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Ciara E. Pruett  
*St. Mary's Academy*

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Institutionalizing Femininity: A History of Medical Malpractice and Oppression of  
Women Through 19th century American Mental Asylums

Ciara Pruett, St Mary's Academy

PSU Challenge US History, Joan Nyland

Abstract:

“Institutionalizing Femininity” explores the origins of the medicalization of gender norms in 19th century mental asylums. This paper examines the connections between rampant medical malpractice in 19th century American mental asylums, and how these abuses were a symptom of the patriarchy in the medical community acting to oppress the female psyche. One of the major issues this paper examines is the indistinguishability between psychiatry and gynecology in this time period. Gynecologists created the notion that women’s reproductive organs made them insane, by arguing that issues in the uterus or reproductive organs, or simply possessing female reproductive organs could cause insanity. These gynecologists may not have actually believed that the female reproductive system caused insanity, but instead used their status as medical professionals to create a narrative that upheld male dominance by creating a distinction between the “superior” male sex and the naturally insane female. The medical system of institutionalization also allowed husbands to have total control over their wives. In many cases, husbands could have their wives institutionalized simply for holding different religious beliefs and after marriage, assumed the legal rights of his wife. Beginning with the muckraking journalism of Dorothea Dix and ending with an examination of increased mental health legislation and the DSM’s creation of diagnostic categories for mental illness in the mid 20th century, this paper outlines the changes in medical malpractice and societal attitudes that have led to the formation and increased standards of modern medical practice.

Throughout history, mental illness has baffled and eluded society and medical professionals alike. The ancient Egyptians believed that mental illness in women was the result of a wandering uterus that could become dislodged and attach itself to different parts of the body, preventing their proper functioning. This disease of the uterus would later be referred to as *hysteria* by the Greeks, a word still used to describe mentally ill or emotional women in the modern day.<sup>1</sup> Because of the varying theories on the origins and nature of mental illness, American society has developed many different ways of treating those with mental illness. The asylum and the almshouse began to appear in the 16th century with its mission to confine the mentally ill, the poor, the unemployed, and the homeless, and separate them from the rest of society.<sup>2</sup> Most inmates were institutionalized against their will and lived in filthy, windowless rooms chained to the wall.<sup>3</sup> Information of the inner workings of these asylums was kept almost entirely secret from the public until the abuses of these asylums began to be revealed through journalism. One of the primary journalists that helped to inspire the shift from almshouses to specialized mental health asylums was Dorothea Dix. In the 1840's, she visited many asylums and almshouses in the state of Massachusetts and found that its detainees were "in cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience!"<sup>4</sup> After observing these abuses, Dix presented her findings to the legislature of Massachusetts and demanded that action be taken toward reform. Over the next forty years she lobbied to establish thirty-two state hospitals for the mentally ill, which would significantly impact their prevalence

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<sup>1</sup> Ingrid G. Farrera, "History of Mental Illness," *Noba*. Diener Education Fund, 2022, <https://nobaproject.com/modules/history-of-mental-illness>.

<sup>2</sup> Farrera.

<sup>3</sup> Dorothea Dix, "'I Tell What I Have Seen'--The Reports of Asylum Reformer Dorothea Dix. 1843," *American Journal of Public Health* 96, no. 12 (April 2006): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470564/>.

<sup>4</sup> Dix, 2.

in the late 19th and early 20th centuries.<sup>5</sup> Admission criteria in the time of Dix was simply that an ‘insane’ individual needed or would benefit from treatment. Typically, an immediate family member would propose admission and a physician would certify the admission for an indefinite period of time.<sup>6</sup> Under the Law of Coverture, a woman's rights were subsumed by those of her husband, therefore a husband could have his wife committed without a public hearing or her consent.<sup>7</sup> In this sense, the male-dominated medical system acted as an instrument of upholding the patriarchy. While the work of Dix helped to improve conditions and separate the mentally ill from the poor and criminals, specious criteria for admittance on the basis of insanity did not cease to target women until nearly a century later when more legislation was created to protect women’s rights. To be insane is to defy society and act irrationally and out of the norm. Because there was a much narrower range of acceptable behavior for women in society, a disproportionate amount of sane women were placed in mental asylums. Committing sane women to mental asylums was a form of incarceration and abuse that was not done with the intent of improving symptoms of mental illness, but rather as a strategy of the patriarchal psychiatric community to medicalize womanhood as inherently ‘hysterical,’ and characterize women as the mentally inferior sex.

In the 19th century, gynecology and psychiatric treatment for mentally ill women were synonymous because medical professionals believed that female insanity and hysteria were the direct result of issues with the reproductive system. There were various types of specialists in women's health whose specialties and fields of study overlapped due to the presumed connection

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<sup>5</sup> Honor Whiteman, “Dorothea Dix: Redefining Mental Illness,” *Medical News Today*, May 5 2017, <https://www.medicalnewstoday.com/articles/317321>.

<sup>6</sup>“Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice,” *Substance Abuse and Mental Health Services Administration*, 2019, Accessed June 5 2022, <https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf>.

<sup>7</sup>Civil Commitment and Mental Health Care, 3.

between a woman's uterus and her brain. Gynecologists specialized in the diseases of women, alienists (now known as psychiatrists) specialized in mental illness and ran insane asylums, and neurologists specialized in diseases of the nervous system and the brain.<sup>8</sup> While there was a substantial amount of scholarly debate on the level of interconnectedness of the uterus with women's mental illness, all three specialists believed the physical health of the body's systems was the primary determinant of mental health. In the 19th century, professor of gynecology W.O Henry stated that "a large majority of insane women have some pelvic disturbance as an important, if not a chief causative factor."<sup>9</sup> This quotation reflects standard gynecological ideology at the time, as it was published among many other similar medical opinions in an article titled "Can the Gynecologist Aid the Alienist in Institutions for the Insane?"<sup>10</sup> This notion was supported by the idea that women were most susceptible to mental illness during the three stages of change in the reproductive system: puberty, childbirth, and menopause.<sup>11</sup> Because issues of women's mental health were seen as centered around the uterus, treatment for female mental illness frequently involved removal of the ovaries or the uterus.<sup>12</sup> Women could be institutionalized for physical symptoms as minor as the lack of a menstrual cycle, a miscarriage, or the onset of symptoms of menopause.<sup>13</sup> Moreover, "nineteenth-century physicians, regardless of specialty, assumed that women and men were more different than alike and that the physiological differences between the sexes translated 'naturally' to different social roles."<sup>14</sup> The basis of gynecological research was founded on the basic otherness of femininity; it sought to

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<sup>8</sup> Nancy M. Theriot, "Women's Voices in Nineteenth-Century Medical Discourse: A Step toward Deconstructing Science," *Signs* 19, no. 1 (1993): 7-9.

<sup>9</sup> Theriot, 5.

<sup>10</sup> Theriot, 5.

<sup>11</sup> Theriot, 6.

<sup>12</sup> Theriot, 6.

<sup>13</sup> Katherine Pouba, "Lunacy in the 19th Century: Women's Admission to Asylums in United States of America" (University Of Wisconsin, 2007), 100.

<sup>14</sup> Theriot, 9.

describe and justify how physiological differences between men and women made women the inferior sex. By claiming basic female body parts to be the cause of insanity, gynecologists promoted the idea that women became mentally ill simply due to the nature of being female.

There was no true checklist of symptoms of insanity, rather a woman's institutionalization was frequently at the whim of her husband or male relative's choice to declare her insane. A study which collected data from the Mendota Mental Asylum between the years 1860-1900 examined the causes of insanity among institutionalized women. Diagnosable causes included: religious fantasy, overexertion, mental excitement, heredity, childbirth, domestic troubles, but most common was "an insanity by unknown causes."<sup>15</sup> These "unknown causes," however, were frequently simply a code for domestic issues.<sup>16</sup> Women had no authority over important life decisions; in fact, simply a refusal to be committed to an asylum could be a symptom of insanity in itself.<sup>17</sup> One important example of a woman who was institutionalized by her husband is Elizabeth Packard. Packard was a teacher in Illinois and a mother of six, when in 1860, her husband committed her to a state hospital because she disagreed with his religious beliefs as a pastor.<sup>18</sup> The law in Illinois at the time stated that men were entitled to a hearing or trial to assess his sanity before being committed, but married women could be institutionalized at the request of their husbands, without any concrete evidence of mental health issues.<sup>19</sup> Under this law, Packard remained in the state hospital for three years. Upon release, Packard's husband imprisoned her in their home which led to her writing an appeal to a local judge who ordered a jury trial to determine Packard's mental state.<sup>20</sup> During the trial in 1864, she was pronounced

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<sup>15</sup> Poubu, 96.

<sup>16</sup> Poubu, 100-101.

<sup>17</sup> Poubu, 100.

<sup>18</sup> Poubu, 97.

<sup>19</sup> Mariana Brandman, "Elizabeth Packard," National Women's History Museum, Retrieved May 16, 2022, from <https://www.womenshistory.org/education-resources/biographies/elizabeth-packard>.

<sup>20</sup> Brandman.

sane, and thus given the opportunity to live separately (though not divorced) from her controlling husband.<sup>21</sup> This ruling marked one of history's first turning points in both women's rights and asylum reform. What was made out to be both a legal and medical issue was truly just a domestic power struggle between Packard and her husband in which Packard's status as a woman was weaponized against her. Despite winning her own personal battle against the institution of the mental asylum, Elizabeth Packard continued to advocate for married women's rights by lobbying to the state legislature and writing books about her personal story in order to garner the publicity necessary to create reform. One of the greatest victories throughout her lifetime came in 1867 when Illinois enacted a personal liberty law that necessitated jury trials in sanity hearings, limiting the power husbands had over their wives. This law led to similar efforts in the 1860's and 1870's in other states such as Iowa, Maine, Connecticut, and New York.<sup>22</sup>

Women had a very limited range of acceptable behavior within society, which contributed to their defiance, dissatisfaction, and subsequent declaration of insanity. Ideas of what it meant to be insane relied on the idea that the nature of womanhood is submissive and codependent, making any woman who did not adhere to these manners abnormal. Throughout history, the voices of defiant women have been silenced through threats of institutionalization. Many 19th century psychiatrists stood openly in stark opposition to women's rights. Physicians called women's rights activists "suffrage-shriekers" and "disgusting antisocial beings."<sup>23</sup> Some even linked equal legal rights, particularly suffrage, to the degeneration of society as a whole.<sup>24</sup>

Famous women's suffragist, Alice Paul, was imprisoned for picketing for a woman's right to

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<sup>21</sup> Brandman.

<sup>22</sup> Gerald N. Grobb, *Mental Illness and American Society, 1875-1940* (Princeton NJ: Princeton University Press, 1983), 47, <https://hdl-handle-net.proxy.lib.pdx.edu/2027/heb.05747>.

<sup>23</sup> Lauren Thompson, "'The Reasonable (Wo)man': Physicians, Freedom of Contract, and Women's Rights, 1870-1930," *Law and History Review* 36, no. 4 (2008): 783, <https://doi.org/10.1017/s073824801800041x>.

<sup>24</sup> Thompson, 784.

vote. While imprisoned she was threatened with mental institutionalization for leading a hunger strike in the name of women's suffrage.<sup>25</sup> While suffragists may have been the most visible example of defiant women of the time, women were also seen as defiant for speaking their mind in daily life, or refusing to adhere to typical gender roles. Women were only valued through their relationships with men: as a child, wife, or mother. Despite these expectations of motherhood, it was also taboo for women to express their sexuality or enjoyment of sex, as they could be labeled “insane by nymphomania.”<sup>26</sup> Any accusation of promiscuity, whether truthful or not, was sufficient to institutionalize young women.<sup>27</sup> Furthermore, there were mental asylums specifically for sex workers and promiscuous women known as Magdalene Asylums.<sup>28</sup> In these asylums women were given new names, forbidden to talk about their past or to their families, and forced to work in complete silence. Many lesbian women were also labeled as mentally ill, with doctors claiming that life without continued male interaction could cause anemia, irritability, and tiredness.<sup>29</sup> Overall, the defiance of the institution of marriage was a major offense. “If women were single, thus unsupported, they were likely to be seen as failures, and society did not expect them to amount to much.”<sup>30</sup> Because they already defied societal standards of womanhood by existing as an unmarried woman, single women faced greater prejudice in everyday society and were far more likely to be deemed insane for their failure to meet societal standards. By setting the standards of what it meant to be a sane woman as being self-sacrificing

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<sup>25</sup> Debra Michals, “Alice Paul.” National Women's History Museum, 2015, accessed May 14, 2022, <https://www.womenshistory.org/education-resources/biographies/alice-paul>

<sup>26</sup> Pouba, 96.

<sup>27</sup> Theriot, 1-31.

<sup>28</sup> Emma Millar, “Sex and the Asylum: Imprisoning Inconvenient Women,” *Dirty, Sexy History*, last modified October 10, 2018, <https://dirtysexyhistory.com/2018/10/10/sex-and-the-asylum-imprisoning-inconvenient-women/>.

<sup>29</sup> Millar.

<sup>30</sup> Pouba, 96.



and complacent, psychiatry acted as a means to enforce social norms and the subservience of women.

Married women, however, did not have it much easier and were challenged with dodging symptoms of insanity that were the byproduct of being an overworked and undervalued member of her household. Of the women deemed insane on the grounds of overexertion, their families often consisted of seven or eight children.<sup>31</sup> Having numerous children (often within a short period of time) often took both a physical and mental toll on a woman because of the changes her body went through.<sup>32</sup> Data collected from the Mendota Mental Asylum in Madison, Wisconsin, between the years 1860-1900 provides multiple examples of this phenomenon in documenting observations of admitted patients. One such patient was twenty-two when she had her first child and experienced an attack of incoherence accompanied by a constant fear her child was being hurt.<sup>33</sup> She was declared “insane by childbirth,” which referred to a woman’s inability to handle childbirth and motherly duties- the equivalent of modern postpartum depression.<sup>34</sup> Additionally, marriage frequently meant the loss of any personal time, a life of monotonous household labor, and isolation from all except her husband and children. Unsurprisingly, this way of living frequently caused symptoms of depression in married women. Women could also be admitted for experiencing depression after the death of a loved one. Essentially, any emotion that inhibited a woman's ability to single-handedly manage household duties or please her husband was considered unnatural. Once married, women were the possessions of their husbands. Any faltering in her ability to perform her womanly duties was not seen as her human body being overworked, but rather a possession in need of fixing through institutionalization. Under the Law

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<sup>31</sup> Pouba, 98.

<sup>32</sup> Pouba, 96.

<sup>33</sup> Pouba, 96.

<sup>34</sup> Pouba, 100.

of Coverture (a state regulated statute adopted from English law), a woman's rights were claimed by her husband upon marriage, therefore a husband could have his wife committed without a public hearing or her consent.<sup>35</sup> Whether or not a woman adhered to traditional standards of femininity did not matter because ultimately her future was in the hands of the male sex that fundamentally did not see her as fully human.

Despite the dominance of men in the medical profession, women psychiatrists existed in the times of early asylums and frequently challenged their male counterparts in their uterus-centered views of insanity. Physicians such as Amelia Gilmore (resident physician at the Philadelphia Hospital for the Insane in 1893) and Anne Hazen McFarland (medical superintendent of the Oak Lawn Retreat for the Insane in 1890) did studies on the relationship between kidney disease and insanity in asylum populations, challenging the gynecological perspective that women's reproductive organs were the only ones implicated in women's insanity.<sup>36</sup> One study of 450 asylum patients conducted by Mary E. Bassett in 1899 found there to be no apparent relationship between pelvic disease and mental disturbance.<sup>37</sup> Instead, Bassett proposed a situational view of mental illness that it was women's lives that contributed to their mental problems (if any), and the monotony of thought involved in domestic life. This study also challenged the notion that higher education in women could weaken mental health. Women physicians argued instead that it was a lack of purpose or direction in life that was the biggest detriment on mental health, and proposed solutions such as "self-care," rest, and the friendship of women.<sup>38</sup> However, their research was not publicized on a wide scale and their findings would not be validated within the medical community because they came from women.<sup>39</sup> In fact, many

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<sup>35</sup> Civil Commitment and Mental Health Care, 3.

<sup>36</sup>Theriot, 10-12.

<sup>37</sup>Theriot, 10-12.

<sup>38</sup>Theriot, 32.

<sup>39</sup>Theriot, 14-17.

male gynecologists throughout the 19th century sought to eliminate the female physician by arguing that women's menstrual cycles rendered them biologically unfit to practice medicine.<sup>40</sup> Essentially, female psychiatrists were discriminated against on the very basis of the medical practice they refuted.

Many physicians and gynecologists that argued insanity as the physical result of women's reproductive organs or defiance of gender norms owned asylums and had economic motivation to institutionalize women for basic issues of physical health. Standardized medical practice and licensing would not become common until the 20th century, creating a high variability in treatment and criteria for diagnoses among individual insane asylums. Asylum superintendents frequently had very little education in the medical field, and some asylums were criticized for being established and run by individuals not belonging to the medical profession.<sup>41</sup> In fact, there was little scientific data that actually supported the assertions made on female insanity. Recorded dialogue between 19th century alienists, psychologists and gynecologists suggests that alienists found no relationship between women's reproductive organs and 'mental alienation,' but rather thought that it was simply "logical" that the disease of women's reproductive organs may cause physical derangement.<sup>42</sup> Additionally, owners of private mental asylums that did not receive state funding directly benefited from the institutionalization of more women. The most common criticism of the private asylum was the conflict of interest of its owners. According to Jeffrey Geller of *The Psychiatric Quarterly*, "if one is profiting from the prevalence of the insane, he may not make an effort to promote an honest cure."<sup>43</sup> Moreover, psychologists, gynecologists,

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<sup>40</sup> Theriot, 14.

<sup>41</sup> Jeffrey L. Geller, "A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished," *Psychiatry Quarterly* 77, (2006): 1-41. <https://doi-org.proxy.lib.pdx.edu/10.1007/s11126-006-7959-5>.

<sup>42</sup> Theriot, 6.

<sup>43</sup> Geller, 6.

and asylum attendants frequently had neither the medical knowledge nor the economic motivation to diagnose women correctly. By reason of the ability of non-medical experts to dictate medical practice in asylums to generate profit, it is unclear whether many gynecologists of the time truly believed in the reproductive system as a causative factor for insanity, or simply sought to widen the definition of female insanity out of an economic self-interest to institutionalize more women.

Change, both in the asylums and in the medical community, would not come from scientists but rather when individual writers such as Nelly Bly and Clifford Beers revealed the abuses of mental asylums to the public. Nelly Bly wrote a series of articles in 1887 titled “Ten Days in a Madhouse” that detail her experiences as an investigative journalist working undercover to reveal the abuses at New York City Lunatic Asylum. Bly stated that though she feigned insanity to be admitted into the asylum, she “made no attempt to keep up the assumed role of insanity... Yet strange to say, the more sanely [she] talked and acted the crazier [she] was thought to be.”<sup>44</sup> Her articles not only revealed the abusive conditions of asylums, but the tendency of asylum workers and “medical professionals” to assume women to be insane simply because of their sex or ethnicity. After discovering and experiencing the shocking conditions of the Mental Asylum, Bly immediately published her articles in *The New York World* in what would become a nationwide exposé. Her articles led to a grand jury investigation, and for nearly one million dollars to be allocated to the budget of the Department of Public Charities and Corrections to aid in reforming criteria for admittance so that only the seriously ill would be admitted.<sup>45</sup> Her commentary on those targeted by asylums instigated the idea of not only a

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<sup>44</sup>Nelly Bly, *Ten Days In a Mad-House* (New York: Ian L. Munro, 1887), 4.

<sup>45</sup>Beth Winchester, “What Nellie Bly Exposed at Blackwell's Asylum, and Why It's Still Important,” Medium, April 26, 2016, <https://medium.com/legendary-women/what-nellie-bly-exposed-at-blackwells-asylum-and-why-it-s-still-important-4591203b9dc7>

reformed asylum, but a reformed manner of thinking about gender and mental health. Though her requests may not have explicitly called for the termination of sexist procedures of diagnoses, by creating more rigid standards for serious mental illness she protected potentially millions of sane women that might have been admitted to these asylums on smaller offenses. Similarly, while not a feminist reformer, Clifford Beers published a novel titled “*A Mind That Found Itself*” in 1908, which detailed his experiences while institutionalized in an asylum for three years, and the abuses he faced. His work quickly became a bestseller in the United States. Later, in 1909, he created the National Committee for Mental Hygiene, now known as “Mental Health America.”<sup>46</sup> This organization set the following goals: improving attitudes towards mental illness, improving services for those with mental illness, and working for the prevention of mental illness and the promotion of mental health. This committee “spearheaded legal reforms in several states, provided grants for research into the causes of psychiatric disorders, and funded training for medical students,”<sup>47</sup> and also produced a set of model commitment laws that were incorporated into the legislation of many states. Even after Beers’ death, Mental Health America continued to foster better mental health care in the 20th century, pushing for legislation such as the “National Mental Health Act” in the 1940’s.

Overall, the changes in criteria for admittance to mental asylums, and the brutal conditions of these asylums did not occur all at once, but rather as a slow accumulation of legislative and societal change over the course of a century. By 1910, private facilities had come under state oversight in eighteen states, and were required to be licensed in eleven.<sup>48</sup> This

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<sup>46</sup> “Mental Health America and National Mental Health Reform,” Mental Health America of Greenville County, Accessed May 16, 2022, <https://www.mhagc.org/history.php>.

<sup>47</sup>Manon Parry, “From a Patient’s Perspective: Clifford Whittingham Beers’ Work to Reform Mental Health Services,” *American Journal of Public Health* 100, no. 12 (December 2010): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978191/#:~:text=In%201930%2C%20Beers%20organized%20the,International%20Committee%20for%20Mental%20Hygiene>.

<sup>48</sup> Geller, 7.

regulation made it much more difficult to become a mental health specialist or asylum attendant, and in turn contributed to a more medical versus gender norm-based understanding of women's mental illness. In 1918 the National Committee for Mental Hygiene, the American Medico-Psychological Association created the *Statistical Manual for the Use of Institutions for the Insane*, which created the first standardized nomenclature of mental illness.<sup>49</sup> It created twenty-two categories of mental illness that aided in the standardization of mental health diagnosis and paved the way for the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that is used in the modern day.<sup>50</sup> This meant that a woman would (in theory) have to be diagnosed as mentally ill in order to be committed to a mental asylum. Additionally, though the Law of Coverture was never truly abolished, the acquisition of women's property rights, as well as the right to vote, significantly diminished its power by granting further economic and bodily autonomy to women.<sup>51</sup> In 1951, the National Institute of Mental Health (NIMH) released a "Draft Act Governing Hospitalization of the Mentally Ill," which called for commitment decision-making to be solely the choice of medical professionals instead of family members.<sup>52</sup> Subsequently, many states established procedures for medical certification, establishing an individual's right to a hearing.<sup>53</sup> In 1952, the NIMH proposed two criteria for involuntary admission: that the person is likely to injure themselves or others, or is in need of treatment and

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<sup>49</sup> Shadia Kawa, and James Giordano, "A Brief Historicity of the Diagnostic and Statistical Manual of Mental Disorders: Issues and Implications for the Future of Psychiatric Canon and Practice," *Philosophy, Ethics, and Humanities in Medicine* 7, no. 1 (January 13, 2012): 2, <https://doi.org/10.1186/1747-5341-7-2>.

<sup>50</sup> Kawa, and Giordano.

<sup>51</sup> "Coverture: The Word You Probably Don't Know but Should," National Women's History Museum, Accessed June 5, 2022, <https://www.womenshistory.org/articles/coverture-word-you-probably-dont-know-should#:~:text=So%20what%20happened%20to%20coverture>.

<sup>52</sup> Kawa, and Giordano.

<sup>53</sup> "Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice," Substance Abuse and Mental Health Services Administration, 2019, Accessed June 5, 2022, <https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf>.

lacks the capability to make an application for admission. By the mid 20th century, women could no longer be institutionalized single-handedly for defying their husband or male family member if they were not considered dangerous.

Through the extent in which male gynecologists and other medical professionals insisted on female insanity as a facet of female physiology or the failure to meet gender expectations, it is evident that sane women were never truly institutionalized by mistake, but rather through purposeful diminishment of the female mind in order to maintain male social dominance. Insanity in early mental asylums was not defined by a diagnosable medical condition in women, rather its symptoms were acting in a manner that defied societal conceptions of femininity or womens' wifely expectations. From the abuse of power that male mental health specialists exhibited in using their status to enforce the patriarchy, it becomes apparent how the self-interest of sexist male medical professionals has significantly shaped medical practice and opinions on gender and sex. This overlap and indistinguishability of gender norms and mental illness is the direct result of this abuse of power. It is impossible for medical practice to be uninfluenced by gender because of the way that medical practice dictates power dynamics between the sexes. Though the systematic oppression of women through mental asylums has diminished through the development of legislation to protect the rights of women and the mentally ill, the effects of characterizing femininity as synonymous with insanity persist to this day and contribute to institutional sexism in modern society.

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