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Katherine Poubas and Ashley Tianen, co-authors

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University of Wisconsin Oshkosh
Office of Grants and Faculty Development
800 Algoma Blvd.
Oshkosh, WI 54901
(920) 424-3215
www.uwosh.edu/grants

Lunacy in the 19th Century: Women's Admission to Asylums in United States of America

Katherine Pouba and Ashley Tianen, co-authors
Dr. Susan McFadden, Psychology, faculty adviser

Abstract:

Between the years of 1850-1900, women were placed in mental institutions for behaving in ways that male society did not agree with. Women during this time period had minimal rights, even concerning their own mental health. Research concluded that many women were admitted for reasons that could be questionable. Since the 19th century, many of the symptoms women experienced according to admittance records would not make a woman eligible for admittance to a mental asylum today. Women with symptoms were later diagnosed insane by reasons such as religious excitement, epilepsy, and suppressed menstruation. The symptoms and diagnoses presented, show that labeling of women as insane was done very lightly and was influenced by social attitudes toward women. Did these women truly need to be admitted to asylums, or was their admittance an example of their lack of power to control their own lives? Further research could raise additional questions such as a comparison of the rate of admittance between American-born and immigrant women.

Introduction

Women faced many instances when their normal bodily functions, actions or interests as a woman were considered abnormal or a symptom of insanity. Between the years of 1850-1900, women were placed in mental institutions for behaving in ways male society did not agree. Elizabeth Packard was one of these women. (Packard will be discussed later in more depth.) Women during this time period had minimal rights, even concerning their own mental health.

Examples are the status of women concerning their roles in marriage and employment. Women's roles in these areas were minimal and concrete, leading to a second-rate position in society compared to men. "It must be admitted then, that there are causes acting unfavorably upon the chances of insanity among women, the existence of which may be said to be native to the sex" (Tuke, 1864, p. 149). Considered less important than men, women had few rights. Important life decisions including admittance to an asylum were decided by a husband, brother, or male friend. Occasionally, men's societal expectations of how women should act did not coincide with how some women acted.

The symptoms qualifying a woman's need for admittance during these times would be considered controversial in the present day. Symptoms such as depression after the death of loved one, use of abusive language, and suppressed menstruation, meaning the lack of menstrual cycle, would not be accepted as reasons for admittance to a mental institution today. Not only were the symptoms controversial according to today's practices, but the diagnoses resulting from the symptoms were also only during this time period.

Diagnoses such as epilepsy and nymphomania were not looked at as diseases, but as bouts of insanity. Women were also diagnosed with insanity when they exhib-

ited symptoms of overexertion. The female patients understood as being tired and not insane, considering the expected duties of women and the daily struggles of the 19th century.

Further discussions will examine interactions between the role of women, societal expectations, and mental institution commitments.

The source of data was found in the admission files and records of patients admitted to Mendota Mental Asylum during the years of 1860-1900. We studied a total of 60 random women who were admitted to this asylum during this time period. This paper will cite 26 of these case studies who fit criteria of being admitted by their husbands or a male. See Table 1 for more in-depth information on the patients discussed throughout this paper. Mendota Mental Asylum has since changed its name to Mendota Mental Health Institute and is located in Madison, Wisconsin.

We begin our discussion of women's rights and roles during the 19th century. We refer briefly to Elizabeth Packard, who fought for women's rights during the admission process. Next we discuss and explain the symptoms and diagnoses of the women we studied who were admitted to the Mendota Mental Asylum.

Table 1

Information About Women Admitted to Mendota Mental Asylum Between 1869-1872.

Patient Number	Age	Ethnicity	Marital Status	Children	Diagnosis
1000	17	Bohemian	Unknown	None	Insane by suppressed menses
1001	50	German	Single	None	Insane by religious matters
1011	39	American	Married	Eight	Insane by religious fantasy
1012	47	German	Married	Eleven	Insane by domestic troubles
1016	25	Irish	Single	None	Insane by unknown cause
1350	33	Unknown	Widow	Two	Insane by heredity
1351	25	Unknown	Married	Two	Insane by overexertion
1353	59	Unknown	Married	One	Insane by religious matters
1364	46	Unknown	Married	Eleven	Insane by suppressed menses
1433	30	Irish	Married	Five	Insane by abortion
1557	40	Irish	Married	Ten	Insane by loss of property
1877	30	American	Unknown	None	Insane by mental excitement
2121	57	English	Married	Eight	Insane by overwork and domestic trouble
2213	50	Unknown	Married	Unknown	Insane by religious excitement
2234	40	Prussian	Married	Six	Insane by unknown cause
2268	22	American	Married	One	Insane by childbirth
2285	N.A.	American	Single	None	Insane by nymphomania

Women in the 19th Century

Women's Rights and Roles

During the years between 1850 and 1900, women often held dismal positions in their marriages and employment statuses, such as holding positions as housekeepers or servants. It is important to be aware of these dismal positions, of women's status and lack of opportunities to be able to understand why so many women were deemed insane for very minimal reasons. Though not many, there were some laws in place to protect women. The laws claimed, "Whether man places her on a level with himself or estimates her merely as his slave still there must be legislation in respect of her, if not for her, still she must be protected" (Davis, 1854, p. 2). Even though these laws existed to protect women from being treated unjustly, they were rarely enforced. In addition, these laws were inconsistently applied to women. According to Davis (1854):

Taken in their most extended significance these provisions include not only such as relate to their personal protection but those also which refer to her in the various capacities of child, wife, and mother in some instances conferring privileges in others creating disabilities (p. 2).

In other words, Davis is arguing that the inequality of the laws that lead some women to privileges and others to disadvantages shows not only were these laws rarely enforced, but they were not equally beneficial for all women when they were enforced.

Within this time period, males were more likely to marry solely for their own personal gratification or for the woman's reproduction abilities. An example of how a young woman was treated when first married is explained by Martin:

This young girl, without experience, almost without ideas, whom you give to a man she scarcely knows; if she be handsome, passes in a few hours from submission to sovereignty; from calmness of the soul to high excitation of the senses. Her husband is inebriated by her caresses, he is amorous, he is jealous, he is furious, he now labours to destroy, at once, the innocence of his wife and her earlier affections- to isolate her from the world, and even from her mother. (p. 41, 1851).

This passage explains how some women may have been treated from the first day of their marriage, and how the wife's sole purpose was to please the man. The role of a woman once she was married went from the role of an individual to her husband's possession.

Social statuses for women of these times were bleak. If women were single, thus unsupported, they were likely to be seen as failures, and society did not expect women to amount to much without a husband. Meanwhile, the options for married women were slightly better. Society's outlook on a woman's purpose explained why options were few according to an anonymous writer, "It may be considered a sort of national phenomenon, that the universally received opinion on this subject should declare a women's only calling to be that of a wife and mother; and failing this, consign her to the hopelessness of a 'vocation manqué'" (pp. 3-4, 1855). This person's perception explains the large amount of women whose employment status when being admitted to Mendota Mental Asylum was that of domestic services such as housekeeper, housewife or house servant. Many women's employment status in the 19th century was that of work within the home. However, the admission records were created for male

admissions and were not changed for women admissions, thus containing information that didn't necessarily apply to women.

Although a woman's words and views were rarely taken seriously, one woman was able to go against the grain and fight for the rights of all mentally insane patients being held in mental asylums. Dorothea Dix started her fight by writing letters to then Vice President Millard Fillmore, who in turn helped Dix receive grants to improve conditions at mental asylums. Fillmore was her voice in government, since her status as a woman made her unable to speak. Ms. Dix was important to the status of women at this time because she was herself a woman, and she fought for citizens that society had condemned because of their mental illness (Dix, 1975). Asylums were generally "warehouses for those judged mentally ill," and Ms. Dix's fight coincided with many women's unnecessary hospitalizations for insanity (Brooks, p. 1, 1999). Her efforts touched many women's lives, by improving the conditions these women were forced to stay in until they were deemed recovered. The Lunacy Act of 1890, which "aimed to protect the weak and vulnerable," helped women alongside Ms. Dix's work, since its aim included women who were wrongfully institutionalized (Allderidge, p. 332, 1979).

Elizabeth Packard

An important example of the questionable institutionalizations of women was the plight of Mrs. Elizabeth Parsons Ware Packard. Mrs. Packard was a teacher in Jacksonville, Illinois, and the mother of six children when her husband committed her to the state hospital. He admitted her because she disagreed with his religious beliefs as a pastor. By having her own opinion, Mrs. Packard stepped out of the boundaries of what was allowed for a woman. After experiencing two years in a state mental hospital as a sane person, Mrs. Packard took her case to trial to prove her sanity. The court agreed with her and in freeing her from the hospital, led to her efforts to divorce her controlling husband. Although she could have stopped there, Mrs. Packard continued her battle for women's rights. Until her death she fought for married women's rights by lobbying in the state legislature and writing books about these rights and her personal fight (Packard, 1974).

Symptoms

Women admitted to Mendota Mental Asylum showed symptoms of insanity, and with these symptoms were later given a diagnosis that justified their insanity and stay at the hospital. Mrs. Packard was admitted to the state hospital for being insane because of her religious beliefs. Many of the women admitted to mental asylums were admitted for reasons similar to Mrs. Packard.

One frequent symptom for admission was religious excitement. This symptom included such actions as "delusive on subjects" "religious fantasies," and "foolish romantic talk about the devil and Jesus." Many of these women had differing beliefs from the rest of society, and their spiritual viewpoint stood out among others. At this time, society did not acknowledge that others can have diverse beliefs pertaining to God. Because society was not accepting of these variations, doctors did not educate themselves on how to be accepting of individual religious differences. These "mental health professionals who ignore the spiritual dimension, fail to understand the significance it has for maintaining people's lives" (Nolan, p.719, 2000).

Another symptom for admittance was suppressed menstruation, or anything dealing with female organs.

Myths regarding menstruation and women's reproductive system endorsed and virtually enforced women's embodiment as the weaker sex in both physical and intellectual realms. From 1840 to the early 1900's, the psychiatric establishment went so far as to posit a direct and casual connection between women's reproductive organs and insanity (Murton, pp. 6-7 1995).

After investigation of the patients who were admitted for reproductive organ concerns, it could be found that these women had reoccurring symptoms in months prior to admittance, usually occurring around the same time each month. The admittance records of the women in Mendota Mental Asylum (who possessed the symptoms) showed a trend of experiencing so-called 'attacks' of insanity one to two weeks a month. Ironically, the male outlook on women's menstruation cycles were negative even though a woman's primary purpose was to reproduce. Often times, men saw a woman's emotional and physical changes during menstruation as an excuse to point out her weaknesses and differences compared to a man. "Claude Dagmar Daly suggested that menstruation was less a 'psychosis' than a periodic process denied by men" (Daly, cited in Kerkham, 2003, p. 281).

Religious excitement and suppressed menstruation were found to be the most common, but not the only symptoms used to explain a woman's alleged insanity. Women were deemed insane in cases such as a woman who experienced delusions uncontrollable fits of laughter without cause the feeling of being inclined to do mischief and a tendency to use abusive language toward others. For example, Patient 1351 was admitted after going to her neighbor's and using abusive language. One symptom was depression after the death of a loved one. For women, if the depression continued to last longer than the woman's family deemed an acceptable period of grieving, the depression became grounds for admittance to the asylum. Each of these symptoms were seen at the time as precursors to insanity.

With the research done since the 19th century, many of these symptoms would not make a woman eligible to be considered for admittance to a mental asylum. It could be considered the women who had religious excitement were ahead of their times. Other symptoms, such as the use of abusive language toward others, may have been a woman stepping out of her place in the society she was living in.

Diagnosis

Women with the various symptoms discussed were then examined by a doctor at the mental asylum and given a diagnosis. "As far back as 1840, the census attempted to catalog the insane, and by 1880, the U.S. had created seven official categories of disease: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy" (Grob, 1991; Kutchins & Kirk, 1997). Although these were the official categories given to the mentally ill at this time, many of the women admitted to Mendota Mental Asylum were diagnosed with categories different from the official categories.

Instead of the seven official categories of mental disease used to diagnose insanity, women who were institutionalized were often diagnosed with physical problems. Overexertion was found to be a diagnosis of insanity for women. Of the women

who were diagnosed with overexertion at Mendota Mental Asylum, it was found to be common for a family to consist of seven to eight children. Normal household duties including cooking, cleaning, and raising the children all fell upon the women's shoulders. Having numerous children takes a physical and mental toll on a woman because of the changes her body may go through. Many women were not able to handle these changes after numerous births, which lead to another medical diagnosis given frequently at Mendota Mental Asylum: childbirth. Patient 2268 was 22 when she delivered her first child and experienced an attack of incoherence and constant fear her child was being hurt. She was later diagnosed as insane by childbirth. This woman was possibly experiencing the equivalent of what is diagnosed today as postpartum depression. While childbirth was common among diagnoses, insanity by abortion was also found among a significant amount of patients (Box 3, Mendota Mental Health Institute Patient Records).

One uncommon diagnosis found was insanity by nymphomania. Patient 2285 was found to be overly interested in sex with males, and had even experienced time in the county jail before being admitted to a mental hospital. Her jail confinement was an effort to keep her away from men.

Heredity was the diagnosis for women who had insane family members, and was given to women even if the symptoms of their insanity pointed to another category. There was not always a correlation between symptoms and diagnoses. Patient 1350 was admitted after an attack, which was caused by the loss of property. Her diagnosis was insane by heredity.

Epilepsy and suppressed menstruation, also called suppressions of the menses, were medical conditions found frequently among admitted women. Women diagnosed as insane by epilepsy were usually admitted after experiencing a seizure.

The suppression of menses was also a diagnosis given to women of many different ages. Patient 1000 was diagnosed at age 17 with insanity by suppression of the menses, and Patient 1364 was diagnosed at age 46 with insanity by suppression of the menses resulting from age. It could be concluded that the younger patient may have been pregnant or suffering from an eating disorder, both reasons why a seventeen year old may be experiencing loss of her menstrual period. Meanwhile, the older woman may have been going through menopause.

Women at Mendota Mental Asylum were also diagnosed as insane by radical religious beliefs. One patient's beliefs centered on her thoughts that she was God, and another patient's beliefs were different from those of her church community. These examples show extreme differences between the two women, but both were admitted to a mental asylum with the same diagnoses. It shall be assumed that women were not allowed to speak their beliefs, and putting a label of insanity on these women was an extreme attempt to quiet them, or make their beliefs less credible.

The grief experienced after the death of a loved one and domestic troubles were also diagnoses given to women. Women diagnosed with insanity by domestic troubles were frequently admitted by their husbands. It is possible these men were admitting their wives for a break, to teach them not to disobey, to take them away from their children, or because their wives were actually showing symptoms of insanity. Some women who were diagnosed with insanity by domestic troubles showed actions abnormal from their usual behavior, such as believing a worm is in their stomach or violent attacks of anger. These symptoms may not have even been grounds for a diag-

nosis. Another possibility would be domestic troubles were not the correct diagnosis.

The diagnosis of insane by unknown reasons was given to women who showed many different symptoms. Patient 1016 repeated the same three sentences over and over, spoke foolish romantic talk, and expressed fear from what she saw and experienced in the spiritualistic circle. She was diagnosed as insane by unknown reasons. Patient 2234 expressed great anxiety for her six children, and at times talked of herself in second person was also given this diagnosis. Considering how different these two patients were, it appears that the category “insane by unknown reasons” was used broadly.

Ideas for Future Research

While researching the admittance files and journals from the Mendota Mental Asylum, many additional questions arose that could be considered for future research.

For example, discharge records show women who were discharged by their husbands were found to have been diagnosed with insanity by heredity, childbirth, and unknown reasons at a significantly higher rate than other diagnoses (see Figure 1). Unfortunately, records did not always show who had admitted each woman, but with further research of the discharge records, a relation between diagnosis and discharge by husband could be examined.

A second issue to consider could be the relation between the length of stay of each woman and the different categories of diagnoses. A trend may be found that certain diagnoses would not have enabled the women to recover in the amount of time she

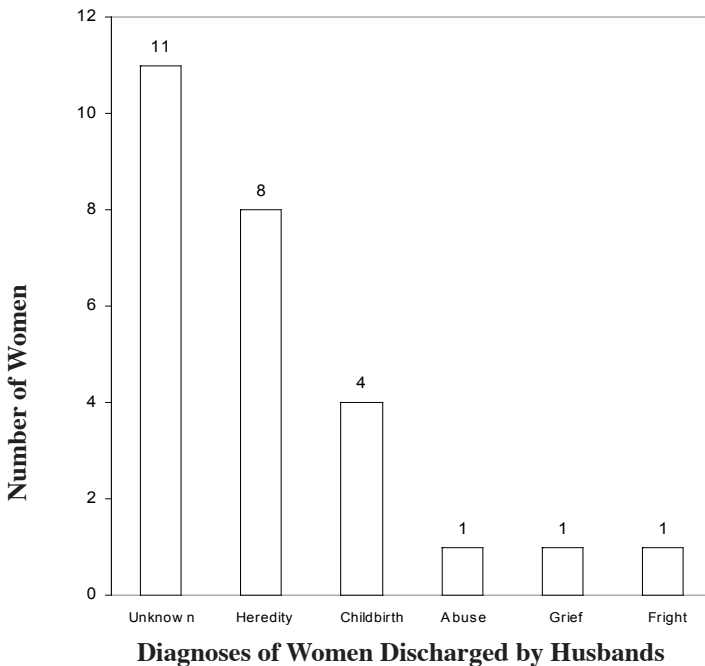


Figure 1. Sample of 26 randomly chosen women admitted to Mendota Mental Asylum. This figure compares diagnoses of insanity and the number of women who were discharged by their husbands with these diagnoses.

spent at the asylum. If a trend was found it may raise the question of how many women were released, unimproved, or were not insane when admitted.

A final issue to address would be a comparison of the rate of admittance between American-born women and immigrant women. Among 19 women, whose birth countries were given in their records, 14 were immigrants and five were American born. A trend that may arise from further research could be that immigrant women were admitted more often than American-born women. Reasons to consider if a trend was found, may be the immigrants' lack of American education, knowledge of American culture, or an additional form of discrimination.

Conclusion

During the years discussed, 1850-1900, it can be seen that women of all social class and ethnicity were admitted to mental asylums for many different reasons. Women had little if any rights to protect themselves from the unfair admittance that some suffered. Elizabeth Packard was one example of these women. She made an enormous impact on the rights of married women.

Some symptoms of insanity a woman experienced were realistically a precursor to insanity, such as the belief that she was God, while other symptoms seem to be behaviors of a woman acting differently than what was expected at this time, such as the tendency to use abusive language.

Many women's symptoms did not coincide directly with the diagnoses given, which makes them questionable. Diagnoses for insanity were numerous and unsystematic. Even though the United States had seven categories for diagnosing insanity, the diagnoses given at Mendota Mental Asylum rarely matched these categories.

Possible connections between diagnosis and being discharged by a husband, the length of stay and the categories of diagnoses, and the rate of admittance of American-born versus immigrant women could lead to interesting discoveries. These connections could show why women were admitted to mental asylums during these years.

It can be concluded some of the women admitted to asylums during this time period were actually mentally ill; however, it appears that a significant number of women were not insane and admitted for questionable reasons. The symptoms and diagnoses presented show the labeling of women as insane was generalized and was influenced by social attitudes about women.

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