds of incurable insanity or chronic alcoholism. (Dowbiggin 85)

Indignation over the large families begotten by "defectives" implicitly included those from eastern and southern European stock. Reflecting a common argument, a Nobel-prize winner argued that "[i]t is the newcomers, peasants and proletarians from primitive European countries, who beget large families. But their offspring are far from having the value of those who came from the first settlers of North America" (Carrel). In response to the immigration of Slavs, Asians, and Latins believed to carry alarming physical and mental disease, a group of old-blood New Englanders formed the Immigrant Restriction League in 1894 to shore up the national borders and its genetic stock (Dowbiggin 196-7).

Eugenic Methods

Nineteenth-century eugenic measures included new forms of male and female sterilization, the vasectomy, salpingectomy (tubal ligation) and ovariectomy. One

doctor argued that vasectomies would be suitable to prevent criminals, imbeciles, alcoholics, sexual deviants, and the poor from procreating (Oscher qtd. in Dowbiggin 77). To achieve a better mannered prison population, Dr. Harry C. Sharp of the Indiana Reformatory, conducted vasectomies on some inmates and, afterward, promoted sterilization laws (Dowbiggin 77).

Ovariectomy pioneer, Dr. Battey, performed several hundred surgeries between 1860 and 1870 despite a 22 percent morality rate (Dowbiggin 84). This “massive intervention in the female organs of reproduction” was designed to decrease women’s sexual impulses so long associated with women’s madness (Shorter qtd. in Dowbiggin 84). In the nineteenth century, however, these practices were just gaining steam. By the early twentieth century, “[t]he actual number of eugenic sterilizations carried out in the United States *significantly exceeded* those allowed by state law” (Reilly qtd. in Dowbiggin 78).

These eugenic practices threatened incarcerated and medicalized patients who came to encompass an increasing number of those inclusively excluded at the margins of the US nation. If heredity was destiny, the old Calvinist notion of divine election found itself resuscitated in the secular regime of care. And, as was true for Calvinism, there appeared to be a logic at play in genetic selection, despite its inscrutability, that favored the dominant order. The moral treatment of the nineteenth century, which proved unsuccessful in large US asylums, gave way to the promises of eugenics at the turn of the twentieth. Questions turned to how this large population might be effectively processed through the social and political mechanisms of an industrial,

capitalist state. Attempts at rendering asylums more efficient had proven ineffective given the large populations they meant to organize. Efforts, then, turned to the prevention and elimination of defective genes, that is, the prevention and elimination of their carriers.

The Eugenic Subject

The mobilized sovereign, which wends its way through the bureaucratic, democratic state and carries its authority, finds its double in the eugenic homo sacer that carries its defects through fundamental biological material, yet does so in a way that is less biopolitical (centered on life) and more thanato-political (centered on death). The eugenic subject, then, is that which can be “economically disposed of in small euthanistic institutions supplied with proper gases” (Carrel). Striking the imperceptible genetic blueprint of both life and the nation, the defective is thereby deformed and rendered as an enemy of state.

The Jukes

The Jukes were one, somewhat fictionalized, family among a handful of other families who were studied broadly for eugenics purposes over a period of years in the nineteenth and twentieth centuries. Their (fabricated) family name was well known and the subject of sermons, editorials, and a book published by sociologist and prison official, Richard Dugdale in 1877. In one prison, he identifies several inmates related to one another. He then traces the bloodlines of the family and determines that among them were brothel proprietors, prostitutes, convicted criminals, charity recipients, and two “feeble-minded” relations. In his study, he determines that this family had cost the

state over one million dollars. Although he argues that both heredity and environment play important roles in the degraded circumstances of the Juke family, eugenics advocates successfully circulated the message that the Jukes case spoke purely to heredity and to the inexorable evils of defective blood.

In a 1951 critical survey, *The Literature of the American People*, editor Arthur Hobson Quinn cites the dawning of academic interest in American literatures as the reason for such a survey. In it, S. Weir Mitchell's famous Rest Cure is lauded, as are his fictional works. Charlotte Perkins Gilman, who satirizes his Rest Cure in "The Yellow Wall-Paper," isn't mentioned. Recuperative feminist work has yet to begin. However, this historical artifact is useful because it contains a brief mention of "the Jukes" with no contextualizing information, as though none were necessary. The Jukes seem to have been subjects of common knowledge and, indeed, they were cultural and political phenomena. Given their popularity and cultural influence, Quinn argues that Dugdale's sociological critique and others like it inspired American writers' artistic interest in "the life of the day" (764). He then links this to the rise of literary Realism. He finds

[t]he encroachment of social studies upon the literary domain varies directly with the curve of secular interest. As newspaper reports, pamphlets of the humanitarian societies, magazine essays, and books about the Jukes family increased in number, so did the novels and poems which reflected the life of the day. As has already been noted, Whitman, Lanier, and Stedman, as well as DeForest and Cable, were among those who discussed the tribulations following the Civil War; Howells, beginning in the late eighties, showed a keen awareness of the conflict between capital and labor; Garland and Norris trenchantly pictured agrarian unrest; and, in the nineties, both realists and

romancers brought the seamy side of city life before the eyes of readers of fiction. Higginson was such an inveterate champion of the rights of women that he actually refused to attend a meeting of the Modern Language Association until assured that females were freely admitted. Rebecca Harding Davis was only one of the sentimentalists of the sixties and seventies to sketch scenes of poverty with such vigor that she may be mistaken for a realistic novelist. The crusade for the American Indians which highlights certain of Garland's later works is also evident in the writings of Helen Hunt Jackson, not only in *Ramona*, but, better still, in her treatise on *A Century of Dishonor* (1881). (Quinn 763-4)

Authors like William Dean Howells and Rebecca Harding Davis, as well as the "crusade" writer, Helen Hunt Jackson wrote of the social ills of the day. Quinn associates the fictional turn toward realism to popular interest in the Jukes and other families studied with the supposedly objective eye of the social sciences. If accepted, Quinn posits a valuable genealogical insight for Americanists by identifying a cultural antecedent to a significant literary shift. In addition, *The Jukes* fixed eugenics thought as a national imperative in the years leading up to World War II and into the mid-twentieth century.

Eugenic Utopia

Alexis Carrel, 1912 recipient of the Nobel Prize for his pioneering work in vein grafting, advocates for a eugenics state in *Man, the Unknown* (1935). Eugenicist impulses like his were influenced by a handful of family studies, including that of the Jukes. In his work, he argues against reproductive rights for those deemed insane and finds "diseases of the mind ... a serious menace ... more dangerous than tuberculosis, cancer, heart and kidney diseases ... because they profoundly weaken the dominant

white races” (Carrel). Carrel argues for the establishment of a eugenic “aristocracy” that would, in turn, propagate more exceptional men. As he states, the aristocracy would be that “from which great men would probably appear” (Carrel). He is otherwise concerned that “defectives” would hamper “the population that has remained normal” and suggests the nation “dispose of the criminals and the insane in a[n] ... economical manner.” *Man, the Unknown* became a best seller in the US.

Carrel finds civilization in a state of decay, a course that had been hastened by the weaker classes. According to Carrel, “salvation of the white races” would require an “institution capable of providing for the uninterrupted pursuit for at least a century of the investigation concerning man. Modern society should be given an intellectual focus, an immortal brain” that can survive the death of individual members (Carrel). In this perfected domain, we can assume sovereign powers would be concentrated, a radical departure from the vision or even harshest reality of the US nation.

Women figure poorly in Carrel’s estimation of the decaying world. He finds that the women most fit for procreation are often “sterile” or “refuse to bear children,” a “defection” attributable “to their education, to the progress of feminism, to the growth of short-sighted selfishness” (Carrel). Superintendents’ discourse likewise tends to locate genetic deficiency in the mother’s bloodline and genetic material.

Legislative interest in eugenics partly grew from this rhetoric. In 1897, Michigan law attempted to pass the nation’s first sterilization law. It failed to pass; however, by mid-twentieth century 40 states would have such laws. In 1907, Indiana became the first state to require the compulsory sterilization of those deemed

genetically defective. This was overturned by the US Supreme Court; however, the court upheld the right to sterilize patients at mental institutions in 1927. Eugenics would persist as a medical practice until the second half of the twentieth century and in under other guises to the present day.

Civil Death and Resurrection

The discourses of mental hygiene, the emergence of physiological laws, and notions of heredity that variously implicated and exonerated US subjects in the nineteenth century reached into the deepest aspects of selfhood, into the mind, soul, and heredity, and held the order of the nation against the chaos, the purported irrationality, and the stigma of both women and the insane asylum. And beyond women, the threat of commitment pervaded the culture and, in that sense, proved democratic. The nation that Whitman conceived of as a “mental, moral orb” finds it’s been assigned a case number. Fetally curled at the base of The Tombs in New York City, Bartleby says, “I know where I am” (Melville 71). His pithy existentialism speaks to the depth of the, often immobilizing, impression left by prisons and insane asylums in the nineteenth century. And too, it lifts the veil, and makes the truth available to us, that as a people of a carceral nation, we always know where we are: ever-present, the asylum on the outskirts of town recedes from view while always at our back.

In Charles Perrault’s French folktale, “Blue Beard,” the riches of a great castle are made available to a young wife. After she and Blue Beard are married, he prepares

to depart on urgent business and invites her to enjoy the castle freely; however, he admonishes her not to open a particular closet door. She, of course, is compelled to peer into the room despite “what unhappiness might attend her if she [i]s disobedient” (Lang 291). And so, she turns a small key in the lock:

After some moments she began to perceive that the floor was all covered over with clotted blood, on which lay the bodies of several dead women, ranged against the walls. (These were all wives whom Blue Beard had married and murdered, one after another.) (Lang 291-2)

On the key, a spot of blood appears. This is a telltale sign of her defiance that, despite great effort, she can’t wash away. When Blue Beard returns home, certain to kill her too, she takes a moment, collects herself, and acts to spare her own life (Estes).

Thinking about this young woman and all the women she represents, Jungian analyst and storyteller, Clarissa Pinkola Estes, finds that

until they can open the room in the psyche that shows them how dead they are, how all the feminine nature, how all the feminine instinct has been killed off and died, you might say, in a place of beautiful death of disgustingly aberrant prosperity. Until she can see that she’s actually captured, until she sees that her life, her psychic life, is at stake, she can do nothing. And the key, the key that has blood on it, represents her own blood and the blood of the female lines that have gone before her.

As did many women writing first-person asylum narratives, we might reframe this psychiatric analysis in political terms and recognize that incarcerated women, who almost invariably evinced shock at the reality of their legal and political status once committed, peered into the liminal space of the asylum and saw how dead they, and all

women in the US, really were. Theirs was a unique vantage, from which the distilled operations of nation appeared visible.

Through her experiences, Elizabeth Parsons Ware Packard believed she had uncovered a “Mystic Key” allowing her to “unlock[] the asylum secret” (*Mystic Key* 8). With this, “[t]he bottom facts [were] ... unearthed” and she found “that the truth [wa]s the only safe platform to stand upon, both here and hereafter” (Packard, *Mystic Key* 8). According to her, this key, like Blue Beard’s, held “the talismanic power which finally and alone wrought out [Packard’s] deliverance from the grasp of [a] legally-constituted despotism” (*Mystic Key* 88). It unlocked the door to her larger political consciousness and participation, and held it open for other women.

Women who wrote asylum narratives, national, natal subjects, whose inherited bloodlines were coded as dysgenic in the late-nineteenth century, nonetheless worked to re-form the codes of law and of blood. Elizabeth Packard, who kept the blood-stained linen of an abused patient, “as proof of the kind of abuse in Jacksonville Insane Asylum,” found that since the prevailing commitment laws could be used to alienate mothers from their children – mothers who would “rather die than have [their children] torn from [them]” - commitment laws bore a “relation to [women’s] own flesh and blood” (*Prisoner’s Hidden Life* 108; *Modern Persecution* 387). She found that her “natural development[] of womanhood” was construed by her husband and doctor as “evil, or insanity” (Packard, *Prisoner’s Hidden Life* 108; Packard, *Modern Persecution* 387). Once conferred, the label of insanity inspired bigotry and required that she and others “fight [their] way through fire and blood to carry out [their] benevolent purpose

to humanity” (*Modern Persecution* 278).

Packard likens preparation for her reform work to gestation, and, therefore, finds she has not one drop of blood to waste. Rather, “[h]er blood needs to be improved by diet and good fresh air, *not taken from her* ... thus rob[bing] her of her vitality or life, just at the time ‘tis most needed for her and her child’s [i.e., reform’s] best being or condition” (*Millennial Harbinger* 84). In this way, she transforms the notion of women’s dysgenic blood, consigned to the incarcerated by superintendents whose original act was to identify them as insane. And, like other women writing asylum narratives, in protecting her bloodline she helps to ensure the viability of future women seeking national participation.

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