“On Intake and Insanity: Women's Narratives of Institutionalization”
Liana Kathleen Glew

In the summer of 1860, Theophilus Packard decided, on his authority as husband, that his wife Elizabeth was insane. To begin with, she raised objections during the Calvinist Bible class he taught. To make matters worse, she refused to sign over a deed to some real estate that he wanted to sell. According to Theophilus, her scientific education had “deviled” her reasoning faculties, and as her husband, he had had enough. On the morning of June 18th, he gathered two physicians from his Bible class and the sheriff. At dawn, the four men used an ax to break down Elizabeth’s door. Only partially dressed, Elizabeth hid under her sheets while one of the physicians took her pulse, which she admitted was racing a bit. With that bit of compelling evidence—a quickened pulse as men beat down her bedroom door—Elizabeth was officially declared insane. When their wagon pulled up to the asylum, Elizabeth refused to participate in her own imprisonment. “Show yourself to this crowd, just as you are,” she told Theophilus, “my persecutor, instead of my protector.” As the men lifted her out of the wagon, Elizabeth instructed the Sheriff not to hold her hoop skirt in a way that would leave her indecently exposed. At her request, the men linked their arms into a basket and carried Elizabeth into her indefinite incarceration. Once admitted to the hospital, Elizabeth asked the presiding doctor for an examination, hoping to prove that she was sane. The doctor replied, “of course you are insane, or you would not have been received at this hospital.”

Elizabeth Parsons Ware Packard spent three years in that hospital and a subsequent stint of time locked in a room of Theophilus’s home. Baffled by the ease with which Theophilus exacted his revenge on her through institutionalization, once free, Packard dedicated her life to

advocating for women's rights in marriage and for the humane treatment of psychiatric patients. She founded the Anti-Insane Asylum Society and wrote a two-volume, eight-hundred-page memoir of her experience called "Modern Persecution," published in 1873. She then took her husband to trial, where a jury declared her legally sane. The Illinois law under which she was incarcerated, however, still stood. It read: "Married women and infants, who, in the judgment of the medical superintendent are evidently insane or distracted, may be entered or detained in the hospital on the request of the husband of the woman or the guardian of the infant, without the evidence of insanity required in other cases" (54). Married women, like infants, had no legal protections or recourse if their husbands decided life would be more convenient with them out of the way. Elizabeth Parsons Ware Packard was persistent, but she was also exceptionally fortunate. Her education, her whiteness, and her neurotypicality meant that she could take her case to court. Deeply aware of all the women she had left behind, Packard spent the rest of her life as an anti-asylum advocate.

I'm Liana Glew, a PhD candidate in the English department at Penn State University. I came to the story of the Packards from the intersection of Disability Studies and nineteenth-century American literature. Memoirs like Packard's caught my interest as examples of patient self-advocacy in medicine. The experience and practice of forced institutionalization has a lot to teach us about patient agency in medicine, the roles of class and gender in psychiatric practice, and women's rights in marriage in the nineteenth century. In this episode, I pair the moment of incarceration from the memoirs of two patients-turned-advocates, Elizabeth Packard and Lydia Smith, with an archival find: the forms that patients and guardians would fill out upon intake at

the Dixmont Hospital for the Insane in Pittsburgh. Like Packard and Smith's narratives, the Dixmont Hospital paperwork shows us just how privileged a husband's word or a doctor's discretion could be. When patriarchal authority figures like Theophilus Packard were left to interpret the category "insane" or decide whether a patient should be incarcerated, they often made their decision based on their own financial convenience and growing eugenic logics of social hygiene, protecting the "normal" from the "abnormal." In theorizing bureaucracy and workers' power of discretion, I'm indebted to Celeste Watkins-Hayes's work on race and class in the practice of welfare policy. As these memoirs and forms show, those in power at psychiatric hospitals used these discretionary gaps to make decisions that were personally profitable and upheld their own dominance. In these gaps, patriarchal and eugenic logics grew like weeds sprouting up through the cracks of a sidewalk.

As advocates like Packard knew, the nineteenth-century diagnostic category of "insanity" cast a wide net, catching a mass of disenfranchised Americans. Many husbands, neighbors, and doctors, like Theophilus Packard, took advantage of the category to gain power over those who breached the boundaries of the norm. The category "insane" was so capacious that physicians could agree on only three things, according to asylum reformer Thomas Story Kirkbride: insanity affects the mind, it reflects a mental "unsoundness," and it manifests more in an individual's actions than his speech. This obviously leaves open an enormous medico-juridical question with regard to interpretation and diagnosis, and the power to answer it lay in the hands of physicians, husbands, neighbors, or religious figures. This often led to the forced institutionalization of ideological or religious dissenters. Female, working class, disabled,

uneducated, recently-immigrated, African American, and homeless patients were in particularly precarious positions, as they already fell outside of the white, nondisabled, middle-class male norm.

As an aside, I'll be talking about texts written by patients and ex-patients. I want to be clear that I have no intention of psychoanalyzing these authors – I approach each text without suspicion, inhabiting the role of listener rather than diagnostician, and putting these works in conversation with human rights and disability justice writers throughout history. Often, a patient's writing turns the power dynamics of a diagnostic encounter on its head. For example, remarking on the inability of doctors to define insanity, the editor of a patient-authored newspaper, *The Meteor*, which was circulated throughout the Alabama Insane Hospital, asks a fellow patient, "what is insanity?" The man replies, "Why, something that gits the matter with a fellow that makes him go crazy." Patient writing often bypasses professional experts to make diagnosis a dialogue. Authors will ask readers to decide for themselves, insisting that the reader come to a different conclusion than the doctors did. As we'll see in the Dixmont files, this dialogue between writer and reader, patient and diagnostician was in absolute opposition to the imperious bureaucratic practices of diagnosis.

Before I get to those texts, though, a little historical context about the rise and fall of asylums in the US might be helpful. Psychiatric institutions were intended by their designers as a response to the eighteenth century's neglect and abuse of people with mental illnesses. By the early nineteenth century, theories that cast insanity as a disease of the mind were prevalent, but a concentrated effort to humanely treat people with psychiatric disabilities did not begin in earnest until the middle of the century. Until then, families and police often

incarcerated people whose behavior suggested psychiatric disability in jails and almshouses for the poor. In the 1840s, reformers like Dorothea Dix and Thomas Story Kirkbride began to notice the contradictions between developing theories of psychiatry and the treatment of people with psychiatric disabilities. They wrote, designed, and advocated for a total institution that would bring patients peace and cure with sunny bedrooms, garden walks, and idyllic wooded settings. Doctors and architects were convinced that this was a worthwhile and humane project, and asylums proliferated rapidly throughout the second half of the nineteenth century.

These utopian fantasies quickly became the sites of notorious overcrowding, abuse, and neglect. Back wards and dungeon-like basements replaced the sunny bedrooms and garden walks. Further, those seeking incarceration for their loved ones demonstrated different needs than Kirkbride anticipated. Kirkbride imagined that patients would find cure in the asylum and return home to their welcoming families. However, Constance McGovern's work on the Pennsylvania State Lunatic Hospital in Harrisburg shows that in the decade between 1880 and 1890, the majority of patients at the Pennsylvania State Lunatic Hospital never came home. They died in institutional care. As McGovern shows, the institutions particularly appealed to already over-burdened working-class American families during the growth of industrial capitalism. Asylums promised humane care and hospice for elderly and disabled loved ones who could not themselves work under demanding industrial conditions. Superintendents accepted these patients, charging either families or the local Office of the Poor for their care.

Though its application varied by context, the label "insanity" and the practice of forced institutionalization were tools for social control wielded against many already-disenfranchised people in the US. Beginning with St. Elizabeth's in DC in the years after the Civil War, some

asylums incarcerated both white and black Americans. Other asylums were segregated or reserved only for white patients; often, it was a privilege of whiteness to be "insane" rather than "criminal." Still others, like Blackwell's Island Asylum, primarily incarcerated recently-immigrated people--even as early as 1850, there were 534 immigrant patients to the 121 native-born patients on Blackwell's Island.

In the final decades of the twentieth century, social justice movements and more humanistic psychiatric practices issued a push towards "de-institutionalization," figured as a liberating alternative to total institutions. Today, the institutions have been replaced, more or less, by cottage systems and group homes that allow for more freedom of routine and flexible diagnoses, but these have come under harsh criticism for economic inaccessibility, leaving many people with mental illness homeless, incarcerated or under-served, imprisoned rather than in a hospital. Today's model still leaves much of its practice up to the discretion of certified legal, municipal, and medical authorities to distinguish between psychiatric illness and criminal behavior. I pinpoint the bureaucratic procedures of intake in nineteenth-century asylums not to highlight the asylum's unique evils or to present it as a thing of the past, but to identify those gaps where the discretion of an authority figure becomes an opportunity for enacting social control–and in the case of the texts I'm looking at here, that social control is in service to the patriarchy.

To return to those 19th-century intake narratives, I'd like to begin with Lydia Smith and her memoir, "Behind the Scenes; or, Life in an Insane Asylum," which was published in 1878. Just six years after Elizabeth Packard's forced institutionalization in 1860, a stranger entered Lydia Smith's bedroom with a chloroform-soaked cloth. He had been hired by her husband.

Lydia was abducted and taken to the State Asylum at Kalamazoo, Michigan. She noted that the chloroform and her confusion made her seem "actually insane" upon arrival, landing her in a ward for the hospital's most violent patients. Unlike Elizabeth Packard, who, upon being institutionalized, was spoken to calmly by an asylum doctor, Lydia Smith was subjected to a "subduing process" saved for the most unruly new arrivals. In Smith's words, patients were "first put into a bath. This is necessary and perfectly right, if done in a proper way. In a most inhuman manner I was plunged into a bath, the water of which was not quite boiling hot, and held down by a strong grip on my throat, until I felt a strange sensation, and everything began to turn black." Her hands were then put in stocks, a belt was tied around her waist, and she was thrown into a "crib" – a square, covered box with a small space for ventilation. An attendant then put a knee on her and forced her mouth open with a wedge to pour medicine in, knocking out five teeth in the process. Due to her bruising, she was kept out of sight for a period to hide evidence of this violence. Once she was finally allowed out, Smith did not experience the freedom of the grounds: she wrote, "The first time I was 'let out to grass,' as they term it – and it seemed more like driving a lot of cattle or sheep out to feed, than anything else – they seemed to think me one of the unruly ones, and left the restraint on me."

Though Packard's socioeconomic class was just a notch higher than Smith's, Packard had the privilege of performing sanity and wealth upon arrival. Smith's husband left her immediately after dropping her off and signing the papers; she was still reeling from the chloroform. The variation in Smith's and Packard's experiences shows that the intake experience depended greatly on performing normativity and wealth. In the weeks after Smith's harrowing intake experience, she was able to prove her education, what she called her "sanity,"

and her socioeconomic status; she was removed to the convalescent ward and given a sunny room and unlimited access to the grounds and gardens.

The rest of Smith's narrative is a dramatic, sensational tale of abductions and murder plots within the asylum. From her bedroom she overheard the superintendent in the hall saying that it would not do for Smith "to leave this institution alive," lest she report on the horrors she saw. In the following weeks, Smith craftily blocked her keyhole and air vent, through which she was certain the doctors were pumping chloroform. She threw the doctor's noxious-smelling flowers out the window, which he sent with the instruction to breathe deeply. She spat out all of the drugs that she was fed, and overheard the superintendent claiming to have fed her enough poison to kill ten men. The narrative comes to a head when, one night, smoke and the smell of death wafted through her open window. Smith remarked upon the recent disappearance of her two friends and how suspicious it was to have the furnace lit at this time of night.

As fantastic and spectacular as these aspects of Lydia Smith's tale may seem, I have no intention to cast doubt on them. It is clear that Smith's drugged, forced incarceration and the subsequent violence she witnessed put her on high alert for the smell of chloroform. Her concern for her missing friends is perfectly in line with the fact that the hospital hid her from sight after intake, when her body bore the bruises of its violence. The superintendent's absolute power made her rightfully suspicious of her panoptic institution. Smith's experience of intake came to define her suspicions which, perhaps, ensured her survival.

Of course, not all institutionalized women were able to preserve their experiences in writing. Packard and Smith's memoirs are complemented and deepened by the archives left

behind from other asylums, for example, the folder of intake forms and paperwork from Pittsburgh's Dixmont Insane Hospital that I mentioned earlier. The hospital was emptied during de-institutionalization and later demolished, but two boxes of paperwork are preserved in the Detre Archives at the Heinz History Center in Pittsburgh. Whereas these intake documents from the 1920s required detailed examinations and family histories (in line with growing trends of psychoanalysis and eugenics), forms from Packard and Smith's era are sparse. They ask for a husband's word, a doctor's discretion, and a signature on a bond for private payment. In tall, spidery handwriting on an intake form from 1878, one man fills in the blanks beneath a physician's signature on a "Request for Admission and Certificate of Insanity:" "I, John Smith of Allegheny City in the County of Allegheny, State of Pennsylvania, a husband of Kate Smith, the patient above named, do hereby request that she, the said Kate Smith, be admitted as a patient into the Western Pennsylvania Hospital." The form takes up merely one page and does not ask about Kate's symptoms, needs, or treatment plan. Behind the first form, John Smith signed a longer form promising to pay five dollars a week for Kate's boarding indefinitely, as well as any fees incurred by her death or behavior, should she damage any hospital property. Let me reiterate: upon intake, Kate's doctor and husband did not formally plan for her individual symptoms or needs, but they did make a financial plan for her death or in case she damaged the furniture. For those who were not brought in by a family member or guardian, the bond paperwork was filled out by an administrator at the city's Office of the Poor.

The rest of the folder from the Dixmont Insane Hospital contains paperwork much like the Smiths', as well as some forms from the early 1920s that evidence a massive change in intake practices. The 1923 application for admission is a bona fide packet. It begins by asking

the guardian, relative, or friend of the patient for a full description of that person's demographics, as well as a short answer asking "why do you think he/she is mentally ill? In answering this question state facts on which your opinion is based." The rest of the intake packet asks for the contact information of a responsible friend, the results of a physician's examination, the signature of a judge, two pages of questions on the patient's history, a financial agreement, and an affidavit. Lines of red text stamped across one of the forms declare "NOTE: Physicians must invariably make oath before a Justice of the Peace, otherwise this paper is not legal." These forms are a far cry from John Smith's signature on his wife's 1878 certificate of insanity.

In the archive, I was methodically, delicately turning over these forms and taking pictures in between - turn the page, read, stand, snap a photo, sit, turn, read, stand, snap, sit; the asynchronous archive dance was also being performed by the woman at the next table – when a scrap fell out from between the formal paperwork I was holding: a torn-off edge of a very yellowed page. On one side, in blotchy, nearly-illegible ink, someone scribbled, as best as I can make out, "Order for discharge of Barbara Kusence, January 3rd, 77. On the other, in even sloppier pencil, it reads, with no punctuation: "Dr. [?], If this man's wife is fit to be discharged let him take her home otherwise keep her." I was there to look at intake forms, but this haphazard memo stunned me for a moment. It's rare that nineteenth-century asylum superintendents addressed criteria for discharge, and perhaps this was why I was surprised. The little scrap of paper with its hurried handwriting showed the carelessness with which Barbara's caretakers made decisions about her life, the way that doctors and husbands exchanged women from one patriarchal institution to another. When patients were lucky enough to

survive the institution – and Packard's narrative notes the high number of suicides, unnatural deaths, and lifelong incarcerations – they were put back into the hands of their legal guardians. This was particularly true of women patients, like Packard, who were again in the hands of their abusive husbands, incarcerated in their own homes.

Packard spent her last few years at the asylum staging protests and collecting the narratives of other patients, which she published in the final chapters of her first volume. She was, at times, given the option to go home if she would release her land to her husband in writing—in other words, if she admitted defeat in the legal dispute that led to her incarceration in the first place. Packard rejected it on principle. After many years in the institution, she was finally sent home with her husband and son. Smith, similarly, attempted to leave the institution with her brother's signature, but the superintendent turned down her request because her husband was paying for her stay. Smith ultimately found her way out with the help of her son. The lack of formal design for the discharge process left the practice up to the discretion of doctors and husbands. It thereby made room for economic, patriarchal, and eugenic concerns to override patient wellbeing. In all of these cases, it was more financially lucrative for the authorities in question to keep these women incarcerated, and so they did, for as long as they could.

There were some successes in this story – Packard and Smith went home, and Packard's legal battle earned some recognition for patients' and women's rights. The folder of intake forms from Dixmont shows significant change between the 1870s and 1920s, favoring family history and patient interviews over authority discretion. *However,* we cannot tell these stories as a triumph over a single moment of historical violence – the women could still only leave with

the permission of a male family member, and the change in the forms reflects a different form of institutional violence: pseudoscientific eugenics based on family histories and demographics. As scholars and activists in and of our modern institutions remind us, psychiatric needs are still criminalized in practice across the US. The rise of asylums is only one moment in a long, vexed history of mental health care in the US that has consistently failed to serve some of the most vulnerable people. We need these memoirs and documents not only to acknowledge and avoid past miscarriages of justice, but to recognize that institutions like psychiatric hospitals were built to sustain a white patriarchy, and that the operations of that patriarchy turned what was intended to be a utopic solution for psychiatric patients into a carceral nightmare.

My thanks to C19 for welcoming me to tell this story, the Detre Library and Archives in Pittsburgh for their permission to use their materials, Michael Bérubé, Mike Hart, and Sean Wideman for their feedback on drafts, and my wonderful committee, friends, family, and partner for supporting me as I continue this research.