

Gender and Insanity in Nineteenth-Century America

Lauren Kerton

In 1860, Mrs. Elizabeth Packard woke to find several men crowding into her bedroom. She fled from her bed and locked herself in the bathroom. The men broke the door down and restrained her. She was swiftly carried out of her home and taken to a carriage that was waiting to take her to an insane asylum. These men were not strangers to her. In fact, one was her husband, two were doctors who declared her insane, and all were fellow parishioners.

How did this Victorian woman find herself in this situation? Mrs. Packard's story began when her religious beliefs drifted from the Presbyterian Church's strict doctrine. In testimony given years later, she stated that she shared her convictions with her husband, Mr. Packard. He encouraged her to share these views at a bible study, which she did. When he later ordered her to denounce these beliefs, she refused. The following day she was on her way to an insane asylum.

This sudden action taken by her husband was completely legal. In 1860, Illinois law "specified that married women, '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.'"¹ The law went on to say that there need not be any previous history or behaviors to support the husband's claim. There were absolutely no legal defenses for women like Mrs. Packard to invoke in the face of this law "for the subjugation of unsubmitive wives."² Illinois law also stated that men could not be committed or deemed insane without a trial by jury. According to Mrs. Packard's account, she was given a choice when admitted to the hospital; to

¹ Linda V. Carlisle, "New Notations and Wild Vagaries: Elizabeth Packard's Quest for Personal Liberty," *Journal of the Illinois Historical Society* 92, no. 1 (2000): 46.

² Carlisle, "New Notations and Wild Vagaries," 47.

recant her beliefs and go home or stay in the asylum. She held fast to her convictions and remained in the asylum for three years. As dramatic as this may seem, this is just the beginning of Mrs. Packard's ordeal.

Her story was not an uncommon one in Victorian America. Men remained in firm legal control of their wives and children. In a society that valued social image, and as the field of psychiatry was just forming, some men discovered their advantage in committing their wives to asylums as a substitution for divorce. The early definition of insanity claimed it was visible and would affect the mental as well as physical abilities of a person, thus allowing it to fit varying circumstances. Many women were victims to the ambiguous definition of insanity and to the lack of legal protection from the dominant man in their lives. This is not to say that there were not harmonious marriages or that all women committed to an asylum were mentally healthy; obviously, some suffered from some sort of mental health diagnosis. However, there is ample evidence that many women like Elizabeth Packard were unjustly committed.

This paper examines insanity through gender, legal applications, and socio-economic circumstances, but it is important to point out that it only considers the experiences of white women in American society. Because of the construction of race throughout the century, American women of different races had different experiences within the development of psychiatry and the treatment of insanity. The background and implications of their story would exhaust the scope of this paper.

In examining the relationship between psychiatry and gender, it will become evident that treatment differed among men and women. Within the realm of the legal system, it will be shown that men were more successful than women in using the insanity defense. The relationship between insanity and a woman's socio-economic background will be detailed, outlining the disparity of institutions they had access to and the treatments they received. Throughout this paper, nineteenth century social influence will be apparent in the effects that women faced. By examining these themes, this paper will show the connection between gender and insanity in nineteenth century America.

Psychiatry, Causes of Insanity & Treatments

Before psychiatry came into practice, society was increasingly concerned with mental health and the need for a solution. At the start of the nineteenth century, the responsibility to take care of these insane people fell onto public almshouses or a religiously-based mental health facility. These focused on changing a person's moral fiber. Those taken to such facilities were subjected to treatments that were meant to change their moral character, which was believed to be the root of their insanity. By the late 1840's, a more medical approach was sweeping the nation. This is where the term of mental health was replaced with psychiatry, which relied on a cause and effect approach. Such as, the cause for women's insanity to be a consequence of "exciting causes."³ These excitements interfered with a woman's natural morality. A study of four asylums claimed that in cases of insanity nine out of ten times was a result of some excitement. They went on to rank them. "1) ill health, 2) intemperance, 3) religious excitement, 4) domestic unhappiness, 5) intense mental or bodily exertion, 6) puerperal state, 7) masturbation, 8) grief, loss of a friend etc., 9) perplexities in business, and 10) disappointed affection."⁴

For a twenty-first century thinker, it is hard to reconcile doctors viewing many of these "excitements" as a cause of insanity. Nineteenth century doctors defined insanity in broad terms, particularly as a visible disease that affected a person's intellect or normal behaviors.⁵ Yet there are obvious issues with defining it as such. The case study referenced above identified ill health as the leading cause of insanity. Ill health certainly is visible and affects a person's normal behaviors, thus meeting the nineteenth century definition of insanity. Yet to what degree does someone's physical health lead to insanity? The inability to perform normal domestic duties as a result of being bedridden should be obvious. However, in today's society we do not equate a physical illness as leading to mental distress as easily as doctors did in the nineteenth century did. Many women of that time who were

³ Jeffery L. Geller & Maxine Harris, *Women of the Asylum*, (New York: Doubleday Dell Publishing Group, 1994), 24.

⁴ Carlisle, "New Notations and Wild Vagaries," 49.

⁵ Carlisle, "New Notations and Wild Vagaries," 50.

taken ill were sent to asylums, in some cases without being told of their destination or the type of institution to which they were being taken.

In 1887, journalist Nellie Bly recounted the effect the asylum had in regards to one woman who had been admitted for being bedridden from an illness.

Insane? Yes, insane; and as I watched the insanity slowly creep over the mind that had appeared to be all right I secretly cursed the doctors, the nurses and all public institutions. Someone may say that she was insane at some time previous to her consignment to the asylum. Then if she were, was this the proper place to send a woman just convalescing, to be given cold baths, deprived of sufficient clothing and fed horrible food?⁶

Without delving too deeply into the unhealthy and inhumane conditions, Bly's comment is evidence that an asylum was not a proper setting for someone recovering from a physical illness. If anything, this woman's insanity may have been brought upon by the asylum itself.

While the predominant gender role shifted from the "True Woman" to the "New Women" (a visible activist for women rights), society continued to view legitimate sexual activity as an act exclusive to the marriage bed. Historian Hendrik Hartog summarized the prevalent belief that, "without marriage, sex was fornication; with marriage, it became a duty and right. That was a law."⁷ Though doctors acknowledged the ability for women to find sexual release on their own through masturbation, it was still believed to be both socially and medically unhealthy and linked to disease during the late nineteenth century and early twentieth. Both society and the medical field held fast to the belief that it was healthy for women to "[...] desire sex only when prompted by a husband's erotic desire."⁸ Consequently, women who explored their sexuality outside of her husband's prompting became easy

⁶ Nellie Bly, *Ten Days in a Mad-House*, (Nouveau Classics, 2016), Kindle Edition, 63-4.

⁷ Hendrick Hartog, "Lawyering, Husbands' Rights, and 'the Unwritten Law' in Nineteenth Century America," *Journal of American History* 84, no. 1 (June 1997) 93.

⁸ Sarah B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment Rochester*, (New York: University of Rochester Press, 2014), 19.

targets. The main male in a woman's life could claim there was something psychologically wrong with her and have her sent to an institution.

Women deemed sexually deviant were often subject to extreme treatments. Female circumcisions, along with, a lesser degree, clitoridectomies and clitoral cauterization, have since been deemed criminal as human mutilation in the United States.⁹ In the nineteenth and early twentieth century, however, each was a common practice to subdue those suffering from not only the disease of masturbation but also from hysteria. Doctors believed the clitoris was the main cause of sexual deviance and the heightened emotional states in women. By removing it, doctors would be able to quell women's desires and cure them of their hysteria.

Targeting women's reproductive organs was also a common treatment method in the early years of psychiatry. In cases in which women's moods changed significantly around their menstrual period, doctors would remove the ovaries or encourage weight gain, which they believed would "calm" the symptoms if not cure them completely.¹⁰ Other methods involved injecting hot water into a woman's vagina. In some extreme cases, doctors would administer continuous electric charges directly to a woman's uterus for periods up to ten minutes. Doctors applied a "double uterine exciter" in women who were no longer virgins.¹¹ These methods were often untested nor endorsed by the medical community. As psychiatry developed into the early twentieth century, medical societies began to condemn these procedures, resulting in their use phasing out.

Women had very little legal standing to begin with, and once branded as insane; they had even less. The stigma of being insane was to be a distinct and powerless "other." They were not "normal" in a society that regarded being male as the epitome of being human. In the eyes of some doctors, this gave them carte blanche in their methods of treatment, which at times were experimental at best and downright butchery in others. Women were subjected to treatments without being given a say in the doctors' methods – they were insane after all.

⁹ Geller & Harris, *Women of the Asylum*, 101.

¹⁰ Geller & Harris, *Women of the Asylum*, 100-1.

¹¹ Geller & Harris, *Women of the Asylum*, 101.

There were other questionable methods. Patients would be strapped into a tub that would be filled with ice water to calm them. Physically, this would first result in the instinct to fight to get out of the water and thrash about, thus reaffirming the doctor's belief that the patient was violent. Soon the water would start to cause sluggish movements of the body and thought, affirming the treatment was working. In truth, it was the patient demonstrating the early stages of hyperthermia. Some institutions were not as well-staffed or trained in care, which resulted in patients being left for dangerously long periods in the cold water.

There is an important distinction to be made between early psychiatric treatments and later ones. Doctors originally treated residents with the approach of curing them. As psychiatry developed, doctors no longer believed the idea of curing a person's mental illness was the correct approach, but rather sought to alleviate severe symptoms and manage a lifelong diagnosis.

In the survey stating that intense mental or bodily exertion was a cause of insanity, it might seem on the surface that such effort would be an understandable and legitimate cause of mental distress. However, looking deeper, this "excitement" becomes insidious. As urbanization rose, so did men's fears of empowering the opposite sex. Male scholars began to argue that urbanization and its demands would "excite" women and put them through mental strain or exertion. Women as a whole, in the eyes of society, were weak and frail-minded. Their nature was too delicate to be in the men's arena.

One scholar explained how exposure to inappropriate stimuli caused "over-excitement of their [women's] sensibilities, their flights of imagination, their exaggerated tenderness, their religious attachments [...] produce in them illnesses."¹² These scholars were actually crafting a case to keep women from entering further into the men's sphere, whether becoming part of the workforce or starting to become actively involved in social movements and as an extension, politics.

¹² Howard Kushner, "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought," *Journal of Social History* 26, no. 3 (1993): 468.

Describing a woman's nature in delicate terms was commonplace in the nineteenth century. Linguistically softening women in literature contributed to the public perception that women were too emotionally sensitive to step out of their current gender appropriate roles. In an 1897 publication, sociologist Emile Durkheim went so far as to describe how women's skulls regressed inward, causing their delicate nature and inability to handle 'tough' subjects.¹³

The language used within society and psychiatry shaped many of the ways the public viewed women and the insane. And since insanity was something that society sensationalized, newspapers would eagerly announce those who were committed to asylums. However, every time a woman was the subject of these articles, she was always identified as the wife, daughter, or mother of a man. Thus, her identity was not her own, but continued to be dependent on the dominant male figure in her life. This also reinforced the appropriate subordinate roles women were meant to undertake at the time. Even in the identity of being declared insane she could not do so without existing without a male counterpart.

Doctors too voiced their own concerns in regards to the expansion of women's interest and participation in the public sphere. Historian Anthony Rotundo notes, "Victorian medical profession grew alarmed that too many women were seeking education and an active role in the world beyond the home, doctors announced that inherit qualities of the female reproductive system dictated that women should stay at home and have babies."¹⁴ Women's biology was used against them to keep them in their homes and in their specialized gender roles.

With the influx of women in the workforce during the end of the nineteenth century and beginning of the twentieth century, the environment of those places changed with them, such as removing spittoons from office spaces or censoring their language.¹⁵ These changes resulted in outcries from men, deeming that society and civilization was being feminized. Author Henry

¹³ Kushner, "Suicide, Gender, and the Fear of Modernity," 472.

¹⁴ E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*, (New York, Basic Books: 1993), 230.

¹⁵ Rotundo, *American Manhood*, 250.

James published his frustrations in his novel, *Bostonians*, through the male protagonist. He went so far as to have his character declare that men were being womanized. "The whole generation is womanized; the masculine tone is passing out of the world; it's feminine, a nervous, hysterical, chattering, canting age."¹⁶

These fear-mongering publications of the impending feminization coupled with the articles on the dangers women were facing by taking part in these activities. A woman's role was portrayed in restricted terms, although this did not inhibit women from entering the workforce; they kept crossing further into the men's sphere. Such female incursion intensified arguments that insanity could be caused by mental exertion and led to many female activists being committed regardless of their actual mental state.

Elizabeth Packard was deemed morally insane. This type of insanity was "catchall for cases in which there was little real evidence of insanity."¹⁷ Moral insanity was applied to anyone who acted "immoral or improper," which left the interpretation of what was immoral or improper to husbands and doctors.¹⁸ With no set of identifiable symptoms, such definitions of insanity created a giant gateway for many women to be institutionalized for minor behavioral infractions.

Western views of suicide stripped women of their identity. In the early nineteenth century, suicide was defined as a "male activity." Durkheim, defined suicide as "death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result."¹⁹ Durkheim's definition not only excluded women, but also ignored attempted suicide for both genders. This was done purposely to support Durkheim's claim that men were at a greater risk for suicide. The added data on attempted suicides would have proven women were at greater risk, not men, thus undermining Durkheim's entire argument.²⁰

¹⁶ Rotundo, *American Manhood*, 252.

¹⁷ Carlisle, "New Notations and Wild Vagaries," 50.

¹⁸ Carlisle, "New Notations and Wild Vagaries," 50.

¹⁹ Kushner, "Suicide, Gender, and the Fear of Modernity," 473.

²⁰ Kushner, "Suicide, Gender, and the Fear of Modernity," 473.

Since suicide was something only a man was capable of doing, women who ended their lives also lost the identity of being a woman.²¹ Even in death a woman was still subject to man's edict. This also skews analytical data taken from that time. If women who committed suicide were no longer seen as women, their deaths could have been recorded as a result of something else. If their deaths were counted as suicides then they were literally being counted as a man, thus stripping them of their womanhood.

Defining suicide to be viewed as strictly a male activity was not an unconscious choice. This was an intentional move to keep women strictly in their defined gender roles. The sole job of a woman was to be a mother to her children and a wife to her husband. Scholars argued, "the more children a family produced, the safer its members were from self-destruction."²² This increased the need for women to fulfill their gender obligations. By having children, they were not only succeeding in being a woman but they also were protecting the very sanity of their family. This line of logic also led to the belief that women were more resistant to suicide.

The Legal Defense of Insanity

Prior to the 1850s, husbands had a legal privilege under what is referred to as the "unwritten law."²³ Under this law a husband who caught their wives in a compromising position with another man (their lovers), could enact any means necessary to defend what was theirs; including murder. This law was crafted by society's perception that a wife is subservient to her husband and illustrates how far society allowed that possession to go. Hartog explains:

The man was made for God, the woman for man; and that the woman was the weaker vessel, is meant to be under the protection of the stronger vessel, man. The forfeiture of that supremacy is as much an infraction of the husband's right as though it was the infliction of violence upon her or him.²⁴

²¹ Kushner, "Suicide, Gender, and the Fear of Modernity," 462.

²² Kushner, "Suicide, Gender, and the Fear of Modernity," 471.

²³ Hartog, "Lawyering, Husbands' Rights," 67-8.

²⁴ Hartog, "Lawyering, Husbands' Rights," 68.

The unwritten law was deeply tied to the religious belief that when men and women married, they became united and one entity. Several cases document the acquittal of husbands who employed this type of defense in their trials. As women began to gain legal rights outside of their marriage, the implementation of this defense changed slightly. Lawyers started to play to the (all male) jurors' own insecurities about the changing dynamics of marriage and women's apparent growing power in the public domain.²⁵ Hartog found that "[...] jurors needed to acquit so that they – the jurors, like other husbands – could sleep easily within their own households, could rest secure that their own families would remain true to the eternal verities."²⁶ This argument struck a chord with many jury members, who could easily envision sitting in the defendant's seat if their circumstance were similar. The lovers, or victims, were often portrayed as deserving "to die for having 'polluted' the wife's 'being.'"²⁷

Another defense that came out of the changing balance in marriage rights between men and woman was an insanity defense. Because psychiatry was in its infancy, the definition of insanity was "fuzzy and undeveloped," which made implementing this defense easier for lawyers trying to claim their clients were driven temporarily insane.²⁸ Again, Hartog offers useful insights:

By definition, the insane are exceptional and distinctive, constructed differently from the rest of us. Which is why they are excused from punishments [...] the defense worked to show that the defendant's actions were generated by feelings – by a frenzy – to which all good men alike were subject, feelings that were, indeed, the product and the markers of their goodness and their normality.²⁹

Lawyers crafted their cases not only to claim that this temporary insanity was the cause of their client's actions and that their clients should not be punished, that their insanity was a "[...] defect and more a legitimate and

²⁵ Hartog, "Lawyering, Husbands' Rights," 77.

²⁶ Hartog, "Lawyering, Husbands' Rights," 77.

²⁷ Hartog, "Lawyering, Husbands' Rights," 78.

²⁸ Hartog, "Lawyering, Husbands' Rights," 83.

²⁹ Hartog, "Lawyering, Husbands' Rights," 83-4.

appropriate attribute of male identity.”³⁰ In a paradoxical argument, the defendant’s actions proved he was acting as a good husband or in a manner appropriate to manhood; this implicitly approved of and excused his actions. These arguments reinforced the original form of the unwritten law that husbands had complete legal carte blanche to protect and avenge their marriage. It resonated with the jurors successfully, as long as the context of the crime fit the original structure of the unwritten law, which stated the crime must be committed within a short time after the discovery of the affair.

Men called upon this defense when their wives were thought to have lovers and their husbands acted in murderous terms. This defense was reasonably successful for several decades. Using the logic that men were so enraged by the destruction of their property, (their wives), husbands claimed to be temporarily overcome with murderous insanity. This argument worked to persuade several juries that the defendants had been rendered temporarily insane. These cases illustrate how strong society viewed a wife was subservient to their husbands and how far men could use this belief for their benefit.

Insanity defenses were used by men and women alike, though sometimes women were not in agreement in using the defense. In 1857, Adriana Brinckle, was committed to an asylum after the use of an insanity defense, after being caught committing fraud, which put her in extreme debt. Unbeknownst to Brinckle, her father orchestrated a temporary insanity defense. Brinckle was examined by two doctors, while having no knowledge the purpose of the exams was to determine her mental state. She was promised that her stay in the asylum would be a temporary situation until her debt was cleared. This promise was given to her several times by her father, who passed away four years after she was originally committed. Her guardianship transferred over to the judge of her case and with it the promise of being released. Brinckle was left in the asylum until the Committee of Lunacy of the Board of Public Charities of Pennsylvania reviewed her case and released her 28 years later.³¹ Brinckle is just one example of how women were

³⁰ Hartog, “Lawyering, Husbands’ Rights,” 84.

³¹ Geller & Harris, *Women of the Asylum*, 109-10.

not given the same liberty to be temporarily insane without consequence. Men were being acquitted from murder charges and yet women committing lesser crimes were sentenced to lengthy and sometimes permanent stays in asylums.

Insanity and Socioeconomics

Socioeconomic backgrounds also played a major part in the fate of women. Many times, their economic backgrounds were a determining factor as to what kind of institution they would be placed in and whether or not society would forget them. More importantly, their economic standing also affected the doctor's belief in the importance of curing them or whether they were curable to begin with. In 1856, Massachusetts commissioners stated in a report, "[...] we find that, among those whom the world calls poor, there is less vital force, a lower tone of life...There is also less ambition and hope, more idiocy and insanity [...]"³² The view of the wealthy was a stark contrast, as it was "a class whose suffering from mental disease were most acute [...]" and whose restoration to health and usefulness were, most important."³³ Care was prioritized to the wealthy, who were seemingly curable, whereas the poor were deemed to be doomed to a permanent condition of insanity.

Poorer women were also less likely to be defended properly against the claim of insanity. They had minimal resources and no powerful friends to support them. They were more easily forgotten by society and left to their own devices while institutionalized, and committing them was simpler. These women were also more likely to be sent to a facility that lacked basic needs, such as access to sanitary products, warm clothing or bedding, and fresh food. These institutions were also prone to acts of abuse, carried out by the staff on the patients.

In 1887, journalist Nellie Bly published her undercover experience in one of the most notorious asylums of the time, the Women's Lunatic Asylum on Blackwell Island in New York. Her book, entitled *Ten Days in a Madhouse*, was an exposé on the treatment of women who often came from lesser means. Bly recounted the beatings she witnessed the nurses perform on patients who

³² Denise Wilbur, "Where Are Your Penniless Maniacs?": Medicine, Economics, and Class at Hartford's Retreat for the Insane," *Trinity College Hartford Studies Collection* (2001): 40.

³³ Wilbur, "Where Are Your Penniless Maniacs?" 1-2.

were not compliant. Sadly, this was a form of entertainment to the staff. The threat of violence was used constantly in an effort to ensure compliance. The food was stale and sparse in variety. The baths were conducted in cold water and was not changed from patient to patient. In her account, she met many women who were as sane upon their admittance, but the neglect and treatment used on them slowly changed them.

What a mysterious thing madness is. I have watched patients whose lips are forever sealed in a perpetual silence. They live, breathe, eat; the human form is there, but that something, which the body can live without, but which cannot exist without the body, was missing. I have wondered if behind those sealed lips there were dreams we ken not if, or if all was blank?³⁴

Bly's exposé does not just reveal the abuse within the walls of Blackwell, but also the consequences of that abuse on the minds of the women there. She bared witness to "madness" creeping over her fellow patients and no doctor or nurse taking action to prevent it. There is a loss of hope in humanity that Bly conveys to her readers and a desperate plea for change to this.

There are plenty of testimonies from former patients of the conditions to which they were exposed. Adriana Brinckle gives an account of what ward life was like. She spoke of multiple abuses and also how nurses were untrained. She tells a story of one patient coaxing another patient into almost killing themselves. Brinckle also spoke on how nurses were disrespectful and crass toward the bodies of patients who died.³⁵ Another woman, Lydia Smith, wrote how she was physically held down in a bath by her throat so strongly, she passed out. After being restrained to a bed by leather straps, a wedge was forced into her mouth and through it, an unknown medicine was poured down her throat. Smith described the force by which the attendant had inserted the wedge that had knocked some of her teeth out.³⁶ Yet another woman likened the abuse as "witches are still hung; and the people, unknowingly are aiding and abetting the deed!"³⁷ She saw the

³⁴ Bly, *Ten Days in a Mad-House*, 75.

³⁵ Geller & Harris, *Women of the Asylum*, 113.

³⁶ Geller & Harris, *Women of the Asylum*, 134-5.

³⁷ Geller & Harris, *Women of the Asylum*, 125.

damage these poorly run institutions had on the patients who resided within them.

Bedrooms held anywhere from one to six women, sometimes more, of varying mental states. The rooms were locked at night and women were expected to sleep, while others who suffered from a greater mental illness would wail or thrash about throughout the night. Many studies have shown sleep deprivation can cause serious effects to a person's well being, particularly mentally. There was no distinguishing that lack of sleep was the underlying cause for new symptoms women were beginning to experience. Being placed in an asylum, holding the diagnosis of insanity, adding now sleep deprivation symptoms, reinforced doctors' belief in the fact that the women they were treating were indeed insane.

During her stay in Blackwell, Bly was subject to such sleeping conditions and did not sleep out of fear for her safety. The nurses took note of her lack of sleep and made her take laudanum under the threat of being physically forced to do so.³⁸ Laudanum is defined as an alcoholic solution containing morphine, prepared from opium. Bly was not told what the concoction was made from and after being left alone forced herself to regurgitate it. This illustrates one of the shifts during the early evolution of psychiatry. When psychiatry was in its infancy, physical restraints were heavily relied on to detain those who were deemed violent people. As time progressed the physical restraints were swapped out for chemical ones. These chemicals would sedate patients to the point of being mentally absent. They also marked the entrance of pharmaceuticals as a mainstream practice in psychiatry.

Outside of sleeping and eating, many undesirable institutions held little in the sense of physical activities and mental stimulation. In Blackwell, women were expected to sit:

[...] to take a perfectly sane and healthy woman, shut her up and make her sit from 6 A.M. until 8 P.M. on straight-back benches, do not allow her to talk or move during these hours,

³⁸ Bly, *Ten Days in a Mad-House*, 71.

give her no reading and let her know nothing of the world or its doings, [...] see how long it will take to make her insane³⁹

Indeed, any one person restricted to this regimen of treatment would suffer dire mental and physical consequences.

In part, these wretched conditions can be traced to overcrowding. Partially to blame for this increase of patients was the states legislation. Prior to the growth of asylums, families took the brunt of responsibility to take care of their mentally and emotionally unstable relatives. People identified as mentally ill who were poor and living on the streets were the responsibility of the community and by extension the church. A major shift in these responsibilities fell upon the newly established institutions. As a result, overcrowding and quality of care plummeted. Patients were crammed into small living spaces and the need for staff was in such high demand, proper training was not a priority.

One such asylum was the Retreat for the Insane in Hartford, Connecticut. The directors of this establishment designed it for the wealthy, who were seen as worthy of treatment and far more curable than the poor. They also were able to pay for the steep cost for their care. Though their main demographic were the upper class, the Retreat did admit a small number of poor patients. However, this drastically changed when the state and the Retreat came to an agreement that the Retreat would accept state-sponsored patients at a reduced cost and in return the state would provide funding to construct new buildings for the growing number of patients. The state slowly followed through on their end of the bargain, but immediately exploited the agreement by overwhelming the Retreat with new patients.

Quality of care declined, which did not go unnoticed by the review boards that criticized the poor conditions patients were living in. At its opening the Retreat housed only forty-four patients, by the time it closed it had 145 rooms for patients, yet it is believed the actual number of people admitted to the hospital exceeded this number.⁴⁰ Though directors attempted to control the number of patients entering its doors, they “were unable to

³⁹ Bly, *Ten Days in a Mad-House*, 59.

⁴⁰ Wilbur, “Where Are Your Penniless Maniacs?” 52.

control the composition of patients in their own hospital and suffering from overcrowding and underfunding, these directors rescinded their offer to serve a broad population,” or, in other words, the poor.⁴¹ This decision came too late to save the plunging Retreat’s reputation.

If a woman came from a distinguished family and was well off, she would be more likely to be sent to an institution that catered toward the upper echelons of society. The institutions serving the wealthy could easily be mistaken for modern day country clubs or retreats, a stark contrast to an institution like Blackwell. Built in isolated areas, they promoted tennis courts, lobster dinners, and other extravagances that the wealthy would expect. The reasoning behind their secluded locations was twofold. The first lay in the belief that removing the insane from over- stimulation would reduce the excitement that triggered their insanity. However, the isolated locations spared the family members from the shame of having it revealed that their relative was insane. It also kept a barrier of safety and ignorance between “normal” society and the lunatics. Being committed to these facilities had a promise of anonymity that public institutions failed to deliver.

There was easy access to all the patient’s necessities and a plethora of activities in which they could participate. These facilities kept their residents active indoors and outdoors in an effort to keep their minds off the excitement that brought them to the institution. Besides the tennis courts, swimming pools, badminton, and croquet courts were just some of the activities at the patient’s disposal. In addition, extravagant gardens and access to reading material further catered toward the status of the wealthy. Nurses and orderlies were attentive to the patients’ needs and often acted more as servants, ensuring the patient’s stay was pleasurable by meeting any of their demands.

Most asylums, whether they catered to the wealthy or were state institutions, had a receiving room. This is where visitors would come and meet with one of the patients and was elaborately decorated to look like a homey parlor. These rooms kept the facade of normalcy for those who came to visit their loved ones. Nellie Bly spoke of how she was ushered by the nurses

⁴¹ Wilbur, “Where Are Your Penniless Maniacs?” 12.

to comb her hair and look presentable for news reporters who came to see her, as no one knew her true identity. She was struck by the sharp contrast of how differently it appeared to the rest of the hospital. The Blackwell Institution did not fit with this room as was the case with many asylums. These receiving rooms were more for the benefit of the visitor than the actual patient. By creating this separate space, visitors were shielded from leaving their “normal” world for that of the asylums “otherness.”

Although their socio-economic backgrounds provided some reassurance of protection against claims of insanity and also from placement in less desirable institutions, it was not always the case. Revisiting the ordeal Elizabeth Packard suffered proves this. She was from a distinguished family and was well respected within society. However, she spent three years institutionalized based on only testimony from her husband and a doctor whose bias was clear. Though her standing in society did not prevent her from experiencing institutionalization, it did aid her in her fight to change laws regarding marriage, declarations of insanity and better access to sanitary products within these institutions. It also prevented a second attempt to institutionalize her.

After her discharge from the asylum, her husband promptly locked her in the bedroom whilst he made arrangements to send her to another institution – permanently. In a desperate act, Mrs. Packard threw a note to a passerby out her window explaining her dilemma and gave directions to seek help from her friends. The friends on which she called for help from were respected in society and had enough clout to liberate her from her husband’s grasp.⁴²

Aftermath and Activism

Following Nellie Bly’s release, she published her experience and she was called before a New York grand jury to testify, where she recounted under oath everything she witnessed and experienced. She was asked to accompany the jury on a visit to Blackwell so they could see for themselves everything she

⁴² Hendrick Hartog, “Mrs. Packard on Dependency,” *Yale Journal of Law & the Humanities* 1, no. 1 (1989): 82.

detailed. There had been some prior warning to the administrators of the asylum, which became evident by the vastly better conditions Blackwell was providing, one being a far better quality of food than to what Bly had testified. In her testimony, everything served to patients was either stale or moldy, while she and the other patients witnessed fresh meats, fruits, and vegetables being sent to the staff dining room. During their investigation it now appeared patients were enjoying the food once only served to the staff. Many of the women that she took record of had somehow disappeared. Some were said to have been sent to other asylums, but no one knew which ones, and others were said to have been cured, or their existence was denied entirely by the administrators. Despite the transformation and lack of witnesses, however, the court did believe Bly's testimony, deciding to appropriate \$1,000,000 to the improvement and betterment of the insane, an equivalent of \$27,027,263.16 by today's standards.⁴³

After being liberated from her husband, Elizabeth Packard became disillusioned by many of the marriage laws, particularly the one that helped institutionalize her, as well as being disgusted by the treatment of the mentally ill. Away from her husband, she began to write about her experiences and publish them along with the stories of other women who had similar treatment. Mrs. Packard's publications prompted a call of action to change the current laws around marriage and mental illness. Her writings gained a large audience, too, whose outrage also demanded social reform. She was a driving force in reforming the way involuntary commitments to asylums took place. In Iowa, Illinois, and Massachusetts, personal liberty laws were adopted, which made a jury trial required for any person being involuntarily committed.⁴⁴ In 1867 an amendment was added in Illinois, which required retroactive jury trials for those institutionalized prior to 1865. This opened an avenue for people unjustly committed to asylums to plead their case in court for the first time. Women like Adrianna Brinckle would be one of the beneficiaries of these types of reforms.

⁴³ Bly, *Ten Days in a Mad-House*, 84.

⁴⁴ Hartog, "Mrs. Packard on Dependency," 82.

However, first Mrs. Packard had to rid herself the label of being insane, by going to court for a writ of habeas corpus against her husband.⁴⁵ With allegations of mistreatment, false imprisonment and slander against him, Mr. Packard left town in the midst of the trial. This did not stop the proceedings, as the defense called upon a doctor to testify to Mrs. Packard's insanity. He listed over fourteen reasons for why she was insane, which were repetitive and ludicrous. One such reason was "that she disliked being called insane [...] her aversion to being called insane."⁴⁶ What person, sane or not, would not rebuke and become infuriated at being called insane? Though the trial was mainly focused on the mistreatment that Mrs. Packard had endured, she was vindicated by a jury verdict declaring her sane.⁴⁷

At her core, Miss Packard was a "True Woman". She did not go out to change laws or society so that women would leave their wifely duties or their home and not take care of children. She actually shunned the idea of women entering the workforce, stating in several instances that it was not a proper place for them. Her views on the women's suffrage was of a similar tone stating it, "would prove to be a detriment not only to woman's own interests, but also that of society at large."⁴⁸ Her actions and attitude are paradoxical in nature in that she was one of the most recognizable New Women of her time and yet she held onto the virtues of the old fading True Woman.

Conclusion

The start of psychiatry in the nineteenth century was riddled with gender and socioeconomic inequality. The term insanity was ambiguous enough to send many sane women to asylums at the discretion of the dominant man in their lives. The label of insane caused patients to be viewed as Other, and treated as such. They were subjected to harsh medical treatments that in today's standards would be barbaric. The legal system was also stacked against women who wished to avoid the diagnosis of being

⁴⁵ Carlisle, "New Notations and Wild Vagaries," 53.

⁴⁶ Hartog, "Mrs. Packard on Dependency," 84.

⁴⁷ Carlisle, "New Notations and Wild Vagaries," 53.

⁴⁸ Carlisle, "New Notations and Wild Vagaries," 61.

insane. Without women like Elizabeth Packard or Nellie Bly's efforts, these inequalities would continue to stand.

Changes swept through psychiatry as it developed into the industry that would be recognized today. Psychiatrists kept detailed individual patient files on those they treated. This assisted in the ability to track trends within the insane. For example, insanity in women following childbirth was now a visible occurrence and doctors could distinguish this as a temporary state; what we know as postpartum depression. Having patients who were afflicted with long term diagnosis were no longer treated with the goal of curing them permanently. Doctors now realized some patients would require long term symptom management. With this approach came the rise of the pharmaceutical industry.

We as a society have made significant progress from the world these women lived within a little over a hundred years ago. Yet there is still much to improve upon in both gender equality and treatment of the mentally ill. We should not let the conviction, determination and most importantly these women's voices fade into history. Their stories should instill inspiration to continue their work and further fight for the betterment of women, mentally ill, and our society as a whole.