DENISE RUSSELL

WOMEN, MADNESS & MEDICINE

Women, Madness and Medicine

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Women, Madness and Medicine

For Judi Chamberlin and Jan Easgate, friends and survivors,
and in memory of Lena Barclay and Margaret Ellis

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Introduction

The focus of this book is on biological psychiatry, which is the loose grouping of theories and practices postulating a distinction between madness, mental illness or disorder on the one side, and sanity or normality on the other. The position is sometimes also referred to as medical psychiatry. Within this perspective there is a guiding assumption that the causes of mental illness or disorder are biological and that the treatments should be in that realm. I do not discuss psychoanalysis except for one important historical episode, Freud's change of mind on hysteria, and the contemporary views of Luce Irigaray, which are goldmines for insights on women. The great diversity of psychological theories and practices are not considered apart from the position of Phyllis Chesler, which is in any case closer to a philosophical account than a psychological one. Biological psychiatry is the dominant form of psychiatry in the Western world. Its influence spreads far beyond actual treatment. It informs our ways of conceptualizing most forms of human distress and eccentricity. It is pervaded with an aura of certainty which makes challenges difficult.

Women are also central to the discussion this book. It is women more than men who directly encounter biological psychiatry in treatment. Also the message of this approach reaches more women than men, for example, through a greater willingness to discuss personal problems with others. Thus the background influence of the psychiatric view of human existence is likely to be stronger than with men. Biological psychiatry has, on balance, produced more harm than good – an audacious statement perhaps, but one I firmly believe. Also given women's greater involvement with the field it is

they who have suffered the most. My belief in the harmful nature of psychiatry has motivated the writing of this book. However, the argument is less on explicitly moral grounds and more on the point that psychiatry is on the wrong track. Others have detailed the harms, for example, Peter Breggin's *Toxic Psychiatry*,[1] and the many first-person accounts of psychiatric treatment such as those by Shelagh Supeene[2] and Kate Millett.[3]

My angle of approach is epistemological in that I am concerned to undercover claims to knowledge, grounds for knowledge and methods for acquiring knowledge. My conclusion is that biological psychiatry is a degenerating research programme and that it is time to look in completely new directions if we want to understand mental distress. I consider the writings of Phyllis Chesler, Luce Irigaray, Virginia Woolf and Janet Frame as providing insights to such a direction, though the position I develop cannot be directly attributed to any of these authors. I do not deny the reality of human distress but I do question the usefulness or desirability of categorization. Also I believe that we need to go beyond the individual in seeking explanations of this distress.

To challenge the way of looking at certain phenomena is to invite terminological difficulties. To write about medical psychiatry's view of mental illness seems to imply that mental illness does exist. I want to resist that implication. Of course there are many people who are desperately unhappy, some who hear voices that others don't hear, etc. But is it appropriate or desirable to regard such people as 'ill'? This is one of the central questions of the book. When talking about phenomena that psychiatry claims are mental illnesses, I have made use of broad descriptive terms such as 'madness' or 'mental distress'. They are deliberately vague, not carrying a definite theoretical commitment, as the idea is to throw into question how we should regard extreme unhappiness, socially condemned behaviour and so on. Another related objective is to ask whether there is a division between sanity and madness. I conclude by arguing that there may be advantages in breaking this down.

Not many authors bring together the topics of psychiatry and women, but there are some excellent books which fill out various aspects of the argument below. For example, Yannick Ripa's *Women and Madness: The Incarceration of Women in Nineteenth-Century France*[4] and *For Her Own Good: 150 Years of the Experts' Advice to Women* by Barbara Ehrenreich and Deirdre English[5] detail the historical aspects of the link between women and psychiatry. Elaine Showalter moves the discussion almost up to the present day in *The Female*

Malady: Women, Madness and English Culture, 1830–1980.[6] Phyllis Chesler in *Women and Madness*[7] and Jane Ussher in *Women's Madness*[8] engage with a broad range of contemporary issues relating to women as psychiatric subjects.

1 History of the Relationship between Women and Psychiatry

Before the eighteenth century there were diverse views in Western culture about madness, with only occasional links to medicine. Even when doctors were involved in treatment, this usually had a non-medical character; for example, the Roman doctor Caelius Aurelianus advised that assistance given to the mad should be geared to their particular interests. Thus 'farmers should be engaged in conversation about the soil, sailors about the seas and illiterates about elementary topics. . . . And for intellectuals, disputations of philosophers were highly regarded.' A medieval doctor, Alexander of Trailles, recommended trickery to restore sanity. In one report he made 'a patient wear a leaden hat to "cure" him of the nihilistic delusion that he had no head'.[1] Until the eighteenth century, when psychiatry as a medical specialty looking at problems of the mind began to emerge, there was no consistent, widely accepted set of beliefs and practices within medicine concerning madness.

In the Europe of the Middle Ages and through into the sixteenth century, one collection of beliefs and practices connected madness to religion. The mad were thought to be possessed by the Devil or other evil spirits, and they acquired special knowledge and powers through possession. This was forbidden, evil knowledge, as it emanated from the Devil, and this forbidden element gave madness a certain fascination. Forbidden wisdom and access to 'the other world' were unattainable by the sane; madness was something fantastic yet inhuman and unnatural.[2] The mad were often expelled from villages and towns and left to wander the countryside or sometimes taken on board boats by friendly sailors. Assistance was

given by saints or in the names of saints. Walter Scott refers to this in 'Marmion':

> Thence to Saint Fillan's blessed well
> Whose spring can frenzied dreams dispel
> And the crazed brain restore . . .[3]

St Dympna had a special role. She was a seventh-century martyr who fled from Ireland to Gheel in Belgium to escape the incestuous desire of her father – a theme which will recur below. She was pursued by him and he struck off her head in his fury at her rejection. 'According to the legend, several of the "lunatics" who observed these terrible events were shocked into sanity.'[4] She then became the protectress of the mad, and positive changes were attributed to her intercession.[5]

By the end of the fourteenth century a link was forged in European popular imagination between the mad, heretics (those who rejected dominant beliefs, especially dominant religious beliefs), magicians, sorcerers, women who as midwives assisted at the delivery of stillborn infants, alchemists and astrologers. These people were grouped together, as they were all thought to be possessed by evil spirits, and their works were regarded as works of the Devil. This grouping in the imagination was to serve as the basis of widespread persecution in the witch hunts of the fifteenth and sixteenth centuries. These persecutions affected thousands of men, women and children, but women suffered the most. Apparently it was believed that women, among all those possessed, were a greater source of evil.[6] In the seventeenth century, forces opposing the witch hunts from within the law, medicine and religion gained ground. In a certain sense witches ceased to exist, not because they had all been burnt, but because the conception under which some people could be so perceived had changed. If it is not thought possible for the Devil to take control of humans, then there can be no witches.

Another notion of madness gained popularity in the Renaissance and developed alongside the above ideas. This linked madness and folly, divorced it from any religious connotation and applauded the mad as moral satirists. Folly involved a type of immorality but a human weakness not indicating the hand of the Devil. Folly is a moral failing with a positive side. It mocks the constraints of reason and in so doing brings pleasure. According to Erasmus' *The Praise of Folly*, when folly speaks, she declares that 'it is from my influence alone that the whole universe receives her ferment of mirth and

jollity.'[7] Under this conception there is no clear distinction between the mad and the sane. There is no imperative for a special form of treatment or social isolation.

This gentler understanding of madness lost out to the influence of the ideas grouping the mad with other social outcasts all accused of serious immorality. During the mid-seventeenth century, economic crises and rising unemployment throughout Europe brought in a new era. In France repressive institutions of detention were set up to curb the consequent dissatisfaction and agitation. The mad were herded into these institutions along with beggars, drunks, vagabonds, other poor people and petty criminals. Foucault argues that similar institutions existed or were set up in England, Holland, Germany, Italy and Spain[8] and that a new conception of madness arose which was linked to this social practice.[9]

The detention centres operated throughout Europe on a massive scale from the mid-seventeenth century to the end of the eighteenth century, a time called the 'Classical Age'. The inmates fell under a general categorization, not as mad or criminal, but as 'unreasonable'. The category has now fallen into disuse, but at the time it served as a description to cover actions, thoughts or states of living that 'went against reason'. Madness was only one such state. Unreasonable ways of life were thought to be freely chosen and immoral, with the failing of sloth figuring prominently.

Towards the end of the eighteenth century in France, economic conditions were such that more people could be absorbed into the workforce. Industry was growing and needed more workers. This led to pressure to release the inmates of the confinement houses such as Salpêtrière and Bicêtre in Paris – at least those who were able and willing to work. Foucault argues that there were changing ideas about poverty. It was no longer regarded as a personal responsibility.[10] In earlier times merely being poor could be a basis for one's detention in a confinement house, but in the late eighteenth century this ceased to serve as a rationale. However, refusal to work still operated as a ground for confinement.[11]

Also during this time there were protests about the detention of the mad with the other prisoners. Some thought that the sane detainees deserved a better fate.[12] This operated as another rationale for the release of many of those who had been confined. According to Foucault,[13] when disease spread through some of the French towns during this period, the confinement houses and their inmates were thought in some vague way to be responsible. Just as the

image of disease and contamination had been associated with leprosy and leper houses centuries before, now this image became associated with the confined and the confinement houses.

Foucault claims that the disease image that was associated with the confinement houses provided doctors with an entrance ticket. Yet the doctors did not enter these institutions in a strictly medical capacity, nor was the disease image a strictly medical one. Rather the disease was considered as a type of moral corruption and the doctors acted as moral guardians, not bringing about a medical cure, but working on the source of evil to prevent its spread throughout the city.

Although many people were released from the institutions into the workforce, detention of the mad continued. In the nineteenth century public asylums were set up in Europe and the United States usually under the control of doctors. Why was it doctors who headed these institutions? And why did doctors become the appropriate experts to turn to for help with problems of madness outside the institutions?

The medical interest in madness at this time cannot be explained by some new theoretical breakthrough which made it clear that madness should be regarded as a medical problem, divorced from the earlier associations. Nor were there new empirical discoveries that pointed to this conclusion. Rather doctors started to enter the field in significant numbers and then tried to develop theories and empirical results to justify the move. Several factors seem to have been important in explaining the medical takeover, and their relative weight varied in the different European countries and the United States. The weakening power of the Church and the rise in the importance of science meant that a more scientific and less theological understanding of madness was desired. In the nineteenth century there were moves to improve medical education and put it on a more scientific footing. A further point, stressed by the modern feminist writers Barbara Ehrenreich and Deirdre English, is that the cultural framework of the time was one which equated science with goodness and morality.[14]

Medical practitioners were also concerned about their social status. A nineteenth-century English doctor commented that the clergy and lawyers were regarded as equal to the gentry but that only some doctors had this status.[15] Another consideration was the oversupply of doctors, at least in England[16] and the United States.[17] The conceptualization and treatment of madness would have pre-

sented itself as a new area for the evolving medical science. It provided a fertile ground for theorization and experimentation, and in the private sector it secured a good income.

There were moves to develop classification schemes to give a rationale for segregating the mad from the sane and placing the former in asylums. Doctors had had a long history of developing such schemes for physical medicine. So it would have seemed appropriate that they develop classifications for mental medicine also.

Many of the forms of madness isolated in the nineteenth century could loosely be called 'women's complaints', which in previous centuries were commonly dealt with by female healers. However, as an aftermath of the witch hunts, these healers were discredited – another factor opening up the sphere to male doctors.

When doctors entered the field a new conception of madness developed but there was not a complete break with the past. Throughout the Classical Age, madness was regarded as a mixture of error and sin: the mad went against reason and, in addition, breached the moral norms. In European thought from the late eighteenth century on, the mad were no longer held to be responsible for their state of madness and ceased to be viewed as going against reason, as falling into some sort of error. Madness is now understood more as a disturbance of feeling and less as a disturbance of thought. The feelings are inappropriate, abnormal or immoral.

During this time the mad were no longer regarded as responsible for their state of madness, but they were subjected to moral condemnation if they refused to recognize their state or if they did not control the signs of their madness and so disturbed the rest of society.

In the nineteenth-century medical beliefs the unity of body and soul (mind) is broken down. This dualism of body and mind is mirrored in the different treatments advocated. In the Classical Age, cures for madness related to the whole person, even though these may appear to us to be merely physical or merely mental. Thus, for example, the consumption of bitters was thought to purify the soul as well as the body, and a theatrical or musical presentation to a mad person was thought to influence the soul and the body by its effect on the movement of the animal spirits. Under the new line of belief, cures that work solely on the mind were thought to be possible, for example, surveillance and punishment.

The acceptance of a mind/body dualism gave rise to a conceptual mess which still plagues psychiatry. The problem arises if we want