U Penn Conference: Citizenship on the Edge: Gender/Sex/Race. We look for the intersections of gender and sex with other variants of identity to define what citizenship means for those on the margins.

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Title: Madness and Violence in 19th Century United States

Connections between madness and violence – which have been present since the colonial era – remain common in the contemporary United States. Stories abound in the news and on social media of people considered "mentally ill," who have been both the perpetrators and victims of violence. Madness and violence find their way into discussions of mass shootings and other high profile murders, domestic abuse, and the treatment of prison inmates, suspected criminals, and people looking to law enforcement for help.¹ Race, gender, class, sexuality, religion, and power

are present in all of these stories – even if they are not always explicitly addressed or articulated. The specter of the racialized "violent madman" looms – in one way or another – over all of these stories. What does citizenship mean for those people considered both mad and violent?²

Psychiatrist E Fuller Torrey has made a career out of invoking violence in an attempt to legalize forced treatment, including drugging and involuntary commitment.³ Torrey’s 2008, *The Insanity Offense: How America’s Failure to Treat the Seriously Mentally Ill Endangers its Citizens*, is one of 20 books and more than 200 papers that he has authored in the 50 years since the publication of his first book in 1968. As a psychiatrist, "specializing in schizophrenia and bipolar disorder," as well as a founder and director of the well-funded Treatment Advocacy Center and Stanley Medical Research Institute, Torrey and the people he employees and funds through grants have been influential in passing laws in New York, California, and Florida, and at the federal level, with the 21st Century Cures Act (PL 114-255), which President Obama signed into law on December 13, 2016. Although Torrey has been openly and steadfastly critical of the United States’ failing mental health care system for decades, he has also been fiercely criticized for presenting not only a one-dimensional, overly reductive consideration of the causes of "mental illness," but also an exaggerated and alarmist assessment of the consequences of "untreated serious mental illness," which has relied heavily on the threat of violence.

Torrey – and a multitude of other actors – use violence to evoke or elicit affective responses from the community, law-enforcement officials, and legislators concerned with controlling and eradicating "mental illness," and committed to "serving" and "protecting" a certain class of US citizens. And while many of these actors publicly express sympathy toward people living with "serious mental illness," they often work to maintain systems of intervention that negatively affect the civil liberties all people living with psychiatric labels.

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³ Although he is sympathetic, he is steeped in the medical model. EXPLAIN E. Fuller Torrey, *The Insanity Offense: How America's Failure to Treat the Seriously Mentally Ill Endangers its Citizens* (New York: W.W. Norton, 2008). While Torrey may not be overtly racist, he is operating within a psychiatric system in the US that is fundamentally racist in its over-determination of black men as “schizophrenic.” See: Metzl, Jonathan. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, Mass: Beacon, 2011.
In this paper and in the chapter that will result from it, I wish to use a reading of US history informed by disability and mad studies to interrogate the gendered, raced, and classed articulations of madness and violence that have come to dominate discussions of "mental illness" in the 21st century. Violence figured prominently in the lives of 19th-century Americans as well, especially those who considered themselves insane, or were considered insane by the larger community. By looking back to the 19th century, particularly to the United States during the years between 1830 and 1880, I do not seek to make simple parallels or comparisons, or point to a "better" time and place for mad identified people, but rather to call into question and denaturalize what we think we know about violence and its relationships with madness. What I intend to show is that both violence and madness have a history and each operate on many levels simultaneously. Finally, I want to use this history to stress that any discussion of violence and madness must include mad people themselves.

Through this study, I seek to complicate existing histories of madness and mad people by exploring the everyday lives of mad people living in the shadow of the asylum. The book project from which this essay is drawn spans the years from the 1830s through the 1940s, the period in which asylums – both public and private – dominated the therapeutic landscape in nearly every section of the United States. The histories of mad people living during these decades – which were marked by significant changes over the 110 years covered in the book – include interactions and relationships with family, friends, the larger community, institutions and their employees, the state, work, sex, and violence. The five decades between 1830 and 1880, the focus of this paper, are especially instructive, in large part because more rigid, medicalized ways of understanding madness had not yet taken hold in politics and culture and the biomedical sciences had not yet seized their place of dominance in American society.4

By focusing on violence and its relationships with madness and mad people in the 19th century, I intend not only to offer a commentary on 21st century articulations of violence and madness, but also also to make interventions into social history of medicine, disability history, and mad and disability studies.

Social historians of medicine who have concerned themselves with the history of madness, asylums, and psychiatry have created a rich historiography over the last 40 years, but it is not without its limitations. However critical this work might be, it nevertheless remains rooted in a medical model of madness, and consistently privileges the voices and experiences of psychiatrists, jurists, family, and state or institution employees to the point of greatly obscuring, if not completely obliterating mad people’s experiences with madness.5

To date, the few histories that have emerged out of mad studies are teleological. Various scholars, who may or may not be trained historians, delve into the past in search of "mad pride" and forerunners to the mid-to-late 20th century mad people’s movement. These are a handful of what I would call "movement histories" situated in North America and the UK that, in their quest for heroes and heroines (and also villains and victims) gloss over the complexities of the lived

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realities of mad people's lives. And while Catharine Coleborne and Angela McCarthy, who situate themselves somewhere between history of medicine, disability history, and mad studies have – separately and together – produced innovative and eminently useful histories of asylums in Australia and New Zealand, they have yet to consider violence and madness.

Although their work remains incomplete, disability and mad studies scholars and authors have greatly expanded our understanding of how violence operates in the lives of mad and disabled people, primarily in more recent contexts. In works that focus on varied contexts in places throughout the world, mad and disability studies writers have offered eloquent and extended discussions of “curative” violence, symbolic violence, epistemic violence, and the daily micro-violences heaped upon mad and disabled people. When read within this expanded understanding of violence, it becomes apparent that focusing discussions of violence and madness on "violent offenders" (as Torrey does) – even in the most ostensibly sympathetic ways – is not only inaccurate, but also a powerful form of epistemic and symbolic violence that has far-reaching

6 See the historical essays in: Robert J. Menzies, Geoffrey Reaume, and Brenda A. LeFrançois. Mad Matters: A Critical Reader in Canadian Mad Studies (Toronto: Canadian Scholars’ Press, 2013); Helen Spandler, Jill Anderson, and Bob Sapey. Madness, Distress and the Politics of Disablement (Bristol: Policy Press, 2015). Geoffrey Reaume is arguably the most well-established mad peoples historian in the world. To Date, his work has been focused overwhelmingly on “mad patients” in Toronto. See for example: Reaume, Geoffrey. Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940. Toronto, Ont. [u.a.]: Oxford Univ. Press, 2000.


effects in mad peoples' lives, and in the lives of those people who occupy their communities, families, and support networks.

Mad and disability studies scholars have argued, moreover, that violence is imbricated with relations of power and that it, like madness, must be thought about and read intersectionally; as emerging out of, interacting with, and acting upon gender, race, class, sex and sexuality, religion, social and political structures, and material conditions. In *The Insanity Offense*, Torrey repeatedly refers to the story of Malcoum Tate, the large menacing black male schizophrenic, who we find out at the end of the book was murdered on a road side in South Carolina by his sister and mother because, in his sister Lothell Tate’s words, it was "the only thing [she] know to do." Malcoum Tate’s story, and others like it – many of which involve a mad perpetrator – are left hanging on the pages of *The Insanity Offense*, devoid of any historical, political, social, and material contexts other than the repeated refrain that these tragedies could have been prevented if mad people, and those who loved them, were able to "get help," in the form of forced drugging and commitment.

Mad and disability studies – and more specifically mad people’s history – can inform our reading of *The Insanity Offense*, as well as wider debates about violence, madness, drugs, and incarceration by expanding, contextualizing, and historicizing violence and madness, and by giving mad people – as well as those folks living under the weight of being called mad or insane but who do not identify as such – room to express themselves. [This is something that I am still wrestling with and deal more directly with in another chapter that I am currently working on for an edited anthology about Foucault and the GIP in the early 1970s.]

Yet, for all of its strengths, mad studies is reluctant to take on violence in more direct ways, especially when mad people commit violence. The usual retort is that the violent mad offender is rare and that more often mad people are the victims of various forms of violence. This is true, and it is a politically powerful position to take. Yet, remaining silent on the more controversial manifestations of violence leaves mad scholars and activists, as well as their allies, open to attack from psychiatrists and historians who remain entirely dismissive, if not hostile, to considerations of madness that see it as anything other than a biologically-based disease in need of remediation, cure, and ultimately eradication. Mad and disability studies scholars and historians need to continue to create strong counter narratives that present mad people as complex historical actors, but they also need to address the notion of "violence" as it is being articulated by Torrey and others who seek to strip mad people of their identity, their rights, and their dignity, and remove them from society.

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By exploring the experiences of mad people living in the 19th century United States, I want to take up the general idea put forth by Maria Liegghio that mad people’s expressions, assertions, actions, knowledge and experiences be taken seriously, even when they evoke fear or concerns about risk of harm to self or dangerousness to others, and situate that call within an expanded conceptualization of violence rooted in a historically specific context – an understanding that sees violence as always enmeshed in relations of power and state structures, and operating in many locations at once.10

Thinking about madness and violence in these ways has far-reaching implications for current debates, as well as work being done by historians and mad and disability studies scholars.

19th century madness and violence

One of the basic premises that we must acknowledge is that for most of the 19th century Americans did not believe in a "medical model" of madness – at least not in the way that we have come to know it in the late 20th and early 21st centuries. Sure, they thought of insanity as a "brain disease" and they frequently spoke of the superiority of 19th-century ways of knowing and treating over previous beliefs and methods, which they rooted in superstition and religion. Yet madness was not objectified or reduced to biology alone.11 These changes would come later, beginning in the 1880s. Before then, madness remained firmly rooted in its social and environmental contexts. 19th century Americans had a much more holistic way of thinking about madness that incorporated gender, race, religion, work, sex, alcohol, and any other number factors.12

11 Michel Foucault, The Birth of the Clinic: An Archaeology of Medical Perception (London [u.a.]: Routledge, 2010).
This broad conceptualization of insanity was not naïve, less sophisticated, or somehow less scientific than our more recent articulations, it was part of a 19th century culture that saw things, and people, as existing within an intricate social, biological, and environmental web.

Becoming insane was a situational and relational process, and like the institutions that came to dominate the American landscape by the end of the 19th century, one could move in and out of it at various points throughout their lives. Every American possessed the potential to become insane – just as every American possessed the potential to become violent.

The dominant mode of treatment – the asylum – remained porous for much of the 19th century. Especially during the 1830s through the 1870s, people moved in and out of asylums quite regularly. In any given year, half the inmate population would leave the institution and an equal number would enter it.

Insane people were mothers, husbands, brothers, sisters, sons, daughters, and friends. And if they were not enslaved, they were shop owners, respected professors, clergy, civil servants working in Washington DC, even revered explorers (Lewis). They served and became officers in the military. They could also be destitute, homeless, and friendless, left to wander.

Anecdotal evidence suggests that insane people moved about freely in the community and continued to be active members within their families and other social circles. There are examples where insane people lived among their family and friends and coworkers for months or years before being institutionalized, which was in most cases considered a last resort.

There is also ample evidence that asylum inmates and their families and friends sought their release from the institution so that they could return home. Although many abuses occurred and we cannot lose sight of that, it is unfair and inaccurate to argue that asylums were simply a dumping ground, or a means of social control in mid-19th century America.

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15 Historians of asylums have taken this more complex view of their place in 19th-century society since the 1980s. See: Dwyer, Ellen. Homes for the Mad: Life Inside Two Nineteenth-Century Asylums. New Brunswick, New Jersey: Rutgers University Press, 1987; Tomes, Nancy. A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883. Cambridge: Cambridge University Press, 1984. For the work most often associated with the social control thesis in the US context see:
Insanity and the asylum were permeable for most of the 19th century in part because recovery was not seen only as a removal of symptoms or even a significant diminishment of symptoms, but rather was measured by one's ability to maintain (or reestablish) social relations – even if those relations remained strained, or had to be reconfigured and reimagined to include mad people.

Insane people were not merely, and begrudgingly, tolerated or accommodated – or the opposite, punished, incarcerated, stigmatized, and removed from society. They were part of family and community life. Of course, a range of abuses, exclusions, and removals occurred. Yet in some ways – ways that I think are important and instructive – madness was more banal, more commonplace, in 19th-century communities. [The importance of religion]

And in some cases, mad people could be considered witty or charming.

As mad people would say themselves, they merely sought to live their lives.

All of this, however, should not distract us from the fact that insanity was considered the worst of all afflictions in the 19th century. Insane folks were often pitied and treated paternalistically. And many of them recount lives filled with suffering and torment, and not always at the hands of others.

Most of the stories of madness in the 19th century contain violence. What we see in the historiography are discussions of “patient” or “inmate” abused by physicians and attendants inside asylums, and the abuse of mad people by other members of the community outside asylums, as well as cases where people were unfairly or unjustly incarcerated by family, friends, and other community members who had alternative motives (other than their well-being) or sought to control them.

Violence took other forms as well. There is plenty of evidence of murder and suicide – among both women and men, as well as threats of violence made by insane people.

Claiming someone both violent and insane could also mean that they failed in any number of ways to maintain racialized, gendered, and class based understandings of proper deportment and decorum.

Violence and insanity operated on many levels simultaneously in 19th-century America. In some ways violence and insanity permeated 19th century life. President Jackson himself was shot outside the White House in a failed assassination attempt. The perpetrator deemed insane. Every day violence escalated as the sectional crisis intensified in the late 1840s and 1850s. John Brown was called insane by more than one person. The Civil War wrought unprecedented carnage. Racialized and other forms of violence continued throughout the reconstruction of the southern states. [The democratization of violence? Expressions of manhood? More efficient and effective ways to commit violent acts – guns for example.]

Using first-hand accounts left behind by people who identified as insane or were identified by the larger community is insane, as well as other primary documents, I intend to add depth and nuance to these already existing understandings 19th-century violence and madness: what reasons did mad people give for their actions? How did they perceive various actions taken against them? How did family members and the community perceive acts of violence? What kind of supports or remedies did they offer? Did women and men exhibit different forms of violence? Why? In what ways were the consequences of violent behavior gendered? What role did race, class, and ethnicity play in social constructions of violence and madness?

How might this analysis of 19th century madness and violence inform current debates?

While I have not written answers to all of these questions into this talk, I hope I have provided enough of an introduction to convey clearly my rationale for structuring the essay in the way that I have and also point out its relevance not only to several different bodies of literature, but also to current issues and concerns. I am happy to elaborate on any of the material presented here and answer any questions that you might have during the discussion portion of this panel.

Thanks.

17 John Brown?
18 Civil War?
19 Reconstruction?