Institutionalizing Gender

Hewitt, Jessie

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Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France.


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THE RELATIONSHIP BETWEEN GENDER and psychiatry that emerged in the late eighteenth century and continued to develop throughout the nineteenth reveals the instability of dominant notions of masculinity, femininity, and mental illness. The psychiatric theories and practices developed by Pinel and his immediate successors, in particular, simultaneously gave scientific credence to notions of gender difference and exposed the contradictions intrinsic to both medical and gender ideologies. Doctors constructed their own personae with an eye toward embodying the ideals of rational masculine self-control and used these same notions in the name of patient cure, with varying degrees of success on both counts. The emphasis alienists placed on the naturalness of bourgeois gender values also provided opportunities for women practitioners to take on uncharacteristically authoritative roles in private asylums because of the widespread celebration of feminine domesticity. Furthermore, even as asylum doctors steadily gained social, cultural, and legal stature after 1838, they faced pushback from multiple directions, particularly from male patients whose internments reflected long-term shifts in the foundation of masculine authority and exposed the vulnerability of psychiatric power to gender-based attacks. By 1900, owing in large part to the sense of malaise engendered by the Franco-Prussian War and the Paris Commune, doctors themselves had abandoned the use of gender scripts as a method of rehabilitation.

On hopeful days I interpret this narrative as proof that asylum doctors were doomed to fail in their attempts to naturalize differences between men and women, that the conceit of bourgeois, masculine rationality was a façade whose influence would eventually disappear because its power had always been based on fiction. On less hopeful days, I realize this book could just as easily have been about the persistence of these myths rather than their weaknesses. Considering the sheer numbers of people hurt by the asylum system and its underlying assumptions about men, women, and madness from the eighteenth century to the
present day, does it even make sense to emphasize the limitations of psychiatric or masculine power?

As Judith Surkis points out, gender instability—in and of itself—is not necessarily subversive (especially because gender is *always* unstable). In her analysis of sex and citizenship in late nineteenth-century France, she argues that indications of masculinity in “crisis” actually provided powerful impetus for the policing of gender boundaries, in that “instability fueled the regulatory logic by which an idealized masculinity and a specific configuration of social and political power were articulated and maintained.”¹ This appears to have been the case among French doctors, whose abandonment of the moral treatment’s understanding of gender-as-cure constituted a reactionary response to widespread challenges posed to bourgeois authority by those who did not embody the rational, masculine ideal in one way or another. It arguably became more difficult to sustain longstanding assumptions regarding masculine self-control and feminine domesticity when evidence of the unnaturalness of bourgeois gender norms abounded in the fin-de-siècle. Yet many medical commentators seemed to hold onto these beliefs more strongly than ever before. Degeneration theorists, for example, continued to insist that behaviors that ran counter to bourgeois expectations—such as masturbation, impotence, same-sex sexual activity, or sadism and masochism—represented evidence of pathology.² But because they conceived of the signs of degeneration as congenital rather than circumstantial, they perpetuated the stigma associated with both gender nonconformity and mental illness to an even greater degree than earlier psychiatric practitioners had done.³

The work of neurologist Jean-Martin Charcot, whose scientific influence reached its apogee in the 1880s, likewise exhibited these tendencies. He argued that the origins of hysteria were physical rather than psychological, insisting that this quintessentially nineteenth-century pathology was not actually a mental illness at all. For Charcot, hysteria involved the weakening of the nervous system. Such enervation resulted in a variety of physical manifestations, most of which involved the loss of bodily control (including symptoms as seemingly diverse as catatonia and spontaneous blindness to insomnia, upset stomach, and sexual dysfunction). Charcot argued that there were multiple possible causes for an individual’s development of hysteria. Some cases were purely hereditary while others involved hereditary predisposition combined with situational trauma of either a physical or emotional variety.⁴ Charcot’s patients were mostly women, as his clinic was housed in the Parisian women’s institution La Salpêtrière, but he rejected the idea that hysteria was connected to organs specific to the female
sex, and he argued that the historically feminized disease could also present itself in men (mainly those of the popular classes).\(^5\)

Charcot nevertheless accepted the far more conventional notion that overt expressions of sexual desire among women hysteric’s represented evidence of their conditions and, like practitioners of the moral treatment, this most famous of French doctors envisioned medicine as a performance. In Charcot’s case this was far more literal, with select women patients dramatically revealing and suspending their symptoms under hypnosis for groups of men in Charcot’s surgical theater.\(^6\) However, as in the case of the community care system promoted by his student Charles Féré, nothing about these stagings suggested that Charcot’s patients might be “cured” by participating in them. Cure was not even their purpose, which was ostensibly to educate those in the audience (although the act of watching women patients in sexually suggestive states of powerlessness likely served to titillate them as well). Once again, the late nineteenth-century obsolescence of the moral treatment indicated the emergence of even less flexible medical attitudes regarding gender performance and the possibility of rehabilitation, ones which nonetheless upheld bourgeois values as insistently as ever.

That said, doctors’ decision to transition away from the moral treatment actually reflected the relative vulnerability of bourgeois masculine power at this time. While medical men continued to promote theories of the mind that implied gender conformity and physical health were one and the same, they did so in a society in which ever greater numbers of individuals appeared to reject these notions outright. Women whose claims and lifestyles contradicted the ideal of feminine domesticity in one way or another posed the most obvious challenge. Such women included suffragists who, by and large, embraced the cultural equation of ideal femininity with domestic motherhood while using the symbolic power of the nurturing woman to demand public authority.\(^7\) Even more threatening were New Women who chose to work for a living and sometimes avoided marriage or child-rearing altogether despite their middle-class backgrounds.\(^8\) Bourgeois men also increasingly rejected traditional expectations concerning gender and family at this time. Some engaged in homosexual activities more overtly than earlier in the century or, at the very least, medical discourse and police surveillance surrounding such activities became more pronounced.\(^9\) Others chafed at the restrictions imposed by conventional heterosexual marriages and chose bachelorhood or imperialist adventuring instead.\(^10\) Most significantly, many cultural commentators expressed concern that the conditions of modern life actually caused mental and physical deterioration, particularly among the same bourgeois men whose rationality supposedly signaled their right to rule
(and whose “natural” superiority epitomized that of their class and nation, and even that of the West itself). An overemphasis on sedentary intellectual pursuits—i.e., the cultivation of rational self-control, of intellect over physicality—seemed to have broken the most worthy of men, while women boldly demanded rights as intellectual equals. In other words, gender ideology was in the process of revealing itself as ideology in no uncertain terms. 

And as gender boundaries blurred, so too did other forms of class distinction. With the emergence of the Third Republic, universal male suffrage established itself in France once and for all. Workers not only voted, but they marched, organized, and demanded better working conditions and pay. Inequality remained rampant, but it was also challenged by socialist movements and even spectacular acts of anarchist terrorism. The specter of the Commune lingered and served to remind bourgeois France that its place atop the social ladder could not be taken for granted. No less dramatically, the beginnings of urban mass culture dissolved distinctions between classes, with individuals of all backgrounds comingling in public spaces as never before. From city parks to the Paris morgue, the dividing lines between the bourgeoisie and the rest of French society gradually but persistently eroded.

Alienists unsurprisingly continued to naturalize bourgeois gender norms under these circumstances, but their attempts appear increasingly desperate in hindsight. The kleptomania diagnosis, for example, gained prominence as a medical excuse for elite women’s thievery, which had become a source of concern alongside the rise of glittering, crowded department stores. Unlike working women who stole, kleptomaniacs were considered “sad,” not “bad.” This perspective conveniently allowed the French bourgeoisie to hold onto traditional ideas about women’s natures—and the class hierarchies those beliefs helped to sustain—rather than confront the possibility that the “angel in the house” could be a criminal. The diagnosis also conveniently implied wealthy women should be careful to avoid new sites of mass culture where they would dangerously mix with those below their station (women did not tend to heed this warning, yet another sign of changing times). In this context, the notion that bourgeois gender and family values might prove curative lost much of its force, not to mention its rationale. While doctors at the start of the century acted as though the values of their own class had the potential to integrate French society in a genuine, albeit still hierarchical, fashion, many at the end of the century feared this result.

Suffice it to say, the contributions of degeneration theorists to late nineteenth-century psychiatric thinking constituted powerful cultural responses to these
various transformations. Yet their efforts often muddled class distinctions even further, although in different ways and to different effect than the actions of their forebears. The pessimism exhibited by someone such as Féré broke down medical faith in cure, but it also diminished the cultural elevation of the bourgeois family: in a world threatened by the ever-lurking and often hidden dangers of degeneration, markers of class status provided the social body very little protection. Even the more optimistic Charcot—who never lost faith that he would find a cure for hysteria even when his ideas fell out of fashion in the 1890s—imagined the family as a source of pathology rather than refuge. The theories of Sigmund Freud, although mostly outside the scope of this project, also served to chip away the symbolic authority of bourgeois family values in the late nineteenth and early twentieth centuries (while simultaneously perpetuating notions of women’s natural sexual passivity). For Freud, even “normal” families were the source of neuroses, especially those of a sexual nature. He and the degeneration theorists approached the question of mental illness from very different vantage points—and Freud’s patients were not usually candidates for long-term institutionalization—but both of their perspectives undercut traditional asylum psychiatry and the sanctity of the bourgeois family alike. In this way, among others, the fate of the moral treatment and that of the French bourgeoisie were inexorably intertwined, the fall of one preceding but also presaging the inevitable decline of the other.

Thus, while cultural conceptions of masculinity, femininity, and family were never fixed in the century following the French Revolution, the meaning of this uncertainty changed over time. The consequences of such instability also differed depending on an individual’s class, gender, and disability status. We have seen how medical practices and gender expectations combined in ways that allowed male patients to resist psychiatric power and allowed women directrices to uncharacteristically wield it. We have likewise seen how the behaviors of male doctors were shaped and circumscribed by these same forces, even if the expression of key attributes of ideal masculinity—from personal honor to benevolent paternalism—also helped medical men rebuild their reputations in times of distress.

But what of women patients? They have admittedly received less attention than their male counterparts in this book, in large part because so much has already been written about their encounters with the psychiatric system. Furthermore, despite popular perceptions to the contrary, women did not constitute a significant majority of asylum patients in nineteenth-century France. They were nonetheless uniquely victimized when familial and medical authorities aligned
against them to secure their unwilling sequestration. It therefore makes sense to end this book by taking stock of their experiences and what they might suggest about the long-term transformation of familial power.

The mutually reinforcing nature of medical and gender ideologies denied women the opportunity to use their gender against the psychiatric system in the ways men could, and it was more difficult for women to come across sympathetically given the constraints posed by bourgeois domesticity. Authoritarian family dynamics and those associated with the bourgeoisie each revolved around women’s subordination to their husbands and fathers. While the nineteenth-century transition to a bourgeois family ideal increased the vulnerability of men considered mad, it also gave them powerful tools with which to challenge asylum commitment. Conversely, women committed against their wills were condemned twice over. If they failed to conform to dominant beliefs regarding women’s proper roles, doctors deemed them insane. Yet even if they did embody the feminine ideal, this hardly served as proof of rationality. In fact, it could be seen as the opposite—as in the many cases where the pressures of pregnancy, marriage, and child-rearing supposedly drove women to the madhouse. Bourgeois family values hurt “mad” men, but supported the authority of men as a whole. “Mad” women were doubly marginalized and thus had few weapons with which to combat the psychiatric system.

The case of the unwillingly committed Marie Esquiron makes for a poignant comparison of the options available to male versus female patients. Her experiences also shed light on some of the potential effects of doctors’ efforts to institutionalize gender with respect to the attainment of women’s rights, the emergence of more egalitarian family dynamics, and the role played by cultural conceptions of rationality and madness in each of these processes. In January 1893, Esquiron (née de Gasté) published a scathing reportchronicling the details of her unwilling sequestration at the private asylum of one Dr. Goujon. The forty-six-year-old feminist activist was admitted to the Parisian institution in 1890 and had already lived there for nearly three years when she sent an appeal to the Minister of Justice in an effort to force her release.16 This was the second time Esquiron had found herself locked away against her will, having been sent to the famous Maison Blanche in 1866 at the age of twenty-one by her father, a wealthy former deputy of the Finistère department named Joseph de Gasté. The events of Esquiron’s second internment—in which the enterprising woman sought to overcome the burden of her sex by convincing her interlocutors she was a reasonable person in spite of it—elucidate the ways that gendered conceptions of madness and reason remained bulwarks of psychiatric power at the end of the century.
Esquiron’s appeal paints a disturbing picture of life with her father, a man who raised his young daughter on his own following his wife’s premature death. Esquiron possessed a vast fortune willed to her by her mother, and she argued that Gasté sought to keep her from spending the money by arranging her commitment in an asylum. One scholar has suggested that a history of sexual abuse might have contributed to Gasté’s cruel intentions toward his daughter. An article published by *Le Temps* reported that Esquiron herself implied this at her interdiction hearing, where she recounted a childhood physical confrontation over the keys to her bedroom door and stated that her father “taught her things at seven years old that only a married woman should know.”

It would be easy to assume that Gasté harbored traditional beliefs regarding paternal authority and, by extension, the role of women within the family and society. But he was well-known in feminist circles and even introduced a proposition during his time as a legislator to grant women the right to vote. He also noted with frustration that his daughter had supposedly sought to besmirch his reputation with the women’s rights advocate Marie-Rose Astié de Valsayre, who was the focus of considerable press attention at this time for advocating women’s participation in duels. Gasté’s progressive politics did not keep him from using harmful assumptions about women’s irrational natures to undercut his daughter’s testimony, and he claimed her ability to reason could not be trusted because she spent money foolishly on everything from her toilette to ill-advised land investments. Commentators seemed to have little trouble believing Gasté’s interpretation of his daughter’s state of mind. Although he was not successful in his attempt to have himself appointed as administrator of Esquiron’s 900,000-franc estate, he did persuade the judge to uphold his daughter’s institutionalization despite her vigorous protests.

In a twist one could deem ironic if it were not so typical, medical and legal authorities also condemned Esquiron for her apparent desire to conform to gender expectations (when her own life story provides indisputable evidence of the repercussions women faced when they failed to do so). The tale of her 1866 incarceration stands out in the narrative presented by her accusers not only because it was used against her nearly a quarter of a century later but also because it underscores how gendered definitions of irrationality particularly disadvantaged bourgeois women. In her early twenties Esquiron had supposedly focused on marriage to a point of obsession. It seems not to have occurred to doctors that this might be a perfectly rational attitude considering Esquiron’s desire to gain independence from her father. Multiple articles referred to her extravagant spending habits during this time, noting she wore elaborate ball gowns while
going about her daily routine and that, one day, a pâtissier proposed to her. She accepted, according to Le Matin, tempted “by the possibility of never again making a brioche.” Doctors soon declared Esquiron insane, resulting in her internment at the Maison Blanche for approximately six months.

Esquiron’s second institutionalization also pertained to marriage, this time her desire to divorce her inventor husband, a man she had initially married against her father’s wishes who later colluded with him to lock Esquiron away. Both men claimed Esquiron’s loss of money in a land deal constituted proof of insanity, which they used as a pretext to arrange her institutionalization. Alienists diagnosed her with délire de persécution, a common diagnosis for patients interned against their wills, the onset of which had supposedly followed a sudden bout of vomiting. Esquiron believed she had been poisoned, and doctors admitted this was a possibility, yet they still found proof of an unhealthy obsession in her conviction that her sickness had been the work of those conspiring against her.

Perhaps Esquiron’s greatest hindrance was the fact that she had recently demanded a divorce. She insisted that the men in her life orchestrated her sequestration because she sought to leave her husband, who she claimed had failed to live up to his marital duties to protect and provide for his household. A divorce would enable Esquiron’s financial independence by giving her complete control over her inheritance. Furthermore, it would leave her husband penniless, as he had no real career of his own. If she were interned in an asylum, however, Esquiron would be unable to secure the divorce or spend her money as she pleased. This result satisfied both her father, who might eventually gain control over her estate, and her husband, whom Gasté had agreed to support financially as long as he served as a witness against Esquiron.

Esquiron depicted her decision to seek a divorce as perfectly rational, but it was not difficult for doctors to frame this decision as proof of madness, specifically evidence of a rash temperament and a persistent case of délire de persécution. That 9,675 other women and men filed for divorce or separation in the five years following the legalization of at-fault divorce in 1884 did not seem to enter into their equation. There were several legal justifications for the initiation of divorce proceedings, but it was not clear whether Esquiron’s situation met any of these standards, and doctors readily determined that her desire to leave her husband indicated a flighty and inconsistent state of mind, especially in conjunction with her purported youthful obsession with marriage.

Gender undoubtedly complicated Esquiron’s attempt to persuade powerful men to set her free. As a woman, particularly one who sought to flee her marriage
and sever communication with her father, she needed to develop distinct strategies of argumentation in order to combat her institutionalization. She sought to prove her sanity in her attempts to convince judicial authorities to release her, but she needed to do so in a style that would overcome their likely assumptions about women and irrationality. Both Esquiron’s womanliness and her perceived mental state worked against her efforts to present herself as rational, particularly when the medical men whose opinions she sought to undermine were paragons of masculine, professional expertise. She therefore presented herself as exceptionally logical—she never admitted to bouts of confusion, as had male victims of unjust institutionalization—and she tended to avoid discussion of emotions in favor of the detailed presentation of evidence in a point-counterpoint fashion. She believed simplicity to be her best defense, writing “I know myself better than the alienists know me, especially after having met me only three times. They got everything wrong—my character, my feelings, my actions past and present, my ideas, my affairs, my whole life. It is not difficult for me to set the record straight, and I have no need to do anything but state the truth simply.”

Esquiron sought to prove that her womanliness did not negate her rationality, but her efforts failed to convince those hearing her case in 1893, who upheld the court’s earlier decision based on the testimony of medical men. Her ultimate fate is unknown, and perhaps unknowable, but I fear Esquiron never regained her freedom. The symptoms her doctors read as evidence of insanity were the very same traits—in extreme form—that many men at the turn of the century ascribed to all members of the opposite sex who sought equality. This fact, in addition to details particular to Esquiron’s family history, proved too great a liability for her to overcome. The strategy she used to counter psychiatric experts nonetheless foretold twentieth-century transformations in gender relations. In time, the decoupling of rationality from manliness would lead to greater equality within the family and beyond, albeit too late to make a difference for the courageous Esquiron.

Not coincidentally, and quite understandably, Esquiron’s plan involved doubling down on the alterity of madness by distancing herself from its stigma. Her efforts to secure her personal emancipation thus reveal something essential about the emancipation of women more broadly: namely, that the historical development of relative equality between the sexes owes quite a bit to the continued subordination of those considered insane. This can also be seen, from a different angle, in the histories of male mental patients, especially those bourgeois men whose predicaments were created—or at least exacerbated—by subtle shifts in the basis of masculine authority that took place in the wake of the French
Revolution. We should therefore hesitate in celebrating our own attitudes towards gender equality and condemning those of the nineteenth century. For one, the more egalitarian family structure of today is indebted to that which developed in the century following the French Revolution. More important, what we have absorbed from the nineteenth century—uncritically, for the most part—is the persistent dehumanization of “mad” people in exchange for the piecemeal expansion of human rights for everyone else. If we have finally demolished the cultural linkage between femininity and irrationality (which is itself debatable), the next essential step is the eradication of rationality’s equation with personhood.

This will likely prove even more difficult, but if the story of the asylum’s relationship to gender teaches us anything, it is that possibilities for resistance and subversion exist in even the most oppressive of circumstances and within the most seemingly intractable ideologies. The cultural authority of asylum psychiatry and that of the French bourgeoisie were both in decline by the end of the 1800s; this is precisely why most doctors chose to abandon the moral treatment while still insisting that women and workers were less rational than middle-class men. Yet, as this book has shown, distinctions of gender, class, and psychiatric disability that supported the interests of the powerful in nineteenth-century France could never be taken for granted. The interdependence of medical and gender ideologies perpetuated by doctors and fostered by the postrevolutionary French state undeniably helped sustain the power of elite men, and the conflation of femininity and irrationality was nothing if not persistent (one need only reflect on the fact that French women did not earn the vote until the end of World War II to understand this truth). But this very interconnectedness also undermined the status quo by exposing supposedly natural class and gender distinctions as cultural constructs. Marie Esquiron knew this, and used it to press for her release in the face of terrible odds. Decades would pass before French society as a whole truly questioned women’s “natural” inequality, but the seeds of destruction had been present from the start.