American Insanity: A Historiography of Mental Illness (1780-1920)

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The topic of mental illness and its treatment did not become a popular subject for historical research until the 1960s. New Left and Social historians had begun to study the history of the working class, thus expanding the interests of the researcher beyond the social elite. However, few historians chose to study social deviance or mental illness until the publication of Michel Foucault’s *Madness and Civilization* in 1961. Foucault’s work examines culturally created “discourse” as a system of power and discipline within society. Those who do not adhere to the discourse are excluded from the social body. According to Foucault, the asylum serves as a corrective disciplinary measure in order to protect society and ensure “normality”. The institution becomes society’s way of re-educating its deviants. This idea is further examined in his work *Discipline and Punish* (1975). In this volume, Foucault explains the benefits of hiding away the bodies of those who have been judged as deviants. Behind the walls of the institution, the madman no longer has the power to elicit pity or guilt from the public. The madman becomes “part of an abstract consciousness”, and the public turns over responsibility for his care to the doctor and the warden.¹ By setting every inmate’s life to a strict timetable, subjecting him to psychopharmaceutical drugs, and restricting his movement, the institution constitutes a total “deprivation of liberty.”² Therefore, what is promoted as a social reform measure must actually be understood as a method of social control. American historians from this point forward, have largely written in response to Foucault’s work. They have also fallen largely into two camps: those who see the mental institution as a social reform, and those who damn it as social control. Since the 1990s some historians have attempted to look past this argument. Post-structuralist scholars believe that this narrative of reform versus control has limited the questions we have asked concerning mental health in this country. Historians like Nancy Tomes and Elizabeth Lunbeck do not find power in the *institution*, but rather in the personal relationships between doctor and patient.³ Even as the institution of the asylum has all but passed away, we cannot escape the idea that there is enormous power in the discourse of mental illness. Our faith in the field of psychiatry has become so absolute that we find ourselves in a constant state of self-diagnosis. In the words of Foucault, “in the normalization of the power of normalization, in the arrangement of a power-knowledge over individuals.” Psychiatry has won.⁴

During the Era of Reform (1820-1860), the mentally ill, previously confined to jails and almshouses, were increasingly placed in institutional settings. This paradigm shift can be traced to social changes within the United States, as its citizens grappled with the issues of urbanization, migration, and industrialization. The question of how to deal with the nation’s dependent population led not only to the rise of asylums, but also orphanages, poorhouses, and prisons. The

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² Ibid., 232-233.
⁴ Ibid., 296.
institution promised reform of the individual through daily routine and re-education. Upon release, the formerly deviant citizen would be able to assume their rightful place in society. The rise of the asylum in Jacksonian America heralded a new age of benevolent humanitarianism. Reformers such as Dorothea Dix, Horace Mann, and S.G. Howe challenged state and federal legislatures to pass asylum funding bills. While never successful at the national level, many state governors readily answered the call to build these extremely costly institutions in the name of progress and Christian morality. The insane must be rescued from cruelty and neglect and safely cradled in the arms of medical science. Sociologist Andrew Scull writes that Victorians viewed the American response to mental illness “with a mixture of pride and complacency.” The asylum represented the best that this country had to offer, a unification of science and publicly funded philanthropy. Even the architectural grandeur of the early asylums attested to the faith that reformers, and the public at large placed in these institutions. Early surveys of the history of this movement readily accept the rhetoric of progress that social reformers promoted. These historians did not see a large discrepancy between the rhetoric of reform and the actual achievement of its goals. As early as the 1870s, however, a disenchantment had grown with what the asylum and psychiatry had to offer. overcrowding of wards, and underfunding of state institutions often led the poorer classes to view the asylum as “the Bluebeard’s cupboard of the neighbourhood.” Commitment procedures also troubled American citizens, as the mental patient was often confined and received treatment against their will. A diagnosis of insanity can be viewed as an arbitrary judgment call made by a physician (or even a family member). This issue of involuntary confinement is disquieting in a nation with democratic ideals.

Albert Deutsch wrote the first survey of the treatment of the mentally ill in America in 1937. Deutsch was not trained as an historian, nor was he college-educated. Deutsch honed his skill working as an archivist and researcher for the New York State Department of Welfare. He approached the American Foundation for Mental Hygiene (AFMH) with a proposal to write a history of the evolution of the mental health movement. Deutsch was originally to share author’s credits with Clifford Beers, the founder of the AFMH, but the two men had a difficult working relationship. Deutsch would eventually publish the work under his own name, with the proceeds of the work to be donated to the AFMH. Regardless of its somewhat partisan origins, this work is well researched and is widely regarded as the seminal history of American psychiatry.

Deutsch states in his preface that he writes not only to inform, but also to stimulate his readers to “constructive action”; He carries this Progressive ideal of social reform throughout his work. Writing chronologically, the author begins with the “primitive” notion of mental illness as demonic possession. Our earliest colonists arrived with these harsh and ignorant attitudes toward the insane, thus the “witchcraft mania” which would infect the northeastern colonies, was the outcome. The author believes some of these women were mentally ill and uses the outdated and heavily gendered diagnosis of hysteria when referring to the accused witches in Salem, Massachusetts. It seems that the blue-collar Deutsch could not resist a poke at the upper classes when he suggests that this mania came to an abrupt halt when one of their own number was accused.

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6 Ibid., 2.
8 Ibid., 23-34.
The author gives credit to Enlightenment thinkers for the advancement of the medical treatment of the insane. Although he says that “the pace of progress was very uneven” in some backward and rural areas, the credit should go to those notable philosophers for removing mental illness from the realm of the religious and placing it in the domain of the medical. He singles out Thomas Paine and the Founding Fathers for their contribution to the upward climb of civilization by recognizing the natural rights of all people. Of course, historians have since illustrated that the Founding Fathers did not mean to grant all rights to all Americans, but Deutsch is referring here to the tendency to treat the insane as less than human. While patriotic, Deutsch also recognizes that American psychiatry did not evolve in a vacuum and owes a debt to the French and English schools of non-restraint and “moral treatment”.

Deutsch does not think that the asylum as an institution is infallible. He writes skeptically of the “cult of curability” that asylum superintendents used to promote their institutions, by claiming a cure rate nearing one hundred percent. By digging deep into the historical record, Deutsch traces theses fictional statistics to one Captain Basil Hall, who wrote an account of the Retreat in Hartford, Connecticut. Hall wrote that the Retreat boasted a cure rate of “91 3/10 per cent”. Deutsch asserts that this touched off the series of competitive (and fraudulent) claims of curability rates by other institutions in America. This would ultimately have a negative effect on the asylum movement, in Deutsch’s view, because while it would lead to more asylums being built, those were often of poor construction. When curability rates proved false, states neglected to allot enough money to pay for satisfactory treatment for its patients. He also points out that asylums and their superintendents were isolated from the outside world, a point that other historians will pick up later to illustrate the lack of medical progress being made within the field of psychiatry.

In Deutsch’s time, the psychiatrist had left the isolation of the asylum, now renamed the “state hospital”, and was engaged more directly with the community. Social workers had become the intermediaries between doctors and their patients. Social workers were among the first to use the methods of the mental hygiene movement, of which Deutsch was a paid spokesman. Mental hygiene was a preventative movement to educate the public about the dangers of alcohol and drug use and promiscuity. Proponents of mental hygiene did not base their admonitions on moral judgments, but instead on commonsensical advice. Alcohol use and indiscriminate sex could lead to addiction and venereal disease. The prevention of mental illness was believed to be a community-wide effort with the goal that every child could develop a “healthy personality”. While Deutsch writes of this movement as social reform, other historians would term it social control. In the 1949 revised edition of his book, Deutsch touches on another form of social control: eugenics. Deutsch writes frankly about this subject, examining the difficulty in defining “feeblemindedness”, critiquing mental tests for inaccuracy. He states that the theory that “feeblemindedness is a simple Mendelian recessive, is held to be utterly untenable.” However, he does not dismiss eugenics out of hand, as a contemporary historian would. Deutsch writes at a time which had seen the United States Supreme Court uphold sterilization in the Buck v Bell case of 1927. He had also lived through the Second World War, in which the world was shown the extremes of such a method of social control. Deutsch determines that more research must be done on the

9 Ibid., 7, 24.
10 Ibid., 89-92.
11 Ibid., 135.
12 Ibid., 320.
13 Ibid., 364.
subject before a determination of its efficacy can be made. He realizes that the real question should be “who is to determine the standards of social fitness and desirability?”

Deutsch writes a Whiggish history of the mental health movement in the United States. This does not mean that he thinks the institution is the peak of progress. Deutsch, in his travels, toured many state hospitals from 1945 to 1947. The war years had left many of them abysmally underfunded and understaffed. Deutsch recommends the mental hygiene movement as one way to promote a world in which “children may lead healthy, happy lives and grow into useful, well-adjusted citizens…” Deutsch reminds the reader that though “we have traveled a long road upward from the ideal of repression to the ideal of prevention,” there is still more progress to be made.

In 1971, historian David J. Rothman published *The Discovery of the Asylum*. Like many of his contemporaries, Rothman had been deeply influenced by Michel Foucault and his theories of social control. In his introduction, he critiques Foucault’s argument by stating that though his ideas are fascinating, they are not correlated with actual historical events, making his argument merely ideological. Rothman says Foucault’s thesis is too abstract, making almost no analysis of real class struggle, or any real historical actors. Instead, “Reason acts as an independent force, seeking victory for its own purposes.” It is Rothman’s intent to situate America’s “discovery of the asylum” in actual social context. Rothsman also seeks to differentiate his work from Marxist scholars who would seek an exclusively economic explanation for the rise of the asylum. In their analysis, the institution serves as a disciplinary measure when citizens stop producing. While economics certainly play a part in his analysis, he does not see citizens as mere tools to be used. He believes a Marxist analysis does not hold up in twentieth-century America, as the institution has declined while industrialization has increased.

Rothman asks the question, “Why did Americans in the Jacksonian period begin building institutions for the deviant and dependent?” He does not see the institution as the inevitable result of centuries of “progress”. Rothman believes that the asylum was one possible solution to the problem of the indigent insane, and wishes to analyze why it was chosen. In his work, the author examines not only asylums, but also prisons, almshouses, orphanages, and reformatories as part of the same revolution in social practice. He compares the care of dependent citizens in colonial and Jacksonian era America in order to determine how and why this change occurred. Rothman also challenges the idea of the asylum as a “reform”. He believes it naïve to accept this value-laden judgment without analyzing the movement and the motivating forces behind it.

Rothman begins his study by reflecting on the ways in which colonial Americans thought of the indigent insane, and dependents in general. Using courthouse and almshouse records, as well as ministers’ sermons, Rothman believes that colonials accepted the support of the poor as their Christian duty. (At that time, there was no distinction drawn between the needy.) They did not fear the poor and insane, but saw them as a “God-given opportunity to do good.” The insane were cared for by their family, or within the community. To Rothman, the family, church, and

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14 Ibid., 374.
15 Ibid., 518-519.
17 Ibid., xvi.
18 Ibid., 7.
community were the spheres of social control. To “reform” in that era meant punishment, and colonials could be very cruel, utilizing whippings, stocks, and even execution.\textsuperscript{19}

The Jacksonian era was a time of great social change. The 1830s saw the growth of urban centers, a rise in immigration, and the beginnings of an industrial revolution. As Rothman states, the old ideals of Calvinism were being swept away on a tide of modernity. Americans feared chaos and the poor immigrant stranger in their midst. They began to look for the origins of deviance and found them in the family and the community. In Rothman’s view, the institution answered society’s call for control. Man could be “reformed” in a special setting away from “family and away from vices to a controlled ‘corrumpiration-free’ environment.” Rothman describes the Jacksonian reformers as optimistic, believing that man was not a criminal or deviant by nature. At this time, they saw the individual “as under siege surrounded by pernicious conditions.” The individual must be removed from society in order to be re-educated.\textsuperscript{21} The asylum was promoted as the ideal environment for rehabilitation. The social control exercised in the Era of Reform was over individuals.

As Rothman points out, by the 1870s all forms of the institution had fallen into disfavor. Lack of funds and lack of properly trained personnel, as well as the national stresses of the Civil War, had left asylums overcrowded, merely providing custodial care to a growing population of the chronically insane. The bar had been set so high for these “reforms” that they could not help but disappoint. He is left with the question, “why did these institutions persist?” Rothman states that he does not pass moral judgments on Jacksonian reformers, preferring to believe that they had good intentions, yet he still projects a deep distrust regarding all “social panaceas”. He asserts that grandiose plans often have the most horrendous results. After this relatively short conclusion, Rothman abruptly ends his book and his discussion of the Era of Reform.\textsuperscript{22}

He picks up again where he left off in \textit{Conscience and Convenience} published nine years later in 1980. By this time, historians of mental illness had renamed Rothman’s analysis the “revisionist school”. In this book, he continues the story of progressive reforms and reformers. He sees in this next era of reform the same pattern: good intentions are turned into bad consequences. Again he states his problem with the word “reform”. “Reform is the designation that each generation gives to its favorite programs,” without challenging whether they are actually effective.\textsuperscript{23} He argues that Progressive reformers saw institutions as stifling and a hindrance. Instead, they wanted to open their programs to the community at large. They promoted many of the programs we still use today: foster care, outpatient clinics, and probation.

Rothman sees a clash here between the reformers’ idealistic “conscience” and the “convenience” of the state. Progressives had welcomed state action, naively believing that it would work in the best interests of its dependent population.\textsuperscript{24} The end result of this tug-of-war would be a bastardized version of the programs that no one wanted or had foreseen. Actual change was negligible. Names and labels were changed: insanity became mental disease, and asylums became

\begin{itemize}
\item \textsuperscript{19} Ibid., 16-22.
\item \textsuperscript{20} Ibid., 71.
\item \textsuperscript{21} Ibid., 126.f.
\item \textsuperscript{22} Ibid., 294-295.
\item \textsuperscript{24} Ibid., 49.
\end{itemize}
In most cases, Rothman believes this to be a matter of semantics, not substance. He sees these “reforms” as perpetuating the asylum, as well as adding another layer of clients and institutions.

It would seem that Rothman has a personal bias and preference for de-institutionalization. Even Progressive reforms fall short of Rothman’s ideal that seems to spring from a contemporary political agenda. Rothman writes of social control in the colonial era, completely ignoring the fact that those restrictions and punishments (whipping, stocks, social exclusion, and even execution) seem to be much more malevolent than commitment to an institution. Rothman’s preference for locally based, outdoor relief shines through here with his attack centered exclusively on the institution. Locally based, outdoor relief did not reach the entire population of indigent insane, a fact that Rothman does not discuss. Gerald Grob, a fellow historian, has hotly debated David Rothman. Grob asserts that Rothman’s critique is not useful in that he generalizes social trends. To critique all Jacksonian institutions and reforms under one umbrella of social control is too reductionist. He also accuses Rothman of pasting contemporary issues and concerns over the social programs of the past. This leads to an ahistorical reading of the record.

Rothman would be followed by several historians who picked up on his idea of the asylum as social control, most notably Andrew Scull. Even Scull would criticize Rothman for portraying the asylum as a uniquely American occurrence. Truly, Rothman pays no attention to the rise of the asylum in Europe or the innovations in the treatment of mental health coming out of France and England. Andrew Scull is an extremely prolific writer on the topic of the asylum and psychiatry, although his specialty is the English history of the movement. He does subscribe to the theory of institutions as forms of social control, and admits that Foucault’s work was a major influence on him. Scull, also a member of the revisionist school, calls the 1970s “the heyday of romantic anti-psychiatry.” He admonishes those who would portray psychiatrists as “malevolent”. Scull himself views psychiatry’s benevolent and disinterested stance on mental illness with a bit of skepticism, but stops short of declaring their intentions to be harmful. The real power is in the discourse, according to Scull. What constitutes madness is always in flux. Its meanings and definitions are reflections of social and cultural mores. A sociologist by trade, Scull studies shifting forms of power within the social structure.

Historian Lawrence Frederick Kohl writes of the ill-defined concept of social control in his article “The Concept of Social Control and the History of Jacksonian America”. In this work, published in 1985, Kohl expresses exasperation at the varied uses of the term “social control”. The vagueness of the term has rendered it nearly useless. He states, “The means of the control may be as formal as the legal system or as informal as peer pressure of the subtlest kind.” According to Kohl, the historian must define this term in his research, as well as designate who orchestrates this control and who benefits. Rothman, Foucault, and other scholars are often very

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25 Ibid., 335.
27 Andrew Scull, ed. Madhouses, Mad-Doctors, and Madmen, 145.
29 Ibid., 8.
vague about who is the orchestrator behind these struggles for control. By using the term “social control”, a moral judgment is also implied against the controlling party.

Kohl gives his own interpretation of the Jacksonian Era of Reform. He believes that social control is a constant across societies. Control varies according to degree, the manner in which it is deployed, and the ends it achieves. Kohl sees the 1830s as a period of “voluntarism and consent,” which implied the equal dignity of reformers and reformed.”31 By this, Kohl means that social control has to be a mutual process, in which the object of the reform submits to the power and control of the reformer. A total institution does not exist. The “controlled” always have the opportunity to resist. Historian Nancy Tomes echoes this sentiment in her work, *The Art of Asylum-Keeping.*32 Reducing the Jacksonian era to a struggle for social control has become detrimental, in that it limits the field of historical inquiry.

Gerald Grob concurs with Kohl’s analysis when he suggests that historians cannot assume that social reformers had social control as their ultimate goal. He argues that, in most cases, we should accept the reformer’s agendas at face value. This does not mean that the end product was a perfect one, but as reformers were not omniscient, they could not have foreseen this. In 1973, Gerald Grob published *Mental Institutions in America: Social Policy to 1875.* Ten years later, he would publish a sequel to this work covering the period from 1875 to 1940. In these works, Grob questions how effective the asylum was as a reform measure. Grob denies setting his research within any system of meaning or theory. In this way, he is also rejecting the revisionist school of thought. He believes that the revisionist school, while they used some new and interesting historical sources, still failed to provide a specific analysis grounded in a wide empirical base.33 Unlike Rothman, Grob limits his research to the mental institution, rather than incorporating prisons, reformatories and orphanages under his analysis. This concentration allows for a more specific hypothesis, and greater attention to the effectiveness of the asylum in particular. Grob utilizes census reports, as well as institutional records, and reports from state boards of charities. His sources do not vary widely from those of Rothman and others of the revisionist school, but Grob does provide more exact information in the form of population statistics and comparisons of state funding for mental patients.

Grob is one of the first historians to examine the mental institution in terms of race and ethnicity. He considers the issue of diagnoses based on cultural conceptions of race, as in the case of southern blacks, whose mental illness was often blamed on emancipation. It was believed that “freedom brought debauchery and disease.”34 The most reliable statistics were available after 1920, when blacks were admitted with higher rates of syphilis, alcoholism and pellagra, a disease caused by a vitamin deficiency. A lack of primary medical care and a deficient diet were likely causes for these higher than average infection rates. Blacks were also stereotypically recognized as having higher rates of “feeblemindedness” than whites, although statistics do not bear this out.35

31 Ibid., 31.
34 Ibid., 38.
35 Ibid., 192 (see footnote).
Recent immigrants also made up a significant percentage of asylum admissions. Many nativists blamed this on immigrants’ inferior genetic heritage. Grob scrutinized the statistics available for this population and found that by 1880, more than 15,000 of the 41,000 mental patients in the U.S. were foreign-born. These statistics are high because, as Grob found, these immigrants were admitted at older ages, many suffering from dementia. They became the chronically insane population, which would never leave the hospital. As many of these immigrants came to this country without family members to care for them, the asylum became their old-age home. In fact, Grob points to the aging American population as one of the causes for the large numbers of chronically insane that were overcrowding asylum wards. Historians of the revisionist school often recognize the increasing number of chronic cases as a failure in the treatment methods of asylum physicians. Grob points out that public policy had not created a solution to house the elderly American population. The asylum and the poorhouse were the only available options.

Grob readily admits that the ideal of the asylum as a therapeutic institution was far from the reality. By the 1870s, state hospitals had largely become custodial facilities caring for the chronically insane. Only privately funded hospitals, which could exercise more discretion over the choice of patients, could boast modest curability rates. “This disjuncture between image and reality would have a profound impact upon mental hospitals, for it would call into doubt their very legitimacy.” Regardless of this “disjuncture”, Grob sees the asylum as a necessary measure, for there was an obvious need to care for these patients, even if they could not be cured by the psychiatric methods available in the early twentieth century. In this instance, Grob agrees with Rothman, in that he sees outside forces coming to bear on the reformers’ original ideals. Public policy and state funding had the largest affect, in his mind. Forces within the institution met with state and local policy to create a hybrid system which differed significantly from what social reformers had envisioned.

Grob does not share the revisionist school’s belief that social reformers had a sinister motive behind their support of the asylum. Most “were primarily concerned with uplifting the mass of suffering humanity and were not particularly aware of political or economic considerations.” The social control school of thought, therefore, confuses the end result with the primary intention. In his analysis, revisionists are guilty of laying present day concerns and political agendas over the historical record, thus skewing their analysis toward a moralistic, and ahistorical reading of the past. Grob concludes that the asylum did provide a service for individuals who could not care for themselves, even if a minimal level of therapeutic care was offered.

Andrew Scull answers Grob’s criticisms by offering some of his own. Scull believes that while Grob does not openly subscribe to any theory or school of thought, this is not the case. He believes that Grob has allowed his politically conservative viewpoints to cloud his reading of history. In this case, Scull means that Grob shows “a fundamental acceptance of a vision of history most congenial to (because supportive of) the powers that be.” Scull is effectively naming Grob a “traditionalist” at best and a “Whig” at worst. He also scoffs at Grob’s claim to “understanding history on its own terms”. Scull thinks that Grob does not promote a unified theory of

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36 Ibid., 182-3.
37 Ibid., 200.
39 Ibid., 109.
his own because his analysis is underdeveloped, and he does not wish to open himself up to scrutiny.  

Lois W. Banner echoes Gerald Grob’s belief that the majority of social reformers were acting from sincere religious and moral convictions. She points out that religious reformers are particularly vilified by the revisionist school of thought. These reformers would found Bible societies, aid the urban poor, and promote temperance. Yet the critics of religious reform insist that they were only working to preserve their “declining status as moral arbiters of American society.” Banner believes that this is an extremely narrow view of these humanitarians, based upon the statements of only one Presbyterian minister, Lyman Beecher. In 1818, Beecher proclaimed that after church disestablishment, the clergy felt the need to exert indirect political control through humanitarian societies. According to Banner, Beecher’s statement represented the exception, not the rule. Revisionist scholars fail to take into account the diversity of denominational opinions. In fact, Banner suggests that they are largely ignorant of the history of denominational development in America. Religious reformers did not have a Machiavellian lust for political power. Rather, the majority of religious denominations showed a real distaste for the corruption of the political arena.

As denominations grew and became more structurally complex, they endeavored to turn their piety into action. Converting new members to their faith was the most obvious motivator behind their community outreach. Banner also examines the effects that millennialism and nationalism had on these movements. She believes that these ideological factors are largely ignored, but were central to the humanitarian’s concept of their role in society. Millennialism was the widespread belief that Christians should prepare the earth for the Lord’s coming. Jesus was predicted to return and reign on earth for a thousand years, before taking the redeemed home to heaven. Most Christians were also deeply nationalistic. They subscribed to what is now referred to as “Christian republicanism”. These Christians advocated the education of American citizens in order to ensure the survival of the republic. All citizens should be responsible, thrifty, charitable, and humble, in order to create a stronger nation. According to Banner, these deeply held moral beliefs were the real motivating factor behind religious benevolence, not sinister motives of social control.

While Banner does not speak to the asylum movement specifically, there is no doubt that the reformers Dorothea Dix and Horace Mann would emerge from this tradition of religious benevolence. Dix, in particular, came from the Unitarian tradition of “disinterested benevolence”, and was deeply nationalistic. Banner criticizes those scholars who take the narrow view of the Progressive historians. It is not enough to suggest that the reformers were only acting out of selfish desires for social position and control. This reduces the revisionist analysis to “only one strand in a complex of attitudes toward politics and society.”

Nancy Tomes’s above-mentioned book, *The Art of Asylum Keeping*, is a social history of the medical practice of psychiatry. In her book Tomes ponders the question of social reform versus social control by examining the psychiatric methods of Thomas Kirkbride, the asylum superintendent for the Pennsylvania Hospital for the Insane. Kirkbride had become nationally renowned

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41 Ibid., 38-39.


43 Ibid., 27-28.

44 Ibid., 36-37.

for his “Kirkbride plan”, an architectural and administrative plan for organizing asylums to provide the best “moral treatment”. Kirkbride’s plan insisted on the superintendent’s control over all details of the asylum, from daily routines and diet, to the actual architectural design of each ward. Moral treatment was intended to provide structure and order in the patient’s life, and reward patients for good behavior. Yet, in her study, Tomes finds that the dynamics of control and power were not exclusive to the institution or the psychiatrist. Other forces played a role in shaping the asylum experience, such as the concerns of patient’s families, the asylum staff, hospital boards, and the patients themselves. Tomes asserts that “because of his professional status, Kirkbride had the dominant role in determining the medical and social rationale of the asylum.”

On the other hand, if patients and their families were not convinced of the efficacy of moral treatment therapies, Kirkbride’s labors would have been for naught. In fact, Tomes originally published her manuscript under the title, *A Generous Confidence* (1984), in reference to the necessity that patients believe in the treatment they were receiving. Kirkbride did assert a measure of control over his patients, but only with their permission (or at least the permission of the patient’s family). One must not forget that many patients were submitted to treatment against their will.

Tomes examines patients’ acceptance and resistance of treatment in chapter five of her work. In it she illustrates the varied responses to Kirkbride’s plan. She notes, as many historians have failed to do, that a large number of patients expressed satisfaction with the treatment they received. Tomes gives examples of this gratitude by including the letters Kirkbride received during his tenure there. These patients had accepted Kirkbride’s authority, and thus adopted his interpretation of their disease. Of course, there were patients who did not respond to treatment, and Tomes remarks that these patients “provided mute testimony against moral treatment’s effectiveness simply by remaining insane.” Even though Kirkbride’s hospital was a private institution, the chronically insane population would continue to rise.

Tomes speaks against Andrew Scull’s description of the asylum as “a convenient place to get rid of inconvenient people.” As the author points out, it was not “society” that placed insane citizens in asylums. Patients were not generally committed by policemen or agents of the state. Rather, it was their own families who sought treatment for them, usually as a last resort when care at home failed. The asylum was not a “convenient” dumping place, as Scull asserts, but rather the last resort for families who had exhausted their options. When viewed from this angle, the social control theory loses some of its legitimacy. The mental asylum was providing a service, not attempting to hide social deviants.

Commitment procedures and patients’ rights were troublesome issues for asylum superintendents. Patient complaints and lawsuits were brought against the Pennsylvania Hospital and other similar institutions claiming that they had been wrongfully committed. By the end of Kirkbride’s tenure in the 1870s, there was a general social anxiety over centralized power and its abuses. Tomes attributes much of this anxiety to over-zealous attorneys and the sensationalist news stories of the day, which “found a ready audience for stories of municipal corruption.” Some patients did win settlements against hospitals and their families. Tomes points out that mental patients’ complaints may be viewed as suspect. While the historian wants to honor the patient’s testimony in letters and court documents, the fact remains that they may be delusional accounts.

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47 Ibid., 223.
48 Ibid., 235.
49 Ibid., xix.
50 Ibid., 261.
The historian must decide if they believe the patients’ account fully, partly, or not at all.\textsuperscript{51} A sort of public hysteria began to surround the asylum. Comparing the mental institution to the Bastille became a popular metaphor in journalistic accounts.\textsuperscript{52} It is this suspicion of the institution that led, at least in part, to its rejection in the late nineteenth and early twentieth centuries.

Tomes has written a post-structuralist interpretation of the mental institution, in that she has largely rejected the master narrative of social reform versus social control. Tomes does not only see power in institutions, or society as an amorphous whole, but rather in the everyday negotiations between doctor and patient. The case of the Pennsylvania Hospital for the Insane cannot be applied to asylums across the country, however. This particular hospital was a private institution that did not rely on state and local funding for its day-to-day operations. While Kirkbride did take in charity cases, the vast majority of his patients paid for their services, and at least a quarter of them were considered wealthy. Kirkbride had to court his patrons, and treat them like customers, more than the superintendents of state institutions did. Having said this, Tomes gives a detailed and well-reasoned account of what moral treatment therapy was designed to accomplish, as well as how much it depended on the charisma and intelligence of its superintendent. Kirkbride’s hospital was the shining example of this treatment, and the one all asylums across the country hoped to emulate.

Elizabeth Lunbeck picks up the discussion of social control and discipline in The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America (1994) Lunbeck admits to being greatly influenced by Foucault’s theory of social discipline and uses his theoretical framework to guide her analysis. She writes a post-modern account of the gradual acceptance of the “psychiatric” into our social discourse. Lunbeck focuses her study on the early decades of the twentieth century in which psychiatry began to emerge from isolation in the asylum to become part of the cultural mainstream. Lunbeck limits her study to the Boston Psychopathic Hospital, examining specific case studies, diagnoses and treatments. By using specific case files, Lunbeck is giving voice to Foucault’s notion of “the everyday individual of everyday”\textsuperscript{53}

Lunbeck describes the Boston Psychopathic Hospital as the first of its kind in the U.S. Part hospital, part laboratory, it was designed to lead psychiatry into the twentieth century. The author describes this as a conscious design, to align “themselves with science and forces of progress.”\textsuperscript{54} In order to remake their discipline, and leave behind the stigma of the asylum, psychiatrists had to study more than the “abnormal”. If they wanted to study the problem of social deviance, they also had to understand what it meant to be “normal”. Psychiatry would then begin a century-long process of creating behavioral spectrums ranging from abnormal/deviant to normal. In the process, however, this medical field would assume a powerful relationship with the public. By claiming they must examine all of life’s routines, from work habits, to sexuality, to familial relationships, psychiatry began to pass judgments on what was acceptable social behavior. In her analysis, Lunbeck joins the anti-psychiatry school of thought. She does not attribute sinister motives to psychiatrists \textit{per se}, but does see their reinvention as motivated by professional interests.

With the help of social workers, psychiatrists situated themselves in the new liminal space between the asylum and the neighborhood. They began to prize the “higher type” of patient, who was nearer to normal.\textsuperscript{55} They even promoted temporary commitment laws in order to be able to

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\textsuperscript{51} Ibid., 244.
\textsuperscript{52} Ibid., 304.
\textsuperscript{53} Elizabeth Lunbeck. \textit{The Psychiatric Persuasion,} 4.
\textsuperscript{54} Ibid., 3.
\textsuperscript{55} Ibid., 112.
\end{flushright}
assess borderline cases. In their sessions with these individuals, doctors promoted the ethics of disclosure, promising not to make moral judgments of what their patients told them, as it was all in the interests of science. In this way, psychiatry was allowed into the workplaces, the homes, and even the bedrooms of twentieth-century Americans.56

Lunbeck wishes to take Foucault’s framework further by applying it to feminist theory. She readily admits that Foucault does not consider gender in his work. Lunbeck believes that psychiatry actually enabled and promoted modern gender identities. In sessions with women patients, doctors came to reject the hypocrisies of the Victorian gender synthesis. They began to view the home, not as a place of warmth, but a place of oppressions. Women were trapped within the home, without the male outlets of employment or political power. The “battle of the sexes” was taken quite literally by psychiatrists, especially in cases of spousal abuse.57 This disorder was quite widespread in their view. As the head physician stated, “It is pretty hard to uncover an absolutely normal and perfectly adjusted family.”58 This is ironic, considering that psychiatry was becoming the judge of the new “normal”. Doctors also used their own conceptions about gender to classify and diagnose according to sex. Female psychopathy was almost exclusively based on the sexual (i.e. hysteria, hypersexuality). The author asserts that women were blamed for societies’ lax sexual mores. Lunbeck argues that even though psychiatrists styled themselves as modern, in actuality they were threatened by the New Woman’s independence.59

While Lunbeck’s study is limited to one east coast hospital, her analysis rings true. The influence of modern psychiatry is all around us, embedded in the social discourse. This medical field is consulted in all manner of social interactions: in our schools, in our military, and in our families. By and large, we have allowed this field to shape our conceptions of what it means to be normal, adjusted, and even happy. We have become so self-regulating when it comes to mental health that we will readily commit ourselves for treatment. By allowing our lives to be examined by psychiatrists, we are subjecting ourselves to “disciplinary surveillance”.60 In this way, it is easy to see Foucauldian discipline in the social discourse. The real social control, according to Lunbeck, is in psychiatry itself, not the psychiatric institution.

In more recent years, historians have examined the history of psychiatry as it relates to race. Writing in 2005, Anne C. Rose examines psychiatry’s partnership with the social sciences in the early twentieth century. Prior to the 1920s, psychiatrists relied upon biological and evolutionary assumptions when diagnosing a person of color. On the progressive scale of races, those of African descent ranked at the bottom. Therefore, it was commonly held that blacks as a race were psychologically weaker than whites. It was believed that the stresses of emancipation had increased the numbers of institutionalized blacks because they had little capacity for self-control.61 In fact, the line between the “normal” and the “abnormal” black was held to be so blurred that they afforded psychiatrists valuable insight into the primitive origins of man. The American followers of Freud studied the black insane in order to validate Freud’s theories about the human unconscious. While this made them interesting subjects, Rose writes that the notion of blacks as

56 Ibid., 51-52.
57 Ibid., 72-73, 102.
58 Ibid., 74.
59 Ibid., 194-201.
60 Ibid., 131.
primitives limited the treatment they received. They received little care outside of custodial facilities. Prior to the 1920s, psychiatry as a healing art would hold no relevance for the black community.62

Scientific theories of racial determinism were convenient, and yet, these theories left the psychiatrist detached from society. In an effort to increase their social relevance, psychiatrists would adopt the anthropological concept of “culture” to explain deviant behaviors. In this way, psychology began to examine the “personality” as created by social interaction. In order to understand these subjective interpretations of cultural mores, the psychiatrist must join the social scientist in the field. According to Rose, the South represented a fascinating study of American society in its most backward and primitive state. The notion of the South as an inherently racist region attracted northern scholars. Ultimately, they would find a complex web of racial interactions that would be hard to define and categorize.63 White and black intellectuals worked together in the South, and Rose calls this cooperation “a brave experiment”. However, she points out that black scholars were more likely to call for actual social improvements, rather than merely diagnosing the problem. They would also find it hard to rebut the white discourse on black insanity, as they made up such a small percentage of the profession.64 This new-found interest in the South benefited the field of psychiatry. New research on the effects of social organization on the mind proved revolutionary. Unfortunately, Rose asserts that these studies defined the South as pathological, and turn the region into a laboratory.65

Lawrence Kohl writes that social control “may be conscious or unconscious, formal or informal, as coercive as a concentration camp or as mild as a wink….66 If this is so, we must accept that social control exists, and that it is ever present in all cultures everywhere. When writing an historical analysis of social control, however, it is important that scholars define its limitations, motivating factors, and beneficiaries. In the case of the institution of the asylum, there is sufficient evidence to make the case that asylum superintendents and society at large had a stake in correcting and controlling the insane. However, the same could be said of colonial methods of dealing with the indigent insane. In fact, the case could be made that even if the asylum did not cure the insane citizen, at least they were not whipped, chained, or auctioned off for labor.

The therapeutic failure of the asylum cannot be blamed on the motives of social reformers. Historians should carefully examine these reformers, and if such sinister motives exist, then they should be documented. Yet, none of the historians reviewed put forth such evidence. The “reformer” was discussed as a group, with little individual distinction. Instead, the historian must recognize the effect that larger social forces had on the institution. As early as the 1860s, the Civil War had a devastating effect on the asylums, most especially in the South. Lack of funds and personnel stretched each hospital to its limits. An aging chronically ill population began to crowd the wards, as there was no other place for them to be housed. The fortunes of the country had its effect on the asylum, and when its citizens began to distrust their government, so too they were suspicious of its institutions.

As Nancy Tomes and Elizabeth Lunbeck have illustrated, power and control were not centralized in the institution. Even the asylum superintendents were not in total control of their hos-

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62 Ibid., 327-329.
63 Ibid., 323-324.
64 Ibid., 330. Rose says only three percent of black physicians were specialized by the 1940s.
65 Ibid., 341.
hitals. Patients and their families also shared in the power dynamic. Social control must be mutually agreed upon. Patients, their families, social reformers, court systems, and government authorities all showed great confidence in the asylum and its physicians. As a society, we have agreed to allow the psychiatric definition of “normal” to permeate our social discourse. By allowing psychiatric concepts to invade our homes, and even our bedrooms, we submit to its claims. According to Lunbeck, we have become so disciplined by psychiatry that nearly half of those who seek psychiatric treatment do not fall into any diagnostic category. “A portion of them suffer only from ‘problems in living’-the annoyances and anxieties thrown up by day-to-day life…” In fact, we are left to ponder, “Who of us, then, is normal?”

Bibliography


