The Gendering of Madness in Victorian and Modern England and America

The Gendering of Madness in Victorian and Modern England and America

By

Leslie Ann Harper

Cambridge Scholars Publishing

The Gendering of Madness in Victorian and Modern England and America

By Leslie Ann Harper

This book first published 2024

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Copyright © 2024 by Leslie Ann Harper

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-5275-5296-9
ISBN (13): 978-1-5275-5296-8

This book is dedicated to my grandparents,
Marjorie Jane Landers Brohm, who always spoke her mind,
and Richard Elmer Brohm, who always encouraged
my academic pursuits.

TABLE OF CONTENTS

LIST OF ILLUSTRATIONS

ACKNOWLEDGEMENTS

I would like to thank Dr. Suzette Henke and Dr. Annette Allen for their guidance and support throughout my doctoral program, as well as their guidance in writing and revising my dissertation. I would also like to thank Dr. Nancy Theriot for her patient and painstaking efforts to assist me improving this work. I also appreciate the advice of Dr. Mary Rosner regarding the chapter on *Lady Audley's Secret*, and I appreciate Dr. Glenn Crothers pointing me towards invaluable resources regarding the Mary Lincoln case.

This book would not have been possible without the help of many family members. First and foremost, I could not have completed this work if not for the support of my mother, Patricia French, who babysat countless times while I was researching and writing. I would also like to thank my father, Stephen French, as well as Michael and Karen Harper, Judy Brohm, Carl Reckelhoff, and Betty Overstreet for their voluntary babysitting services and support. Finally, I would like to thank my husband, Tim Harper, for supporting my decision to go to graduate school and for his understanding and patience. And last but not least, I am grateful for my children—Eli Patrick, Annabel Lee, and Madeline Jane Harper—for helping me to retain my own sanity by providing a never-ending source of light. I love you all.

INTRODUCTION

In her groundbreaking work *The Female Malady*, Elaine Showalter calls attention to the tendency to associate mental illness with women. For centuries there has been "an equation between femininity and insanity" (Showalter, *Female* 3). Many feminist scholars have noted this association and have developed various theories to explain it. Some scholars have argued that there are more cases of insanity in the female population because women have literally been driven mad by their social roles and limited opportunities in a patriarchal society. Others have interpreted "insane" behavior as the only means of protest available to women in a patriarchal society. Still others have argued that the label of "insanity" has been applied to rebellious women as a means of discipline and punishment. Regardless of the reason for this association between women and mental illness, the association is incontrovertibly present in Victorian and Modern England and America. According to Showalter, "By the middle of the nineteenth century, records showed that women had become the majority of patients in public lunatic asylums" (*Female* 3).

In the following study, I will examine the cultural association between women and madness by analyzing historical accounts, literature, and visual art from the Victorian and Modern periods. Theories and categories of mental illness in the nineteenth and early twentieth centuries both reflected and encouraged an association between women and madness that was prominent in Victorian and Modern culture. Likewise, the cultural association between women and madness is visible in the art of the nineteenth century, particularly through the pre-Raphaelite obsession with Ophelia. Historical accounts of women who were institutionalized as insane in the nineteenth century reveal how damaging this cultural association could be, as the label of "madness" was often applied for the sake of controlling women. Both the literary and historical accounts I examine demonstrate an awareness of how the label of "madness" could be used as a means of controlling women in Victorian society.

Madness is a slippery concept that changes over time and varies from culture to culture. As Michel Foucault explains, "mental illness has its reality and its value qua illness only within a culture that recognizes it as such" (60). Doctors create a variety of disease categories to differentiate between what they understand as different types of mental illness, but there

is rarely consensus about diagnoses and treatments even among healthcare professionals living in the same time and place. Although categories of mental illness are culturally constructed and, therefore, fluid, different cultures do have a common method of diagnosing so-called insanity: "illness is defined in relation to an average, a norm, a 'pattern'" (Foucault 62).

Across cultures, therefore, madness is linked to deviancy from whatever a given society considers normal. As Stephen Trombley writes, "the insane are always *guilty*—of some transgression against society and the prevailing codes of that society" (210). Thus, the first insane asylums were built in the middle of the seventeenth century to house "all those who, in relation to the order of reason, morality, and society, showed signs of derangement" (Foucault 67). These first asylums were not places of treatment but places to intern those whom society wanted to exclude because of their deviation from the norm. Michel Foucault points out that when Pinel freed the "mad" of their physical chains at the end of the eighteenth century, "he reconstituted around them a whole network of moral chains" (71). As Foucault explains, "sanctions were immediately applied to any departure from normal behavior. All this took place under the direction of a doctor whose task was not so much that of therapeutic intervention as that of ethical supervision" (71). In the Victorian and early Modern periods, doctors continued this work of ethical supervision. Both the diagnosis and treatment of insanity during this time reveals "an attempt on the part of the medical profession to enforce unwritten social codes as if they were the law of the land" (Trombley 2). Medical doctors and men in general seem to have seen it as their duty to incarcerate and, sometimes, to rehabilitate deviants in order to preserve the purity of society.

In a patriarchal society, women are particularly vulnerable to being punished for deviancy from the accepted norm. Because of the cultural association between women and madness in Victorian and Modern England and America, women who rebelled against social conventions could be dismissed as "mad" and summarily punished with institutionalization or any number of medical "treatments" designed to enforce submission to social standards of appropriate behavior. Those who opposed the Women's Rights Movement often depicted advocates of the movement as mentally imbalanced, presumably for no other reason than that they were standing up for themselves and stepping outside of their prescribed gender role. The gendered construction of mental illness has allowed some women who were not mentally ill to be labeled as such. The women who wrote the asylum narratives I look at both claimed to be and seem perfectly sane in their

testimony. However, they were non-conformists and that in and of itself was sufficient reason for being labeled mentally ill in their society.

Though much of this study focuses on how categories of mental illness are culturally constructed, I am not suggesting that mental illness does not exist. On the contrary, I believe that some people suffer from mind or mood problems that impair their ability to function. I offer Virginia Woolf and Charlotte Perkins Gilman as two examples of women who suffered from some form of mental illness. Woolf and Gilman believed they suffered from mental illness themselves and actually sought medical treatment, though they were critical of the treatment they received. Thus, all of the women I examine have one thing in common: they were all active protestors—not passive victims—in regard to how they were perceived and/or treated by the medical community.

Although the ways that women were perceived and treated in regard to mental illness in Victorian and Modern times was detrimental to their freedom and their sanity, women repeatedly refused to assume the role of passive victim that doctors and the patriarchy tried to force on them. To demonstrate this basic thesis, I have divided this book into eight chapters which make four different moves. In the first two chapters, I lay the foundation for the study by establishing the cultural association between women and madness in the Victorian and Modern periods. In chapters three and four I examine how this cultural association impacted historical cases of women who were labeled "mad" and placed in asylums. Chapters five and six are devoted to two literary representations of institutionalization that address how the label of "madness" could be used as a means of controlling women in Victorian society. The final two chapters are devoted to female authors who perceived themselves as suffering from mental illness but who protested the ways that they were treated by the medical community and society at large. While the authors of asylum narratives take a more direct approach in their protests and these latter women protested through more subtle fictional accounts, they all rejected the role of silent victim in actively voicing their discontent with diagnoses and treatments of mental illness.

In my first chapter, I explore how the experience and label of "mental illness" was gendered in the Victorian and Modern periods in America and England. I begin by discussing the methods of diagnosis and theories that nineteenth-century physicians used to explain symptoms of mental illness in women. I then provide an overview of several categories of mental illness that were associated with a particular gender, such as anorexia nervosa, nymphomania, kleptomania, puerperal insanity, hysteria, neurasthenia, shell-shock, and multiple personality disorder. Ultimately, this examination will reveal how medical science is embedded in the culture

in which it is practiced and how it has been used to justify and enforce cultural values, particularly in regard to gender.

Chapter 2 examines the pre-Raphaelite obsession with Ophelia. Ophelia was the most popular subject in English art in the nineteenth century. During that period, at least fifty portraits of Ophelia appeared in exhibitions at the Royal Academy (Kiefer 12). The prominent role Ophelia played in nineteenth-century art is attributable to the fact that she personifies a stereotype of femininity that captivated the Victorians: the young madwoman. Pre-Raphaelite paintings of Ophelia clearly reflected the Victorian association between women and madness. However, they also strengthened this association through constant repetition.

Chapter 3 is devoted to the examination of asylum narratives. In nineteenth-century America, many female revolutionaries were labeled mad and locked in asylums. As one woman learned from bitter experience: "When for any reason a person is wanted put out of the way, insane hospitals stand with outstretched arms ready to embrace them" (Pennell 151). While some students of women's studies are familiar with the story of Elizabeth Packard, society at large is not. Moreover, there are dozens of stories like hers that have been all but forgotten. Although Geller and Harris have compiled a collection of such tales, these stories have not yet received the attention they deserve. Perhaps contemporary scholars do not realize how many true stories exist about rebellious women confined in madhouses. In the second half of the nineteenth century, however, many people were aware of this appalling epidemic. In her autobiography, Elizabeth Cady Stanton commented, "Could the dark secrets of insane asylums be brought to light we should be shocked to know the great number of rebellious wives, sisters, and daughters who are thus sacrificed to false customs and barbarous laws made by men for women" (214). In this chapter, I will resurrect the histories of some of those who have been buried alive in a madhouse and forgotten. An examination of these accounts reveals that these women were commonly imprisoned in asylums for boldly asserting their religious, economic, and domestic rights.

Various women in the nineteenth and early twentieth centuries were institutionalized for unconventional behavior and religious beliefs, but the most famous of these was Mary Lincoln, to whom I devote Chapter 4. In 1875 Mary Lincoln's only surviving son Robert had her tried for insanity and placed in an asylum. Soon afterwards, Mary began a campaign to free herself, insisting that she was the sane victim of a heartless son who had her institutionalized for selfish motives. Thus began the controversy surrounding Mary Lincoln's insanity case. While there is much debate among historians as to whether or not Mary Lincoln was truly insane, her

contemporaries generally agreed that she was. She was a domineering, temperamental, quick-witted woman during a time when the world expected women to be silent, submissive, and supportive. Over the years, her unconventional behavior caused many people to question her sanity. However, the behavior that contributed most directly to her incarceration was connected to her excessive shopping and her Spiritualism.

The next two chapters address how asylums were portrayed in literature through inspections of *Lady Audley's Secret* and *The Woman in White*. Since the early eighteenth century, the English public was concerned about the danger that sane people were being confined in insane asylums. The Madhouse Act of 1774 tried to put an end to this concern by requiring a medical certification of insanity for each admitted patient. Despite this and subsequent reforms, wrongful incarcerations continued into the Victorian era, and public anxiety erupted in a series of lunacy panics. Several works of non-fiction were released by former inmates testifying to wrongful incarceration, and newspapers frequently "printed articles demanding inquiries and suggesting reforms" (McCandless 342). These tales inspired several sensational novels—Henry Cockton's *Valentine Vox* (1840), Wilkie Collins's *The Woman in White* (1860), and Charles Reade's *Hard Cash* (1863). I will devote a chapter to *The Woman in White*, analyzing how the novel's message about the wrongful institutionalization of women is undermined by the characterization of these women as being mentally unstable.

Although *Lady Audley's Secret* (1862) was also published shortly after an incarceration scare, critics have not traditionally examined the novel in this historical context. Critics interpret Lady Audley's institutionalization as a metaphor for the oppression of the disempowered Other who deviates from societal norms, and they laud the subversive nature of the novel. However, examining Braddon's book in relation to the lunacy panic drastically changes the way we understand the text. By her own admission, Braddon's book was a response to Wilkie Collins's *The Woman in White* (N. Donaldson vii), the sensational novel most commonly linked to the incarceration scare. While Collins's heroine is a frail, innocent woman in need of a savior, Braddon's is a dangerous woman who needs to be institutionalized for the safety of society. Both the depiction of Lady Audley's commitment and the motives of the characters in the novel indicate that Braddon's story is a reaction against the lunacy panic rather than another story fueling that panic. *Lady Audley's Secret* is not an exposé deploring the wrongful incarceration of social deviants. Braddon rather sympathizes with the doctors who try to protect society from such deviants. Braddon's response to the lunacy panic is likely influenced by the

experiences of those close to her, specifically John Maxwell and Edward Bulwer-Lytton. Braddon lived with Maxwell for fourteen years and had five children with him before they could be married, as he already had a wife living in a mental institution. Due to her own situation, Braddon may have been sensitive about accusations regarding the wrongful institutionalization of family members. In addition, the novel was dedicated to her mentor and friend, Edward Bulwer-Lytton, a man who had his own wife incarcerated just a few years before the novel's publication.

The next chapter focuses on a writer who incorporated her experiences with mental illness and its treatment into her work—Charlotte Perkins Gilman. In both her 1935 autobiography and her 1892 short story "The Yellow Wallpaper," Gilman not only paints a graphic portrait of a woman suffering from mental illness, she also paints a vivid portrait of how such women are treated by the medical community. Importantly, Gilman's stated purpose in writing "The Yellow Wallpaper" was to protest the "rest cure" that she felt nearly drove her to "utter mental ruin" ("Why").

The last chapter is on Virginia Woolf. Like Charlotte Perkins Gilman, Virginia Woolf suffered from mental illness. She heard voices, had recurrent bouts of depression, suffered from delusions, and had disabling migraines. Despite all of these symptoms, Woolf often said there was nothing truly wrong with her and blamed herself for her own emotional problems and for the problems of those around her. During her depressive moods, Woolf sometimes felt as though she deserved to be punished, and she often refused to eat. Over the course of her life, Woolf had several breakdowns in which she went "mad" and had to seek medical treatment, and she attempted suicide twice unsuccessfully. While this mental disorder led to her eventual suicide in 1941, it also inspired some of the greatest novels of the twentieth century. Woolf was able to beautifully weave her own tragic experience with mental illness into her art. The character of Septimus Smith from *Mrs. Dalloway* and "The Prime Minister" is a strikingly poignant example of Woolf's ability to incorporate experiences from her own bouts of insanity into her work. Moreover, like Gilman, Woolf criticizes the attitudes and treatments of healthcare professionals in her literary depictions of physicians.

By exploring the medical theories, historical accounts, literature, and visual art of the Victorian and Modern periods, I hope to firmly establish the cultural association between women and madness in England and America. This book will contribute to the conversation by offering an interdisciplinary approach. I will incorporate the theories of philosopher Michel Foucault and literary scholar Elaine Showalter, as well as the work of medical historians like Carroll Smith-Rosenberg and Nancy Theriot. In

addition, I will provide my own analysis of selected texts and artworks relating to madness from these periods. Finally, I will connect this work with the asylum narratives of Victorian and Modern women that have long been underappreciated. By doing so, I will reveal how damaging the cultural association between women and madness really was by giving historical examples of women who were negatively impacted by the association. More importantly, I will demonstrate that these women were not passive victims, but active protestors of the laws, diagnoses, and treatments that had a negative impact on their lives.

CHAPTER ONE

CATEGORIES OF MENTAL ILLNESS

In this chapter, I will explore how the experience and label of "mental illness" was gendered in the Victorian and Modern periods in America and England. I will begin by discussing the methods of diagnosis and theories that nineteenth-century physicians used to explain symptoms of mental illness in women. I will also provide an overview of several categories of mental illness that were associated with a particular gender, such as anorexia nervosa, nymphomania, kleptomania, puerperal insanity, hysteria, neurasthenia, shell-shock, and multiple personality disorder. Ultimately, this examination will reveal how medical science is embedded in the culture in which it is practiced and how it has been used to justify and enforce cultural values, particularly in regard to gender.

Until the end of the nineteenth century, physicians' diagnoses relied almost entirely on patient descriptions of illness. Doctors used the case method of taking the patient's medical history, family history, and symptoms. Not only were physicians supposed to note *all* symptoms, they were supposed to inquire into the patient's living conditions and circumstances leading up to the illness as well (Theriot, *Journal* 351). As Nancy Theriot explains, "patients and their families and friends came to physicians with physical and psychological symptoms; and physicians, also nineteenth-century men and women, defined these collections of strange behaviors and unaccountable physical ailments as specific diseases" (*Journal* 355). As Theriot suggests, doctors felt compelled to make a diagnosis and to "prescribe some course of action outside of the patient's self-care options in order to be considered a scientific practitioner" (*Journal* 356).

Many of the symptoms of "mental illness" that these patients—or more frequently, their families—reported were attitudes and behaviors that were not considered culturally appropriate. Unconventional behavior had been associated with mental illness since at least 1835, when Dr. James Cowles Prichard introduced the concept of "moral insanity" in England. This diagnosis "could be stretched to take in almost any kind of behavior regarded as abnormal or disruptive by community standards" (Showalter, *Female* 29). While moral insanity was a diagnosis of the Victorian period,

its impact lasted into the modern era. In 1907, Dr. George Savage, one of the most renowned physicians of his day, defined insanity as "a disorder of mental balance which renders the person alien—that is, out of relationship with the surroundings into which he has been born, educated, and has hitherto fitted" (qtd. in Trombley 124). Similarly, Dr. Maurice Craig says in 1905 that "[i]nsanity means essentially then such a want of harmony between the individual and his social medium" (qtd. in Trombley 192). Of course, both Savage's and Craig's definitions of insanity underline the cultural embeddedness of the concept of mental illness. One is labeled "insane" if one does not conform to the ideas and behavior considered "normal" in one's society.

The identification of insanity with behavior and feelings that were deemed culturally inappropriate—especially for women—was embraced by the American and English public. Indeed, Theriot suggests that some diagnoses were created to satisfy the patients and families who came to doctors searching for explanations and cures for "insane" behavior. According to Theriot, family members typically brought women to physicians because of unwomanly behavior which they described as "insane." Importantly, "Most patients did not name their own behavior and feelings as nervous or insane; more frequently the connection was made by a family member or close friends" (Theriot, *Signs* 18). Husbands and mothers labeled their wives and daughters "mad" if they were contradictory, sexually promiscuous, or neglectful of their appearance. If a woman did not ascribe to the cult of true womanhood, she risked being dragged to the doctor's office for treatment for her "insanity." Thus, "The nervous symptoms and deviant behavior of nineteenth-century women patients were shaped by the constraints of gender and then were medicalized and therefore legitimized by medical representation as disease" (Theriot, *Signs* 24).

Confronted with explaining the assortment of symptoms their female patients presented, doctors fashioned a complex theory that connected seemingly unrelated symptoms to the female reproductive system and to femininity. The "reflex theory" of disease causation was the dominant explanation for women's illness in the latter half of the nineteenth century. Doctors posited that the female reproductive system was connected to the mind and all other parts of the body via the nervous system, and problems in one part of the body could cause problems in another seemingly remote area. Although there was a struggle among alienists, gynecologists, and neurologists for female patients in the nineteenth century, most physicians used the "reflex theory" to explain their ailments. Gynecologists "saw woman as the product and prisoner of her reproductive system" (Smith-Rosenberg and Rosenberg 335) and identified the uterus and ovaries

as the cause of women's illnesses. Neurologists and alienists, on the other hand, identified the nervous system as the primary cause of women's illness: "In the neurological version of reflex, women's nervous and mental illness was rooted in a nervous system subjected to physical and/or situational stress" (Theriot, *Journal* 355). Physicians generally believed that heredity made someone predisposed to nervousness or mental illness, but alienists and neurologists argued that shocks to the nervous system through traumatic life experiences could trigger such illness. While they saw the nervous system as the primary conduit of illness in women, "most alienists and neurologists agreed with their gynecologist colleagues that women's reproductive organs dictated that women should restrict their activities and aspirations" (Theriot, *Signs* 9-10).

Victorian physicians argued that a woman only had a limited amount of energy, and that energy was required for the development of her uterus and ovaries. With the onset of puberty, therefore, a woman should retire from the public world. According to Carroll Smith-Rosenberg, "physicians routinely used this energy theory to sanction attacks upon any behavior they considered unfeminine; education, factory work, religious or charitable activities, indeed virtually any interests outside the home during puberty were deplored, as were any kind of sexual forwardness such as flirtations, dances and party-going" (*Feminist* 62). While women were discouraged from participating in any activity outside of the home, they were encouraged to do domestic chores as exercise. "Indeed, the life-style most frequently advocated for the young woman consisted of a routine of domestic tasks, such as bed-making, cooking, cleaning and child-tending" (Smith-Rosenberg, *Feminist* 62). Obviously, these medical prescriptions reinforced the Victorian ideology of "Separate Spheres." If a female did not obey these medical prescriptions/cultural guidelines, she would meet with dire consequences. Misbehavior could cause any number of problems: "She would become weak and nervous, perhaps sterile, or more commonly, and in a sense more dangerously for society, capable of bearing only sickly and neurotic children—children able to produce only feebler and more degenerate versions of themselves" (Smith-Rosenberg and Rosenberg 340).

Whereas behaving in an unladylike fashion was identified as a trigger—as well as a symptom—of mental illness, even adhering to appropriate standards of behavior was no guarantee of sanity. According to Smith-Rosenberg, "Menstruation, nineteenth-century physicians warned, drives some women temporarily insane; menstruating women might go berserk, destroying furniture, attacking family and strangers alike and even killing their infants" (*Feminist* 64). Although women were at risk of manifesting insanity during their menstruating years, they were also at risk

after these years of menstruation were over. As Smith-Rosenberg explains, "nineteenth-century physicians used menopause as an all-purpose explanation for the heightened disease incidence of the older female; all of her ills were directly or indirectly diseases of the uterus and ovaries" (*Feminist* 65). Because of her precarious mental state, the menopausal woman, like the pubescent girl, was advised to avoid mental activities and busy herself with household chores (Smith-Rosenberg, *Feminist* 66). Thus, Victorian medical theories about women and illness re-enforced cultural norms about women's proper place in—or, rather, *out*—of society throughout their lives.

In 1896, one physician wrote that "women are especially subject to mental disturbances dependent upon their sexual nature at three different epochs of life: the period of puberty when the menstrual function is established, the childbearing period and the menopause" (qtd. in Theriot, *Women* 410). In other words, woman is vulnerable to insanity by virtue of her sex throughout her life. Given that the cultural association between women and insanity was concurrent with the association between insanity and unconventional behavior, it is not surprising that people were quick to apply the label of "mentally ill" to a woman who defied her culture's gender norms. No wonder families brought their disobedient wives and daughters to physicians for treatment. And no wonder that these disobedient women exhibited a variety of different, seemingly unrelated symptoms. As in any time and place, the English and American physicians in the Victorian and Modern eras created various disease categories to explain the collections of ailments that were presented to them.

One of the nervous disorders diagnosed in the Victorian era was anorexia nervosa. This disorder was identified in 1873 as an affliction troubling adolescent girls in England and France (Showalter, *Female* 127). In a report to the Clinical Society of London, Dr. William Whitney Gull described the major symptoms as emaciation, loss of appetite, amenorrhea, and restlessness. He attributed the disorder to a "morbid mental state," adding "it will be admitted that young women at the ages named are specially obnoxious to mental perversity" (qtd. in Showalter, *Female* 127). However, rather than disdaining the anorexic's unorthodox eating habits, some admired her martyrly behavior. In his essay on this neurosis, T. Clifford Allbutt praises the typical anorexic as an "unselfish" and "self-forgetful" young woman who appears too busy with her feminine duties to attend to her own health (qtd. in Showalter, *Female* 128). Anorexics had a particular aversion to meat, a phenomenon that Showalter explains by noting that "a carnivorous diet was associated with sexual promiscuity" (*Female* 129). Of course, Victorian women were not supposed to feel sexual desire. Thus, Showalter suggests that the Victorian anorexic was not

attempting to defy cultural ideals about femininity but acting them out to an extreme degree. It is also possible that these girls were attempting to exert some small form of control over their own bodies in a society where they felt virtually powerless.

In their avoidance of meat, Victorian anorexics may have been trying to avoid another mental illness associated with women—nymphomania. Nymphomania was diagnosed as a disease of excessive sexual desire. Since Victorian women weren't supposed to feel sexual desire, those who expressed such feelings risked being labeled nymphomaniacs. Masturbation in particular was cited as both a symptom of nymphomania and a cause of insanity in women. Treatments for nymphomania included "injections of ice water into the rectum, introduction of ice into the vagina, and leeching of the labia and the cervix" (Showalter, *Female* 75). Sometimes surgery was prescribed: both the removal of the clitoris and the ovaries were accepted forms of treatment for nymphomania, as well as for other female ailments. The diagnosis of nymphomania reflects the Victorian fear of female sexuality, just as the treatments were a means of controlling it.

Nymphomania was one of several categories of mental illness that were associated with a diseased uterus. Dr. William Chapman Grigg, specialist in women's diseases at Queen Charlotte's Lying-In Hospital in London, wrote, "a disease of the upper portion of the uterus is a very common accompaniment of various forms of mania in women, such as melancholia, religious mania, nymphomania, and I have seen it in several cases of kleptomania" (qtd. in Abelson 130). Thus, a woman could be diagnosed as having one of a wide variety of disease categories that doctors associated with her reproductive system and, therefore, with her femininity.

Like many categories of mental illness that doctors eventually attributed to disease of the uterus, kleptomania was not gender specific when it initially appeared in 1840. However, by the time kleptomania became a widespread diagnosis in the 1870s, "the female reproductive economy . . . was understood to be the seat of the disorder" (Abelson 131). Not only was kleptomania gender specific, it was class specific as well. Elaine Abelson explains: "Stores lost merchandise from many sources—professional thieves, clerks, delivery men, and others—but only the middle-class female shoplifter was thought to be acting out of a medical disability" (124). In addition to shoplifting, the kleptomaniac's symptoms included headaches, nervousness, menstrual problems, and memory loss (Abelson 130). When a middle-class, female shoplifter claimed to suffer from this collection of symptoms, her "legal and moral innocence . . . were taken for granted by professionals and the public alike" (Abelson 124). Although middle-class women could utilize this disease category to excuse criminal

behavior, it reinforced the belief that a woman's reproductive system made her susceptible to mental illness. Thus, this disease category could be exploited by one class of women, but it also strengthened the harmful cultural association between mental illness and women in general.

Another type of insanity that women in Victorian England and America were diagnosed with was puerperal insanity, a common ailment occurring in women during or after pregnancy. This type of insanity could take manic or melancholic forms. Prominent symptoms included talking incessantly, complaining of being wronged, obscene language, refusal to eat, homicidal tendencies toward husband and/or infant, suicidal tendencies, insomnia, constant weeping, and tearing off clothes. Some of these symptoms, along with the context in which they occurred, indicate that these women may have been rebelling against their gender role. However, "To nineteenth-century men, a woman who rejected her child, neglected her household duties, expressed no care for her personal appearance, and frequently spoke in obscenities had to be 'insane'" (Theriot, *Women* 409). Some women who suffered from puerperal insanity were treated at home; others were sent to rest homes and asylums. Indeed, puerperal insanity was listed as the cause for at least ten percent of asylum admissions (Theriot, *Women* 405).

Treatments for puerperal insanity included drug-induced sleep and the "rest cure" made famous by American physician Silas Weir Mitchell. Mitchell had his patients stay in a rest home where they were suspended from all activity and contact with loved ones between six weeks and two months. While there, they were fed by nurses, whether they wanted to eat or not, and in many cases Mitchell "arrange[d] to have the bowels and water passed while lying down" (*Fat* 59). During this period of suspended activity, he expected his patients to gain about fifty pounds (Appignanesi 120). Sometimes he would let patients read for an hour or two a day, but never more than three. Doctors and nurses sometimes used a device to masturbate patients, making the day "less tiresome than might be supposed" (Mitchell, *Fat* 6). While some women attested that the "rest cure"—a treatment for various illnesses that afflicted the nerves—truly did cure them, others disagreed. Charlotte Perkins Gilman wrote "The Yellow Wallpaper" to demonstrate how Mitchell's "rest cure" nearly drove her mad. Beginning in the 1890s, the diagnosis of puerperal insanity began to be out of vogue and women lost this disease category as a possible sick role, as its different manifestations were subsumed under the broader categories of mania or melancholy (Theriot, *Women* 413).

Undoubtedly the most famous female malady is hysteria. The identification of hysteria as a woman's illness is evident in its very name;

"hysteria" is derived from the Greek word for womb (Showalter, *Female* 129). The ancient Greeks believed that the uterus "was a free-floating entity which could leave its moorings when a woman was dissatisfied, to travel around the body and disrupt everything in its passage" (Appignanesi 142). Similarly, the "reflex theory" allowed Victorian physicians to attribute "virtually every known human ill" to hysteria (Smith-Rosenberg, *Social* 662). While some doctors diagnosed men with hysteria as well, by far the majority of hysterical patients were women. According to Showalter, rebellious young women were particularly susceptible to this diagnosis (*Female* 145).

Like hysteria, neurasthenia could be blamed for a wide variety of seemingly unrelated symptoms. When George Beard identified neurasthenia as "the morbid condition of the exhaustion of the nervous system" in 1869 (qtd. in Appignanesi 101), he listed over fifty symptoms, including "fainting, tooth decay, irascibility, paralysis, lack of appetite, vomiting, fits of laughing and crying, neuralgia, muscle spasms, morbid fears, constipation, insomnia, weariness" (Appignanesi 115). Most of these were also symptoms of hysteria. Indeed, the two maladies shared so many symptoms that they were virtually indistinguishable even to specialists (Showalter, *Female* 134). Pierre Janet, one of the pre-eminent experts on hysteria, suggested that neurasthenia was just a more prestigious name for hysteria that American physicians used to diagnose their patients "for the [sake of the] family" (11). The difference between the two illnesses seems to revolve around class. Showalter claims that neurasthenics were "ladylike, and well-bred" (*Female* 134). Although doctors diagnosed members of both sexes with neurasthenia, it was a much more common diagnosis for women than men (Russett 118). Women were thought to be naturally more nervous than men and, therefore, more prone to nervous exhaustion (Russett 118). Of course, Victorian scientists also argued that women needed their energy for reproduction, and any extra energy spent on intellectual pursuits—or anything else outside of the domestic sphere—would drive them to nervous exhaustion.

While neurasthenia may have become a diagnosis for members of the upper class who suffered from hysterical symptoms, shell-shock became the diagnosis for men suffering from hysterical symptoms in the modern age of warfare. As Judith Herman explains, "Under conditions of unremitting exposure to the horrors of trench warfare, men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many men began to act like hysterical women" (20). During World War I, over twenty army hospitals

had to be hastily set-up to treat soldiers suffering from mental breakdowns (Showalter, *Female* 168-69). After the war, 114,600 ex-soldiers applied for pensions for shell-shock (Showalter, *Female* 190). According to one estimate, shell-shock accounted for 40 percent of British casualties (Herman 20). Although these men suffered hysterical symptoms, their malady was labeled "shell-shock." As Elaine Showalter explains, "The efficacy of the term 'shell shock' lay in its power to provide a masculine-sounding substitute for the effeminate associations of 'hysteria' and to disguise the troubling parallels between male war neurosis and the female nervous disorders epidemic before the war" (*Female* 172). Despite the macho name, military officials and doctors generally treated victims of shell-shock with disdain, dismissing them as effeminate. Showalter explains, "madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady" (*Female* 4). Doctors like Lewis Yealland "treated" victims by shaming them and torturing them with electric shock. In contrast, W. H. R. Rivers used talk therapy to heal patients (Showalter, *Female* 176-78).[1] In 1941, after nearly twenty years of working with war veterans, American psychiatrist Abram Kardiner published *The Traumatic Neuroses of War*, in which he recognized shell-shock as a form of hysteria (Herman 23-24).

Another category of mental illness associated with hysteria in the Victorian and Modern periods was multiple personality disorder (MPD). Physicians in various western countries discovered that when hysterics were placed under hypnosis, alternate personalities could appear. Although the earliest known cases of MPD occurred in 1791, MPD was reported with increasing frequency towards the end of the following century (Crabtree 288, 301). In an article published in 1887, Pierre Janet theorized that "this kind of doubling of personality was at the very heart of the hysterical condition" (qtd. in Crabtree 310). Janet believed that subconscious personalities formed around memories that the patient could not cope with, and that they "affect the perceptions, emotions, and actions of the individual in such a way that the normal personality feels at odds with himself or herself, subject to phobias, compulsions, hallucinations, and other symptoms for which there is no apparent explanation" (Crabtree 320). Janet provided many examples of MPD in hysterics, as did Sigmund Freud and Joseph Breuer. Breuer's treatment of Bertha Pappenheim, also known as "Anna O.," became the model for the "talking cure" of psychoanalysis. In America,

[1] Rivers "held to Freudian concepts of the unconscious and repression to explain the process by which moments of terror or disgust were suppressed and converted into physical symptoms" (Showalter, *Female* 189).

Morton Prince's study of the hysterical Miss Beauchamp (1898-1904) is one of the earliest and most famous studies of MPD.[2]

Not only do concepts of "mental illness" reflect the gender dynamics of a particular time and place, they also reflect race and class dynamics as well. Categories of "mental illness" like neurasthenia and hysteria were not just coded as female maladies; they were coded as maladies of *white* women. According to Michele Birnbaum, Victorian physicians believed that "women of color . . . lacked the extreme feminine sensibility and degree of cultural refinement" marking women who suffered from hysteria and neurasthenia (8). Laura Briggs also concludes that "The medical and scientific literature contained not only a portrait of the white, upper-class neurasthenic woman, but also a fully articulated counter-account of the impossibility of hysteria in rural, immigrant, non-white, and 'savage' women" (258). In their attention to race, both Birnbaum and Briggs seem to amalgamate hysteria and neurasthenia together as one illness, when they became separated by class. As already discussed, neurasthenia seems to have developed a more positive connotation associated with the upper class than hysteria did.

Because disease categories like hysteria and neurasthenia were typically diagnoses reserved for middle- and upper-class white women, members of other sociological groups were excluded from these disease categories even when they exhibited the same symptoms. "It is only a covert romanticism," Carroll Smith-Rosenberg writes, that hysteria did not afflict the lower classes (*Social* 659). According to Mark Micale, new studies in Scotland and France indicate that "hysteria among the lower classes was not in fact rare before the nineteenth century, but simply unrecognized, untreated, and unreported" (157). Of course, hysteria was "unrecognized, untreated, and unreported" in the lower classes precisely because of the

[2] Miss Beauchamp came to Prince complaining of hysterical symptoms: headaches, insomnia, bodily pains, persistent fatigue, sleepwalking, nightmares, trances (Appignanesi172). While undergoing hypnosis, Miss Beauchamp revealed three alternate personalities. Prince characterized her waking self as "the Saint" (selfless, patient, polite, charitable), and the other personalities as Sally (mischievous, irresponsible, flirtatious, tomboy) and the Woman ("a parody of the New Woman who thinks she is 'capable of running the world'") (Appignanesi 173). Eventually Prince discovers that the original personality was not the Saint, but the Woman. The appearance of her male caretaker illuminated by lightening at her bedroom window literally scared Miss Beauchamp out of her mind. Her real self dissociated, and the Saint took over. As treatment, Prince integrated these two personalities and eradicated Sally (Appignanesi 171-76).

class connotations of the illness. Just as some members of the lower classes suffered from hysterical symptoms, some non-whites suffered from them as well. After spending 1843-1844 inquiring into "the diseases of the colored population of the South and West," Dr. Daniel Drake concluded that hysteria occurred "with considerable frequency" in the slave population (341-42). Evidently, Dr. Drake's colleagues had neglected to inform him that "It was absurd to expect that a Southern black should suffer from nervous diseases, or that insanity, epilepsy, and neurasthenia should flourish on the banks of the Amazon or the Nile" (Showalter, *Female* 135).

As Nancy Theriot points out, disease categories of past eras disappear not because they were not "real" to begin with, but because methods of diagnosis change (*Journal* 352). Moreover, concepts of disease are always shaped by culture and change over time. Victorian and modern theories of illness, disease categories, and methods of treatment depended on the symptoms described by the patient and/or her family, as well as the specialty of the consulting physician. There was undoubtedly debate regarding what constituted "mental illness" and how it was treated in Victorian and Modern England and America. However, an examination of the dominant theories, categories, and treatments for "insanity" in these periods reveals that medical science reinforced cultural values, particularly in regard to gender.

CHAPTER TWO

THE MAD MAIDEN IN THE MEADOW: DEPICTIONS OF OPHELIA IN PRE-RAPHAELITE ART

The association between women and madness that is evident in categories of mental illness in the nineteenth century is reflected in the art of the period as well. The depiction of one figure in particular helped perpetuate stereotypes about mental illness in women: Ophelia. Ophelia was the most popular subject in English art in the nineteenth century. During that period, at least fifty portraits of Ophelia appeared in exhibitions at the Royal Academy (Kiefer 12). Moreover, she was also the subject of poetry and photography. According to Kaara Peterson, portrayals of Ophelia in art changed dramatically around mid-century. Prior to this, whenever Ophelia was represented in art, she was typically part of a group and not the focus of the piece. After mid-century, however, she suddenly became the focal point as "the drowning, pathos-inspiring figure that typically haunts our imaginations today" (Peterson). Why were the Victorians—particularly the Pre-Raphaelites—so captivated by the figure of Ophelia? The prominent role Ophelia played in Pre-Raphaelite art is attributable to the fact that she combined two of the most fascinating female stereotypes in the Victorian imagination: the madwoman and the tragic youth.

An examination of nineteenth-century culture reveals that the Victorians were fascinated by the figure of the madwoman. She appears again and again in works of art, literature, and medicine throughout the period. The Victorians believed that madness was linked to a woman's physiology, and Ophelia is a prime example of this. "She is an especially intriguing character," Carol Kiefer writes, "because of her madness—a madness that is intimately linked to her femininity" (11).

In the nineteenth century, Ophelia becomes representative of madwomen in general. In fact, the character of Ophelia was a model for conceptions of female insanity in nineteenth-century medicine. According to Elaine Showalter,

> superintendents of Victorian lunatic asylums were also enthusiasts of Shakespeare, who turned to his dramas for models of mental aberrations that could be applied to their clinical practice. The case study of Ophelia was one that seemed particularly useful as an account of hysteria or mental breakdown in adolescence, a period of sexual instability which the Victorians regarded as risky for women's mental health. (*Shakespeare* 85)

Helen Small argues that both medical historians and literary critics have "produced an overly synthetic account of English fictional and medical representations of madness in the 18th and 19th centuries" (28). However, an examination of nineteenth-century medical texts reveals that this connection between madwomen in literature and medical texts was first made by nineteenth-century doctors themselves. John Charles Bucknill, the president of the Medico-Psychological Association, said in 1859: "Ophelia is the very type of a class of cases by no means uncommon. Every medical physician of moderately extensive experience must have seen many Ophelias" (qtd. in Showalter, *Shakespeare* 86). Likewise, Dr. John Connolly, superintendent of the Hanwell Asylum, believed that even the lay person could recognize the Ophelia type in a mental ward: "the same young years, the same faded beauty, the same fantastic dress and interrupted song" (qtd. in Showalter, *Shakespeare* 86). These same characteristics of madness are conveyed in the iconography of Pre-Raphaelite portrayals of Ophelia: "her appearance, her gestures, her costume, her props, are freighted with emblematic significance" (Showalter, *Shakespeare* 80).

Because Ophelia was both the victim of madness and the victim of rejected love, and because her suffering led to her early death, she is a conglomeration of the most tragic romantic fantasies of the Victorian age. As Bram Dijkstra explains, Ophelia became a perverse sort of idol, "the later nineteenth-century's all-time favorite example of the love-crazed self-sacrificial woman who most perfectly demonstrated her devotion to man by descending into madness . . . and who in the end committed herself to a watery grave, thereby fulfilling the nineteenth-century male's fondest fantasies of feminine dependency" (42). Male artists in particular were obsessed with the figure of Ophelia, as she embodied the male fantasy of the lovesick, fragile, dependent woman. For them, Ophelia's identity was defined by her status as Hamlet's spurned lover. The appropriate destiny for a rejected woman in Victorian art was an early death (Marsh, *Images* 139). As Jan Marsh explains in *Pre-Raphaelite Women: Images of Femininity*, representations of Ophelia belong to a larger class of paintings which Marsh calls the "Pale Ladies of Death." Although she was not the only female

figure in Pre-Raphaelite art to represent "sorrowful, pathetic death" (Marsh, *Images* 138), Ophelia was certainly the most prominent.

The image of the dying maiden had a certain sex appeal for the Victorian male. As Gudrun Brokoph-Mauch explains, "The *femme fragile* is . . . the ideal playmate in the fantasy world of the sexually inhibited" (471). As a symbol of youthful innocence and fragility, the dying maiden is not sexually threatening. However, she is alluring to the male viewer precisely because she is "on the verge of sexual awakening" (Ziegler 41). Her early death, however, prevents that awakening and preserves her virginity. For this reason, Alan Young suggests that Ophelia's death symbolizes the containment of a threatening female sexuality (282). However, because her sexual innocence intensifies her sexual appeal, some Pre-Raphaelite illustrations of Ophelia are erotic. Jan Marsh explains: "Death, love and sex were powerfully but invisibly linked in Victorian culture and, as the century progressed, painters and poets made the link increasingly, even sensationally, explicit" (*Images* 135).

Because her tragic and sexual appeal is predicated upon her untimely death, most Pre-Raphaelite portraits of Ophelia illustrate her drowning or the moments just prior. Kaara Peterson blames the artistic repetition of Ophelia's death scene on Gertrude, the character who relates the tale of Ophelia's tragic end in the play: "Gertrude 'frames' Ophelia's story by making it as 'pretty as a picture,' and as such Gertrude's story becomes in turn the visual 'history' of the body of Ophelia, more often than not, as is evidenced by the artistic repetitions of this particular scene" (Peterson). Peterson is perturbed that "this one aspect of her life (death) has become essentially her entire story through a kind of synecdochic process—the part represents the whole." Gertrude's narrative of Ophelia's death is undoubtedly poetic and, therefore, a likely inspiration for later artists who took up the subject. However, this suggests that the figure of the maiden who dies of a broken heart was already a romantic icon in Shakespeare's time, just as it was for the Pre-Raphaelites. Moreover, Gertrude's poetic description of Ophelia's death may not be the only reason that she is typically portrayed in nature; perhaps Ophelia's placement in the wild is another allusion to her madness and, by extension, to woman's primitive nature.

The most famous representation of Ophelia does, indeed, illustrate her drowning in the wild. John Everett Millais's 1852 portrait of Ophelia captures the moment just before she sinks to her watery grave (see Fig. 2-1). Submerged in the stream, her arms are spread up in an attitude of surrender, reflecting the proper, passive female role. Her white dress symbolizes her virtue, while her flowing hair and anesthetized facial