3. Domesticating Madness in the Family Asylum

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Published in 1866, Dr. Alexandre Brierre de Boismont’s *De l’Utilité de la vie de famille dans le traitement de l’aliénation mentale* immediately set a unique tone among psychiatric writings by featuring a photograph of the author’s wife on the book’s first page. The doctor dedicated the work to his “dear companion” of many years, to whom he believed he owed both his domestic happiness and his professional success.¹ Little is known of Athalie Brierre de Boismont (née Maillard) beyond what her husband and, later, her daughter wrote about her role in the family business.² She was born in Paris, where she reportedly met her husband in 1825; although it is not certain, she seems to have come from a humbler background than Dr. Brierre de Boismont, as his father supposedly cut him off financially because of his decision to marry her.³

This choice eventually served the young doctor well, for he insisted that he was able to publish extensively on various forms of mental alienation only because of his wife’s talent for medical observation (“daily and long-term”) and their many fruitful discussions.⁴ He was grateful for the role she played throughout his long career and argued that their institution could scarcely function without her, writing that private asylum care only succeeded “with the help of a wife capable of supporting a heavy load.”⁵ The couple would eventually raise a daughter, Marie Rivet (née Brierre de Boismont), who operated a similar institution of her own. Both Rivet and her father published extensively on the workings of their asylums. In the process, they shed light on the contradictory relationship between gender, the family, and the psychiatric profession that had emerged by midcentury. Women like Rivet and her mother simultaneously upheld and undermined prevailing notions about domesticity and femininity, insisting on the curative value of bourgeois family values while choosing not to embody those values themselves. Their life histories shed light on the gender dimensions of the moral treatment from a novel perspective—that of women practitioners rather than women patients.
Public asylums offered few opportunities for women to take on authoritative positions before medical schools began to accept women students in the 1860s, and even then women were not allowed to take the exams required of hospital interns. Private asylums, on the other hand, regularly featured the involvement of women, not only in subordinate roles as maids or guards—as was the case in public facilities with female patient populations—but as directrices as well. In particular, institutions like those of the Brierre de Boismonts, in which patients lived alongside the doctor and his family, provided women with the chance to take on unexpectedly prominent roles in the treatment of both male and female patients. As we have already seen, doctors’ theories regarding women and madness perpetuated widespread cultural associations between femininity and irrationality, and their diagnoses of women patients often pathologized the behaviors of those who did not conform to the tenets of bourgeois domesticity.

At the same time, psychiatric attitudes toward femininity also empowered elite women working in private institutions. Such women served as exemplars of ideal womanhood while laying bare the artificiality of a gender construct that insisted on women’s irrational nature. Their interactions with patients often showed that the cultural elevation of masculine self-control as gender ideal had the potential to shift power dynamics in women’s favor under certain circumstances.

Histories of the psychiatric profession rarely mention these directrices, in large part owing to the scholarly emphasis placed on public, as opposed to private, asylum psychiatry. A bourgeois woman’s lack of a formal education in mental medicine would have blocked her employment at a public institution, and even if it had been possible it would have compromised her reputation. Neither of these barriers existed in the case of private maisons de santé, for although men owned most private institutions, their wives also took part in the day-to-day administration. Women even directed some private asylums on their own, always with a male doctor serving as the médecin attaché à l’asile. These facts have received little historical attention owing to a paucity of source material and the much larger scale of public asylum operations. Still, their presence reveals certain possibilities for feminine self-fashioning that existed within the legal and cultural constraints imposed by French family law and middle-class gender ideology.

On the surface, psychiatry’s relationship to femininity appears far less problematic than its relationship to masculinity, in large measure because of the comparative stability of the feminine ideal versus the masculine one. While alienists tended to support a benevolent yet authoritative expression of masculinity that they associated with rationality and self-possession, French men never fully rejected more aggressive iterations of masculine comportment (as evidenced by
the public support expressed for the controversial proponent of the cold shower, Leuret). Conversely, the bourgeois values of domestic motherhood and feminine virtue were embraced much more readily as a means of class and sex differentiation—certainly among men, but also among many women. Yet like the deployment of masculine honor in the context of doctor-patient interactions, psychiatric conceptions of ideal femininity and its use in the course of patient treatment reveal the fragility of nineteenth-century understandings of both gender and reason. Far from assuring the naturalness of woman’s subordination based on her inherent lack of rational capacity, the practice of private asylum psychiatry suggested that rational women might be the most suitable overseers of irrational men. This contradiction was not enough to overturn the inequities of the French legal code as they pertained to women, of course, and numerous women patients suffered because of the persistent assumption they belonged to the less rational sex. It did, however, open the door for certain women to take on authoritative roles within the psychiatric community itself, thereby undermining the class-based notions of gender and family life that even women asylum directors claimed to support.

The family history of the Brierre de Boismonts is an ideal prism through which to view the unexpected uses of bourgeois femininity in the nineteenth-century asylum, especially because they opened their first institution in the 1830s and their last did not change hands until at least 1888. Most of the source material related to the inner workings of the Brierre de Boismont asylums comes from members of the family. While their descriptions should be evaluated with some skepticism, they also provide invaluable insight into each author’s contribution to the creation of a family myth. Indeed, their writings reveal the face of private psychiatry they wanted the world to see, allowing us entrée into what can best be described as a multilayered performance of domestic life, one that took place both on the page and within asylum walls.

Domesticity and the “vie de famille”

Most operators of private asylums left behind little published or archival material. However, some private asylum directors shared educational and professional ties with those working in the public sector and thus were more likely to have left a written record, as was the case for Dr. Brierre de Boismont. As a young man he moved from Rouen to Paris in 1821, where he earned his doctorate in medicine in 1825 and attached himself to the intellectual circle surrounding the famed asylum doctor Jean-Étienne-Dominique Esquirol. His career in mental
medicine began as the physician for a private institution in Sainte-Colombe; after failing to secure a position in a public institution, he moved permanently into private asylum psychiatry in the mid-1830s. An outspoken Catholic and spiritualist, Dr. Brière de Boismont became well-known for his work on such topics as hallucinations, suicide, and the construction of model asylums. He served as president of the Société Médico-Psychologique and was a prodigious contributor to the preeminent French journal dedicated to psychiatric science, the *Annales médico-psychologiques*.

As the owner of an elite institution that utilized the *vie de famille* method, Dr. Brière de Boismont relied on his wife and children to an extent that would have been unrecognizable to his colleagues operating public asylums. He incorporated patients into the household routine and members of his family likewise took part in the treatment process. Other asylums divided patients into numerous sections strictly segregated by sex and by the form and perceived degree of mental alienation, whereas Dr. Brière de Boismont removed physical barriers between individuals and encouraged them to live as a family of sorts. As he explained, his asylum avoided the “appearance of a cloister” and was instead “closer to the bourgeois home.”

Over the course of his career Dr. Brière de Boismont operated two such institutions, one located in the Parisian quarter of the Panthéon and the other in the Faubourg Saint-Antoine. The only surviving promotional pamphlet derives from the earlier phase of his career at the Panthéon facility, which his family founded in the mid-1830s after Dr. Brière de Boismont had gained considerable experience working in asylums owned by others. Several elements of the advertisement made it clear that they geared the institution toward an elite clientele. The asylum offered a number of amenities, including a prime location in one of the most healthful parts of the city, a lush garden shaded by beautiful trees, well-heated conversation and game rooms, bathing facilities, and abundant high quality food. Only someone from a family of means would be able to afford a stay in this *maison de santé*, although its proprietor carefully noted that the price—never mentioned explicitly—was a bargain for the level of treatment provided. If it were not already clear that Dr. Brière de Boismont intended his institution for wealthy patients alone, the inclusion of a list of necessary items to be provisioned by each patient’s family also assured that they came from an elevated social class. Few working-class men, for example, owned three sheets, six shirts, six handkerchiefs, two neckties, three pairs of socks, six napkins, two pairs of shoes, and a hat. A contemporary account mentioned that Dr. Brière de Boismont charged from 800–1200 francs per year per patient.
The privacy afforded within *maisons de santé* appealed to many wealthy families who sought to discreetly commit relatives. Source materials related to such settings are exceedingly rare, however, and it is impossible to determine how many private asylum directors promoted any particular form of treatment. According to a report by the Inspectors-General Constans, Lunier, and Dumesnil, there were twenty-five private institutions in France dedicated exclusively to the treatment of insanity in 1874 with 1,632 patients in total; roughly half of these facilities were located in Paris or its environs. Numerous editions of the *Annuaire Statistique de la France* confirm these figures, which remained static until at least the turn of the century, when the *Annuaire* stopped recording the names and locations of each individual asylum. It is more difficult to obtain information for earlier in the century, but the 1842 edition of the *Almanach Bottin* mentioned fourteen private asylums in Paris and the 1862 volume listed eleven. Of these, at least four promoted methods related to family life. Two belonged to the Brière de Boismonts and two to the Blanche family, whose example had initially inspired the Brière de Boismonts to open their first family life facility. It is likely that these four *maisons de santé* had some influence on the rest because of the elevated professional status enjoyed by their operators. The fact that *veuves*, or widows, owned several of the institutions listed in the almanacs further indicates that it was not uncommon for private asylums to be run as family businesses.

This put the gender dynamics of such institutions at odds with those typical of many nineteenth-century work and living spaces, precisely because men and women simultaneously lived and worked within them. Because Dr. Brière de Boismont sold an explicitly domestic vision of psychiatric treatment, it was in his financial interest to highlight how the family life method replicated the gender values of the French middle classes by presenting Athalie Brière de Boismont as a bourgeois matron *par excellence*. Promotional material for the asylum advertised her contributions, noting, “the interior administration is entrusted to Madame Brière de Boismont, who presides over all the details, and lavishes the most attentive care on the patients of her sex.” Like other married women of her class, the doctor’s wife supervised servants, cared for children, kept up her personal appearance and that of the home’s interior, and frequently entertained guests. Perhaps more surprising, she also hosted a salon attended by nonviolent patients of both sexes. Her daughter, Marie Rivet, described the salon with admiration in her only published work, explaining, “Although the conversations made there were quite disconnected, this simulation of a salon sweetened for some [of the patients] their sequestration.” The foyer fit approximately thirty
closely supervised individuals whose “confusion of discourse” reminded the young Rivet of the Tower of Babel.\textsuperscript{21} The family nonetheless considered participation in this salon an opportunity for patients to experience the sociability of domestic life, which, according to Dr. Brière de Boismont, was the key to their eventual recovery.\textsuperscript{22}

Athalie Brière de Boismont’s performance of her wifely duties was thus essential to the mode of treatment carried out in the asylum-home. At the same time, the very act of monetary exchange situated the institution in the public realm of market competition rather than the supposedly private and enclosed domain of the family. By focusing so heavily on the participation of Athalie Brière de Boismont, her husband revealed the extent to which the gender roles enacted within his own household differed from those familiar to most other bourgeois families. In the midst of the political turmoil and economic upheaval characteristic of postrevolutionary France, the middle classes situated the home as a refuge from the public world of politics, commerce, and, in time, the various social problems associated with industrialization. Women sought to organize the household so as to rehabilitate their husbands’ sense of calm after long days at work and to prepare their (male) children to embark on careers and to fulfill the duties of citizenship. Moreover, as a symbol of her husband’s wealth and respectability, the wife played a vital role in establishing and maintaining her family’s reputation. She accomplished this in great measure by removing herself from the labor market. Indeed, if a wife needed to work, her family could scarcely consider itself bourgeois or middle class at all. The elevation of this domestic model and a decline in women’s participation in family-run firms occurred at the same time.\textsuperscript{23} The Civil Code of 1804, which restricted married women’s property rights, further discouraged their involvement in the commercial sphere.\textsuperscript{24}

The boundaries between public and private life were always porous despite these legal and cultural disincentives, particularly when women made use the cachet of domesticity to justify their activities in the public sphere. For example, participation in philanthropic causes geared toward bettering the living conditions of lower-class women and children afforded elite women opportunities for public engagement by expanding their orbit of motherly influence.\textsuperscript{25} The value placed on motherhood similarly sanctioned the involvement of an upper-class woman like Athalie Brière de Boismont in the direction of a maison de santé. That said, while it could be argued that Athalie Brière de Boismont devoted herself selflessly to the needs of her patients, her actions were advertised in the interest of private financial gain. Not only was a bourgeois woman working for
money contrary to the domestic ideal but the French also expressed considerable unease regarding entrepreneurialism itself, particularly during the July Monarchy. One might assume that marketing the “angel in the house” in a promotional brochure would prove controversial in a postrevolutionary society trying to balance a newfound commitment to meritocracy with a traditional distrust of self-interestedness. Yet nothing in his writings suggests that Dr. Brierre de Boismont thought this to be the case.

To understand why, it makes sense to remind ourselves of the particularities of alienism’s relationship to the family in the opening decades of the nineteenth century. All asylum directors aimed to rehabilitate patients’ disrupted sense of domestic harmony by interrupting their daily routines and (re)educating them in proper behavior. While the resources available to public and private asylum operators differed with respect to accomplishing this end, each insisted that separation from family and friends constituted an essential first step in the process. Legislators embedded the concept of isolation into the 1838 law on asylum commitment; this legal innovation augmented the authority of doctors, whose process of professionalization occurred at the expense of familial control over those considered insane. Patients’ isolation from their own families also made the subsequent creation of a simulated family within the institution possible. In the case of private asylums, this new “family” included stand-ins for patients’ female relatives, who would help to cultivate a rehabilitative atmosphere.

Like Pinel and Esquirol, but in even more forthright terms, Dr. Brierre de Boismont argued, “The family, in effect, is the point of departure for a considerable number of mental illnesses.” He believed that incurability often resulted when relatives refused to bring their family members in for treatment or removed them from the maison de santé earlier than needed. For Dr. Brierre de Boismont, family life contributed to the mental alienation of some of his patients, and the familiarity of the family home for those who never sought outside intervention made the possibility of successful treatment unlikely. One could not expect a patient whose “intellectual and moral faculties improved themselves in a notable manner through a prolonged stay in the maison” to experience the same type of recovery in the very situation in which their illness initially took root. The vie de famille method could therefore only be carried out under the strict supervision of a medical professional and with the help of the replacement family that came into being within a private institution.

Dr. Brierre de Boismont’s desire to simulate family life might have paved the way for his wife’s involvement in the treatment process, but her assumption of an authoritative role vis-à-vis bourgeois male patients also relied on and perpetuated
widely held associations between madness and childhood. Doctors’ tendency to imagine patients as children and themselves as father figures legitimated women’s authority as much as the related concept of familial isolation. Legislation also imposed familial hierarchies upon the asylum space by granting patients a legal status virtually identical to that of minors. Once institutionalized, mentally ill adults depended on doctors and relatives to decide their eventual release date and lost control of their estates until that time.

Dr. Brierre de Boismont used an extended discussion of the commonalities between childhood development and the treatment of insanity in order to justify his methods, noting that “We [asylum doctors] wrote long ago: the alienated are children; we should have added: spoiled children.” He believed that tutors and involved parents were best suited to successfully instill character and encourage children to develop “that interior force called a conscience.” Individualized attention supposedly served to moderate their faults and kept them from succumbing to weaknesses later in life. According to Dr. Brierre de Boismont, “this familial influence” had the same effect on mental patients. In their case, however, the educative process was far more difficult and their successful upbringing took “extreme patience, a spirit of justice and firmness, a great equality of humor, a perfect moderation of sentiments, inexhaustible kindness, and an enlightened [sense of] religion.” These qualities, particularly in a wife, would help to assure domestic happiness in any bourgeois home, but they were even more critical in the private asylum.

By indicating that women’s maternal natures could encourage the insane to embrace rationality, Dr. Brierre de Boismont echoed Rousseau’s idealized descriptions of domestic motherhood—a concept which the philosophe and his intellectual descendants invested with the great responsibility of molding citizens capable of exhibiting self-control. In so doing, Dr. Brierre de Boismont brought the infantilization of mentally ill adults to its logical conclusion when many of his colleagues did not. For if mad men and women were essentially children, then it was culturally acceptable or even “natural” for bourgeois wives to play a part in their rehabilitation.

The patriarch of the Brierre de Boismont family found the influence of a nurturing woman proved most beneficial for those patients whose depression was aggravated by the gaiety and distraction of the asylum salon. He believed it often helped to converse with and console such patients on a more individual basis, noting that “little by little, the ice melts” if there was someone available “to cry with those who suffer.” The asylum doctor admitted this intense form of interaction was not his forte, and that his wife deserved most of the credit when
it resulted in cure.\textsuperscript{38} Men like himself were supposedly unaccustomed to submitting to the sort of “slavery” \textsuperscript{39} required in listening to the unending complaints of the most depressed patients, especially because he claimed their diatribes often included malicious lies and slanderous accusations. Conversely, he suggested that women’s characteristic patience and desire to nurture (not to mention their apparent capacity to endure verbal abuse) made them better suited to deal with these frustrations. For this reason he advised his fellow alienists that they should take great care in choosing a wife.\textsuperscript{40}

While Dr. Briërre de Boismont relied on his wife as a caregiver and encouraged her to embrace the maternal aspects of bourgeois femininity to aid in the treatment process, women’s display of expected gendered behavior within his institution also operated in more subtle ways. We can see this in a treatise written by his daughter, Marie Rivet, in which she describes her childhood in her parents’ asylum. Specifically, Rivet noted that when she was a child she often convinced patients to submit to treatment more readily than her parents could. Those diagnosed with “persecution mania” (whose worry over their doctors’ intentions was considered a symptom of their madness) supposedly trusted that Rivet was too young to wrong them. Her childlike cajoling convinced her father’s patients to eat and drink when they had previously refused. Rivet, however, became less comfortable in her role as “the years added themselves to years, and the influence of the woman substituted itself for that of the child.”\textsuperscript{41} Some men confused the adolescent Rivet with their wives or lovers while in hallucinatory states, and she occasionally went so far as to insert feeding tubes and to secure them in straitjackets by taking advantage of their affections. Yet because Rivet used her patients’ feelings for her in a way that seemed to produce results, she “did not have the courage to deplore the drawbacks of this education that strongly taught coquettishness while prematurely revealing to the young girl the powers of the woman.”\textsuperscript{42}

This complaint, one of the few specific negative aspects of her upbringing Rivet mentioned, points to some challenges brought forth by the \textit{vie de famille} method. While women’s manipulation of family and gender values within private asylums could conceivably convince patients to embrace rationality and conform to the behavioral expectations of French society, this tactic also entailed some danger because it drew attention to womanliness in a way that might be interpreted as dishonorable. As Michèle Plott explains when comparing nineteenth-century French attitudes regarding women’s sexual natures with those of Britain and the United States, “French women simply could not rely on more general ideas about women’s asexuality to support their reputations
as respectable women." Rivet’s unease with her own “coquettishness” suggests that women’s sexual power over men was taken for granted.

Doctors often interpreted women’s sexuality as pathological if it was expressed in manner they deemed overly explicit, as indicated by the institutionalization of women for a variety of sex-related mental “disorders.” Rivet herself came to associate overt expressions of female sexuality—particularly lesbianism—with madness, noting that hysterical patients required “incessant surveillance” for this very reason. Allusions to the adolescent discovery of her own sexual desirability must be understood in this wider context, for the same class-based standards of honor and virtue that constrained women patients limited Rivet’s behavior as well. She thus risked bringing dishonor to herself and her family by using her sexual influence over the men in her care, even if the outcome was positive, at least from the perspective of an asylum director. Notably, the manipulative aspect of Rivet’s behavior did not concern her. It was rather the premature education in flirtation—and the nascent female sexuality it brought attention to—that she ultimately deemed improper. Nonetheless, this example demonstrates the usefulness of Rivet’s womanliness in a setting where irrational men seemed more inclined to trust an adolescent girl than a male doctor.

Dr. Brierre de Boismont likewise indicated that his wife’s behavior had a positive effect on their male patients, particularly those who retained their understanding of proper gender comportment despite having lost many of the traits commonly associated with middle-class manhood (most notably their rationality, but also their ability to maintain a household or hold onto a professional position). As an ever-present and idealized example of bourgeois womanhood, Athalie Brierre de Boismont played a special role in convincing such patients to act in a normative fashion by encouraging them to again behave like men. Furthermore, she did not risk dishonoring herself as her adolescent daughter had precisely because she was already a married woman.

Dr. Brierre de Boismont’s recollections of his wife’s interactions with an army officer who arrived at the asylum exhibiting signs of profound melancholy and “violent grief” were a case in point. The man had supposedly sat mute for many days in a corner of Athalie Brierre de Boismont’s salon until he gradually began to participate in the conversations and diversions surrounding him. He even consented to go on walks with the directrice in the Bois de Boulogne, where, one day, he stopped brusquely and asked her if she was afraid to be alone with him; after all, he could kill her if he pleased. She replied that such a thought had never entered her mind, for “I am a woman, you are a soldier, don’t I have your protection?” The officer agreed and shortly thereafter he left the asylum cured,
never again mentioning their conversation that took place in the grand park in western Paris. In recounting the army officer’s recovery process, Dr. Brière de Boismont emphasized the curative influence of his wife’s presence, giving her complete credit for pulling the patient out of his depressive state. While it is possible the doctor exaggerated the details of the episode for dramatic effect, he did so in a way that legitimated the familial atmosphere cultivated within his institution. Moreover, he presented Athalie Brière de Boismont’s involvement in the treatment process in profoundly unthreatening terms, for it was only through her display of a traditionally feminine attribute (i.e., her vulnerability) that she convinced the soldier to embrace middle-class notions of honorable, protective, and rational manhood.

The life of Athalie Brière de Boismont exemplifies historian Jennifer Popiel’s assertion that the eighteenth- and nineteenth-century celebration of the role of women in the home “established domestic nurturing as a high calling.” For not only did she hold real authority within the domestic sphere, but the parameters of the Brière de Boismont household were capacious enough to include numerous individuals who would not have been present in a typical family home. The cultural elevation of domesticity, when combined with various assumptions embedded in mid-century psychiatric practice, encouraged Athalie Brière de Boismont to play an active role in the family business without raising objections from her contemporaries. More unexpectedly, she also exerted a considerable amount of power over men of her class, which would have likely been difficult without the partnership of her husband. His presence as a university-educated physician, a celebrated and frequently published member of the greater psychiatric community, and the official director of their maison de santé made his wife’s role in the asylum’s operation culturally palatable. By working as the comparatively silent partner in a joint enterprise, male alienists had no reason to consider Athalie Brière de Boismont a threat to their own advancement. Further analysis of her eldest daughter’s relationship to the psychiatric profession, however, will throw the limits of domestic ideology as a source of women’s authority into sharp relief.

Marie Rivet: The Woman as Expert

Born in Paris’s fourth arrondissement in 1829, Marie Rivet was the first of several children. She came of age in the family-operated asylum owned by her father, where the Brière de Boismonts lived alongside their patients and incorporated them into the routines of the household. She was named directrice of her father’s
institution in 1848 and married Arthur Jean Baptiste Rivet in 1850 at the age of twenty-one. Approximately ten years later she opened a maison de santé in Saint Mandé, a commune located on the eastern outskirts of Paris, after running another institution in the same neighborhood as Athalie and Alexandre Brierre de Boismont (on the Rue Neuve-Sainte-Geneviève) since 1850. Neither of her facilities precisely emulated the family life method of her parents, as all her patients were women. Furthermore, Rivet’s husband did not play an active role in the institutions’ operations, although her daughter and niece did. Despite these differences, she attested that her attitudes towards the treatment of insanity were heavily influenced by her childhood spent living “amidst the mad.” The “Maison de Santé de Mme. Rivet,” as the Sainte-Mandé institution was called in promotional materials, housed anywhere from twenty-five to sixty patients at a time according to Rivet’s own calculations and to the Annuaire Statistique. Rivet catered to a wealthy clientele and charged an average of 1,100 francs per year per patient in 1859.

As mentioned above, women operated a small but not insignificant number of mental health facilities in Paris during the first half of the nineteenth century; for example, women proprietors owned three out of the twelve private asylums that catered exclusively to the “alienated” in 1842, in addition to five maisons de santé open to patients experiencing mental or physical ailments. Furthermore, judging from the writings of male private asylum operators like Dr. Brierre de Boismont and Esprit Blanche, their wives often took part in day-to-day operations even when official records failed to reflect their participation in a formal capacity. These women rarely recorded their experiences in their own words. The substantial treatise entitled Les Aliénés dans la famille et dans la maison de santé, which Rivet published in 1875 after twenty-seven years directing private asylums, is therefore quite exceptional.

While her mother’s life history points to the elasticity of domestic ideology and its ability to sanction women’s empowerment in certain settings, Rivet’s memoir additionally reveals the contradictions that emerged when a woman used bourgeois gender values as a justification for her expert status. Athalie Brierre de Boismont had expanded an essentially domestic role in an unexpected direction. Rivet, on the other hand, sought a greater level of professional independence by taking on the traditionally paternal role of asylum owner-operator. Her writings therefore shed light not only the role of women in private asylum operations but also on the ways that gender tied into psychiatry’s process of professionalization. Ultimately, Rivet’s memoir presents an image of womanly expertise that simultaneously conformed to middle-class gender norms and
threatened male asylum directors’ assumptions regarding the inviolability of their own scientific knowledge.

Like her father, who published his treatise on the *vie de famille* twelve years earlier, Rivet began her only published work with a dedication to a member of the family: Dr. Brière de Boismont himself. While she praised her mother—who had died unexpectedly in 1873 in the presence of her patients—for her inexhaustible patience and diagnostic expertise, she reserved her most effusive thanks for the wisdom passed down by her father. Rivet noted gratefully that “madness was no longer one of God’s mysteries that he kept to himself” owing to the esteemed asylum doctor’s “knowledge and precious teachings.” What stands out in Rivet’s descriptions of Dr. Brière de Boismont’s influence, however, is an emphasis on the difficulties her unique upbringing had wrought. While she claimed not to regret her “sorrowful apprenticeship in mental alienation” and to be thankful for the opportunity to “utilize with profit some of the knowledge I acquired,” she also referred to her life as “a bit sad.” Her participation in the workings of the Brière de Boismont asylum during her youth helped to simulate an ideal family life for her parents’ many patients, yet it kept Rivet and her siblings from experiencing “normal” childhoods themselves. Indeed, while the institution was designed to celebrate the curative potential of bourgeois family values, the roles played by women and children in the treatment process differentiated the Brière de Boismont’s lifestyle from that of others of their class—to the extent that Rivet’s childhood was defined by her exposure to individuals who interacted with their own families in a manner deemed pathological.

Her somewhat backhanded dedication to her father the eminent alienist also points to some contradictions at the heart of Rivet’s self-presentation, particularly with respect to the performance required to manage her dual identities as a woman taking on the traditionally masculine occupation of asylum director. Despite expressing a certain amount of justifiable pride for all she had accomplished—a fact that comes across later in the text—Rivet began her book by framing her professional existence in terms of her father’s success and with a considerable dose of feigned reluctance.

Considering the social condemnation and institutional obstruction experienced by women practitioners who sought employment in public facilities, her decision to downplay her ambitions made a great deal of sense. The Paris medical faculty opened its doors to women in 1868 and some women—mostly foreign-born—had begun entering the medical professions by the time Rivet published her memoir in 1875. At that point, however, she was nearly fifty years old and had been running her own institution for decades.
women’s acceptance into the echelons of higher education was a long time coming and the first women doctors often faced the scorn and ridicule of their male colleagues. The feminist-socialist physician Madeleine Pelletier was the first woman allowed to sit for the exams required of doctors interested in interning in public mental asylums. This occurred in 1902 and required both a forceful press campaign and the reversal of long-standing practices and regulations, and even then Pelletier never directed a public asylum.

Rivet, on the other hand, managed to carve out a professional space within the domestic sphere and move beyond it in certain respects without inspiring much controversy. Her institution was well-regarded and even famous. Guidebooks occasionally mentioned it, and her social circle included various literary types. Philoxène Boyer, the poet and contemporary of Baudelaire, held his marriage breakfast at Rivet’s maison de santé in 1857 and even dedicated a poem to her. The playwright and editor of the Féerie Illustre, Marc Fournier, lived with Rivet as a guest for some time before his death in 1879. The daughter of Victor Hugo, Adèle, was undoubtedly Rivet’s most notable patient, and she resided at the maison de santé for many years. After living in squalor in the Caribbean, estranged from her family throughout much of the 1860s, Adèle returned to France in 1879 following the cessation of her father’s exile. Her increasingly erratic behavior and her insistence that she heard voices led Hugo to reluctantly send his “poor child” to a maison de santé: “the best possible,” according to his diary.

For Rivet to have achieved this level of notoriety was quite a coup, and it involved adeptly manipulating cultural attitudes about women, work, and authority. Nonetheless, her contemporaries seem to have viewed her as a special case rather than as a woman to be emulated, and historians have neglected her story almost entirely. Like any woman with professional aspirations in mid-nineteenth-century France, Rivet experienced a double bind. If she broke free of the constraints of acceptable femininity and unabashedly pursued her ambitions, she would lose the virtuous image so essential to her success. Yet reliance on the tropes of bourgeois domesticity necessarily limited the impact she might have.

She never mentioned it outright, but Rivet seemed aware of the contradictory nature of her position. While she clearly sought to present herself as an authority in mental medicine—the publication of her work is a testament to this fact—she carefully limited her claims to ideas, practices, and people that fell within the domestic orbit. Rivet maintained that she directed her insights to everyday people, not necessarily the scientific community, and almost all her advice hinged on intimate knowledge of her patients and their families. In so doing she presented herself as a selfless and long-suffering caregiver, a good bourgeoise, rather than a
medical expert. Nonetheless, she undermined her professed modesty throughout the book by slipping into medical language, citing the work of male asylum doctors, and weighing in on contemporary debates over controversial psychiatric practices. Although many of Rivet’s attempts to prove her respectability involved highlighting the ways in which she conformed to bourgeois gender norms, they can also be interpreted as claims for the superiority of lay expertise.

For example, Rivet took pains to establish her credentials by continually making reference to her unique upbringing. She immediately set herself apart from formally educated psychiatrists, arguing that she possessed a specialized form of knowledge inaccessible to those entering the profession in adulthood. She noted that scientific authorities “confine themselves to treating madness from a purely medical point of view, but a scientific book appeals only to professionals.” She instead directed her book to the gens du monde—which she contrasted to gens de métier—using a new form of psychiatric writing in which she gathered together all her “memories” and “observations” in order to teach people how to recognize the signs of insanity and know what to do if they noticed symptoms in a relative. Because “madness has that sad property of being appreciable to everyone,” then “an intimate work” should be written and read. In this way, Rivet depicted herself as a particularly familial, and thus womanly, sort of medical expert.

Despite emphasizing the distinctiveness of her background, many of Rivet’s opinions tended toward the conventional. For the most part, her case studies reveal attitudes one might expect from a woman of her status with respect to both class and gender values, such as when she conflated hysteria with lesbianism and other manifestations of female sexuality. She likewise expressed shock towards the religious, familial, and political values of female supporters of the revolutionary Paris Commune, suggesting she saw herself as profoundly typical in these respects despite her own unconventional lifestyle. Yet even when repeating some of the prejudices commonly associated with her class and profession, Rivet set herself apart from other psychiatric practitioners by critiquing the bourgeois family to a degree that went well beyond the observations previously set forth by Pinel, Esquirol, and even her father—who claimed that mental illness took root in the home, but was not the result of pathological family relations. Her willingness to impugn the family was particularly apparent in discussions of the onset and manifestation of insanity. Jan Goldstein notes that Rivet’s book was the earliest she discovered that situated familial interactions as the source of mental illness, for Rivet pointed out that jealousy between adolescent girls and their mothers sometimes contributed to insanity’s onset.
One poignant example of Rivet’s critical stance toward the family involved a fifteen-year-old boy whose parents asked Rivet to examine him because they noticed his mental and physical health slowly breaking down. Upon inspection, she concluded that the adolescent’s “solitary habits” had provoked madness: a euphemistic suggestion that excessive masturbation had driven the boy insane. This assertion was very much in line with middle-class beliefs that stigmatized nonreproductive sexuality. In the words of Robert Nye, the ability to engender children was an essential aspect of a bourgeois Frenchman’s identity and all forms of sexual expression that did not achieve this result were considered “parasitic.”

Doctors gave scientific credence to this belief, going so far as to suggest that ejaculation depleted a man’s life force and, by extension, his masculine honor. Medical interest in the social and mental effects of masturbation (in addition to impotence and homosexuality) increased throughout the century in response to the changes in daily life brought about by industrialization and, eventually, the widespread perception of demographic crisis. Rivet reproduced the assumptions of bourgeois medical men in pinpointing onanism as the source of the adolescent’s mental and physical state.

Nonetheless, her interpretation of this particular case also exhibited a subtle critique of those who sought to keep women ignorant of all things sexual. Rivet immediately questioned the boy’s family when called in for assistance and expressed shock and disappointment when she discovered that the mother, a woman in her thirties, had never considered “the vice of childhood” as the source of her son’s illness. While one might consider her ignorance of sexual behavior a mark of respectability “in a century such as ours,” Rivet nonetheless argued, “the mother of the family had assisted, worried but unaware, in the mental and physical deterioration of her child, without power to stop it.” She expressed further disappointment that “the health of the child was sacrificed to the delicacies of the mother.” Rivet thus critiqued the sexual mores of the bourgeoisie in a fashion unique among pre-Freudian mental health practitioners, even as her negative attitude toward nonreproductive sexual activity served to legitimize and compound them.

The purposes for which Rivet infantilized her patients likewise appeared to conform to the attitudes expressed by male alienists, but ultimately served to distinguish her approach from theirs—justifying, in the end, her cultivation of a different sort of rehabilitative atmosphere. She often likened her patients to children, as had her father. For example, in a chapter called “On the Childish and Destructive Habits of the Alienated,” she characterized the misdeeds of certain patients in order to present a tableau of asylum life and document what
she considered the most effective methods of treatment. One anecdote involved
the family pet, a Great Pyrenees who never left Rivet’s daughter’s side. As the
girl made her daily rounds, visiting with the patients, the dog followed her and
begged for food along the way. One day, he did not come when he was called.
The family finally found him in a patient’s bedroom, so “completely shaved that
large flakes of white fur formed a veritable carpet on the floor.” Rivet did not
attribute her patient’s actions to any sort of malice. Instead, the woman had been
seized by an “eccentric idea” and reacted like “a child who, left alone, becomes
unsettled” and breaks something.

As already shown, most doctors emphasized the supposedly childlike natures
of their patients in order to tout the curative potential of their particular brand
of psychiatric care. Just as Leuret invoked the childishness of patients to justify
punitive methods of treatment, so Dr. Brièrre de Boismont highlighted the sup-
posed congruities between children and the mad to argue in favor of the educa-
tive and reformist elements of the *vie de famille*. Conversely, Rivet’s attention to
the character traits supposedly shared by children and mental patients revealed a
particularly modern approach to both the treatment of insanity and the raising of
children. For the *directrice*, patients were not “spoiled,” and she emphasized the
importance of treating “childish” behaviors with humor and compassion. While
those on the outside might wonder why she did not institute strict procedures
that would help avoid “degradations” (like the occasional dog-shaving), Rivet
called on the metaphor of familial order to argue for leniency. She compared
private asylum directors to parents who submit themselves to “small sacri-
fices” in the best interests of their children and she tolerated certain inconveniences in
order to ensure what she called the “relative happiness of the alienated.”

In choosing not to punish patients who occasionally caused disorder, Rivet
behaved in a fashion at odds with the practice of some of her male colleagues.
She made this comparison explicit, but with caution. Rivet never criticized the
public asylum system or its proponents outright, explaining, “whatever we [in
private institutions] permit, it is impossible to do so in the great public establish-
ments in which order and harmony must be the rule.” The need to regiment
and regulate patient behavior in public institutions presumably involved their
much larger patient population and its primarily working-class composition.
Moreover, she also noted that the appearance of order in public asylums also
helped to sustain France’s *amour-propre* because foreign observers so often vis-
ited them in order to spur medical innovation in their own countries.

As the operator of a private institution, Rivet did not have to worry about
how her actions reflected on French national esteem, for the doors of her asylum
opened to regulatory authorities and to the families of the mad alone. She implied that her independence from the state allowed her to more fully establish the familial atmosphere required for effective patient treatment, writing:

Our patients are ours.

They are not the alienated of such and such department, they do not belong to such and such establishment, they are not submissive to any experience, to any attempt outside of those done to heal them. . . . They are patients treated by the doctor, they are not the subject of medicine.\textsuperscript{85}

Rivet thus described her patients as part of the family instead of as cases to be explored in a disinterested or purely scientific manner. And while she avoided openly criticizing the methods of her male counterparts, she not-so-subtly suggested that the interests of doctors and those of their patients were not necessarily the same. She claimed that operators of public asylums treated patients as subjects, not people, and she believed that those individuals who rarely caused disturbance were especially “tyrannized” in large facilities. Rivet denied arguing that public asylum operators mistreated the mentally ill, but nonetheless expressed concern over the level of control exercised over each patient’s individual actions, claiming that the constant regulation of a patient’s interior life caused unhappiness that might be avoided if he was able to “give himself up to his fantasies” to a certain degree.\textsuperscript{86} This attitude could not be further from those of her contemporaries, many of whom insisted that any expression of irrationality must be countered with forceful, albeit usually nonviolent, efforts at reformation.\textsuperscript{87}

Rivet therefore combined attributes associated with both femininity and masculinity when constructing her relationship to her patients, and she implied that this very mixture was what made her successful. She exercised the authority of a male asylum director when weighing her patients’ freedom against the orderliness of her institution and when determining whether an incident called for leniency or punishment. Yet she argued that it was her motherly concern, her womanly intuition, and her lifelong experiential training that allowed her to cultivate and project this authority in the first place.

A Mixed Reception

While critics lauded Rivet’s book for providing insight into topics often neglected in accounts written by medical men (most notably private asylum operations and the relationship between family life and mental illness), most reviewers tended to focus their attention on Rivet’s sex more than on her ideas. For
example, the reviewer for the *Chicago Journal of Mental and Nervous Disease* consistently highlighted the fact that Rivet was a woman in his assessment of *Les Aliénés dans la famille et dans la maison de santé*, always as one of the work’s virtues, writing that “The book deserves success for the spirit in which it is written; it is the first contribution to literature of the author, an amiable woman who has struck out in a new line for her sex.” Still, in the span of a paragraph the reviewer referred to Rivet’s work as “little” three times, despite the book spanning several hundred pages. One can only suppose that the adjective applied more to the assumed diminutive stature of the author or the perceived weight of her observations than it did to the length of her work. Another reviewer, who signed his piece in the *Union médicale* with the initials M. L., went so far as to insist that books have a sex, and that this one was “absolutely female (feminin) from one end to the other, from the first page to the last.” He then offered his impression of Rivet’s personality (it “produced a singular effect, and was not without charm”) and ended by calling himself “her devoted servant” after apologizing (ad nauseam) for having unchivalrously made a “lady” wait for the publication of his reflections.

Other reviews were more substantial. Her father actually wrote a lengthy piece for the *Annales d’hygiène* recounting Rivet’s myriad talents as an asylum director and the pride he felt as her parent, pointing out that he neither read nor discussed the book with her as she wrote so as to avoid unduly influencing its character. He found Rivet’s analysis of the role of the “passions” in the onset of mental illness especially exciting, and he discussed at length the sad case of a young mother whose husband interned her at Rivet’s asylum after he refused to end an affair with one of their household servants. The woman arrived profoundly malnourished and soon died in the asylum. Her fate—which seems, to modern eyes, so clearly linked to her experience living in a society that ascribed one set of sexual standards to men and another to women—made a lasting impression on Dr. Brierre de Boismont and his daughter, who had reportedly expressed a great deal of compassion for the wife and had roundly condemned the actions of the husband. While Rivet never blamed gender inequality for her patient’s breakdown, her sympathy for a woman driven mad by her spouse’s infidelity can be interpreted as another subtle critique of bourgeois family values. It is worth noting that Dr. Brierre de Boismont failed to make this connection in his review, and that he instead emphasized the ways this case merely exhibited the potentially deleterious effects of the passions on the development of mental alienation.

Even more significant for her father was Rivet’s defense of the psychiatric profession, a goal she explicitly set forth in her preface. A noticeable uptick in
the numbers of accusations of arbitrary asylum sequestration occurred in the 1860s and 1870s. During this period, novels and plays, not to mention press reports, accumulated on the subject of collusion between asylum directors and unscrupulous families hoping to rid themselves of inconvenient relations, as we shall see in the following chapter. By the time Rivet published her book, legislators had begun to investigate the possibility of revising the 1838 law on asylum internments, whose passage had been a key moment in the professionalization of French psychiatry. Asylum directors like the Brierre de Boismonts considered their livelihoods under threat, and Rivet’s book constituted a much-needed defense of their profession. As Dr. Brierre de Boismont wrote, the best way to clamp down on the public’s fear of asylum psychiatry, perpetuated “by the enemies of alienists,” was to “open completely these so-called basses-fosses,” just as Rivet had done. Her father’s review can thus be read as another contribution to the creation of a family myth, one which positioned the Brierre de Boismonts not only as devoted caregivers to their patients and members of an ideal bourgeois household but now as the saviors of French psychiatry as well.

Not all members of the French medical community were convinced Rivet’s work helped their cause, as one can see in the review published by the Gazette hebdomadaire de médecine et de chirurgie, a weekly journal geared toward medical professionals of all subfields. As the only review that challenged any of Rivet’s claims, it is worth examining in detail. The journal critiqued Rivet’s book as part of a larger piece on a handful of major contemporaneous works including those by such eminent figures as the British Henry Maudsley and the Austro-Prussian Richard von Krafft-Ebing. Also reviewed alongside Les Aliénés dans la famille et dans la maison de santé was a recent book by Jules Dagron, the director of Ville-Évrard, a departmental asylum. Written as a firsthand account of asylum operations over the course of several years, Dagron’s book painted a detailed picture of life in public asylums much as Rivet had done for private facilities. Comparing the directrice to such illustrious company strongly suggests that her expertise was acknowledged by at least some of her male contemporaries.

The reviewer Aimé-Jean Linas, a Paris-based physician who regularly published on mental health and other medical topics, praised Rivet for producing a work that shed light on an aspect of the profession that rarely received attention, particularly from a woman’s perspective. He also accorded her a certain level of professional respect, describing Rivet as the “daughter of an eminent alienist, and an alienist herself.” Rivet’s work was both informative and “charming,” two traits that Linas seemed to hold in equal esteem. The book represented “an intimate study of madness” and he believed that Rivet “loves her patients . . .
(and) treats them as much with the concern of a mother as with the devotion of a sister.” Thus, for at least one reviewer, it was possible for a woman to take on the traditionally masculine role of asylum overseer precisely because the private asylum was a familial space, or at least a simulation thereof. Her domestic qualities—motherly concern, sisterly devotion—were useful in a professional context which called for the re-creation of family dynamics but required the absence of actual family members. Her lack of formal training did not disqualify her from this occupation and her specifically feminine form of expertise could even be construed as an asset.

However, Rivet’s situation was undeniably unique. Her path toward becoming an active member of the profession could not be emulated by other women. Furthermore, despite his initial praise, Linas also pointed to the dangers of allowing someone like Rivet to fashion herself as a psychiatric authority, particularly because Rivet did not direct her insights toward the medical community alone. Her stated goal was to give the families of potential patients the tools to recognize the signs of mental alienation so they could seek help as soon as possible. Rivet and Linas agreed that the successful treatment of mental illness depended upon the patient entering an institution early. However, Linas took umbrage with Rivet’s assertion that “[m]adness has that sad quality of being appreciable to everyone,” as opposed to other illnesses that could only be diagnosed by a doctor. He expressed shock that the daughter of Dr. Brierre de Boismont would say such a thing and found it particularly regretful that “these words are placed on the first page of a work directed at gens du monde; this book should be written to enlighten their ignorance, and not to encourage and exalt their presumptuousness on the matter of madness.”

He also skeptically took note of Rivet’s assertion that she learned how to tell the difference between madness and sanity at a young age. Despite the uniqueness of Rivet’s personal situation, Linas warned that she would spread the idea that psychiatric knowledge was accessible to those not trained in the traditional manner. This attitude propped up Rivet’s own authority, but undermined that of her male colleagues. Linas seemed to recognize this and crafted his review accordingly.

In certain respects, Linas’s critical approach to Rivet’s ideas indicated that he respected her as a fellow medical professional. Her work was not simply an amusing diversion, but worthy of debate. That said, his specific complaints had everything to do with her status as a lay practitioner. His greatest bone of contention related to the way Rivet contrasted the atmosphere of her asylum to those of the great public asylums run by men. As already noted, she had taken care not to criticize the operators of public asylums, explaining that it would be unfeasible
and even undesirable for such emblems of national prestige to be run in a disorderly fashion. Linas, however, was not pacified by Rivet’s attempts to avoid controversy and instead latched onto her assertion that the patients in her institution were treated by the doctor but “were not the subject of medicine.” Linas defensively declared Rivet had forgotten the role played by public asylums in the education of alienists and in the establishment of the honor of mental medicine (although she had indeed pointed this out). He wrote in grandiose terms that “these public establishments of which she speaks were the cradle (berceau) and the home (foyer) of . . . psychiatric study.” Rivet thus forsook the legacy of “the immortal works of Pinel (and) Esquirol” by criticizing “the great schools where these celebrated masters were taught and had practiced.” Critiquing the public asylum, even by implication, was practically unforgivable, all the more so at a time when the psychiatric profession felt itself under siege.

Thus, while the reviewer from the Gazette hebdomadaire respected Rivet’s ideas enough to debate her in a public forum, he did so in such a way as to undermine the very “intimate expertise” he had initially praised. Linas emphasized the fact that Rivet had not been educated within the walls of the great asylums whose operations she dared to critique, writing that the public asylum system served as “the nursery (pépinière)” for “the most eminent psychiatrists of our epoch.” He implied that Rivet, as someone who had not worked in one, could never rank among psychiatry’s leading figures. And while he did not state outright that Rivet’s sex disqualified her opinions, his insistence that studying in a public asylum was the most valuable form of psychiatric training necessarily excluded all women from reaching what he considered the heights of professional expertise because it required both university training and the completion of an internship exam unavailable to them. He thereby called into question Rivet’s right to enter into psychiatric debates as an equal even in the course of reviewing her work alongside that of her male contemporaries.

Linas’s use of household terminology in the course of his review subtly revealed his sense of unease. Usually, when doctors discussed asylums in familial terms, they did so in ways that positioned themselves as father figures inside the “home” of the asylum. Linas, however, flipped this metaphor on its head when discussing public institutions, positioning young male doctors as children coming of age in the course of their training. He referred to the public asylum system as a “cradle,” a “hearth,” and a “nursery” in his passionate explanation of its role in the education of future asylum directors. While it might be tempting to dismiss Linas’s domestic references as rhetorical flourishes, their use exposes his underlying anxiety regarding Rivet’s particular form of psychiatric expertise.
In other words, it took a great deal of intellectual maneuvering for Linas to claim that the *public* asylum was the “cradle” of psychiatric learning when the Brierre de Boismont children had actually been raised in a mental institution. For Rivet, the asylum-home was no metaphor, which gave her the authority to speak to those like Linas on her own terms.

Rivet’s reviewers tended to agree that her medical opinions held merit. Yet framing her expertise as “intimate” had restricted her ability to convince medical men that she was their peer. Her self-presentation as an expert not just in madness but also in its familial contexts set her apart from other practitioners, particularly those who ran public asylums. However, it did so in a way that reinforced doctors’ expectations of gendered behavior. Only one reviewer concluded that Rivet’s promotion of her own abilities undermined the authority of the profession. This reviewer was also the one who took her ideas most seriously, for he at least considered the implications of her work. Ironically, the generally uncritical reception of *Les Aliénés dans la famille et la maison de santé* suggests that the power Rivet held within the asylum was largely limited to that space. Rivet’s strategic focus upon the domestic attributes of her own expertise ultimately condemned her to remain on the outside the psychiatric profession looking in. Or, perhaps more accurately, it kept her on the inside, looking out.

Rivet persisted in her attempts at self-fashioning to the last. She passed away in 1895 after nearly thirty years spent running the institution in Saint-Mandé, leaving some of her fortune to the Académie des Sciences so that a bust of the professor and expert in forensic psychology, Ambroise Tardieu (1818–1879), could be constructed in her name. Like Rivet and her father before her, Tardieu had identified the family as both a potential source of danger and as society’s bulwark, in his case controversially writing about the sexual abuse of children and its effects. Thus, in her final paradoxical act, Rivet recommitted herself to the concerns of the domestic sphere, but in an undeniably public manner. Moreover, she linked herself to official medicine in spite of the ways her own career exemplified the richness of lay expertise, thereby insisting, once again, that a woman with no formal training had something to offer the psychiatric profession.

The family mythology presented by the Brierre de Boismonts often reinforced conventional attitudes towards both psychiatry and the cult of domesticity, with the women of the house quite literally serving as the gatekeepers of rationality and, therefore, of French society itself. The cultural elevation of motherhood made this possible, but so too did the medicalization of mental illness and the cultural elevation of rational self-control as a central component
of bourgeois masculinity. Private asylum *directrices* supervised people considered unsuited for participation in the public sphere by virtue of their perceived madness who were nonetheless expected and often forced to leave their own homes. Even when the ultimate goal (in the case of male patients) was to inspire them to embrace stereotypically masculine attributes and reenter the public world of work and sociability, their institutionalization marginalized them further, and many patients who entered asylums never left. The Brierre de Boismont women perpetuated this system and benefited from it, for it was only through the general devaluation of those considered insane that their opportunities for empowerment arose at all.

At the same time, the very existence of women like Marie Rivet and Athalie Brierre de Boismont called attention to the artificiality of nineteenth-century gender norms and the medical beliefs that perpetuated them. When Rivet and her mother played the roles of exemplary bourgeois women—both in the course of patient treatment and in the act of self-promotion—they certainly drew on and reinforced the cultural potency of separate spheres ideology. However, by doing so in an environment so unlike the typical family home, they also highlighted the performative dimensions of bourgeois womanhood.

This not only served to expose the constructed nature of nineteenth-century gender values, but the theatricality of sanity itself. Rivet acknowledged this, albeit without self-reflection, when discussing the behavioral repertoire of hysterical women, writing that, "Madness brusquely unties the strings of the mask that cultivation (éducation) has affixed." A madwoman was simply one who no longer behaved in the way she had been taught to, whether she drank alcohol excessively; mixed with those beneath her station; or had otherwise transformed herself from an “honest woman” into a “shameless pleasure-seeker (viveuse éhontée).” Rivet, of course, also wore a mask, one designed to make her appear eminently qualified to retie those that her patients seemed determined to rip away. Yet in the process of carefully constructing her identity as a woman who had long been able to differentiate the dividing line between lucidity and madness, she revealed her own class-based and gender-based notions of rationality to be a facade.

As someone who established her professional independence on the basis of her ability to police the behavior of other women, Rivet’s actions often appear self-serving if not downright hypocritical. Nonetheless, in teasing out her various claims and self-justifications, it becomes clear that Rivet’s seemingly strange life story sheds light on innumerable contradictions inherent in the bourgeois, postrevolutionary worldview. The history of *asiles privés*, especially those run by
women, reveals the tendency among nineteenth-century elites to construct and then reify boundaries between the home and the outside world; the masculine and the feminine; the scientific and the emotional; the respectable and the disreputable; and, most important, the sane and the insane. The tales Dr. Brierre de Boismont and his daughter told about their family and about the psychiatric profession were meant to reassure people that these binaries remained stable and that irrationality could be contained to the asylum space. Instead, they exposed the instability of all these supposedly natural divisions. As we will see, patients began to use psychiatric understandings of gender and family life against the very professionals who sought to intern them, directly challenging French psychiatry and the various assumptions it took for granted.