Institutionalizing Gender

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Introduction

In 1840, the asylum doctor François Leuret published an account of what he considered the successful treatment of a particularly willful patient named Dupré. The middle-aged man, a former army officer who found himself committed to a series of French mental institutions throughout the 1820s and 1830s, supposedly held onto a number of delusional thoughts and had not responded to the usual methods of treatment. He alternated between claiming that he was the Emperor Napoleon and the head of a “tartar clan”—a leader much renowned for his sexual prowess and for “constantly tasting the pleasures of love.” Furthermore, Dupré claimed he was the only man in the Bicêtre asylum, having long insisted that the other patients, the employees, and even his doctors were actually women (some of whom, he conceded, wore masks and fake beards). The doctor, Leuret, took a special interest in this case, engaging his patient in strategically planned dialogues, punctuated with the threat of force, in order to convince the recalcitrant inmate to renounce his beliefs and reclaim his identity as the former soldier Dupré. Leuret defended his aggressive tactics against critics within the profession, implying that the ends justified the means. “I had reason to celebrate my conviction,” he wrote, “because having begun the treatment of Monsieur Dupré on 15 June, 1838, he called me him and not her on the 20th. On the 21st, he began to obey; on the 22nd, he worked the land and occupied himself that evening with reading.”

At first glance, it would appear Leuret and his patient had very little in common. Dupré spent much of his life sequestered by French authorities for failing to live up to contemporary standards of rationality. Leuret, for his part, reached the height of his profession despite coming from a relatively humble background. One of these men was a postrevolutionary success story—a self-made bourgeois, the famous doctor son of a bread baker—while the other was a cautionary tale, a veteran officer of the Napoleonic Wars unable to thrive in the society he once called home. Yet their interactions, like so many that occurred inside the mental institutions of nineteenth-century France, reveal not only the creation of cruel new hierarchies but the constraints imposed on all Frenchmen, even those fortunate enough to find themselves on top. To be precise, the ability to adhere to
fluctuating and sometimes contradictory gender expectations determined the fates of doctor and patient alike.

For Michel Foucault, the gender dimensions of Dupré’s experience were not worthy of note. When discussing this case at the Collège de France in 1973, Foucault focused on the ways in which Dupré’s treatment at Bicêtre produced and supported an imbalance of power in the doctor-patient relationship. Leuret’s actions showed how asylum doctors aimed to aggrandize their personal authority—both through violence and less overtly repressive means—in order to break down “the omnipotence of madness . . . by demonstrating a different, more vigorous will endowed with greater power.” Although there is much to be said for this argument, it also overstates the all-encompassing nature of psychiatric authority by taking Leuret too fully at his word. As we shall see, rereading the history of madness with an eye toward the inconsistencies inherent in gender, disability, and class ideologies often reveals the fragility of psychiatric power as much as its omnipotence. It also exposes the shaky foundations upon which dominant ideas about men, women, and irrationality rested over the course of the long nineteenth century.

Psychiatric treatment at this time regularly reflected the gender values associated with the French bourgeoisie, an occupationally diverse elite joined together through their adherence to particular cultural norms and a shared insistence that they owed their elevated social positions to merit rather than noble birth. Perhaps the most significant aspect of bourgeois class distinction was their promotion of the ideal of gendered separate spheres. Women were expected to focus their energies on the home while men held responsibility in the “outside” world owing to their supposedly superior sense of reason. This ideal rarely mapped onto the realities of daily life, but it nonetheless helped to justify its proponents’ social status. The actions of alienists—as specialists in mental medicine were called until the late 1800s—propped up separate spheres ideology by reifying assumed connections between masculinity and rationality and femininity with its opposite, most obviously by pathologizing gender nonconformity and framing the patient’s acceptance of gender norms as proof of cure (a tendency I have termed “institutionalizing gender”).

Challenges posed by mental patients to normative gender values were rarely as direct as Dupré’s fixation on his sexual prowess or his refusal to acknowledge the manliness of his caretakers. The exaggerated nature of his claims, however, and his doctor’s preoccupation with countering them, highlights the centrality of gender to all asylum interactions. Leuret depicted Dupré as irrational, yes, but he also emphasized the impropriety of his patient’s claim to have bedded numerous
women because this obsession with sexual virility contradicted Leuret’s own class- and race-based notions of masculine self-control (recall that Dupré insisted he was not French, but a “tartar” leader instead). The patient’s “cure,” on the other hand, involved the expression of traits the doctor associated with a particularly nonthreatening form of masculine behavior (productively working during the day and calmly reading at night). With a circular logic, Leuret’s actions suggest rationality required conforming to certain gender expectations whereas masculinity meant the ability to appear rational. Furthermore, Dupré’s return to reason necessitated more than simply re-inscribing his own proper gender comportment. It also entailed affirming the gender identities of other rational men: Leuret’s first priority was to persuade Dupré to admit that the doctor himself was not a woman, despite his patient’s attachment to numerous other false beliefs.

Doctors in nineteenth-century France did not recognize a distinction between sex and gender. The idea that masculinity was a construct rather than a fact of nature would have struck them as absurd, as would the notion that Leuret’s actions constituted an attempt to “defend” or affirm his own identity as a man. Of all the people in Bicêtre, the inmate Dupré came closest to acknowledging that sex and gender might be uncoupled, and this was taken as evidence of insanity by his doctor. It is nonetheless possible for historians to productively make use of such theorizations to analyze gender’s operation in the past. This is especially true for the nineteenth century, as evidence of the un-naturalness of bourgeois gender ideology increasingly rubbed up against “scientific” claims to the contrary in the decades preceding World War I, even inside institutional spaces that had long supported widespread assumptions about men and women’s purportedly natural roles. This book examines the transition from a world in which gender and sex appeared straightforward and uncomplicated to one in which this was not so much the case. Yet it also highlights the ways that medical understandings of gender and madness were always less assured than they might have seemed to those espousing them.

Psychiatric attempts to institutionalize gender had horrific consequences for those, such as Dupré, who did not fit the mold. Nonetheless, such efforts also drew attention to the malleability of gendered behaviors that most people at the time claimed were natural and permanent. Leuret highlighted the constructed nature of both gender and psychiatric disability by staging a precisely choreographed treatment scenario to convince Dupré to accept him as a man. He sought to return the patient to what Leuret considered a readily apparent gender order, but the treatment relied so heavily and so purposefully on the
performative aspects of psychiatric care that he implied normative behavior was first and foremost an act. All clinical encounters in the asylum exposed this fundamental contradiction: the attempt to return patients back to “normal” highlighted the fact that there was no such thing.6

This study therefore examines the workings of the asylum and its role in both the elaboration and deterioration of bourgeois gender values during France’s long nineteenth century, a period defined by the contested but steady advance of political liberalism, the social dislocations of industrialization and urbanization, and the seemingly triumphal professionalization of medicine. Each of these long-term processes were inflected by and had consequences for the emergence of new gender ideals promoted and embodied by the French bourgeoisie, as well as new conceptions of madness and rationality. Examining the historical interplay of these developments from the vantage point of the asylum reorients our understanding of the nineteenth century in three key ways. First, it disrupts popular understandings of psychiatric authority during the profession’s so-called golden age, showing how doctors were beholden to powerful gender expectations even as they benefited from them. At the same time, the ways asylum doctors used gender ideals such as masculine self-control and feminine domesticity in the process of patient treatment also indicate that medicine regularly undermined these very norms in spite of itself, especially with respect to the widespread belief in the inherent rationality of men. Finally, and relatedly, considering gender and madness side by side situates the nineteenth century as a transitional moment in the history of the family, in which gendered conceptions of reason supplanted biological sex as the primary justification for masculine authority within the home and beyond.

Gendering Madness and Institutionalizing Gender

The treatment of the ex-soldier Dupré occurred in the 1830s, the apogee of a psychiatric method known as the moral treatment, so called because it emphasized the “moral” (i.e., mental) aspects of insanity. Developed by the physician and asylum director Philippe Pinel in the late eighteenth century and spread throughout the burgeoning psychiatric profession during the first half of the nineteenth, the moral treatment entailed the enactment of personalized and highly calculated interactions between doctors and patients inside specialized institutions for the insane.7 Few formal regulations existed in the first three decades of the nineteenth century regarding the operation of asylums or the procedures through which a person might find him- or herself interned. The
influence of the moral treatment nonetheless grew during this period, and many of its tenets were eventually embedded in the national law on asylum commitment passed by French legislators in 1838. Although there were certainly disagreements among doctors as to how to best implement treatment inside asylum walls, particularly with respect to balancing the psychological and the somatic elements of care, most doctors before the 1850s believed the production of elaborate interactive scenes could help persuade patients to realign their behaviors and accept reality. The asylum’s staff performed the moral treatment by engaging the patient in premeditated dialogues meant to elicit a specific psychological response. This often meant providing emotional support, but it also involved trickery and intimidation.

The numbers of specialized French psychiatric institutions and patients treated therein rose precipitously between the start and the end of the century. According to Pinel’s student and colleague Jean-Étienne-Dominique Esquirol, there were eight asylums dedicated to the treatment of mental illness in France in 1818, with 5,153 patients in total.\(^8\) That figure rose to over 64,000 by 1899.\(^9\) This increase largely reflected the growth of the public asylum system, although there also existed numerous private institutions geared toward the needs of wealthy patients and their families (these were typically smaller, more intimate, and sometimes run by the same doctors who held positions in the public sector). The moral treatment remained influential throughout this time, in that both public and private asylum doctors proclaimed their allegiance to the teachings of Pinel and Esquirol.

The cutting edge of the profession, however, moved on by the second half of the nineteenth century, as it became clear that doctors had failed to cure the vast majority of the ever-growing numbers of asylum patients. It was not possible to truly perform the individualized regimen required by the moral treatment in large institutions in any case. The asylum system increasingly came to be viewed by critics as a solution in search of a problem, an excuse to aggrandize the power of doctors at the expense of those they labeled mad.\(^10\) Neurologists such as Jean-Martin Charcot eventually replaced alienists as the most innovative medical professionals dedicated to the treatment of disorders such as hysteria, and most doctors who continued to work in asylums turned toward biological, hereditary explanations for madness by the fin-de-siècle,\(^11\) spelling the death knell of Pinel’s method once and for all.

Yet the rise and fall of the moral treatment is much more than a footnote in the history of psychiatry, a minor blip on the path toward our current focus on chemical solutions to psychological problems. Instead, its fate highlights the
interdependency of gender and disability ideologies that characterized the birth of modernity in France. The emergent class society of the nineteenth century simultaneously provided new opportunities and imposed new limitations based on the perceived rationality of political and economic actors. As those who defined the boundary between lucidity and madness, asylum doctors played an essential—though by no means exclusive—role in the solidification and spread of pernicious class and gender assumptions that limited the opportunities of women and workers while elevating the status of bourgeois men. Indeed, their professional fortunes depended on their willingness to define irrationality in ways that gave credence to class-based ideals of masculinity and femininity—to justify the status quo by turning cultural constructs into supposed facts about human nature. Yet, despite causing great harm to the women and men ensnared by their efforts, doctors were never able to fix the definitions of femininity and masculinity (or even rationality) any more than they could resolve the numerous medical controversies that popped up in the pages of their professional journals. Instead, they revealed the nineteenth-century gender system to be a house of cards, built with care but always at risk of crashing down around its occupants.

Mental patients claiming to be people they were not proliferated in postrevolutionary France. Laure Murat has written about other men who, like Dupré, thought they were Napoleon, using this time- and place-bound manifestation of mental illness to ask big questions about the relationship between madness, psychiatry, and its historical contexts. She wonders, “What does madness make of history?” and concludes that the content of delusions—along with evolving interpretations of them—both shaped and were shaped by politics in nineteenth-century France. I ask, in turn: What does madness make of gender? Did shifting conceptions of madness and rationality inform the development of gender norms, and vice versa? How did understandings of masculinity and femininity affect the behaviors of doctors and their patients? And what does the relationship between gender and madness reveal about the expansion and the subversion of medical, masculine, and bourgeois power?

Previous scholarship weighs heavily on the history of French psychiatry: Foucault, in particular, casts a long shadow. His early work on the “Great Confinement” of the seventeenth century, in which he argued the mad were institutionalized en masse alongside paupers and criminals, has been criticized by historians for inaccuracy and lack of specificity. Yet Foucault’s insights into the disciplining nature of the Enlightenment, and of modernity more generally, stand up to scrutiny. His discussions of the medical profession’s role in the inculcation of self-discipline as a cultural ideal and a bodily habit constitute
an essential starting point for my own interpretation of nineteenth-century psychiatry. That said, the Foucauldian vision of psychiatric power is oddly de-personalized, with individual doctors acting as stand-ins for the dispersed yet ever-present nature of modern “authority” rather than as historical agents in their own right. This tends to shield them from responsibility despite Foucault’s critical stance toward the psychiatric profession and, perhaps more important, obscure doctors’ own submission to the disciplining forces of which they were a part. Imagining alienists as classed and gendered subjects therefore reorients our understanding of medical power writ large.

So too does approaching the history of psychiatry in a fashion that consistently seeks to give voice to those labeled insane. This is a notoriously difficult task. Roy Porter called on historians of psychiatry to write histories from “the patient’s view” over thirty years ago, yet, as a recent assessment of the field notes, “Porter’s exhortation, for the most cynical, has acted as little more than a seductive proposal to lure audiences without bringing anything new to the understanding of medical practices or the patient experience.” The discovery of patient writings from the nineteenth century makes constructing a “bottom up” psychiatric history of this era possible. As Alexandra Bacopoulos-Viau and Aude Fauvel point out, however, Porter himself failed to address precisely how historians of mental medicine might move beyond histories that consider patient writers as exceptions to the rule, “giving no real clue as to how one could go about studying more ‘ordinary’ patients.”

This book represents an attempt to allow mental patients to speak—not from the “bottom up,” or from the “patient’s perspective,” but as active and necessary participants in an ongoing cultural conversation. This conversation took place in vast public asylums and more intimate maisons de santé, in the halls of the National Assembly and the meeting rooms of the Societé Médico-Psychologiques, in family homes and on public streets. The meanings of masculinity, femininity, rationality, and madness were produced and reproduced through the course of innumerable personal interactions in a multitude of settings. Using patients’ own words whenever possible highlights their engagement in this process. So too does using alienists’ writings (which are far more plentiful) with an eye toward the limits of medical power, showing how doctors and patients were all beholden to cultural expectations outside the control of any one individual. Thus, in re-imagining Leuret as a man rather than simply a doctor, we likewise reposition Dupré: he too now enters the conversation as a man, not only a patient.

Teasing out the relationship between masculinity, femininity, and madness during the nineteenth century requires us to step back and consider the French
Revolution, which set the stage for both the rise of the psychiatric profession and the spread of new class and gender expectations. The birth of psychiatry in France was intimately tied to the death of absolutism. Although those considered insane were confined in general hospitals and private maisons de santé throughout the eighteenth century, these institutions rarely specialized in the treatment of insanity and instead housed mad people alongside the indigent, the sick, and the physically disabled. More significantly, those who ran such institutions in the early modern period did not view institutional spaces as vectors of cure (although they did believe physical treatments such as bloodletting, baths, and purgatives could soothe troubled minds). This began to change in the mid-to-late-1700s as Enlightened optimism concerning innate human potential contributed to a growing faith in the curability of insanity.

France was hardly alone in its embrace of this idea—those who would come to be recognized as the forerunners of the psychiatric profession emerged nearly simultaneously in France, England, Scotland, Italy, and Central Europe—but the Revolution of 1789 provided unique opportunities to put previously haphazard medical innovations into practice on a wider scale. The young doctor Philippe Pinel became director of the Parisian asylum Bicêtre in 1793 in recognition of his medical skill and his political commitment to republicanism, inaugurating an era noteworthy for the medicalization of mental illness and the state’s involvement in psychiatric treatment. Pinel supposedly released the mad from their shackles shortly after his appointment, identifying them as patients rather than prisoners for the first time. This foundational moment of French psychiatry would be immortalized in art and through the testimonies of Pinel’s followers in the century that followed. It hardly mattered that the event never occurred in the precise form recalled by posterity. The self-taught guardian and former inmate of Bicêtre, Pussin, unshackled the patients in 1797, two years after Pinel had moved to another post.

The myth, however, was exceedingly useful, for it promoted an image of the profession that connected Pinel’s treatment methods to the ideals of revolutionary France. In suggesting people perceived as mad deserved treatment rather than punishment, the story of the chains of Bicêtre situated the alienist as a liberator, a healer, and as someone capable of transforming the insane into citizens. Pinel did in fact free the patients of the women’s hospital the Salpêtrière in 1800, acknowledging their humanity and their ability to eventually rejoin French society in the process. Furthermore, doctors inspired by the real and imagined Pinel emphasized their commitment to the humane treatment of mad people throughout the nineteenth century, even when the actual conditions that
reigned in psychiatric institutions firmly contradicted the liberationist ideal. From the start, the asylum symbolized the possibilities and the limitations of political liberalism, as doctors envisioned a more inclusive society while recreating old hierarchies on new foundations, particularly with respect to gender, disability, and class.

Psychiatric pronouncements mattered during and after the Revolution because an individual’s perceived rational capacity determined the allotment of political and social prerogatives. Mental patients effectively lost both the rights of citizenship and control over their finances for the duration of their asylum stays. In this sense, male patients were legally feminized. Revolutionary and Napoleonic-era lawmakers insisted that women, as the less rational sex, were best suited for domestic roles, whereas men were natural breadwinners and active citizens because they could more effectively control their emotions. This gender construct had deep roots. As Christopher Forth explains, a man’s ability to master both his body and his feelings has represented a central element of ideal masculinity since the early modern period, when monarchs consolidated their authority and curbed the violent tendencies of the nobility. Self-restraint constituted an important social lubricant in developing court societies and a form of distinction among aristocratic men (despite their nostalgia for an imagined past free of such constraints). The expectation of masculine self-control spread to the non-noble elite by at least the eighteenth century, when Enlightenment-era thinkers argued that differences between men and women determined their suitability for public life on this very basis. The replacement of absolutism with a government based on the social contract served to amplify the gendering of reason by tying it to the practice of citizenship.

Moreover, although France was somewhat slow to industrialize compared with other Western European societies, opportunities to succeed in business and the liberal professions nonetheless increased in the opening decades of the nineteenth century. This economic context further bolstered ideals of feminine domesticity and masculine self-control, as diverse segments of the middle classes readily subscribed to these gender expectations as a means of distinction. Unlike self-indulgent aristocrats or disorderly workers, bourgeois men supposedly exhibited the self-mastery required to lead in the realms of business, politics, and the family. Bourgeois wives, for their part, exemplified feminine virtue by behaving in a fashion untenable for lower-class women, who could not afford to spend their time or their family’s money on purely domestic pursuits. Although the term “bourgeois” generally connoted upper-class non-noble status in nineteenth-century France, members of the middle strata of French society
likewise subscribed to such norms when possible as a way to signal their differentiation from the popular classes.

The gendering of reason therefore accomplished a great deal of cultural work, simultaneously legitimating the authority of the bourgeoisie and excluding women from the political sphere. Yet despite its apparent taken-for-grantedness, separate spheres ideology was marked by internal contradictions, as well as persistent attempts to gloss over them by making gender differences appear natural. Explanations for mental illness in women often reflected this duality. The doctor Legrand du Saulle, for example, claimed women were biologically predisposed to hysteria and that particular moments in a woman’s life cycle, including pregnancy, could aggravate her mental state.\textsuperscript{28} Such beliefs served to reinforce associations between womanliness and mental instability, but they also implied that a woman’s “natural” role as wife and mother was perhaps not so natural after all. Medical men themselves rarely acknowledged the relevance—or even the existence—of ideological contradictions, but those interned in asylums against their will often exploited such inconsistencies, both in day-to-day interactions with their doctors and when publicly defending themselves.

The institutionalization of middle-class and bourgeois men likewise undermined the profession’s articulation of gender difference. New cultural understandings of meritocracy, in particular, strengthened associations between manliness and self-control that alienists would help sustain, while also creating expectations that not all men could meet. The elimination of noble privilege by the National Assembly in 1789 and the Chapelier Law’s ban on guilds two years later were both intended to eradicate corporate prerogatives and create conditions more favorable to individual initiative. The lycée system and the grandes écoles similarly helped open bureaucratic careers to talent. Underlying each of these shifts was the belief that citizens should be free to apply their natural abilities without arbitrary limitations.\textsuperscript{29} Ironically, the chance for men to freely make use of their reason multiplied potential sources of psychological distress, and postrevolutionary asylums housed many men whose failure to succeed professionally inspired or aggravated their conditions. Merit functioned not only as a potentially equalizing force but also as a new criterion for the allotment of privileges based on the possession of vaguely defined talent rather than noble birth or corporate membership.\textsuperscript{30} This fact profoundly shaped the behaviors of men, as they sought to prove their worth in a society stripped of traditional markers of status by comporting themselves in a “reasonable” (i.e., self-possessed) manner. Consider Balzac’s Rastignac, whose efforts to climb the social ladder in \textit{Père Goriot} succeed in large part because he learns how to hide and control
his emotions—a skill Goriot himself sorely lacks, which ultimately abets his downfall.

A man’s ability to exhibit self-control in his efforts to move up in the world helped him navigate the disconnect between the meritocratic ideal and the competitive and often unforgiving reality in which he lived. The meritocratic thrust of the revolutionary era therefore lost none of its potency in a postrevolutionary world defined by class divisions and inequalities. If anything, the myth of meritocracy helped to maintain class distinctions by framing economic barriers to social mobility as personal defects. Asylum doctors upheld the cultural potency of meritocracy by labeling men who failed to live up to its standards as insane and then working to reintegrate them back into society. In this sense, their actions represented an extreme form of the everyday policing of masculine behavior typical among the bourgeoisie that occurred in schools, businesses, barracks, and households throughout France. Yet, owing to their constant interaction with men who failed to conform to new class and gender expectations, doctors regularly drew attention to the instability of this entire edifice in spite of themselves.

Many such men were heads of household whose encounters with the psychiatric establishment revealed long-term alterations in the basis of paternal power. The patriarchal nature of family life was a constant that spanned the pre- and postrevolutionary eras, but its justification changed over time in that the power of fathers and husbands required little justification at all before French revolutionaries tied the possession of reason to the practice of citizenship. The legal and conceptual link between manliness and rational self-control legitimated the right of elite Frenchmen to rule long after the end of the Old Regime. Yet it also suggested that men’s authority derived less from their physicality than from their ability to appear reasonable. Asylum doctors played a hand in the development of this cultural expectation through their theorizations of madness in men and their development of treatment regimens (even if they still maintained that reasonableness itself was an element of manliness, not masculinity per se). This new formulation threatened traditional hierarchies of gender and generation within families and, eventually, society at large. In this way, the elevation of masculine rationality represents an underappreciated aspect of the transition from patriarchy—defined by Annette Timm and Joshua Sanborn as a social or political system “in which fathers or father figures exercise ultimate authority”—to a fraternity in which younger men shared authority among themselves.

Part of this process involved the idealization of affective family ties, but the degree to which bourgeois and middle-class families actually lived these values
is an open question. The writings of both doctors and patients, which vividly dramatize marital and intergenerational conflicts, serve as ideal entry points into the inner workings of the so-called sentimental family at its historic peak. Rachel Fuchs has examined the subtleties of familial authority in the nineteenth century, exploring the strategies undertaken by women and “natural children” to persuade the state to recognize paternity at a time when fathers had the legal right to abandon their illegitimate offspring. She concludes that courts were more inclined to support the rights of women and children than a straightforward reading of the legal codes would suggest, although officially men still maintained nearly complete control within and outside the home. Asylum writings similarly reveal a disconnect between the law and shifting cultural values, while still underlining the very real power that men—especially fathers—continued to wield over women and children throughout the 1800s. Men were both more capable of institutionalizing others against their will and best prepared to defend themselves against unjust institutionalization. Nonetheless, the gendering of reason transformed masculine authority in ways that allowed wives and children to increase their own power vis-à-vis husbands and fathers on the basis of a man’s perceived mental incapacity.

Finally, although this book pays more attention to the experiences of male patients and male doctors, it is also in conversation with pathbreaking studies in the history of psychiatry that emphasize the ways in which medical and gender ideologies worked, in tandem, to limit women’s opportunities. Not only did the psychiatric profession give credence to the persistent assumption that women were less capable than men but alienists played an essential role in the institutionalization of women who did not fit the feminine ideal in one way or another. Disability scholars, for their part, have argued that disability represents a “baseline” inequality which has been used historically to uphold hierarchies of gender, class, and race. Like gender history, disability history analyzes how meanings attributed to bodily difference change over time—in this case physical, cognitive, or psychological impairments rather than biological sex—although the two categories often intersect. As Douglas Baynton has shown, prejudice against disability was so pervasive in the nineteenth century that disenfranchised groups regularly pressed for political rights on the basis that they were not physically weak or irrational. One particularly egregious example of British suffragist propaganda actually made its case by highlighting “what a woman may be, and yet not have the vote” (such as a doctor, a teacher, a mayor, or a mother) and “what a man may have been, and yet not lose the vote”—including a “lunatic.”
The history of French asylum psychiatry likewise reveals the mutually constitutive nature of gender and disability ideologies, which has served to justify the unequal status of both women and people considered mad. The legal and cultural privileging of rationality legitimated the exclusion of women from politics while simultaneously propping up the authority of any elite man who remained un tarnished by an accusation of insanity. Nonetheless, historians have shown that bourgeois gender ideals were far less rigid than once presumed. Studies of nineteenth-century French femininity call attention to the flexibility of separate spheres ideology, noting how women made use of dominant gender values to justify their own ambitions and authority despite legal and cultural constraints. Coming from another vantage point, histories of bourgeois and middle-class manhood have increasingly focused on the insecurity of masculinity during this same period. Historians of psychiatry have even debunked the popular notion that women were sent to asylums in significantly greater numbers than men. All this suggests it is time to reassess the meaning of gender inside the nineteenth-century asylum, to ask whether the authority of doctors and of men—and doctors as men—was truly as hegemonic as is often imagined.

Two prominent interventions in the history of masculinity have shaped my approach to this endeavor. The first involves questioning the so-called crisis narrative. This directive has been put forth most recently by Mary Louise Roberts, who impels historians to abandon the idea that masculinity experiences periods of crisis when threatened in some way by current events (such as women’s rights movements or war), and insists, as do I, that gender fixity can never be taken for granted even in less chaotic times. Roberts avoids falling into a postmodernist rabbit hole where uncertainty is the only certainty, concluding “‘stable’ narratives can be built on the notion of normative instability itself.” The attempt to build a stable narrative on the notion of normative instability encapsulates one aim of this project. Yet, where Roberts suggests the notion of gender crisis might be productively replaced with that of gender damage, I trace long-term changes in the very nature of gender instability by heeding Toby Ditz’s call to remember the ways that “masculinity articulates with femininity to confirm the ‘privilege, power, and authority’ that men have over women.” By foregrounding the mutual dependency between femininity and masculinity—and by taking a long view of psychiatry’s engagement with gender over the course of the entire nineteenth century—I underscore the fundamental unnaturalness of gender-medical ideologies without forgetting their very real role in the creation and sustenance of multiple forms of inequality.
Women, in particular, were profoundly and uniquely victimized by the psychiatric system. Their legal and familial subordination already put them at a distinct disadvantage when trying to defend themselves against those who sought to commit them. Furthermore, doctors benefited personally when they perpetuated the already widespread cultural association between women and irrationality. For one, they justified the existence of the asylum system as a necessary bedrock against the dangers posed by insanity to domestic tranquility—the heart of bourgeois class distinction—which proved rather convenient with respect to their own professional aspirations. They strengthened the related association between men and reason in the process, which furthered the ambitions of French alienists while bolstering the authority of bourgeois men writ large. Nonetheless, as the case the ex-army officer Dupré suggests, upholding the lie of man’s inherent rationality was not easy even when backed up by the combined forces of medicine and the state. This book tells the story of doctors’ efforts to “institutionalize” this fiction, among others, and the consequences when they failed to do so.

The following six chapters are arranged chronologically and thematically, each presenting one piece of the nineteenth-century history of the French asylum system: from its comparatively optimistic origins, to its midcentury consolidation, to its fin-de-siècle deterioration in the face of attacks from within the profession and without. The chapter topics do not constitute an exhaustive history of French psychiatry. Instead, they represent particular moments and clinical contexts in which psychiatry’s relationship to bourgeois gender ideology either revealed itself or significantly changed. As a whole, these chapters point to the importance of asylum documents as windows into changing notions of masculinity, femininity, and family life. They also show how paying close attention to gender—as it pertained to male doctors, but also women practitioners and patients of both sexes—reframes the history of psychiatry.

The opening chapter examines the role of gender in the origins and treatment of insanity according to the discipline’s founders, Philippe Pinel and Jean-Étienne-Dominique Esquirol, from the 1790s through the 1830s. Early alienists developed a theory of mental illness that was both universalizing—in that it assumed all people were susceptible to the derangement of the “passions”—and particular—in that the patient’s class and gender background helped determine the precise contours of their alienation. This formulation led doctors to make use of gender in the development of treatment scenarios and in the construction of their own therapeutic personae. Psychiatric theories
perpetuated the notion that men were inherently rational and that women’s proper place was inside the home, but doctors consistently undermined these widespread assumptions.

Chapter 2 takes a case-study approach, homing in on the contradictory relationship between psychiatry and emergent notions of masculinity through the analysis of a contentious debate over the use of the “cold shower” in the treatment of delusions. This method became increasingly controversial in the decade surrounding the 1838 legislative decision to implement a state-run asylum system, as doctors eager to prove their professional legitimacy argued that the simulated drowning the process entailed constituted a form of punishment instead of a potential cure. The debate exposed intra-psychiatric conflicts over how to best embody professional and personal honor, the display of which represented a key element of class distinction for bourgeois men. Yet the cold shower controversy also showed that doctors believed their male patients’ attachment to honor could both inspire and cure insanity, suggesting it held the potential to integrate men of diverse disability and class statuses into the postrevolutionary order.

Chapter 3 similarly zooms in on one particular gendered element of bourgeois class distinction, in this case feminine domesticity, by turning to the role of women in the direction of private mental institutions in the middle decades of the century. The focus here is on the Brierre de Boismont family, who lived alongside their patients and involved them in the household routine so as to encourage those deemed insane to return to rationality. Bourgeois domestic ideology sanctioned the participation of the Brierre de Boismont women in asylum operations despite cultural proscriptions against elite women’s labor. As exemplars of ideal womanhood, they were central to the enactment of the treatment process, and their activities within the family’s asylums often naturalized the gendered division of the public and private spheres. But they also gave lie to such beliefs by performing domesticity in an environment so unlike the typical bourgeois home.

The first chapters of this book highlight contradictions inherent in both the psychiatric system and the gender and class ideologies it served to uphold. At the same time, the profession undeniably rose in stature between the first French Revolution and the end of the July Monarchy, and the ways in which doctors made use of gender throughout this era tended to be consistent with the universalizing claims of the moral treatment. The psychiatric establishment faced mounting criticisms by the second half of the nineteenth century, however, as many French began to view the asylum as a threat to individual liberty. Attacks on the profession regularly evidenced the power of gender ideology to shape
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public opinion, as did expressions of self-defense from within the psychiatric community. Nonetheless, doctors de-emphasized the connection between gender and cure—and doubled down on more purely biological explanations for mental illness—at this very moment.

Chapter 4 therefore begins to delve into the decline of the moral treatment, using examples of unjust institutionalization to explore shifting notions of medical and patriarchal power. Doctors continued to prop up bourgeois gender ideology by incarcerating men and women who did not conform to its expectations, but patients seeking release wielded these same notions of proper behavior against relatives who sought to commit them and against the psychiatric profession itself. The cultural association between masculinity and rational self-control, in particular, proved dangerous to men accused of insanity while simultaneously providing a powerful form of resistance against those who aimed to institutionalize them. Scandalous asylum commitments also featured conflicts among family members, whose intricacies often indicated a gradual, multivalent move away from an “authoritarian” family ideal to something more benevolent or sentimental.

As criticisms of the psychiatric profession reached a boiling point, the nation found itself in a period of intense and prolonged crisis. France confronted both foreign invasion and civil war between 1870 and 1871. The linked national emergencies of the Franco-Prussian War and the Paris Commune constituted a blow to the moral treatment regime, as well as an opportunity for the psychiatric profession to partake in some much-needed self-promotion. As in the case of the Revolutionary era, national traumas reflected the theories and behaviors of psychiatric professionals during this time. Chapter 5 therefore examines how doctors used these disruptive events as opportunities to craft and promote new visions of psychiatric masculinity that connected the interests of the profession to those of the Third Republic. Crucially, the events of 1870–1871 also led doctors to rearticulate their theories of mental illness in ways that both challenged long-standing beliefs in its curability and pathologized the behaviors of women and workers to an unprecedented degree.

In the anxiety-ridden atmosphere of the fin-de-siècle, biological hereditary explanations for insanity served to pinpoint the supposed roots of national decline, and many French increasingly came to believe that asylum doctors had failed in their mission to rehabilitate those deemed insane. Not only did the public bemoan the hypocrisies of a system that incarcerated and rarely cured but specialists in the physical, rather than mental, origins of alienation solidified their professional ascendancy at this time. Eventually, asylum doctors expressed
their own reservations towards the moral treatment, choosing to view most of their patients as “incurables” indifferent to the gender-based methods of the early- and mid-nineteenth century. The sixth and final chapter explores innovations in asylum psychiatry in this new context. The most ambitious responses to this onslaught against the profession involved placing patients with caregivers in the community. In most cases, this practice was not meant to teach patients how to live outside asylum walls so much as to clear institutions of patients who doctors deemed beyond rehabilitation. Such efforts therefore exhibited a new relationship between gender, class, and psychiatry—one that denied the healing power of bourgeois gender and family values and eroded the notion of cure itself.

This book’s stable narrative built on the notion of normative instability therefore goes something like this: Doctors naturalized bourgeois gender values at the start of the century with the aim of greater inclusion of mad people into French society. Their efforts reflected the optimism of the psychiatric enterprise, but alienists were also extremely inflexible when it came to enforcing patients’ compliance with expected gendered behaviors. Even so, psychiatric theories and practices regularly broke down distinctions of gender, class, and ability, a fact that constituted a persistent if unintended blow to traditional notions of patriarchal power. Doctors faced multiple challenges that threatened their professional standing as time wore on. Alienists continued to spread sexist and classist stereotypes about the inherent irrationality of women and the reasonableness of bourgeois men, but they also increasingly insisted that insanity was rooted in biology rather than circumstance. Asylum doctors thus abandoned the moral treatment’s emphasis on gender as cure while instrumentalizing psychiatry in the name of class and gender distinction to a greater degree than ever before. The conclusion considers why this was the case, arguing that the abandonment of the moral treatment represented one response to the challenges posed by early mass culture, working-class politics, and women’s rights to bourgeois male hegemony.

Nineteenth-century asylums featured sustained, well-documented interactions between men and women from a variety of class backgrounds and levels of psychiatric disability. Descriptions of these encounters provide a comprehensive view of the gender system in action, revealing how abstract conceptions of gender and reason affected real people—as individuals, as members of families, and as professionals and patients. It is no secret that the psychiatric profession has historically reflected common prejudices regarding gender and class, not to mention race. Nonetheless, the gendering of rationality had the power to upset—rather than simply reinforce—prevailing dynamics between men and women, parents and children, and experts and amateurs. Not only did the
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Asylum hold the unique capacity to reflect, in microcosm, processes occurring throughout French society more broadly but doctors quite purposefully took it upon themselves to solidify notions of gender difference by embedding them in their attempts to bring insane people back to the fold. That they failed to do so in the most “totalitarian” of modern institutions goes to show the impossibility of this task.