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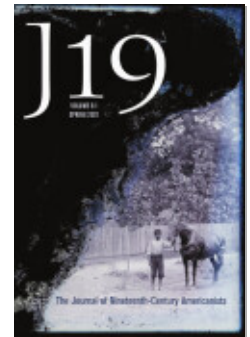
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Memoirs of Madness

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In an 1852 letter to the *Opal*, the patient-authored journal at the Utica Lunatic Asylum, a young woman visitor tells the editor, a patient himself, that she had taken a “merry” sleigh ride with friends and family in order to tour the asylum and be entertained by some sensational spectacle. Her hopes were dashed. In her letter, she complains that the place was “clean as clean can be” and that, “for all we could see, the patients look and act like other people.” She had asked the party’s reluctant guide if they could “see *something*” that might satisfy her curiosity; his response was to turn the party away from the hospital. The editor replied to this disappointed visitor—and others like her—that she was looking for a spectacle in all the wrong places:

Could she see the heart aching with grief which will not and cannot be comforted or withered by long and solitary indulgence in thoughts of the neglect or scorn of the world, which, whether real or imaginary, cannot be removed by the sympathising tones nor cheering smiles or that love which always soothes and animates a mind in trouble—or torn and racked by passions which are always contending with each other, and, having no reality for their object, may never give any outward manifestation of the agonizing tumult which reigns within!¹

The editor contends that the most striking part of asylum life is patients’ inner worlds, the fluctuations of deeply human emotions invisible to her gaze. Further, he asks just what would satisfy her desire to see “something”—violent behavior? emotional outbursts?—and insists

that, though patients have behavioral idiosyncrasies, none would offer the kind of show this visitor seemed to desire.

The exchange between the disappointed visitor and the patient-editor of the *Opal* comes at a crucial point in the history of public engagement with psychiatric facilities in the United States. Previously, the idea of asylum visiting recalled accounts of the hordes of paying visitors to Bedlam, eager to hear rattling chains and pained wails; the disappointed letter writer seems to have had expectations of such an experience.² By the middle of the nineteenth century in the United States, however, practitioners had made bold moves toward reforming treatment for people deemed insane.³ Activist Dorothea Dix and physician/architect Thomas Story Kirkbride, for example, attempted to distance modern psychiatric treatment from images of Bedlam by designing total institutions in which patients would enjoy leisure activities, access to beautifully maintained grounds, freedom from restraints, and other liberties.⁴ The nature of asylum visiting also changed to reflect these new values. As the patient-editor of the Alabama Insane Hospital's house organ put it in 1872, visitors were now encouraged to inspect the workings of the institution and cultivate a "regard for the feelings of our afflicted ones" rather than gawking at patients as if they were "part of a Menagerie."⁵ With this shift, asylum tours became a way for administrators to gain public approval by showing off their humane facilities and participation in modern scientific progress.⁶

For patients like the editor of the *Opal*, the effects of this shift were varied. Administrators' effort to show visitors that their institutions were more progressive and effective than the Bedlams of the past meant that patients were relieved of curious stares, but it also meant that the patients who were most in need of care—poor patients, patients with intellectual disabilities, patients who were unable to perform their own hygiene care, patients who were deemed incurable, patients who could not labor—were often crowded into back wards, their neglect unseen and their voices unheard.⁷ The editor's call for a recognition of patients' subjectivity is an attempt to draw patient narratives out from the darkness and show the public the lives lived behind the Potemkin asylum façade. This attempt was in line with the nineteenth-century emergence of a new genre in US literature: the asylum memoir-exposé.

Many asylum memoirists set out to document their experiences of abuse in order to inspire readers to advocate for material reforms in psychiatric treatment. This pragmatic aim brings with it a set of ques-

tions: How does one effectively yet sympathetically narrate the experience of madness, and how does this representation affect the reception of the text? Just as importantly, what roles do stigma and suspicion play in this encounter? How does the memoirist strike a balance between the sensationalism of exposé and the ethical imperatives of reform? A few emergent conventions within the genre helped guide the rhetorical goals of asylum memoir-exposés. First, unlike the reporter-authors of typical exposés, these memoirists are not simply concerned with narrating *what* they experienced but are also intent on conveying *how* they experienced it. For authors like Isaac Hunt (whom I will discuss in a moment), this meant experimenting with literary conventions to demonstrate how madness affected his experience of the hospital. Second, there is a particular emphasis on backing up claims with documents, witnesses, or letters. For example, Elizabeth Parsons Ware Packard begins her 1871 *The Prisoner's Hidden Life; or, Insane Asylums Unveiled* by asserting that the text is an account of her emotional experience of forced incarceration and is not meant to be a “recital of the physical abuses” she witnessed; despite this focus on her emotional world, Packard still demonstrates a desire to prove her sanity and supplies witness statements, documentation, and journals to support her claims.⁸ Some of these authors, like Packard or Nellie Bly (a journalist who went undercover at New York’s Blackwell’s Island Asylum to write her 1887 *Ten Days in a Madhouse*), were met with legislative and financial successes; others have since fallen into obscurity.

Isaac Hunt provides us with an early case study of how an author’s experience with madness affected the composition and reception of the asylum memoir. In his 1851 memoir-exposé, *Astounding Disclosures! Three Years in a Madhouse*, Hunt admits to the reader that, when his family brought him to the asylum against his will, he was indeed a “wild and uncontrollable maniac.”⁹ Anticipating that this fact might immediately dash his credibility, Hunt begins with an imperative: “Start not! think not that a mad man raves,” he assures the reader. “I shall utter nought but truth—truth so strong and reason so palpable, that nothing short of sheer innate madness or stupidity of your own, shall close your eye or ear to the cogent force and ends I have in view.”¹⁰ He repeats these assertions of sanity throughout the text as he narrates his three long years of forced incarceration at the Maine Insane Hospital. Hunt’s story begins with his admission to the asylum, details his experiences of abuse at the hands of Superintendent Isaac Ray, and ends with his release. However, it also breaks with narrative conventions like continuity

and dénouement: the story itself takes up less than 20 percent of the text, is frequently interrupted by asides, and quickly glosses over some seemingly important incidents like how he secured his freedom. *As-tounding Disclosures!* also details some particularly extreme episodes from Hunt's time in the hospital that indicate how mental illness affected his experience, including a period during which he believed that hospital administrators were cooking his son's flesh and feeding it to him at dinner. He calls such episodes "delusions" but nevertheless believes that hospital administrators deliberately planted these ideas to make him seem more insane.¹¹ Thus, it is not always clear what Hunt believes really happened, what he believes he was made to think, and what was an effect of his mental state. After his narrative of incarceration, Hunt's text becomes a polemic made up of testimonials to his sanity, letters to various officials arguing for the removal of Superintendent Ray, a narrative tour of the asylum grounds (including virtual introductions to patients), and coverage of a fire that broke out in the hospital after Hunt's time there.

One key to understanding how Hunt's project fits into his historical moment may be found in his narrative tour around the asylum. It is here that Hunt explicitly offers the type of experience that a visitor would not find on a newly reformed asylum tour. This section highlights the places that visitors are not shown: the lodge where a patient burned to death, a "maniac prayer meeting," and particularly neglected wards.¹² He further extends his invitation into the invisible parts of the asylum by providing short portraits of patients' interior lives. "Do you see that man?" Hunt asks the reader each time before describing how that patient's madness manifests physically—behavioral wildness, unusual gaits, personality quirks—and directly follows these descriptions with an account of that patient's talents—"he is naturally a very smart, active man" or "he has been a celebrated physician" or "he is docile as a lamb unless under great provocation."¹³ Hunt acknowledges the type of visual strangeness that visitors like the *Opal's* letter writer would likely find arresting, then invites the reader to "see" the patient beyond his outward appearance, no doubt in an effort to foster recognition, admiration, and empathy.

In scenes like these, memoir-exposés produce a generative tension between insider and outsider, a tension that calls into question the assumptions that nondisabled readers and asylum visitors might have about the storytellers they encounter. Disability scholars have written at length about the encounters between nondisabled and disabled

people, from the anxiety produced by what Erving Goffman calls a “mixed contact” to the way that freak shows reaffirm spectators’ position as “normal.”¹⁴ In *Staring: How We Look* (2009), Rosemarie Garland-Thomson examines the encounter between starrer and staree; as is the case on an asylum tour, the staree is often a disabled person or a person with an otherwise nonnormative embodiment. Garland-Thomson acknowledges that, in many of these encounters, particularly those in a clinical or medical setting, the staree is objectified—made into an object of knowledge—in the starrer’s quest to “make sense of the unexpected.”¹⁵ Far from being wholly objectifying, however, Garland-Thomson argues that the staring encounter can also generate wonder, recognition, familiarity, and an opportunity for the staree to respond.¹⁶ This is the case when Isaac Hunt redirects the reader’s virtual “stare” toward patients’ valuable qualities. In this way, Hunt uses his written narrative to replicate the generative aspects of an asylum tour while mitigating the ways in which visitors’ stares objectify patients.¹⁷

The legacy of Hunt’s text tells us that readers’ suspicions about his sanity overwhelmed his attempts to demonstrate his truthfulness and authority. Hunt self-published *Astounding Disclosures!* in the middle of a legal battle against Superintendent Ray; his claims of abuse provoked an investigation into the hospital but were ultimately (and repeatedly) dismissed. Ray himself admits that the memoir sold well but that “people enjoyed it as a good joke, as something to while away the time of an idle evening, or as a substitute for the circus.”¹⁸ Ray has since gone down in history as the father of forensic psychology; in the rare cases that *Astounding Disclosures!* is recalled, it is remembered for its “psychotic analogies” or for its incohesive narrative “impaired by [Hunt’s] disability.”¹⁹ I argue that the text’s atypicality is not the mark of a flawed narrative; rather, it is literary experimentation that represents how the writer’s sense of time, place, and self may have fluctuated during his stay in the hospital. It is true that Hunt disorients his reader by blurring truth and delusion, but it is precisely through this disorientation that the reader gets a sense of how Hunt experienced the hospital. Carol Berkenkotter and Cristina Hanganu-Bresch, in their 2019 *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient*, understand asylum narratives through three literary concepts: emplotment, causality, and narrative time. They examine one patient’s narrative that, like Hunt’s, is “irregular, unpredictable, and marked by acute catastrophes and long anxious periods of waiting for a resolution, by peaks of conflict and turmoil alternating with valleys of dazed stupor

or inaction,” suggesting that these narrative characteristics are much more than mere idiosyncrasy.²⁰ I would take this suggestion one step further to argue that, not only are these narrative characteristics more than idiosyncrasies, but they mark the appearance of generic experiments uniquely suited to the representation of madness within an institution. Hunt’s accusations may not have held up in court, but he joins a lineage of other patient-writers in finding creative ways to capture madness in narrative.

While Hunt’s text did not achieve the material and legal changes he may have hoped for, other asylum memoir-exposé writers were wildly successful in their endeavors. Though some of the more well-known authors claim never to have experienced madness (like Elizabeth Parsons Ware Packard and Nellie Bly), sanity is not necessarily a predictor of a successful memoirist. Clifford Beers, for example, details his own experiences of madness in *A Mind That Found Itself* (1908), but he ultimately won great acclaim working alongside psychiatric professionals to reform institutional treatment.²¹ Rather than claims to sanity (or madness), the difference between well-received memoir-exposés and those that have fallen into obscurity seems to lie in how the author stages the reader-narrator staring encounter. Packard and Bly cast themselves as heroic mother-figures to the poor patients; Packard in particular sets herself apart by calling herself a “prisoner” rather than a “patient” throughout the entirety of her memoir. Patients remain objects of charity, and readers stare into the hospital from a comfortable distance. In contrast, memoirists like Hunt destabilize the starrer/staree relationship not by offering the starrer a glimpse of the invisible object of fascination, madness, but by asking them to stare at the asylum through the lens of madness.²² Rather than viewing fractured timelines and unstable narrative voices as hindrances to the texts’ reformist purposes, we might reconsider just what these memoirs document and what they aimed to expose. In an institutional system that had been recently remade into modern, public-facing therapeutic centers, memoir-exposés like Packard’s and Bly’s offered critical windows into the hidden back wards that belied all claims to reform. Memoirs like Hunt’s offer an even more intimate view—they show the reader, to recall the words of the editor of the *Opal*, the heart “withered by long and solitary indulgence in thoughts of the neglect or scorn of the world, which, whether real or imaginary, cannot be removed by the sympathising tones nor cheering smiles or that love which always soothes and animates a mind in trouble.”²³ While some of these passions may have “no

reality for their object” and some of these episodes may not line up with institutional documentation, memoir-exposés like Hunt’s succeed in bringing to light the most hidden life of a patient, inciting readers to think and act differently toward those who are experiencing madness.

Notes

1. “Editors Table,” *Opal* 2, no. 1 (1852): 121–22. For a reflection on how this passage relates to the history of photography and visual fascination in the context of asylum tourism, see Greg Eghigian, “Who’s Haunting Whom? The New Fad in Asylum Tourism,” *Psychiatric Times*, September 15, 2010.

2. The first documented tours of Bedlam were in the late sixteenth century; the hospital enjoyed regular income from paying visitors until the doors closed to the general public in 1770 when visitors were required to present a ticket signed by the governor. As was true for (US) institutions nearly a century later, this shift affected patients in a variety of ways; Jonathan Andrews notes that some visitors mistreated patients, but others provided them with social ties to the outside world, contraband treats, and money. It is also noteworthy that suicide attempts increased when regular public visits were curtailed. Jonathan Andrews, “Bedlam Revisited: A History of Bethlem Hospital c1634–1770” (Ph.D. Diss., Queen Mary and Westfield College, London, 1991): 73–121.

3. A note on language choices: I purposefully use some terms that have (for good reason) left our modern lexicon. For example, “madness” and “insanity” were (and still are) largely harmful terms that caught many types of perceived deviance in their nets. By the middle of the nineteenth century, practitioners generally agreed that “madness” was a disease of the mind, and terminology began shifting to reflect that; for this reason, it is particularly significant that these patient-writers chose the more evocative historical terms. While our terminology has since changed for the better, for me to replace “madness” with “mental illness,” “asylum” with “psychiatric institution,” or “patient” with “consumer/survivor/ex-patient (c/s/x)” in this particular discussion, then, would change the patient-writers’ meaning and disjoin their language choices from the violent cultural histories that they chose to evoke.

4. See in particular: Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane, with Some Remarks on Insanity and Its Treatment*, (Philadelphia: Lindsay & Blakiston, 1854).

5. Anonymous patient-editor, “Visitors to the Hospital,” *Meteor* (Alabama Insane Hospital) 1, no. 1, (1872): Archives.alabama.gov/meteor/voll_no1.pdf.

6. Historian Janet Miron has argued that, contrary to what many other asylum historians have claimed (most notably Michel Foucault and David Rothman), asylums were not cut off from society. The availability of public transportation and the growth of the middle class (which now had leisure time to spare) meant that the visiting public was an important part of asylum life throughout the nineteenth century. See Miron’s *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century* (Toronto: University of Toronto Press, 2011): 20–21.

For more on the history of asylum visiting in the United States, see Jennifer L. Bazar and Jeremy Trevelyan Burman, “Asylum Tourism,” *Monitor on Psychology* 45, no. 2 (February 2014): 68–70.

7. This claim appears in a number of memoir-exposés, including Isaac Hunt’s *Astounding Disclosures! Three Years in a Madhouse: A True Account of the Barbarous, Inhuman and Cruel Treatment of Isaac H. Hunt, in the Maine Insane Hospital* (Skowhegan, ME: A. A. Mann, 1851); Elizabeth Parsons Ware Packard’s *The Prisoners’ Hidden Life; or, Insane Asylums Unveiled: As Demonstrated by the Report of the Investigating Committee of the Legislature of Illinois, together with Mrs. Packard’s Coadjutor’s Testimony* (Chicago: J. N. Clarke, 1871); and Clifford Whittingham Beers, *A Mind That Found Itself: An Autobiography*, (New York: Longmans, Green, 1908).

Histories of intellectual disability and asylum back wards can also be found in Philip M. Ferguson’s “Creating the Back Ward: The Triumph of Custodialism and the Uses of Therapeutic Failure in 19th Century Idiot Asylums,” in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, ed. Liat Ben-Moshe, Allison C. Carey, and Chris Chapman (New York: Palgrave Macmillan, 2014):45–62 and James W. Trent Jr.’s, *Inventing the Feeble*

Mind: A History of Mental Retardation in the United States (Berkeley: University of California Press, 1994).

8. Packard, *The Prisoners' Hidden Life*, xii.

9. Isaac Hunt writes that he had never heard of a book that spoke out against madhouses before his and that he hoped to join the ranks of other writers who exposed oppression. Considering how close the publication was to Dix and Kirkbride's institutional reforms, it is true that his may be the first proper asylum memoir-exposé in the United States. *Astounding Disclosures!* 3, 24.

10. Hunt, *Astounding Disclosures!* 3.

11. *Ibid.*, 7–8.

12. *Ibid.*, 72.

13. *Ibid.*, 68–74.

14. See Rosemarie Garland-Thomson, ed., *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: NYU Press, 1996); and Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice-Hall, 1963): 12.

15. Rosemarie Garland-Thomson, *Staring: How We Look* (New York: Oxford University Press, 2009): 3, 38.

16. *Ibid.*, 51.

17. It is worth noting that, in patterning his virtual introductions as a bait and switch, Hunt does not challenge the fact that readers understand traits associated with madness to be wholly negative; instead, he pairs those traits with traits that the reader would likely find valuable, like intelligence or professional productivity. This means that his strategy for garnering empathy is limited to patients who demonstrate a traditionally valuable trait.

18. Ray does not mention Hunt by name, but describes a “half recovered patient” who lectured “against hospitals for the insane, and against me in particular” and “peddled about a little pamphlet containing his experience in a hospital, with that of others, and I was represented by a picture on the cover, standing over a patient, held down on the floor by a couple of attendants;” these details line up with Hunt's advocacy project and the cover art of the second edition of his memoir. Isaac Ray, “Proceedings of the Association of Medical Superintendents,” *American Journal of Insanity* 30 (1873): 240.

Anon., “Astounding Disclosures! Three Years in a Mad House, Cover,” *Astounding Disclosures! Three Years in a Madhouse* (Disability History Museum Online, Patricia Deegan Collection): <https://www.disabilitymuseum.org/dhm/lib/catcard.html?id=2864>

19. Kenneth J. Weiss, “Isaac Ray, Malpractice Defendant,” *Journal of the American Academy of Psychiatry and the Law Online* 41, no. 3 (September 2013): 382–390. Anon., “Curator's Introduction,” *Astounding Disclosures! Three Years in a Madhouse* (Disability History Museum Online, Patricia Deegan Collection): <https://www.disabilitymuseum.org/dhm/lib/detail.html?id=736>.

20. Carol Berkenkotter and Cristina Hanganu-Bresch, *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850–1920* (Columbia: University of South Carolina Press, 2019): 102.

21. Beers, *A Mind That Found Itself*.

22. A similar effect can be found in Lydia A. Smith's memoir-exposé, *Behind the Scenes; or, Life in an Insane Asylum* (Chicago: Culver, Page, Hoyne, 1871).

23. “Editors Table,” *Opal* 2, no. 1 (1852): 121–22.