Metaphysics of Mania: Edgar Allan Poe's and Herman Melville's Rebranding of Madness during the American Asylum Movement

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METAPHYSICS OF MANIA: EDGAR ALLAN POE’S AND HERMAN MELVILLE’S
REBRANDING OF MADNESS DURING THE
AMERICAN ASYLUM MOVEMENT

A Thesis
Presented to
The Graduate Faculty
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In Partial Fulfillment
of the Requirements for the Degree:
Master of Arts: English

by
Alexis Joyce Renfro
June 2017
CENTRAL WASHINGTON UNIVERSITY

Graduate Studies

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Dean of Graduate Studies
ABSTRACT

METAPHYSICS OF MANIA: EDGAR ALLAN POE’S AND HERMAN MELVILLE’S REBRANDING OF MADNESS DURING THE AMERICAN ASYLUM MOVEMENT

by

Alexis Joyce Renfro

June 2017

The “madman’s” place throughout history has tended to be a mystery on both ontological and epistemological levels. From the perception of the madman as a crazed oracle in the sixteenth century to the perception of the madman as a criminal in the seventeenth and eighteenth centuries, the nineteenth-century madman was even more difficult to define. Because insanity was deemed the inverse of bourgeois normativity and conservative moral standards, those categorized as mad in America during mid-1800s were institutionalized in reformed mental asylums, establishments which sought to homogenize human behavior through moral treatment. Both Edgar Allan Poe and Herman Melville drew upon the cultural construction of mental abnormality during their time and formulated mad characters that worked to destabilize the medical perceptions of madness as behavioral deviations from social normalcies, and instead portrayed madness as a pathological form of genius or knowledge. Additionally, these fictional depictions helped instigate the literary conversation about insanity by first illuminating the common societal misconceptions of the relationship between the asylum and the madman and by creating characters whose insights into their own insanities prefigured Freud’s
psychoanalytical theories on the subjects of the unconscious, repression, pathological grief, and talk therapy.
ACKNOWLEDGMENTS

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I am also colossally indebted to all of those with whom I have been able to experience graduate school, or my cohort. I thank you for sharing in our exchange of knowledge, reassurance, laughs, and sometimes tears. The friendships we forged are ones I will not forget.

Lastly, I want to thank Scott for being my rock. You listened while I vented all my worries, audibly read draft after draft, and continuously talked myself out of confusion. After all of that, you still seemed happy to brainstorm with me. And to Annie, thank you for giving me a reason to leave my laptop long enough to climb some mountains. Your toothy dog-smile truly kept me from going a little mad myself.
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CHAPTER I

INTRODUCTION: FEAR, FOUCAULT, AND FREUD

“The legalized usurpation of human rights is the great evil underlying our social fabric. From the corrupt center spring the evils of our social system. This corruption has culminated in the Insane Asylums of the nineteenth century.” (E. Packard, The Prisoners’ Hidden Life, or Insane Asylums Unveiled iii)

The mid-nineteenth-century populace’s view of the reformed American asylum was nothing short of spectacular. When asked to envision an asylum, contemporary thinkers tend to imagine a hauntingly ramshackle Gothic mansion lurking in the shadows. This conjured image is not necessarily incorrect: it exemplifies many of the pre-reformed asylums that existed prior to the 1840s, institutions that housed thousands of physically neglected, manacled people who were treated more like criminals than patients. The reformed asylum was something entirely different. Supposed majestic countryside paradises, these reformed asylums stood just outside city limits and were, more often than not, surrounded by perfectly-manicured green lawns and miles of forest or farmland on every side. The buildings were usually white or gray marble and were held erect by pillars reminiscent of old Roman symmetrical architecture, revealing a perceived link between mental and social hygiene and classical aesthetic ideals. They were visually pleasing but still stately, slightly sterile but still welcoming. In the years after their release, many ex-patients commented on the irony they felt regarding asylum façades, claiming that the buildings’ outer beauty only served to mask the vile realities from outsiders and highlight them for the ones stuck inside. One particular patient explained that outsiders were often so infatuated with the establishment’s architecture that they
“failed to see the invisible inscription written over its main door in inmates’ blood: ‘Who enters here must leave all hope behind,’” an ominous quote referencing the engraving arched over the gates to hell in Dante’s *Inferno* (Dwyer 9).¹ This dichotomy of the beautiful façade and the "unknowable" or "inscrutable" interior of the asylum constitutes a visual metaphor of mental illness in nineteenth-century American epistemologies. The combination of the intense fascination and medicalization of madness as a field for knowledge production infected the American social consciousness, and few people attempted to resist its power. The few who did often perceived madness in a radical way and deemed the reputation of the reformed asylum fallacious. Some of the most poignant and influential examinations of madness from the period can be found in the fiction of Edgar Allan Poe and Herman Melville, whose portrayals of mad characters provided both riveting and authentic dramatizations of mental illness, while also destabilizing common perceptions of madness and subverting the positive reputation of the reformed asylum, and even forecasting several of the cornerstones of Freudian psychoanalysis. Due to their vast knowledge regarding the subject of madness, many readers have questioned whether or not these unconventional authors experienced their own forms of mental instability. Some believe that for the writers to breathe life into such feral and frenzied characters, Poe and Melville must have understood insanity on a personal level.

Melville’s first encounter occurred when he was twelve years old when his father, Allan became severely ill and allegedly mentally deranged for the last three weeks of his

¹ Although Dwyer does not specify a name for the patient that made the claim involving the invisible inscription, Nellie Bly, a reporter who purposely got herself admitted to an asylum in order to write an exposé, made the same claim during her stay at Blackwell’s Island Insane Asylum in *Ten Days in a Mad-House*. Bly’s exposé is discussed in more detail in Chapter III.
life and would utter nonsenses loud enough to be heard through the house. Melville claimed to have gone into his father’s room unattended on multiple occasions during those last three weeks, visits which Paul McCarthy believes inspired the father character in the novel *Pierre* years later (2). Melville was not the only family member to witness and record Allan’s mental instability. Referred to as “maniacal” and “deranged” by his brother-in-law, Peter Gansevoort and his brother, Thomas, Allan’s behavior fit the diagnosis of nineteenth-century madness. In fact, the *Psychiatric Dictionary*, published in 1981, defines a form of delirium from which Allan may have been suffering. The definition reads, “[d]elirium one time used in a general way to indicate insanity, psychopathy, and almost any psychopathologic manifestation; now obsolete, such usage explains such apppellations as depressive delirium (melancholia), [and] persecutory delirium (paranoia)” (qtd. in McCarthy 4). Allan’s delirious mental state seemed to have dramatically affected young Melville. As previously mentioned, he describes a similar mental state within a central character in *Pierre*, but he also employs further references in his description of the narrator’s father in *Redburn*, as well as in his descriptions of Captain Ahab in *Moby-Dick*.

While his father’s instability clearly affected the young writer, it was not the only case of familial madness that Melville encountered. McCarthy explains that Melville’s mother, older brother, paternal grandmother, niece, and two cousins all suffered from various forms of mental derangement, ranging from melancholia to dementia (7). Considering the prevalence of mental illness in his family, Melville developed an interest in the diagnosis and treatment methods occurring around him. He practiced habitual and skillful use of dictionaries and encyclopedias and claimed that his favorite source of
knowledge for his fiction was *Penny Cyclopaedia*, “an English work which provided the writer with material for . . . *Redburn, Moby-Dick, [and] Israel Potter*” (McCarthy 14). Because he conducted comprehensive research for his fiction, referenced the common medical language regarding madness at the time in which he was writing, and experienced many family members’ institutionalizations, readers can assume that Melville spent ample time trying to understand the human psyche in order to accurately represent its potential shortcomings in his literature.

While his experiences with his family members’ mental instabilities plausibly influenced his desire to explore and write about insane minds, Melville’s relationship with his father-in-law, Judge Lemuel Shaw may have supplied the author with material for problematizing the line between sanity and insanity. Although he is known for having been Melville’s relative, Judge Shaw established his reputation by being the first judge to preside over a case using the McNaughton Rule, which originated from the case involving Daniel McNaughton in 1843, in order to determine the extent of a homicidal defendant’s sanity (McCarthy 53). Although his knowledge of the McNaughton rules is still questioned by authorities, Shaw is remembered for having clarified some of the confusion surrounding legal insanity by offering a definition of the defendant’s mental state: “the act was the result of the disease, and not of a mind capable of choosing: in short that it was the result of uncontrollable impulse, and not of a person acted upon by motives, and governed by the will” (qtd. in McCarthy 53). Due to the mediatized popularity of this court case and Melville’s close personal connection with Judge Shaw, the notion that the legal perception of insanity influenced the author’s characterizations in *Moby-Dick*, published only six years later, is deserving of consideration.
While Melville’s experiences with madness were primarily familial in nature, Poe’s experience with madness has historically been regarded as more personal. Poe’s teen years began rather well as he earned high marks in school and impressed his teachers with his cleverness and aptitude for education, but his later years were riddled with drinking, debt, defensiveness, and dejection, all of which contributed to the author’s melancholic reputation as he grew older. Known for his black attire and self-destructive tendencies, Poe experienced difficulty during his first several attempts to publish his short stories. It was not until he was hired at the *Southern Literary Messenger* that his writing began to gain popularity. Readers were intrigued with his nods to Gothicism and his macabre and even “unsavory” subject matter so much that Poe began to construct many of his stories in an almost formulaic matter, a formula which allowed him to create manifestations of aberrant psychological proclivities and to explore “the issue of man’s reaction to the unknown” (Hutchisson 51).

Poe’s narrowed study on abnormal psychology may have originated from his knowledge of the controversy surrounding court cases involving the insanity plea. Cases involving bargains for insanity grew exponentially during the 1840s, resulting in widespread social controversy regarding madness overall. In previous years, homicidal defendants who were found guilty were nearly always executed, so the idea of acquiring a murderer of his or her crimes on the grounds of insanity often led many to believe that insanity pleas were merely a method to avoid proper punishment. Two particularly controversial cases occurred in Philadelphia, where Poe lived from 1838 to 1844, and involved defendants, James Wood and Singleton Mercer. Wood pleaded not guilty by reason of insanity after murdering his daughter while Mercer pleaded not guilty by reason
of insanity after murdering his sister’s lover; both were acquitted after trial. Poe’s knowledge of these cases has been well established, and even one particularly long comment regarding Wood’s trial which “[appeared] in the 1 April 1840 issue of Alexander’s Weekly Messenger has been attributed to Poe” (Cleman 626). His knowledge of these heinous court cases and the faulty social perception of madness that came afterward seems to have encouraged his formulation of murderous maniacal narrators in several of his short stories.

Stories such as “Berenice” (1835), “The Imp of the Perverse” (1845), “The Tell-Tale Heart” (1843), and “The Black Cat” (1843) feature homicidal narrators who exhibit severe monomaniacal tendencies, and by emphasizing their obsessive, murderous behavior, Poe draws readers’ attention to both “right and wrong, [and] ethics and morals” (Hutchisson 144). The narrators are inquisitive regarding their inner perverseness and are confident in their executions of violence, and unlike the characters created by several of Poe’s contemporaries, who emphasized both contrition and repentance, Poe’s narrators rarely acknowledge feelings of guilt. As Hutchisson claims, “[they] do what they do not for moral reasons but for psychological ones” (145). His characters’ disregard of morality is also evident in Poe’s own philosophical preponderances regarding human capabilities. In a letter to James Russel Lowell, Poe contends, “I have no faith in human perfectibility . . . human exertion will have no appreciable effect upon humanity. Man is now only more active—nor more happy—nor more wise, than he was 6000 years ago” (qtd. in Hutchisson 161).

Contentions like these encouraged readers to question his mental state, but Poe’s manic behavior after his wife, Virginia fell ill is what caused many who knew him to
deem him insane. In the years following Virginia’s death, Poe wrote a letter to George Eveleth detailing that which he referred to as the “terrible evil” living inside him:

Six years ago, a wife, whom I loved as no man ever loved before, ruptured a blood-vessel in singing. Her life was despaired of. I took leave of her forever & underwent all the agonies of her death. She recovered partially and I again hoped. At the end of a year the vessel broke again—I went through precisely the same scene. Again in about a year afterward. Then again—again—again & even once again at varying intervals. Each time I felt all the agonies of her death—and at each accession of the disorder I loved her more dearly & clung to her life with more desperate pertinacity. But I am constitutionally sensitive—nervous in a very unusual degree. I became insane, with long intervals of horrible sanity . . . In the death of what was my life, then, I receive a new but—oh God! How melancholy an existence. (Hutchisson 209)

Poe’s supposed “terrible evil,” which caused him bouts of temporary insanity, affected him greatly in the years leading to his death. He instigated several drunken brawls, fell in love with unavailable women, and even attempted suicide. He eventually died under mysterious circumstances in 1849.²

Many readers have drawn parallels between Melville’s and Poe’s personal experiences with madness and their fictional madmen. Though I will not be investigating those specific parallels, I will be examining the ways the authors demonstrated their knowledge of the asylum community’s diagnostic and treatment tendencies, the

² Dr. John J. Moran listed the official cause of Poe’s death as “congestion of the brain as well as cerebral inflammation, or encephalitis, brought on by exposure” (Hutchisson 246).
controversy surrounding the use of the insanity plea in courtrooms, and the social perceptions of madness overall. By investigating their fiction in conjunction with the historical archive of the asylum reform movement in mid-nineteenth-century America, I will demonstrate the ways in which Poe’s and Melville’s characterizations stand apart from the literature of madness of the past and how they destabilized the prevalent social and medical perceptions of madness during the period in which they were writing.

In order to see this destabilization though, readers must first understand the perceived origins of madness within different social structures prior to Antebellum American fiction. In his study The History of Madness, Michel Foucault examines how Western societies have defined and treated those who have been deemed mad or insane in past civilizations. He begins by discussing the social treatment of the mentally ill throughout the fifteenth, sixteenth, and seventeenth centuries, noting the various and even hypocritical differences in how society determined insanity. Drawing upon Foucault’s work, Christopher Hunton claims that “the insane have been driven from a realm of emphatic and somewhat esteemed regard to a place of segregation and isolation” (63). Foucault claims that during the Renaissance, madness was perceived as inherent in human nature, a perception that led to more humane treatment from the local governments and people of authority, all of whom decided the fates of those deemed insane before madness was medicalized. For example, during this time, the “madmen” were often placed in the care of a boatman who would take them to various city ports. The boats carrying them were referred to as “The Ship of Fools.” Hunton explains: “[i]n a perpetual state of being loaded, unloaded, and loaded once more, the insane were continuous travelers. The journey lasted until the insane found permanent sanctuary or
until their last breath left their lungs” (63). Although civilizations were no longer responsible for their mentally-ill civilians, Foucault determines that this particular method was far more benevolent than methods used in the following centuries. While they were still alienated from society during the Renaissance, the insane were not forced to alter their mental states in search of some kind return to social normalcy.

Because social perceptions and literary representations tend to mutually inform one another, the literature of madness published during the Renaissance maintained the immense power to influence the public perception of madness. William Shakespeare’s madmen and women were notorious for spectators then and are easily recognized now. Drawing upon the themes of mental abnormality, crimes of passion, and the pressure of societal expectations, Shakespeare created his most noteworthy madmen such as Hamlet, King Lear, Othello, and Macbeth, all of whom portray madness as a reflection of the social and medical perceptions present during the time in which he was writing. What separated the Renaissance madman, both in real life and in literature, from future madmen was his cultural perception: he was neither viewed as an animalistic beast nor was he considered uncontrollably violent and dangerous. He may have been sequestered from society on ships, but he was not viewed as a host for a kind of mental infection that could spread to others. In other words, people did not fear coming into contact with him; rather, they merely believed he did not have a place within society, so they created a place for him on the ocean waters. This association between water and madness became a
widely recognized motif often utilized by Shakespeare during the Renaissance and by writers like Poe and Melville centuries later.\(^3\)

While madness in the sixteenth century was isolated, it was not considered threatening. By the seventeenth century, however, madness became viewed as an alien force that required outside intervention in order to vanquish it. Rather than placing the mentally ill on lifelong journeys around the world, societal members now quarantined them in asylums where “they [were] stripped of their humanity, [but] . . . not yet treated as sick” (Hunton 64). This new isolating social perception of madness occurred as a result of the Age of Reason, which was driven by both individual and national productivity. Because many of them could not fully or successfully participate in the workforce, the mad were institutionalized in asylums where they “were put to excruciating work, as to give purpose to the purposeless” (Hunton 64). Foucault explains that the most severe patients who could not labor in society often could not labor in the asylum, and as a result, were publically whipped or forced to perform plays for the entertainment of the masses. Society’s treatment of the mentally ill worsened in the following two centuries when madness was viewed as a kind of severe physical illness that required asylum physicians to perform novel treatments in search of a cure. Bloodletting, purging, and ice baths were a few of the most common treatment methods, and all were based upon the notion that mental stability stemmed from internal balance of an individual’s four liquid humors: blood, phlegm, choler (yellow bile), and black bile.

\(^3\)For example, Ophelia, in *Hamlet*, drowns in a brook after suffering severe emotional distress. Though the happenings of her death are shrouded in ambiguity, and both the characters in the play and outside readers never fully find out if she committed suicide or accidently drown, Ophelia’s death still bears some association with a mental breakdown.
According to Lynn Gamwell and Nancy Tomes, “[a] person’s character and general health reflected a preponderance in his or her body of one of these fluids . . . an imbalance could cause mental derangement” (15). If an individual demonstrated aggression and was prone to anger or violence, for example, he or she was believed to have excess yellow bile in his or her body. In attempt to restore balance, asylum superintendents would administer treatments that caused the individual to vomit, evacuate his or her bowels, and in more extreme cases, hemorrhage from a controlled wound.

The abusive confinement of madmen and women, along with extreme medical measures taken to prevent the supposed spread of insanity, made the perceptions of madness in the seventeenth and eighteenth centuries far more frightening than those found throughout the Renaissance. While the sixteenth-century madmen found refuge on the “Ship of Fools,” these later madmen and women were considered inhuman and contaminated with infectious and animalistic desires. They lived out their lives in vile conditions, freezing at night in their makeshift straw beds only to wake up and face agonizing experimental treatments in the morning. The hospitals’ extreme treatments stemmed from what Foucault refers to as “the great fear” of madness that outsiders predicted would infect all of humanity if these mental aberrations went uncured (353). Their rushed desire for a cure often had little to do with medical or psychological concepts, and instead, emphasized the necessity of getting patients to resume socially-sanctioned behavior.

While literature involving the four humors has existed since the comedic writing of Theophrastus, Menander, and Plautus in the Old Latin period, literature that drew upon
the medical and social perceptions of madness in the seventeenth and eighteenth centuries included references to the temperaments but more often emphasized the need to cure social abnormality. This emphasis is evident throughout Denis Diderot’s *Rameau’s Nephew*, a satirical text published in 1805, which gives insight into the cultural views surrounding mental and social malformations. The text is dialogic in nature and details a conversation between two characters. The speakers, only referred to as “Me” and “Him,” discuss subjects related to music, art, child-rearing, and socially sanctioned human behavior. The “Me” character describes the “Him” character as eccentric, untrustworthy, guiltless, and often immoral, and throughout their conversation, “Me” judges and resists the statements of “Him.” “Me” claims that his acquaintance must have “the concepts of honour and dishonor . . . strangely jumbled in his head, for he makes no parade of the good qualities which nature has given him, and, for the bad, evinces no shame” (3).

“Him” attempts to validate his shamelessness by emphasizing the notion that regardless of the extent of one’s morality while living, all humans still die the same death. Additionally, in between boisterous and quirky outbursts, he argues that those who try to live out their lives according to cultural moral expectations tend to be unhappier than those who embrace their desired vices. He explains, “I more often congratulate myself on my vices than castigate myself for them. [Society] is more consistent in [its] scorn” (58). The “Him” character’s beliefs regarding his own behavior reflect the disdain for immorality evident throughout the seventeenth and eighteenth centuries, and the desire to correct problematic behavior through institutionalization. Because this satirical piece called into question the cultural perceptions of the codependent relationship between morality and madness, Diderot anticipates the following century’s preoccupation with
moral insanity, a diagnosis that both Poe and Melville used to formulate their murderous, monomaniacal characters. Additionally, both Poe’s and Melville’s mad protagonists, like Diderot’s “Him” character, tend to acknowledge and revel in their psychotic mental states. While several other authors examined the perception of this infectious madness during the era of “the great fear,” *Rameau’s Nephew* provides a poignant segue to the treatment of madness in the nineteenth century in the reformed asylum and the literary dramatizations that followed.

Considering the drastic changes in the social perception and medical treatment of madness that occurred from the sixteenth to the nineteenth century, Foucault claims the notion of “insanity” or “madness” is a social construction rather than a precise psychiatric or scientific truth. He argues that the boundaries between madness and reason “have shifted from age to age in accordance with the wider cultural preoccupations at the time” (qtd. in Matthews 24). Thus, madness was a deviance from social normalcy, and confinement in asylums was the punishment for the subjects’ inabilities to “behave like good bourgeois citizens” (Matthews 25). If madness is, as Foucault suggests, a deviation from constructed social norms, then the idea of administering any kind of psychiatric treatment becomes questionable: social control disguised as medical treatment is severely problematic.

While it drew primarily from European archives of mental illness, Foucault’s investigation of the asylum in *History of Madness* can quite easily be taken across the

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4 For example, Ophelia, in *Hamlet*, drowns in a brook after suffering severe emotional distress. Though the happenings of her death are shrouded in ambiguity, and both the characters in the play and outside readers never fully find out if she committed suicide or accidently drown, Ophelia’s death still bears some association with a mental breakdown.
Atlantic and applied to the American Asylum. As seen with most other cultural
habituations in America, early asylum superintendents tended to refer to their English
predecessors in their medical diagnoses and treatments and focused primarily on
medieval physiology and the four bodily humors.

Although a primary focus within the medical community prior to the 1700s,
humorism was not the only widely held belief regarding madness. Cotton Mather, a
prominent Puritan minister “wrote some of the earliest and most original American works
on the subject of medicine” (Gamwell and Tomes 15). Alluding to the biblical Old
Testament story of humanity’s first sin—eating from the tree of knowledge of good and
evil—Mather, along with many other Puritan ministers and followers, believed that
“Satan sent devils to enter people’s bodies and . . . possess their minds” (15). These
allegedly possessed individuals were promptly labelled as mad and regarded as warlocks
and witches, and by 1692, “more than one hundred individuals had been accused, and
ultimately nineteen were executed” in the Salem witchcraft investigation (16).

While it grabbed the attention of the early Puritan New Englanders, Mather’s
literary integration of mental derangement and spirituality was not a novel notion among
other cultures in America during the seventeenth century. In American Indian traditions,
for example, “conditions such as hysteria, hallucinations, severe depression, and
demonic possession were familiar, if not common in many native tribes” (Gamwell and
Tomes 11). They would attribute madness to supernatural agents, and tribe members who
demonstrated “signs of physical or mental abnormality . . . congenital defect(s) . . . [or]

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5 Nathaniel Hawthorne’s great-great grandfather, John Hathorne, was a judge and chief examiner during the Salem Witch Trials.
extended hallucinations” were chosen to be shamans or healers within the tribe (13). The choice to elevate members who demonstrated mental peculiarities to the tribe’s chief medical figures reveals the vast cultural differences between the British and Anglo-American witch-hunting practices and the social construction of mental abnormalities among indigenous Americans.

These theories of medieval humorism, spiritual possession, or supernatural agents were later combined with more physical and scientific principles conceived by medical scientist, Benjamin Rush during the height of the American Enlightenment. Rush, inspired by Newtonian physics and organic chemistry, claimed that “all disease processes, including madness, stemmed from disorders of the vascular system” and could be treated by using a gyrator, “a horizontal board on which torpid patients were strapped and spun to stimulate blood circulation,” as well as through “copious [patient] bleeding and . . . purging enemas” (Gamwell and Tomes 32, 19).

Rush attempted to legitimize his theory that any disease in the human body could be explained by some rational, scientific logic and published the first major American treatise on mental illness, Medical Inquiries and Observations upon the Diseases of the Mind; however, he could not fully divorce his theories from the Christian system of beliefs that was so indoctrinated in his culture. He, like many others, believed any condemnation that came upon an individual was a direct result of personal immorality, and any consequent condemnation could manifest in various forms of insanity. Gamwell and Tomes assert, “[t]his revised religious outlook, together with the Enlightenment sense of personal freedom, led physicians to emphasize the individual’s personal responsibility for his or her own health” (20). In other words, patients’ choices to behave
immorally resulted in their sole responsibility for their own institutionalization: if they chose to be sinful, they must accept the possibility of insanity as punishment. This positing of mental illness as an option rather than a biological misfortune for individuals harkens back to Foucault’s theories of socially-constructed insanity. For Rush and many others who closely followed his work, “normal” mental health stemmed from good, biblically-sound behavior. For the average American, this good behavior would exclude aggressive emotional outbursts, prolonged unhappiness, non-genitive sexual intercourse (including masturbation, female orgasms, or sodomy), hallucinations, mental breakdowns, or acts of violence (Gamwell and Tomes 20).

Rush worked alongside physicians at the Pennsylvania Hospital, the first hospital in the thirteen original colonies established in 1751. Many of the colonies’ renowned leaders signed a petition written by Benjamin Franklin which “began with a reference to the growing number of ‘lunatics’ in the colony who ‘going at large are a terror to their neighbors, who are daily apprehensive of the violences they commit’” (qtd in. Gamwell and Tomes 20). The institutionalized patients at the Pennsylvania Hospital were given little treatment, and instead, were nearly always shackled to the walls of their cells by their wrists and ankles.

The cultural mindset that followed the American Revolution strongly relied on “rationality and civic responsibility of each and every citizen,” an expectation that intensified the threat of individual madness (Gamwell and Tomes 32). As more and more patients were being institutionalized, more asylums were required to house them. This increase led to the creation of mental wards in New York and Maryland Hospitals, as well as the McLean Asylum for the Insane. In these newly established mental wards, the
patients were treated as though they were more animal than human. In fact, Rush compared the patients to “the tiger, the mad bull, and the enraged dog” (qtd. in Gamwell and Tomes 32). His comparisons fueled the public’s curiosity so much that the asylums began to allow visitors to come and gawk at the chained patients as though they might have been at a circus. Occasionally charged a fee for admission, the visitors would watch as the physicians would “cajole, frighten, or punish the lunatics as if they were recalcitrant children” (Gamwell and Tomes 32). This system operated on multiple levels: firstly, the maltreated patients’ fear of punishment led to better behavior within the asylum walls, and secondly, the outside viewers’ fear of institutionalization caused them to avoid immoral behavior outside the asylum walls. Such an idea demands that the asylum superintendents function as the policemen of human morality within the late eighteenth-century American culture, an idea reiterated by Benjamin Reiss who claims that, “[a]sylum superintendents promoted normalization of one way of life and stigmatized those who stubbornly held to modes of conduct and expression that were outside of those norms” (Theaters 3). In this way, eighteenth-century American mental health became stringently reliant on the established cultural expectations of its time.

While his theories about the social construction of madness can be seen within the asylum communities throughout the eighteenth century, Foucault’s theories become particularly intriguing when applied to the asylum reform movement during the nineteenth century. The asylum reform movement was born into a time which Reiss defines as a “critique of [the] modernity” that accompanied the industrialization of the United States. The rise in insanity or madness was thought to have stemmed from some of the key developments of nineteenth-century life: the social dislocation from rural
farms to urban metropolises, the loss of emphasis on the necessity of nature, the fragmentation of social life due to the emergence of early capitalism, and the rejection of spirituality due to the new adoration of technology (Reiss, *Theaters* 124). Because America was becoming rich in both industrial and technological advancements, its workforce was intensified by the necessity of moving into closer living quarters within city limits where the majority of the jobs existed. People left their countryside farms and moved into inner-city complexes where they often were forced to share an apartment with another family competing for the same jobs, a competition which resulted in social dislocation amongst countrymen. Because they were still nowhere close to finding a physical cause for mental illness, the asylum physicians often blamed this social dislocation that occurred as a result of the Industrial Revolution.

The alleged symptoms that accompanied this industrial social dislocation often corresponded to asylum physicians’ categorization of three main forms of insanity: mania, dementia, and melancholia (Gamwell and Tomes 74-75). Within each of these forms, there existed numerous degrees of severity including “acute mania, acute suicidal melancholia, secondary dementia, congenital imbecility, primary dementia, general paralysis, and monomania of pride” (Bucknill and Tuke; qtd. in Gamwell and Tomes 74). For example, a patient suffering from acute suicidal melancholia would have been admitted to an asylum for demonstrating “extreme grief after the passing of a loved one,” accompanied with a lack of appetite and frequent blank facial expressions; these symptoms were thought to have stemmed from an excess of phlegm or choler, according to the prevailing humoral model (Gamwell and Tomes 65). A patient suffering from melancholia for several years may see his or her own symptoms intensify and reach the
realm of dementia. A physician’s description of an allegedly demented patient at Ward’s Island Asylum in New York stated that the patient was “dirty, stupid, and careless. His disease has lasted nineteen years, and followed melancholia” (qtd. in Gamwell and Tomes 75). Patients suffering from mania, however, could be admitted for demonstrating nearly any emotion with excessive enthusiasm. An illustrated diagnostic guide in *Types of Insanity* features a drawing of a man allegedly suffering from mania. In the drawing, the man appears to be dancing while maintaining a visage of anxiety. The description below the drawing explains, “[He] had been on the Ward’s Island for eleven years. He is incoherent and excitable, but quite tractable . . . [He] is clownish in his behavior and sings at the top of his lungs” (qtd. in Gamwell and Tomes 75). Often depicted in art with wild, glowing eyes, maniacs such as the man in the drawing were thought to be suffering from monomania or “soul-sickness,” an illness in which the patient becomes fixated on one particular idea to the point of obsession or even delusion (Reiss 126). While this specific drawing of the maniacal man captured aspects of his behavioral habits, most drawings of patients tended to concentrate on face and skull shapes. The diagnoses that stemmed from various facial and cranial shapes correlated with phrenology and physiognomy. According to Gamwell and Tomes, “[p]hrenology claimed that the cerebral cortex is divided into discrete regions, each linked to a specific personality trait, emotion, perception, or form of reasoning” (83). While phrenology stemmed from seventeenth-century philosopher John Locke’s notion of “tabula rasa” and grew rapidly throughout Scotland and Austria, the famous American phrenologists of the nineteenth century were the brothers, Orson S. and Lorenzo N. Fowler (83). After their publications of several influential psychological works such as *A System of Phrenology*, the Fowlers
would encourage the general public to improve upon their own mental and behavioral capabilities by paying physicians to “record and interpret their skull definitions” in order to better understand their functionalities (Gamwell and Tomes 83-88). Their study of the human skull, along with the physiognomic examination of human facial features, permeated popular culture throughout the mid-nineteenth century and interested authors like Melville, Poe, and Walt Whitman. These authors, like many others, believed that personality traits and behavior could be explained by the Fowlers’ phrenological and physiognomic charts, and Poe and Whitman even had the Fowlers conduct their own examinations. Within these studies, physicians were able to provide explanations for certain personality types and also predict behavioral tendencies; however, they still could not explain psychopathy.

While they still could not pinpoint the root causes of madness inside the human mind, by the mid-nineteenth century, the asylum physicians began to view monomania in a nuanced way. Rather than defining monomania solely as a delusional kind of soul-sickness, they incorporated aspects of a condition known as “moral insanity.” According to James Prichard, the influential English psychiatrist who coined the term, moral insanity is defined as a “morbid perversion of the feelings, affections, and active powers, without any allusion or erroneous conviction impressed upon the understanding; it sometimes co-exists with an apparently unimpaired state of the intellectual faculties” (qtd. in McCarthy 40). Because their madness was isolated to one subject, morally insane patients were only perceived as partially mad and often could function within society.

Along with their changing perceptions of symptoms, the asylum staff began implementing more progressive methods of treatment. While the Industrial Revolution is
often credited with the change in treatment because it allowed more citizens to see the inhumane treatment practiced at asylums. Gamwell and Tomes claim that reform of patient care developed in response to two cases of [patient] abuse in England (37). The first case involved the publicized story of an American named James Norris, a young sailor who was confined in twelve-inch chains from 1804-1810 in Bethlem Hospital (Bedlam), London’s oldest insane asylum. When asylum reformers found Norris, he had been unable to move more than a foot in either direction and had contracted a form of lung disease. Another case involved a young Quaker woman who died six weeks after she began her institutionalization in the Asylum for the Insane in York, England in 1790. Her fellow Quakers began to propose a more humane method of treatment, which they referred to as “moral treatment.” Within the practice of moral treatment, the asylum staff and physicians were to assume that “all mad persons retained their spiritual worth and some remnant of their reason; their ‘inner light’ could be dimmed but never extinguished by disease” (Gamwell and Tomes 37). By 1817, moral treatment had made its way to America. The Asylum for the Relief of Friends Deprived of Their Reason in Pennsylvania adopted the treatment method first and encouraged many other asylums to adopt its principles. The asylum staff discontinued their use of bloodletting and purging and instituted instead a “regime of exercise, work, and amusements (such as dances),” methods which stemmed from an overall expectation of the mad to behave in accordance with common social standards (38). Physicians believed that if they forced their patients to take part in conventional pastimes in a culturally virtuous environment, their sanity
would resurface. While they were implementing these more benevolent treatment methods, the asylum physicians still frequently used painful restraints on their patients.

Although the asylum physicians were still using restraints, the Asylum Reform led by Dorothy Dix in the 1840s helped pave the way for even more humane care for the mad by petitioning individual states to build and fund public mental institutions. Relying on dubious reports of “more than 91 percent” cure rates from private asylums implementing the use of moral treatment, the state of Massachusetts opened the first state mental hospital (Gamwell and Tomes 55). Though they boasted about their high cure rates among patients, these nineteenth-century asylum and hospital superintendents could not keep their patients’ insanity at bay for long. Released patients often returned to the asylums where they would receive moral treatment again and be released into society again. Such a system demonstrates the patients’ abilities “to internalize and reproduce the codes of behavior endorsed by the authorities,” which made moral treatment “a means to standardize human behavior” (Reiss 4). One cannot help but question if these patients were legitimately cured of their madness or if they were merely feigning sanity under the supervision of the asylum’s practice of social control.

Reiss attempts to answer this question by examining Foucault’s posthumously published lectures which sought to discover where and with whom “power” existed in the

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6 Contrary to this progressive reformation, the asylum was still severely problematic because it only extended its treatment to upper class citizens. According to Gamwell and Tomes, “the nineteenth-century medical theory uncritically incorporated and validated the social biases of the era which viewed male and female, rich and poor, white and black, as fundamentally different and unequal categories of humanity” (56). In fact, “nonwhites” were not even allowed to be institutionalized in “white” asylums, for the medical community believed that because the “nonwhites” were allegedly more barbaric and less civilized than their white counterparts, they did not warrant psychological help. This reinforcement of the social stratifications within the realm of the asylum corroborates Foucauldian theories of madness as a social construction with far more ease.
asylum. He concludes that what asylums “brought into being was the ‘procedure of continuous control’ over bodies and behaviors ... a story of humanitarian intervention is also a story of [human] domination” (11). In other words, while they had good intentions in their quests to promote both moral treatment and funding to improve asylum conditions, the antebellum reformers like Dix were furthering a system of social control disguised as medical care. They were successful in helping build more humane and hygienic facilities; however, their support of moral treatment merely reinforced established social norms and expectations. Rather than investigating the mental aberrations housed within the allegedly insane minds, these reformed asylums sought to control patients’ bodies and outward behavior.

This system of medical cultural control fueled the fear of madness in America throughout the nineteenth century, only undergoing slight changes with the introduction of hysteria and anorexia nervosa as symptoms of insanity, and as treatment methods, mesmerism, hypnosis, and electronically-controlled devices, including vibrating hairbrushes and corsets (Gamwell and Tomes 150-4). Throughout Europe, however, new steps were being made towards truly understanding the human condition. Sigmund Freud had based his study of human psychology on both patient observations and his own original mapping of the human unconscious. Throughout his research, Freud examined inner motives by pioneering novel ideas such as castration anxiety, the Oedipus complex, and psychological or abnormal repression. Freud gained popularity in the late nineteenth century, but slowly became dismissed as a mere “purveyor of outmoded beliefs” in the twenty-first century (Kramer 12). In fact, American psychiatrist Peter D. Kramer claims that schools of modern medicine only mention Freud’s work when learning the initial
principles of psychology, but argues, however, that “Freud was a hero on the order of Copernicus and Darwin, an explorer whose findings revolutionized humanity’s understanding of its place in the cosmos” (12). While it may be a less prevalent opinion among intellectuals now, Kramer’s reverence for Freud’s ephemeral but considerably influential psychoanalytical theories shook the foundations of the nineteenth-century American asylum and its morality-based diagnosis methods. Gamwell and Tomes explain that Freud’s theories had been dismissed by the medical community in Austria and claim that it was these first lectures in America that legitimized his presence in the psychological sphere. American asylum physicians embraced Freud’s theories, and only two years after his visit to Massachusetts, the American Psychoanalytic Association and the New York Psychoanalytic Society were formed. Both associations stipulated that the candidates could only be qualified to use psychoanalysis on patients once they had completed medical school and residency. Because pre-twentieth-century patients often relied on asylum physicians and superintendents who often did not have medical expertise, these new requirements significantly helped legitimize the American asylum community’s diagnosis and treatment methods.

While Freud did not bring the popularity of psychoanalysis with him to America until 1909, aspects of his theories can be found in Poe’s and Melville’s fiction as early as the 1840s, during the height of moral treatment and the asylum reform. While the portrayal of madness has been a recognized literary motif since the Middle Ages in works such as Shakespeare’s Hamlet and was also explored later on by Diderot and Mather, it was the product of rigorous study and was explored by Poe and Melville, who published over one hundred works of fiction from 1835-1856 and familiarized themselves with their
society’s definition of insanity and the symptoms that accompanied it. They used their knowledge to formulate characters who both demonstrated mad symptoms and destabilized the idea of social normalcy. What is intriguing about the characters is that although their madness can be categorized according to the asylum community’s diagnostic system, the characters’ mental capacities embody a kind of logic (or lack thereof) more closely aligned with the repressed unconscious, a theory which Freud did not publish until the 1890s. In this thesis, I argue that rather than embracing the asylums’ socially and culturally-constructed madness evident in mid-nineteenth-century medical communities, Poe and Melville created characters whose dispositions prefigure the emergence of Freud’s theory of the unconscious. Through the application of Foucauldian theoretical concepts and Freudian psychoanalysis, I suggest that each author’s fiction destabilizes the medical perceptions of madness as behavioral deviations from social normalcies, and instead portrays madness a pathological form of genius or knowledge. In order to demonstrate that suggestion, I will use Poe’s and Melville’s fictional depictions to suggest that the authors helped instigate the literary conversation surrounding madness by first illuminating the common societal misconceptions of the relationship between the asylum and the madman and by creating narrators whose metacognitive insights into their own insanities prefigured Freud’s theories on the same subjects.

Since its creation, the internal developments within the asylum have been always somewhat hidden from the public eye, and even in the years since its legitimization as an authentic medical establishment in the early twentieth century, many patient stories still remain shrouded in mystery. If nothing else, I hope that this thesis will reveal the problematic institutional methods and power structures that existed in the reformed
American asylum, an entity meant to provide more humane and benevolent treatment for the mentally ill, but which was, unfortunately, still a long way away from truly being effective or even helpful for patients.

I began this chapter by referencing the invisible engraving at the entrance of the Utica Asylum: “Who enters here must leave all hope behind,” a quote which seems rather fitting for the journey into the first chapter’s eerie setting: the New York State Lunatic Asylum at Utica.
CHAPTER II

ASYLUM POWER RELATIONS: THE OPAL AND

POE’S “THE SYSTEM OF DOCTOR TARR

AND PROFESSOR FETHER”

You are young yet, my friend... but the time will arrive when you will learn to
judge for yourself of what is going on in the world, without trusting the gossip of
others. Believe nothing you hear, and only one half that you see.
(Poe, “The System of Doctor Tarr and Professor Fether” 616)

Built in 1843, The New York State Lunatic Asylum at Utica was one of the
largest state-funded mental hospitals in America (Dwyer 8). Setting the stage for many of
the reformed asylums that were built in the years afterward, Utica was meant to function
like an empire with its “lofty pillars and gracious halls [constantly arousing] sentiments
of ‘grandeur’” for visitors and patients alike (8). Even with its architectural idealism,
Utica could not keep hidden its barred windows and high fences, features indicative of
both the methods by which patients were confined and the mystery surrounding the
system of power utilized inside. One of the most mysterious features of the American
asylum movement was the lack of knowledge among the mid-nineteenth-century
populace surrounding the happenings within the institutional walls. After feeling unable
to help mentally-distressed loved ones, families of patients would take their mad relatives
to asylums and then would expect to hear from them only infrequently through letters.
However, more often than not, patient letters either went undelivered or were tampered
with by asylum superintendents in order to control the information shared to outsiders.
This mysterious and guarded system led to many inquiries regarding the realities of
asylum life. Several asylum superintendents offered to answer these inquiries through the
formation of magazines written and edited by patients within their institutions in order to provide society with an authentic portrayal of how their systems functioned. Patients at the Hartford Retreat for the Insane published the *Retreat Gazette,* the patients at the Vermont Asylum in Brattleboro published *The Asylum Journal,* the patients at the Royal Edinburgh Lunatic Asylum published *The Morning-Side Mirror,* and lastly, the patients at the New York State Asylum at Utica published *The Opal,* which received public attention for nearly a decade (Reiss, “Letters,” 5-6). While these magazines seemed to satisfy public curiosity regarding the asylums’ secretive regimes at the time of their publications, contemporary researchers have questioned the magazines’ overall authenticity, suggesting that the patients who wrote and edited them were coerced into writing pieces that portrayed the asylums positively rather than truthfully. Taking this notion into consideration, one would have to look elsewhere to find an accurate portrayal of nineteenth-century asylum living.

While many of Poe’s and Melville’s fictional pieces offer nuanced and sophisticated portrayals of madness, Poe’s tale “The System of Doctor Tarr and Professor Fether,” published in 1845, is the first of the authors’ works to provide an illustration of asylum living through depictions of an outsider’s attempt to break through the air of mystery surrounding the institution. By examining Poe’s depictions of the inverted power structure in the asylum, the fictional patients’ ability to self-censor, the performative nature of madness and sanity, and the relationship between the madmen and knowledge and comparing them with publications in Utica’s patient-published magazine, *The Opal,* I argue that the patient-published magazines offer an unrealistic depiction of asylum life and that Poe’s fictional dramatization gives readers a much more genuine view of the
reformed asylum. Furthermore, by demonstrating the tale’s surprising veracity relative to *The Opal*, I suggest that the competing (and incompatible) ontological and epistemological constructions of madness were in fact the biggest shortfall of the mid-nineteenth-century American medical community.

One angle from which to look at the asylum system is to study those in charge, or the superintendents. According to Ellen Dwyer, once the construction of an asylum was approved by its state’s legislature, the asylum trustees would begin a national search for “[a]n active, charitable, conscientious man, of good sense and mild manners, with perfect self-command and thorough knowledge of human nature . . . whose benevolence can make the lunatic a companion and friend” (Dwyer 55). To asylum trustees and outsiders alike, superintendents were meant to function like “loving fathers,” with the patients acting as “the family writ large” (Dwyer 57). Dwyer points out, however, that superintendents often more closely resembled “biblical patriarchs than loving fathers” and that they would often spend more time building their political reputations over building relationships with their patients (56-57). Many well-known superintendents such as Amariah Brigham, who oversaw Utica during the 1840s, are more often remembered for their attention to “ensuring that daily routines ran smoothly” rather than “developing treatment programs” (55). They often furthered their studies regarding the various forms of madness through rigorous research but left the actual tending of their patients to their subordinates. For example, Dwyer points out that Brigham began his time at Utica by greeting new patients upon their arrival to the institution and taking frequent walks through the hallways but soon after left these responsibilities to the assistant physicians who quickly became responsible for “seeing as many as 300 [patients] in a day” (19).
While they worked long hours, the physicians experienced far more freedom than their subordinates, the attendants, because physicians lived in their own private quarters where they could converse and dine with only each other.

Similar to the physicians, asylum attendants worked up to sixteen hours a day; however, they lived in patient quarters and were only allowed to take leave for “half a day once a month, two evenings a week, and every third Sunday” regardless of whether they had medical, personal, or business reasons for requesting days off (Dwyer 17). They likely spent the most time with patients, feeding and bathing them daily, but were paid minimally for their efforts. Though they had little to no medical expertise, they were still expected to “offer moral guidance and psychological counseling” (64). Along with laborious standards and low wages, attendants seldom saw sympathy from overseers. For example, when an attendant suffered a nervous breakdown after tirelessly working with suicidal patients for nearly eighteen consecutive months, John Gray, the superintendent of Utica from 1854-1886, maintained that the attendant’s “lack of stamina” was the cause of her unstable mental state (Dwyer 18). Gray’s apathy provides a significant example of the flawed general diagnostic tendency.

While this specific incident exemplifies the unsatisfactory treatment experienced by asylum attendants, actual patients were likely the ones who suffered the most during their stay(s) at the institution. According to Dwyer, both Utica and the Willard Asylum for the Chronic Insane “classified patients on the basis of their self-control rather than their diseases,” so patients suffering from the same mental aberrations might be housed in completely different sections throughout the asylum, a housing system which could create problematic relations between patients (13).
Furthermore, as long as they were able, patients were expected to work; however, the individuals who maintained a higher socioeconomic stature outside the asylum, otherwise referred to as the “better grade” patients, were expected to sew and to complete other forms of domestic work while other “lower grade” patients were expected to complete manual labor outdoors. Other patients with illnesses such as syphilis and consumption “sat unmoving for hours and even years” (Dwyer 13). While it did not earn them any form of monetary payment, the industrious patients did earn a more comfortable life within the asylum, securing themselves time allowances to participate in activities such as card playing and sleigh riding. Of course, these allowances could easily be retracted if patients refused to exhibit control over their behavioral normalcy. Dwyer maintains that when patients failed to complete their daily chores or experienced a mental episode, they could be punished by being transferred to a ward with more violent or extreme patients (14-15). In this way, normative family and social class structures were reproduced inside the institution, which, in turn, contributed to making the reformed asylum a microcosm for a typical bourgeois normativity.

Although many patients claimed not to have minded their daily chores, the notion of having patients work alongside the attendants overseeing them was problematic because a patient’s ability to complete more complex daily tasks often led attendants to require more and more labor output; attendants sometimes even required the patients to do their jobs. Dwyer mentions that one patient would soil herself during the night “so much . . . [that] an attendant could not touch her,” so other more capable patients were expected to wash her (16). Additionally, patients would often form walking groups so
that they would be able to stroll about the garden but still be able to sustain each other should one of them have a mental episode.

Though they usually made asylum living a bit easier, these patient-patient relationships were not always compassionate. At Utica in 1883, a reported seventy-eight attacks occurred within a single day, including one patient’s fatality as result of his head being smashed by another patient wielding his chamber pot (Dwyer 23). A similar fatality had occurred the year prior when one patient planned to kill an attendant, steal his keys, and liberate all the other patients but accidently killed another patient instead. These patient-patient attacks often resulted in the perpetrator’s transfer to another ward, but in some cases, patients faced less punishment if their labor in the asylum workshop was considered necessary. One Utica patient who worked in the institution’s tailor workshop was caught paying younger female patients to expose themselves yet merely lost privileges for nine days because he was considered vital to the workshop’s progress (Dwyer 16).

According to Dwyer, superintendents regarded these attacks as “isolated events” and believed that outsiders’ knowledge of them would lead to a “flawed public image” of the work they did within the institution, but as the attacks continued and worsened, they became more impossible to hide from public view (21). Regarding the murder committed by the man who hoped to liberate all of Utica’s patients, for example, the superintendent at the time, John Gray, managed to keep the incident hidden from newspapers; however, a later-discharged attendant did not follow suit. His disclosure of the incident led to public scrutiny of Gray. Newspaper headlines declared, “‘Shocking Tragedy at the State and Asylum’ and ‘An Awful Crime Kept from the Public Four [sic] Weeks’” (qtd. in
Dwyer 21). Although he was at fault for attempting to conceal the story, Gray cannot be fully blamed for his effort. Reporters at the time paid very little attention to the day-to-day activities within asylums, and instead, only wrote stories when a violent attack occurred. Dwyer claims, “[reporters] preferred to focus on those terrifying random acts of violence most likely to titillate readers,” a statement which partially validates Gray’s attempt at concealment (22). The newspapers’ negligent reporting is emblematic of the cultural inattentiveness and ignorance regarding the happenings within asylums. While informing the public of the patient attacks was necessary, reporters would have needed to chronicle much more than mere violence to make their accounts authentic. This problematic media attention led superintendents to search for some other way to substantiate their medical efforts and their institution’s supposed success.\(^1\) Although they were careful to control the

\(^{1}\) Reporter Nellie Bly went undercover as a patient in order see first-hand how asylums functioned. Her exposé, *Ten Days in Mad-House* was published in 1887 after she spent ten days in Women’s Lunatic Asylum on Blackwell’s Island. Because she actually infiltrated the asylum in order to write from the perspective of an actual patient rather than relying only on exaggerated and violent stories, Bly represents an exception to the general pattern of reporting on the American Asylum. Her exposé does still portray the Women’s Lunatic Asylum quite negatively, but at least her readers know that her claims are substantiated.
information leaked to outsiders through patients’ letters and “attack” exposés, many superintendents endorsed the spread of patient-produced magazines into the public sphere. Utica’s *The Opal*, for example, came into fruition under Superintendent Nathan Benedict in 1851 and continued to be printed until 1860. According to Reiss, the magazine contained “a mixture of fiction, poetry, religious writings, dramatic sketches, occasional pieces, literary exercises, political commentary, patient memoirs, open letters, ‘healing’ narratives, and cultural critique,” and given the growing number of institutionalizations during the mid-nineteenth century, readers were enamored with the idea of reading what actually occurred in the minds of the patients (“Letters” 2). The contents of *The Opal* intrigued nine hundred subscribers within its first year, a number which continued to grow throughout the magazine’s lifetime (“Letters” 6). This growth led superintendents to model their magazine after periodicals like “*Graham’s, Godey’s Ladies Book*, and especially the *Knickerbocker*, the leading literary journal of New York’s elite” (6).  

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2 Poe worked as both a contributor and an editor for *Graham’s Magazine* from 1841-1843 (Hutchisson 108).
According to contemporary researchers, *The Opal* received such immediate attention from its readers because they were pruriently curious to read fiction produced by people deemed mentally insane. Readers’ demands became more flagrant once they started writing letters to the editor of *The Opal* requesting that he, a patient, offer his own definition of what truly makes a person insane. \(^3\) In one specific letter to the editor, the correspondent claims to be a Justice of the Supreme Court and writes to ask *The Opal*’s editor to aid him in determining if a man under trial should qualify for an insanity plea. \(^4\) The Justice attempts to validate his query by writing:

I understand that a number of insane persons are kept at the Lunatic Asylum; indeed, it is said, that you have a touch yourself. As therefore, you are fully qualified to advise me, and *as I should be sorry to order the poor fellow to be hung, if he is innocent.* (“Editor’s Table” *The Opal* 2.2 92)

While it is a radical example, this letter demonstrates the great intrigue that outside readers had regarding the minds of the institutionalized. The editor wrote a detailed response to the Judge’s inquiry, first acknowledging the Judge’s evident “anxi[ety] to learn,” then outwardly pondering whether or not the Judge knows “that idiots and lunatics were considered by the ancient wise men as worthy of special veneration,” and then suggesting that the Judge study past court cases as well as look into literature that probes madness such as “Beck, Calmeli, and Shakespeare’s ‘Hamlet’” (“Editor’s Table” *The Opal* 2.2 92).

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\(^3\) Female patients were not allowed to serve as editor for these asylum magazines.

\(^4\) One of the most significant insanity cases in the history of the United States involves a man named Abner Rogers, who murdered a warden during his time at Massachusetts State Prison. Rogers claimed that voices warned him that the warden would kill him, so he killed him first in an attempt to save his own life. Judge Lemuel Shaw, Melville’s father-in-law, presided over the case and ruled Abner not guilty by reason of insanity (McCarthy 52).
The editor’s response to the Judge’s inquiry is particularly noteworthy because he historicizes the madman’s place in literature in past centuries. By doing so, he suggests that literary representations of madness offer special insight into the nature of mental illness. Additionally, his suggestions indicate the editor’s wit, erudition, and overall mental capacity, characteristics which might actually undermine his medical diagnosis and institutionalization. Instead of giving the Judge the clear definition he is seeking, the editor playfully encourages him (and the rest of society) to spend time examining the epistemological distinction between madness and sanity.

At first glance, this interaction appears to place the anonymous, institutionalized editor in a position of power. He is the one with the sought-after knowledge, and he is the one answering the questions; however, the reason the Judge and other outsiders write to him in the first place is because even though he is clearly intelligent and intuitive, he has been reduced to an object under the constant scrutiny of the medical gaze. Therefore, the editor’s indirect response to the Judge functions as a form of passive resistance to that gaze; his refusal to answer the question could demonstrate a subtle form of independence after years of captivity. However, because asylum superintendents were admitting thousands of people previously considered to be sane, the plausibility of being diagnosed with mania, moral insanity, or melancholia grew uninterruptedly, so even responses like this one did little to destabilize the prevalent cultural perception of madness.

Consequently, this widespread fear of institutionalization fueled letters, like the Judge’s, to the magazine’s editor and propelled continuous readership overall.

Along with offering answers to questions asked through frequent letters to the editor, editors of *The Opal* would also write longer opinion pieces referred to as the
“Editor’s Table” in order to articulate the patients’ ruminations regarding their confinement, their asylum superintendent, and their own mental states. In one particular “Editor’s Table” piece, the editor touches on topics such as: outside visitors’ reactions to fellow inmates, the asylum’s successful treatment rates, the asylum’s annual Christmas performance, and the patients’ gratitude toward the asylum physicians and assistants. In the same piece, the editor defends his own ability to produce reasonable testaments despite his institutionalized state. He writes, “It is whispered in certain quarters of the outer world . . . that The Opal, being the production of cracked brains, may not prove very reliable . . . Now we, and we ought to know, say that no such thing will happen” (“Editor’s Table” The Opal 2.1 28). He goes on to explain that the writers and editors of the magazine will continue to answer readers’ questions as they come and offer advice when sought out. Then, in a sudden turn, he ponders:

Wonder what the world would say if we should take a fancy to have a revolution here. Still, we are a little too sensible, just at the present, to wish for any other than the ‘established order of things.’ Perhaps our views may change on this point, and we may, at some future day, go in for the enlargement of our personal liberty. (“Editor’s Table” The Opal 2.1 28)

Here, he seems to insinuate that he and his fellow inmates are fully aware that their civil liberties have been taken away from them, but that, at the present moment, they do not mind. Perhaps in the future, they will demand that their superintendent, physicians, and attendants allow them more free will, but for now, they stand by the asylum’s wish to impose upon them the “established order of things,” an imposition that reflects and reinforces the Foucauldian theory regarding “asociality” or “libertinage.” According to
Foucault, the confinement of humans deemed mentally deranged in the eighteenth century functioned as “the spontaneous elimination of the ‘asocial,’” meaning that all elements of a libertine mentality including “free thinking and the system of the passions” would be sufficient to alienate a person from society (79, 82). Comparing Foucault’s notion regarding confinement in the 1700s with the editor’s view of the asylum’s function in the mid-1800s, one can begin to see Foucauldian echoes forming on the pages of The Opal from the fingertips of an allegedly mad editor. Though he is being treated for mental illness, he appears to understand that his diagnosis, institutionalization, and treatment all stem from an “obscure social mechanism” that allowed society to banish all heterogeneous behavior (Foucault 79). What makes the “social mechanism” of the editor’s time unique is that it was under the guise of a reformed humanitarian effort and actually used the people it institutionalized as mouth pieces to capture the confinement experience.

While the information in the “Editor’s Table” pieces occasionally questioned the “personal liberty” granted to patients, more often than not, the writing that filled the pages of these mad magazines painted asylum living positively. The patients wrote of the games they played, the relationships they made, the walks they took, and the amusements they saw. They also wrote about the “humanitarian impulses” of their superintendents, physicians, and attendants, and at times, they even wrote about “dramatic cures of insanity” (Reiss, “Letters” 3). After reading all the uplifting and jovial writing within the magazines’ pages, even modern readers might be inclined to forget that these asylums functioned as pseudo-prisons created not only to confine and isolate the socially aberrant
but also to control and homogenize all human behavior. Reiss, one of the leading researchers to discredit the authenticity of the writing published in *The Opal*, claims:

One could easily forget . . . that the patients were subject to the physicians’ haphazard experimentation with serious drugs like opium; that their ‘cures’ for problematic behavior included cauterizing the genitals of masturbators; that attendants occasionally beat patients who challenged their authority; and that many of the patients themselves were violent, tore their clothing to shreds, smeared their faces with excrement, committed suicide, and ranted or sang out to their hallucinations into the night. (Reiss “Letters” 3)

These descriptions of daily life within the asylum are drawn from historical investigation into Utica’s and Willard’s recorded practices, which, in turn, leads Reiss to question the optimistic renderings written by patients. When the writing published in *The Opal*, bolstered by asylum superintendents, depicts mutually caring relationships between the staff and the patients, but the stories published in newspapers, withheld by asylum superintendents, depict asylum personnel objectifying and physically abusing patients, the claim that these magazines offer a truthful account of asylums is unrealistic. In fact, many critics have begun to view all asylum literature through a “neo-Foucauldian” lens, suggesting that instead of accurately illustrating patient life or the thoughts of madmen and women, these magazines worked to benefit superintendents on multiple levels: they soothed the public’s fears regarding the mystery that surrounded the asylum work; the magazines built up the public’s perception of the necessity and success of mental institutions; they reinforced the social hierarchy by only allowing the socially privileged to publish; they reestablished their power over their patients by dictating which pieces
could be printed, and lastly but most importantly, they enforced a tacit code of “ethical consciousness” and “self-policing” upon their patients (Foucault 138; Reiss 21). Because patients were punished for their inability to exhibit self-control and behavioral normalcy on a daily basis, they had to internalize the asylum’s codes of ethics, morality, and decorum. By refusing themselves the option to write about their symptoms or any negative treatment from the staff, the patients showed their ability to censor themselves, which makes their sane demeanors somewhat performative in nature.

The examination of individual patient cases more closely reveals this self-censorship or performative sanity. Reiss references a case involving a thirty-eight-year-old male doctor who, while institutionalized at Utica, wrote many published pieces and served as the editor for The Opal intermittently. Due to the protection of the patient writers’ anonymity, this doctor was only referred to as A.S.M. While A.S.M. was able to successfully edit other patients’ writing, formulate the “Editor’s Table” columns, and even produce many other publications within the magazine, the majority of his writing was never published: the reason being that A.S.M. spent much of his time composing on the actual walls of the Utica asylum (Reiss, “Letters” 19). When his writing was discovered by attendants, he was forcibly removed from the hall where The Opal contributors lived to a more violent hall and was only able to resume his editorial position

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5 Reiss claims that patient case notes “suggest that most who wrote for The Opal paid privately for their care and were well educated. They usually occupied the best wards of the asylum, and were often given positions on The Opal in part because their physicians recognized that they were unaccustomed to labor” (“Letters” 8).

6 Even though the pieces were published anonymously, Reiss was able to identify A.S.M.’s writing through references to earlier publications and the writer’s tone and style choices. He also reviewed the patient’s casebooks, which indicate that A.S.M. was responsible for at least a third of the “Editor’s Table” pieces (“Letters” 19).
after he exhibited good behavior. One cannot assume that his need to scribble all over the asylum walls stemmed from his inability to truthfully express himself through writing for The Opal; however, the fact that the asylum staff praised him for one kind of writing but severely punished him for another first suggests that there were indeed clear limitations on the magazine’s subject matter and also illuminates A.S.M.’s possible “struggle to express himself within the bounds of his physicians’ rules” (Reiss, “Letters” 20). This internal struggle encapsulates the dictatorial power of the institution over its patients and undoubtedly challenges the notion that these magazines offered an authentic look into actual asylum life.

While the veracity of the representations of the asylum depicted by the anonymous writers and editors of these mad magazines are disputable, fictional authors like Poe put forth their own representations, giving readers a much different view of asylum life overall. Published in 1845, Poe’s dark comedic short story “The System of Doctor Tarr and Professor Fether” offers one of the first fictional nods toward the American asylum movement by satirizing the systems of power within the institutions. The story is set in 1800s in the southern provinces of France.7 While traveling by horseback through the woods with his companion, the narrator realizes he is near a “Maison de Santé,” and wishes to meet the superintendent, Monsieur Maillard (613).8

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7 Although the story is set in an asylum in southern France, Poe composed it while living in New York, and his understanding of asylums plausibly stemmed from his curiosity of the American asylum reform taking place during his lifetime. In fact, Poe is thought to have formulated many of his homicidal narrators based on court cases involving the insanity plea from 1840-1850 (Cleman 632).

8 Similar to his formulations of his other fictional narrators, Poe does not specify the gender of his narrator; however, the fact that the narrator was riding through the woods with a companion he or she only met a few days before and felt able to indulge his or her curiosity of the asylum suggests that the narrator was most likely male.
His traveling companion, too afraid of the “horror at the sight of a lunatic,” tells the narrator that he will ride on alone as he does not wish to “interfere with the gratification of [the narrator’s] curiosity” (613). Before he rides on though, he agrees to introduce the narrator to Maillard, whom he met several years prior and who does not allow visitors he does not know to enter his institution. Both the narrator’s intense curiosity and Maillard’s secrecy reflect the regulations that accompanied the reform of the asylum; pre-reformed asylums would allow visitors to observe the chained up patients on the weekends if they paid the proper fee (Gamwell and Tomes 32). Once the reform movement occurred, however, only patients and asylum staff were admitted through the front gate.

Once inside the mad-house, the narrator describes both Maillard and the establishment in great detail. Maillard, he explains, “was a portly, fine-looking gentleman of the old school, with a polished manner, and certain air of gravity, dignity, and authority,” who was surrounded by “many books, drawings, pots of flowers, and musical instruments” (613-4). His descriptions of Maillard replicate those sought after by the board of asylum trustees in their job description for an ideal superintendent while his descriptions of the establishment reference many of the instruments used in moral treatment (Dwyer 55). Because the success of moral treatment relied on patients’ abilities to display socially-sanctioned or bourgeois behavior, asylums were filled with items like books and musical instruments to encourage patients to participate in refined pastimes.

While observing these items within Maillard’s parlor, the first person the narrator encounters is a young woman playing the piano and singing an aria. Wearing all-black garb and a mournful countenance, the woman appears excessively subdued, causing the
narrator to draw conclusions regarding her mental state. He contemplates, “I could not be sure that she was sane; and in fact, there was a certain restless brilliancy about her eyes which half led me to imagine that she was not” (614). During his brief conversation with her, he cautiously continues to ponder her sanity claiming that “[s]he replied in a perfectly rational manner to all that I said . . . but a long acquaintance with the metaphysics of mania, had taught me not to put faith in such evidence of sanity” (614).

The narrator only stops pondering her sanity once Maillard assures him that the young woman is his “most accomplished” niece and not a patient at all. The narrator’s inability to categorize the woman as mad or sane exemplifies the problematic diagnosis methods during the time that Poe was writing this story. The narrator’s initial attention to her sorrowfulness leads him to make assumptions about her mental state: he feels “a feeling of mingled respect, interest, and admiration” at the thought of conversing with an institutionalized melancholic but then feels embarrassed at his incapacity to detect mental instability in another person. This brief encounter illuminates the epistemological conundrum involving insanity during the asylum movement. If outsiders could not accurately recognize madness but still had the option to have their family members committed, then the plausibility of misdiagnosis becomes far more likely.

This cultural and medical epistemological conundrum continues to permeate the story as the narrator meets more people residing in the asylum. During dinner, Maillard introduces him to his staff members, twenty-five to thirty men and women whom the narrator describes as “people of rank” who act most “bizarre” (616-7). The narrator listens as the staff members tell stories of their past patients’ tendencies to believe themselves animals or inanimate objects including a donkey, a frog, and even a bottle of
champagne (618-21). The narrator, unsure if the eccentric dinner guests’ stories are true, wonders if Maillard has tricked him into eating dinner with patients. His curiosity regarding the mental states of his acquaintances echoes the widespread uncertainty regarding the definition of insanity in the social and medical spheres.

This ontological and epistemological conundrum is also reflected through Maillard’s disapproving explanation of the treatment methods implemented in the asylum, which he refers to as the “soothing system” (615). He describes this system by telling the narrator about the patients’ “amusements” that accompany the system. He explains that through their boasts of “music, dancing, gymnastic exercises generally, cards, [and] certain classes of books,” the patients are treated as though they were not suffering from any psychological ailment, and instead, are treated as though they were “normal” and respectable citizens. This soothing system mirrors Prichard’s moral insanity treatment, which was applied in all the reformed asylums. Because Maillard appears to detest this treatment method, Poe seems to insinuate that while the soothing system (or moral insanity) was more benevolent than previous practices, it was still ineffective.

After their narrations about the supposed past patients and the disadvantages of the previous treatment method, Maillard and the eccentric men and women at dinner are frightened by screams coming from deep within the mad-house and “grew as pale as so many corpses, and, shrinking within their seats, sat quivering and gibbering with terror, and listening for the repetition of the sound” (621). Although Maillard attempts to explain away the sounds by claiming that “[t]he lunatics, every now and then, get up a howl in concert,” the narrator shortly afterward discovers the true source of the screams:
incarcerated staff members. The dinner companions are actual patients who, under the
guidance of Maillard, have jailed the physicians and attendants in basement cells, and the
screams come from the staff members as they escape their confinement. The patients
playing staff members, frightened by the prospect of losing power once again, begin
acting as though they were donkeys, frogs, and bottles of champagne, revealing that
during dinner, they were actually referencing their own maniacal hallucinations.
Maillard, the most interesting patient of all, actually began his stay at the asylum as the
superintendent but later “grew crazy himself” and was consequently institutionalized by
his own staff members (626).9

Poe’s choice to invert the hierarchy of asylum staff and patients provides readers
with an interesting way to observe the power system within madhouses. Even though
they are positioned in the authoritative roles, the patients still exhibit sheer terror when
they hear the confined staff make noises from their basement cells. Their fear seems to
stem from more than just the freedom of the staff members; it seems to stem from a
genuine fright of the staff members themselves. Yes, they would likely receive
punishment for their insurgent actions, but their extreme responses to the mere thought of
the staff members escaping, “shivering and gibbering with terror,” suggests that they had
become accustomed to a system of punishment (621).

Along with proposing the notion of an existing system of punishment, this
inversion of the asylum’s power system also points to the “social mechanism” that

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9Poe’s choice to use the name “Maillard” may have been inspired by the French game, Colin-Maillard, which translates to “blind man’s buff.” The game is very similar to Marco Polo and involves one player being blindfolded before he or she searches for the other players. Because he characterizes Maillard as the primary liar or trickster throughout the story, Poe seems to be drawing upon the game’s premise.
existed within society that demanded the exiling of all asocial human behavior. This social mechanism is evident through the patients’ choices to stay in the mad-house even though they were free to leave after they jailed the staff. In an attempt to leave, Poe would have us imagine some small and plausibly unnoticeable voice in their heads reminding them that the world did not want their oddities—that although they may have overtaken the mad-house, or the “instrument of power” created to conform their behavior, the mad-house was, in fact, the only place they were welcome (Foucault 49). Foucault refers to these subconscious feelings as “correctional existence,” a term which claims that “the practice of confinement and the existence of men destined for confinement are almost inseparable” (106). In other words, the patients’ choice to stay in the mad-house may likely stem from their own socially constructed subconscious knowledge that they could not co-exist with non-patients and that their fate was to remain isolated.

Furthermore, by assuming the authoritative roles in the story, the patients, in order to earn more “personal liberty,” have enacted the “revolution” to which the aforementioned quotation from the “Editor’s Table” refers. Their choice to stay, however, demonstrates the bleakness that occurs post-rebellion: they may have achieved personal liberty within the asylum walls, but they are still outsiders in their own world.

In addition to enacting the “Editor’s Table” hypothetical revolution, the patients in this story, like the writers for The Opal, display their ability to self-censor. While the writing in the asylum magazines seldom if ever revealed any information regarding patients’ symptoms or diagnoses, the patients playing staff members in Poe’s story talked of nothing else. During their dinner conversations, they relay their own maladies one after another. Their ability to describe their own symptoms demonstrates their ability to
exercise metacognition by distancing themselves from their insanity. Maillard further reiterates this idea by explaining in a discussion with the narrator that:

A lunatic may be ‘soothed,’ as it is called, for a time, but, in the end, he is very apt to become obstreperous. His cunning, too, is proverbial, and great. If he has a project in view, he conceals his design with a marvelous wisdom and the dexterity with which he counterfeits sanity, presents, to the metaphysician, one of the most singular problems in the study of the mind. (624)

Maillard’s notion of counterfeiting sanity aligns with the performative madness seen in the anonymous publications in the asylum magazines. In the story, the fictional patients are feigning sanity in order to act as though they are the staff members: they stroll the grounds freely, they indulge in the delicacies during dinner, and they gossip about their supposed patients (616). Not only have they inverted the roles in the asylum by jailing the staff members, but the way in which the patients’ feign sanity points to the staff’s material privileges, a revelation which builds upon the aforementioned idea that the asylum functioned as a microcosm of bourgeois normativity. Similarly in The Opal, the patients feign sanity in order to have a better experience at the asylum: they are able to stay in the more habitable living quarters, they avoid punishment, and they may even be allowed to rejoin society at an earlier date. Although their reasons for simulating sanity were different, both the fictional and the real patients were demonstrating their abilities to police their own actions, a demonstration which contributed to the overall lack of knowledge surrounding the asylum systems. Maillard seems to allude to this pervasive unknowability of madness by asking the narrator to “learn to judge for [himself] of what is going on in the world, without trusting the gossip of others” (616).
Because the real-life patients writing for *The Opal* and Poe’s fictional patients in this tale draw upon the performative nature of madness, they are demonstrating not only their awareness of the epistemological mystery involving madness in both the social and medical communities, but they are also revealing their own vast ontological expertise, which is particularly intriguing considering their diagnoses and institutionalization in mental asylums. The last time there existed a cultural acceptance of the relationship between madmen and knowledge was during the Renaissance. By claiming that the lunatic maintains a “marvelous wisdom,” Poe seems to be alluding to the perception of the Renaissance madman, which often showed the insane as prophetic visionaries. While a sane mind could only make sense of the world in front of it, the insane mind had the capability to explore the realms of metacognition and ontology. Poe offers a clearer portrayal of madness as a form of knowledge or genius in “Eleonora,” a tale wherein the narrator claims that, “[m]en have called [him] mad; but the question is not settled whether madness is or is not the loftiest intelligence” (424). Both the narrator in this tale and Maillard seem to suggest that like the Renaissance madman, the nineteenth-century madman maintained wisdom that existed beyond the bounds of those who practiced rationality.

In addition to dramatizing the Renaissance madman in his characterization of Maillard, Poe’s satirical choice to have his other fictional patients openly admit to

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10 “Eleonora” is often considered the tale that is most autobiographical in nature. Poe was criticized for his marriage to his cousin, Virginia Clemm, whom the author married when she was only thirteen years old. Because Virginia was quite young when the two married, Hutchisson believes that Poe did not think of Virginia romantically and that he viewed her as more sister than wife in their early years of marriage (Hutchisson 55). This claim is reinforced in “Eleonora” when the narrator explains that “for fifteen years, roamed I with Eleonora before Love entered our hearts” (425).
simulating sanity anticipates the discoveries made by researchers later on. It also may have contributed to the embrace of more scientifically-grounded practices offered by Freud, Carl Jung, and other psychologists at the turn of the century. Methods like “talk-therapy,” for example, require that medical professionals build relationships with their patients in order to better understand various mental states. Coming to America during a time when the asylum was shrouded in mystery and when the patients were forcibly self-reliant, this major cornerstone of psychoanalysis embodied a progressive step toward individual patient care. Patients could, rather than learn how to self-censor to avoid punishment, actually explore and discuss their symptoms, much like Poe’s characters at the dinner table.

In addition to foreshadowing the patient-based therapeutic practices that gained footing in the asylums in the early twentieth century, Poe’s story also paved the way for other writers seeking to offer an authentic portrayal of asylum life. Elizabeth Packard, an ex-patient committed by her husband due to her progressive religious beliefs, published four books from 1864 to 1868: Marital Power Exemplified, or Three Years Imprisonment for Religious Belief; Great Disclosure of Spiritual Wickedness in High Places; The Mystic Key or the Asylum Secret Unlocked; and The Prisoners' Hidden Life, Or Insane Asylums Unveiled. Similarly, Nellie Bly, a reporter for the New York World, feigned insanity in attempt to be admitted to the Women’s Lunatic Asylum on Blackwell’s Island in order to publish a story detailing the asylum to outside readers. After her release, she compiled her stories in her book, Ten Days in a Mad-House (1887). Accounts such as these were and still are necessary so that readers can see reliable portrayals of asylum life.
While writers like Packard and Bly were purposeful in their attempts to uncover the truth based on their own experiences, Poe’s story is particularly significant because even though it is fictional, it criticizes the system of asylum power relations through its inversion of authority, its dramatization of patients’ performative sanity, its portrayal of society’s lack of awareness, and most importantly, its illumination of patients’ inculcated psychological alienation from the world around them. What this story shows readers is that even though the American asylum was undergoing a reforming movement, shifting away from torturous treatment methods and publishing patient writing through literary magazines, it was still a long way from being the humanitarian, curative instrument that it claimed to be and that the vast majority of people thought it was.
CHAPTER III

WHALES, CATS, EYEBALLS, AND TEETH: THE LINGERING

FIXATIONS OF MELVILLE’S AND POE’S

MONOMANIACAL MADMEN

“Talk not to me of blasphemy, man; I’d strike the sun if it insulted me.”

(Melville, Moby-Dick 139)

While Poe’s inversion of the reformed asylum’s power structure in “The System of Doctor Tarr and Professor Fether” demonstrates both the ontological and epistemological conundrum regarding the definition of madness and the institution’s tendency to “correct” asocial behavior by encouraging patients to model bourgeois normativity, other mad fictional portrayals produced by both Poe and Melville subvert one of the asylum superintendents’ and physicians’ most prevalent diagnoses: monomania/moral insanity. This mad fiction works to destabilize the nineteenth-century asylum movement by constructing characters who openly acknowledge their alleged madness, who contemplate why they have become mad, and who are cognizant of the implications their madness causes in their own lives and in the lives of others. Through the depiction of monomania/moral insanity in the behavior of their murderous fictional characters, both authors provide more nuanced and empirically grounded portrayals of this delusional form of mental fixation, a form which was both labelled and made popular during the period in which they were writing. By creating obsessive, maniacal characters whose dispositions subverted the established cultural and medical conceptions of monomania/moral insanity, Poe’s and Melville’s fiction simultaneously prefigured
Freud’s theories regarding the pathological responses to the human unconscious and failed repression.

In order to see the authors’ subversions of the medical and social perceptions of monomania/moral insanity, a brief history of the diagnosis is necessary. Because diagnosis methods stemmed from the humoral theory which claims that aggressive mania occurs as a result of excess yellow bile in the human body, nineteenth-century patients suffering from mania could be admitted for demonstrating general derangement and nearly any emotion with excessive enthusiasm; however, the introduction of the illness labelled “monomania” referred to maniacal patients who fixate on one particular idea to the point of obsession (Reiss, *Theaters* 126). Monomaniacal patients behaved sanely regarding all other topics, but “became irrational and obsessive on specific subjects, usually politics or religion” (Gamwell and Tomes 80). Because their madness was restricted to a specific idea or object, more often than not, these patients could live as fully functioning members of society. However, if their monomaniacal fixations deepened, they would display symptoms of their insanity more severely and more often. James Prichard, who coined the term “moral insanity,” described it as “a form of monomania in which people recognized the difference between right and wrong yet lacked the will power to resist their evil impulses” (Gamwell and Tomes 80). Prichard claimed that the disease could often exist within the human mind without causing cognitive failure (McCarthy 15). Patients who were institutionalized for moral insanity were administered moral treatment, a more benevolent treatment method that was meant to strengthen their ability to resist iniquitous behavior and to instruct them how to behave in accordance with general propriety.
Because the McNaughton Rule for judging insanity in court cases involving heinous crimes came into use in 1843, there were many historical figures who lived contemporaneously with Poe and Melville who were diagnosed with monomania or moral insanity in the courtroom. James Wood and Singleton Mercer, the two homicidal defendants mentioned in Chapter I, were both found not guilty by reason of insanity after having committed homicide. The controversy surrounding these particular cases often resulted from the argument that “the defense was undermining social order” (Cleman 625). The use of moral treatment tended to fuel this argument, leading many to believe that being categorized as lawfully insane equated to escaping deserved punishment for crimes and perhaps even being rewarded for them. This misunderstood categorization led to a flawed public perception of mental derangement because on one hand, the medical community tended to over-diagnose monomania and moral insanity by admitting anyone that demonstrated extreme enthusiasm regarding subjects about which they felt strongly, while on the other hand, the social controversy regarding the insanity plea led outsiders to desire fewer diagnoses overall.

While the acquittals of Wood and Mercer were more contentious due to their homicidal nature, other cases involving the insanity plea often portrayed crimes with specific social or moral attributes. Gamwell and Tomes point to John Brown and his branch of the abolitionist movement, explaining that radicals were often regarded as monomaniacs. Because he formed a biracial, abolitionist army and fought against slaveholders, Brown was considered deranged regarding the issue of slavery. Once he was captured and tried for his crimes, Brown refused to plead guilty of insanity even though both his family and his lawyer tried to persuade the judge that he suffered from
monomania. In the end, the judge ruled that Brown was indeed sane, and he was executed on December 2, 1859 (Gamwell and Tomes 82). Just days before his death, Brown acknowledged the plausibility of his own monomania by writing, “I may be very insane . . . but if it be so, insanity is like a very pleasant dream to me” (qtd. in Gamwell and Tomes 82).

Brown’s story demonstrates the extent of the relationship that existed between social normativity and allegedly mad behavior during the mid-nineteenth century. Because he had chosen to lead an abolitionist rebellion during a time when the vast majority of the country supported the practice of slavery, Brown’s radical ideologies caused a lot of social discomfort, which led moderates in both the North and South to classify him as a “mentally unstable [fanatic]” (Gamwell and Tomes 81). While Brown was executed for his actions even though he was believed to have suffered from monomania or moral insanity, there were several other historical figures who were institutionalized rather than executed.

The case of Jones Very, a frequently published poet, student, and professor at the Harvard Divinity School, provides an illustration of what could happen when a person’s monomaniacal obsession or fixation deepened so much that he or she was deemed a danger to society and forcibly taken to an asylum. On July 15, 1838, Ralph Waldo Emerson ventured to Harvard Divinity School, his alma mater, to deliver a speech which was later labeled the “Divinity School Address.” During his speech, Emerson

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1 According to Gamwell and Tomes, Abraham Lincoln was considered “a conservative on the subject of slavery” compared to Brown, but Southerners still claimed that the President was morally insane regarding the topic of abolition (82).
enthusiastically encouraged the students to “go alone,” “cast behind [them] all conformity,” and preach God’s will as it was revealed to them. While the students were quite taken with Emerson’s newfound ideas, their instructors sought to debase the latter by insinuating that he had gone mad. Unfortunately, their efforts did not quite reach Very (Reiss, Theaters 110).

Though he was a model student and even graduated second in his class, Very began writing petitions inspired by Emerson’s speech, which denounced many of the university’s systematic ideologies. This obsession was first demonstrated in his own classroom where he would tell students that “their bodies were simply vessels for a timeless struggle between God and Satan” (Reiss, Theaters 111). As a result of his unorthodox teaching strategies, he was soon after relieved of his professorial position.

Following his termination, Very began travelling door-to-door in an attempt to baptize people “with the Holy Ghost and with fire” (Reiss, Theaters 112). He was soon after committed to the McLean Asylum because even the transcendentalists by whom he was initially inspired believed he had become “insane with God” (Bronson Alcott; qtd. in Reiss Theaters 128). Following Very’s institutionalization, Nathaniel Hawthorne, who knew him personally, wrote about him in his journal on multiple occasions, referring to him as a “misunderstood genius,” as well as “a delicate young poet just returning from the insane asylum” (qtd. in Reiss 115). According to Reiss, Hawthorne believed that

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2Interestingly, Emerson agreed to have two of his brothers admitted to McLean in the 1820s, the same asylum at which Very was committed. Even though his transcendental speech at Harvard Divinity School was a major inspiration for Very’s supposed mental breakdown before he was admitted in 1838, Emerson played a significant role in getting Very institutionalized. He is often critiqued for neglecting to build a closer relationship with Very once other transcendentalists considered him mad (Reiss 120-2).
“psychiatry replaced witch-hunting as the proper mechanism by which to rid a community of troublesome dissenters,” a belief which seems to coincide with Very’s institutionalization (114). Very was released after only a month at McClean because the superintendent declared that “he was indeed insane . . . but not a threat to the community” (Reiss 119).

Similar to Brown’s case of alleged insanity, Very’s unconventional religious beliefs led others to classify him as monomaniacal or morally insane. While Brown’s supposed mental instability stemmed from his fixation regarding the liberation of slaves, Very’s instability stemmed from his fanatical religious practices. Although their fixative behavior emanated from vastly different topics, Brown and Very were diagnosed with the same mental illness, a diagnosis which illuminates the distinct relationship between madness and political and religious extremism that existed in the nineteenth century. Their nonconformity led to their subsequent diagnoses, an unfortunate reality that validates the idea that the asylum played a significant role in maintaining social control.

Both Poe and Melville drew upon these perceptions of monomania and moral insanity throughout society and the medical community to create villainous fictional characters who lost control when focusing on subjects related to their obsession. Melville, for example, demonstrated his knowledge on the subject of monomania and moral insanity by familiarizing himself with dictionary and encyclopedia entries on insanity, particularly the twenty-seven volume *Penny Cyclopedia*, which allegedly was the author’s favorite (McCarthy 14-15). The encyclopedic volume featuring insanity as its subject detailed “the nature, forms, causes, and treatments of the disease—as understood at mid-century,” and duplicated Prichard’s *A Treatise on Insanity and Other Disorders*
Affecting the Mind, making it a reliable and informative source to consult regarding descriptions of mental disorders at the time (McCarthy 14-15). Melville utilized this medical information in order to create one of the most well-known monomaniacal characters in all of American literature: Captain Ahab.

Drawing upon Shakespeare’s characterizations of King Lear and Hamlet, Melville decided to address what he referred to as “the sane madness of the vital truth” by creating Ahab, a whaler whose own obsession with Moby-Dick, a murderous white whale, would eventually lead to his demise (qtd. in McCarthy 54). While many readers believe that Ahab’s maniacal tendencies began once the whale robbed him of his leg, many instances in his early life may have contributed to his mental breakdown. Orphaned at a young age by both parents, Ahab begins his career as a seaman early and becomes the captain of his own boat by the age of thirty, a big accomplishment for a man in the mid-nineteenth century. While at sea, he survives despite deadly encounters with storms, other sailors, and the infamous Moby-Dick, who violently “reaped away Ahab’s leg, as a mower a blade of grass in the field,” according to Ishmael, the narrator (154). Although Ahab harbors dark feelings from these early struggles, it is in the months after he loses his leg that Ishmael claims that the captain is seized with insanity. Ishmael explains that the initial loss of Ahab’s leg brought about the feeling of an “agonizing bodily laceration, but nothing more” and that the captain’s insanity did not actually take hold of his mind until months later when “Ahab and agony lay stretched together in one hammock . . . his torn body and gashed soul bled into one another; and so interfusing, made him mad. That it was only then . . . that the final monomania seized him” (155). Ishmael explains that
because the captain’s monomania worsened to a state of delirium, the crewmen put Ahab in a straight-jacket until his sanity returned.

At first, this illustration of Ahab’s monomania appears to support the asylum community’s perceptions. When his mania takes control over his ability to think rationally, Ahab’s shipmates, much like asylum physicians, restrain him until he is seemingly able to regain his lucidity; he exhibits madness during one moment and then exhibits sanity in the next. While this specific description, along with his encyclopedic research, suggests that Melville characterized Captain Ahab merely to fit the mold of a nineteenth-century monomaniac, his later explanations of Ahab’s mania offer up a more nuanced portrayal of the disease. For example, Ishmael explains that although the captain’s madness had seemingly left with the removal of his straight-jacket, “Ahab’s larger, darker, deeper part remain[ed] unhinted” and that “in his hidden self, [Ahab] raved on” (155). In this way, Ahab unconsciously conceals his mania long enough to appear sane so that after he heals from his dismemberment, he might return to captain the Pequod and exact revenge upon the whale. Ishmael proposes that “[h]uman madness is oftentimes a cunning and most feline thing. When you think it fled, it may have but become transfigured into some still subtler form,” a proposal that validates the ways in which real patients could censor their own madness in order to avoid punishment (155). In this way, Ahab unconsciously conceals his mania long enough to appear sane so that after he heals from his dismemberment, he might return to captain the Pequod and exact revenge upon the whale. Ishmael proposes that “[h]uman madness is oftentimes a cunning and most feline thing. When you think it fled, it may have but become transfigured into some still subtler form,” a proposal that validates the ways in which real patients could censor their own madness in order to avoid punishment (155). Just as Ahab is feigning sanity to regain his position as captain, the institutionalized patients feigned sanity to regain autonomy in the asylums.

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3 I explore this idea of patient self-censorship/performative madness in detail in Chapter I.
While these fictional and real-life occurrences demonstrate the performative nature of madness during the mid-nineteenth century, Ishmael's description of Ahab's hidden madness also prefigures the concept of the unconscious "id," which Freud describes as "the dark inaccessible part of our personality," a part that attempts to coerce people to socially unsanctioned behavior (qtd. in Jacobs 57). Rather than adhering to the reformed asylum's belief that a patient maintains the autonomous choice to engage in morally right or wrong behavior, Freud instead suggests that there exists a repressed force within each person that overpowers and decenters the conscious "self." Taking the notion of Freudian repression into consideration, readers can see how Melville's early descriptions of Ahab's dark and hidden madness forecast this major cornerstone of psychoanalysis.

Although Ahab was able to mask his insanity early on, after nearly a month aboard the Pequod, he finally explains his mission of hunting Moby-Dick to his seamen and offers gold to those who will help him exact his vengeance. Up until this point, Moby-Dick has not yet been mentioned, but in an exemplary portrayal of his fixation, Ahab cries out the whale's name emphatically, "Death and devils! Men, it is Moby-Dick ye have seen—Moby-Dick—Moby-Dick!" Ahab continues to cry out the whale's name five more times on this single page alone (137). In this first mention of the whale, Ahab not only displays his intense fixation but also claims that in order for him to regain his sanity, he must rid the world of the whale. He explains, "How can the prisoner reach outside except by thrusting through the wall? To me, the white whale is that wall," an explanation which demonstrates the nuanced nature of Ahab's monomania. While medical perceptions were based on the idea that a patient's monomania was only related
to one object and became amplified when thoughts of that object entered the brain, Ahab’s behavior suggests that his monomaniacal obsession is no longer isolated. His fixation with killing the whale permeates his every thought and guides all of his actions. His willingness to return to sea, to take on the dangerous man-killing Moby-Dick, and to endanger the lives of his crew portray a kind of monomania that runs counter to the asylum community’s definition. Ahab’s rationality is not suddenly overtaken whenever thoughts of Moby-Dick enter his mind: his desire for vengeance is his only mission, and he does not seem to care whether or not he dies accomplishing that mission. Starbuck questions him by crying, “Vengeance on a dumb brute! [T]hat simply smote thee from blindest instinct! Madness!” (138). Because Ahab’s monomania is more excessive and ultimately untreatable compared to the medical definition, which framed the illness as a curable condition, the captain ignores Starbuck’s caution.

Ahab’s belief that the whale’s death aligns with a personal form of mitigation demonstrates his attempt to understand his own insanity, an attempt which also runs counter to asylum practices. Ahab recognizes his fixation with Moby-Dick by making claims such as “I am madness maddened. That wild madness that’s only calm to comprehend itself” (142). The underlying sentiment in this profound quotation reflects a theory in Birth of the Asylum, wherein Foucault explores a madman’s ability to recognize his own madness within himself. In what he refers to as “the mirror of madness,” Foucault claims that the nineteenth-century madman was imagined to be able to view his own madness by peering inward to self-reflect. These mirrors accomplished more than merely encouraging the madman to objectively view his own mental ailments though; they tangled the madman in a perpetual state of guilt regarding his own identity. The
madman becomes “imprisoned in [his] own gaze” (Foucault 499). By claiming that he is
“madness maddened,” Ahab exhibits “symptoms of grandiose monomania far more
conceptualized and focused than the Surgeon Cuticle’s” (McCarthy 70). He is
personifying madness as its own entity; rather than following the cultural perceptions
which often suggested that madness was invasive or infectious, he is claiming that he is
madness. Furthermore, by both aligning himself with madness and asserting that his
monomania can only be assuaged by killing the whale, Ahab is possibly forecasting his
own death in the novel's final pages. If he is madness, and madness can only be
eradicated through Moby-Dick’s death, then by attempting to kill the whale, Ahab may
be, in a way, killing himself. As Foucault might argue, Ahab has become tangled in his
own “mirror of madness” (499).

Ahab’s maniacal entanglement countered the predominating perceptions of
monomania and moral insanity because his form of “special lunacy” could not be soothed
with the reformed asylum’s methods, which heavily relied upon a patient’s return to
morally sound behavior (156). Unlike the more prevalent cases of monomania, Ahab’s
“all-engrossing object of hunting the White Whale” could not be cured through
institutionally-constructed bourgeois normativity (156). Ishmael explains, “Had any one
of [Ahab’s] old acquaintances on shore but half dreamed of what was lurking in him then,
how soon would their aghast and righteous souls have wrenched the ship from such a
fiendish man” (156). Comparing his fictional mania with cases like Brown’s abolitionist
army and Very’s evangelical antics, readers can see that Ahab’s obsession functions quite
differently. Both Brown and Very were given punishments for their monomania and
moral insanity in the forms of execution and institutionalization because their ideologies
posed a threat to social order: Brown challenged the use of slavery, and Very challenged religious authority. A traditional Foucauldian interpretation of their punishments points to the idea that the asylum functioned “squarely on the side of social order . . . as a restraint that formed the boundary between healthy individuals and social deviance” (Reiss 104). Within this view, because they were refusing to conform to the prevailing political and religious sanctions, Brown and Very were deemed mentally deranged. Ahab’s illness functions differently because even though his fixation with killing Moby-Dick disrupts the voyage’s capitalistic purpose, it does not deliberately undermine social order. Instead, it “posit[s] a view of human nature ruled not by reasoned choice but by chance and ultimately mysterious physical forces,” a view that, up until 1840s, was not widely held (Cleman 630). Since his madness does not stem from his desire to incite social or cultural change, readers can probe Ahab’s psychological aberrations for exactly what they are: monomaniacal ravings of a man whose obsession has completely triumphed over his rationality.

Ahab’s obsession also spread to the minds of several of the other men aboard the Pequod, as well as to the sea and to the whale itself. These tendencies toward madness in the characterizations and descriptions of the Pequod, Moby-Dick, Elijah, Gabriel, Ishmael, and Pip are “conducive to the growth of insanity . . . in the novel” (McCarthy 57). Regarding the Pequod itself, Ishmael explains that after the harpooners kill a whale, they would sever strips of blubber from the carcass and dip them in boiling water to produce oil. After they harvested the blubber, they would burn the carcass to make room for the next whale. Ishmael describes the ship as, “laden with fire, and burning a corpse, and plunging into the blackness of darkness, seemed the material counterpart of her
monomaniacal commander’s soul” (340). Ishmael’s metaphorical comparison of the blazing *Pequod* with Ahab’s mania further demonstrates the severity of Ahab’s fixation and its inability to be isolated within his mind.

While it appears to have spread to his ship, Ahab’s madness spreads to the leviathan as well. Ishmael characterizes Moby-Dick in detail:

> The White Whale swam before him as the monomaniacal incarnation of all those malicious agencies which some deep men feel eating in them, till they are left living on with a half a heart and half a lung . . . All that most maddens and torments; all that stirs up the lees of things; all truth with malice in it; all that cracks the sinews and cakes the brain; all the subtle demonisms of life and thought; all evil, to crazy Ahab, were visibly personified, and made practically assailable in Moby Dick. (154)

From this description, readers can understand that Moby-Dick represents much more than the mere vengeful animal that robbed Ahab of his leg. Moby-Dick seems to represent the ontological mystery surrounding human existence and the unknowability of behavioral choices, two interconnected ideas that contribute to the inability to define human madness; if no one could accurately determine the purpose of human experience or the extent of humanity’s existence, then the notion of madness resulting from an individual’s immoral choices—like the reformed asylum superintendents believed—becomes impossible. Furthermore, in conjunction with this allegedly immoral behavior, the “deep men” that feel “malicious agencies eating in them” would be experiencing internal compulsions guiding them toward iniquity. These compulsions or “subtle demonisms” undermine the nineteenth century’s emphasis on morality and may even account for some
of the maniacal symptoms for which thousands of people were being confined.

Furthermore, the whale symbolizes not only the apex of Ahab’s revenge but also the very thing that drove and continues to drive people to mad thoughts: the unknowability of human existence. Additionally, this description of the leviathan’s relationship to Ahab reveals the captain’s knowledge regarding the metaphysic dimension of human thought. In his monomania, Ahab seems to understand what drives a person to madness, and even though his obsession with killing the whale leads to his death and the deaths of nearly all of his seamen, Ahab still demonstrates his knowledge of both rationality and psychosis during a time in history when even asylum superintendents and physicians were struggling to generate accurate definitions.

While these early descriptions of the whale suggest that it functions as a philosophical allegory of sorts for humans, later descriptions demonstrate Moby-Dick’s physically mad demeanor. During the final chase, Ishmael explains that the whale is “maddened by yesterday’s fresh irons,” and displays a “demonic indifference” (447, 421). He is not the only animal plagued with this “form of mammalian insanity;” other whales, as well as sharks, are described as though they are swimming about the water, tormented by some kind of inner madness (McCarth 58). Each of these maddened nonhuman entities work to both heighten Melville’s overall emphasis on insanity throughout the novel and to illustrate the pervading strength of Ahab’s mania over the other characters’ abilities to reason. Several characters are afflicted by some form of mania, but the most intriguing portrayals of Ahab’s secondhand madness are found in Ishmael and Pip.
Ishmael, who functions as both the narrator and a character within the story, begins the novel as quite the skeptic, believing that nearly all the people and places around him are unusual. He mistrusts the city of Nantucket, the Spouter-Inn, the Spouter-Inn innkeeper, and Elijah throughout the early chapters, and it is his early skepticism that leads critics to diagnose him with various mental illnesses. Using Prichard’s *A Treatise on Insanity and Other Disorders Affecting the Mind*, McCarthy suggests that while Henry Nash Smith believes that the character is in the early stages of melancholia or neurosis, he believes that Ishmael might be suffering from a form of hypochondriasis (66). While Ishmael displays anxiety and uncertainty toward many characters and locations before boarding the *Pequod*, he does not seem to truly exemplify insane behavior until he comes into contact with Ahab’s obsession. His befriending of Queequeg, for example, demonstrates his thorough but sound judgement. While he is initially fearful of his new bedmate, he eventually decides that even though Queequeg is a cannibal, he finds it “better [to] sleep with a sober cannibal than a drunken Christian,” a decision which illuminates his shrewdness (32).

Though he exhibits these sane characteristics early on, he identifies the exact moment he becomes swept up in his captain’s obsession: “A wild, mystical, sympathetic feeling was in me; Ahab’s quenchless feud seemed mine” (149). Here, he seems to adopt Ahab’s fixation with the whale, but Ishmael later experiences a hallucination that causes him to contemplate that adoption. While he is steering the *Pequod* and watching the harpooners render the blubber of a whale in the ship’s try-works, he becomes mesmerized and entranced by the flames. He claims, “[I was] wrapped . . . in darkness myself, I but the better saw the redness, the madness, the ghastliness of others” (340). During his
trancelike state, Ishmael nearly capsizes the ship but wakes up just moments before exclaiming, “Look not too long in the face of the fire . . . [g]ive not thyself up, then, to fire, lest it invert thee, deaden thee; as for the time it did me. There is a wisdom that is woe; but there is a woe that is madness” (341). Within these statements, “fire” seems to symbolize a monomaniacal obsession, and for Ishmael, the obsession that briefly paralyzes him belongs to Ahab. Because Ahab’s obsession or his “fire” did eventually “deaden” him, Ishmael’s warnings about “looking too long in the face of fire” following his maddened hallucination foreshadow the captain’s future. Perhaps it is this prophecy that results in Ishmael being the sole survivor after Ahab’s attack on Moby-Dick. Because he knows that giving in to “fire” could lead to death, Ishmael isolates himself from Ahab’s mania. Similar to the characterizations of the Pequod and Moby-Dick, Melville’s depiction of Ishmael exemplifies the spread of Ahab’s madness to sane characters and the growth of his mania overall. Unlike the medical understanding of monomania or moral insanity in the reformed asylum, which was defined as a “morbid perversion of the feelings, affections, and active powers . . . [which] sometimes co-exists with an apparently unimpaired state of the intellectual faculties,” Ahab’s madness was not contained so as to render him only “partially mad;” it spreads like an infection throughout the narrative (Prichard; qtd. in McCarthy 40).

While Ishmael is able to divorce himself from Ahab’s madness to regain his sanity, Pip remains perhaps the most fascinating mad figure other than Ahab. Pip is first described as “tender-hearted . . . pleasant, genial, [and] jolly,” but after his fear of whaling causes him to jump overboard on three separate occasions, Pip’s personality changes drastically (331-2). The second time he enters the water, the whale raps right
under his seat, frightening the small boy and causing him to leap into the water. Pip becomes tangled in the slack whale line attached to Stubb’s harpoon, which is jabbed into the flesh of the whale. Being strangled by the rope wrapped around his chest and neck, Pip starts to suffocate until Stubb cuts the rope “so [that] the whale was lost and Pip was saved” (333). The third and last time he goes out in a whaling boat, Pip leaps into the water again, but this time, is left behind as the boats row toward the ship. After floating in the water for several hours, the “awful lonesomeness [was so] intolerable” that it “drown the infinite of his soul” (334). When the Pequod finally happens upon him, Pip comes aboard the ship bearing a monomaniacal obsession with his own identity, which is represented in his continuous claims that the cowardly and shameful “Pip” had died in the water.

According to McCarthy, “Pip’s monomania centers at times on his alleged cowardice” and is “self-depreciatory” (63). He becomes so fixated on his own self-hatred that he cannot formulate a new identity or a notion of a “self.” After his identity loss in the water, Pip wanders around the ship mumbling words like “shame” and “coward” to himself until Captain Ahab offers him sympathy and friendship and lets him stay in his cabin with him.

One of the most intriguing conversations in all of Moby-Dick occurs between Ahab and Pip, when the two characters are both at the heights of their mania. Pip grabs Ahab by the hand, and Ahab scolds him, “There is that in thee, poor lad, which I feel too curing to my malady. Like cures like; and for this hunt, my malady becomes my most desired health . . . have a care, for Ahab too is mad” (420). In this moment, Ahab not only offers up an admission of his own insanity but also claims that in his quest to find Moby-
Dick, insanity is his most desired mental state. Then, by claiming that “like cures like,” Ahab is suggesting that his ability to recognize insanity in Pip has, in turn, made him cognizant of his own insanity, a suggestion that causes him to end his close friendship with the boy in order to continue his pursuit of the whale.

Ahab’s recognition of Pip’s and his own insanity, along with his choice to reject Pip’s friendship, demonstrates the severity of his obsession with Moby-Dick. Unlike the monomaniacal patients who were allegedly cured of their obsessions through moral treatment, Ahab’s mental ailments appear to be incurable through the conventional treatment methods of the era. In his pursuit of the whale, he sacrifices his family, his crewmen, his friendships, and his own life, for the only thing that can seemingly cure Ahab’s obsession is the object of his obsession itself. Rather than relying on the asylum’s definition of mania, which emphasized the notion of societal expectations and moral rectitude, Melville explored what might happen if a person’s insanity is taken to even more drastic levels. Furthermore, Ahab’s early madness is consistent with the Freudian concept of the repressed “id;” however, the exponential growth of his madness later on in the novel suggests that Ahab might experience repressive deficiencies. Freud delineated many of the successful repression tactics but claimed that if “the ego has made at [sic] attempt to suppress certain portions of the id in an inappropriate manner, this attempt has failed and the id has taken its revenge” (qtd. in Madison 84). While it worked to repress his intense preoccupation with killing Moby-Dick early on in his voyage, Captain Ahab’s “ego” failed to repress his impulses as the voyage continued, a failure which eventually led to his death and the deaths of nearly all his crewmen.
These Freudian notions of multiple interactive and decisive forces in the human mind destabilize beliefs surrounding both moral insanity and moral treatment. Although asylum physicians, patients, reformists, and the general public had relied greatly on moral insanity as a diagnostic explanation for abnormal behavior and on moral treatment as a way to return lunatics back to normalcy, Freud’s theories regarding subconscious urges seemed to negate the entire system’s legitimacy. If any of these monomaniacal madmen and women were like Ahab and did not have a single, autonomous “self” that chose to participate in immoral behavior but instead had repressed forces within their psyches, then perhaps they experienced the consequences occur when repression fails. If so, then moral treatment, built on the idea that a person chooses immorality, could not benefit them.

While it is original in relation to the common social and medical perceptions of the illness, Melville’s characterization of Ahab’s more severe monomania had been utilized in several of Poe’s tales published nearly a decade prior, which also feature monomaniacal narrators whose fixations lead them to commit homicide. In both “Berenice” and “The Tell-Tale Heart,” the narrators admit to having obsessions, but unlike Ahab who was fixated on killing Moby-Dick, they are fixated on human body parts. “Berenice,” one of Poe’s first published tales, has been regarded as perhaps his most violent. Published in 1935 in the *Southern Literary Messenger*, the tale begins with the narrator’s descriptions of Berenice’s and his relationship, their personality differences, and their individual maladies. He explains that his feelings “had never been of the heart,” and that he “had never loved [Berenice]” (230). His lack of feelings stems from their personality differences. In order to describe these differences, he asserts,
“I [live] within my own heart, and addicted body and soul to the most intense and painful meditation—she [roams] carelessly through life with no thought of the shadows in her path” (228). This assertion gives readers a quick glimpse of his mental malady, for his reference to his “meditations” represents what he calls the “nervous intensity of interest with which . . . the powers of meditation . . . busied and buried themselves, in the contemplation of even the most ordinary objects in the universe” (229). He explains that his “intensity of interest” or his monomaniacal fixation could change depending on what he was doing during the day. He describes his periods of trance-like “attention” paid toward “the typography of a book,” “the shadow falling aslant upon the tapestry,” “the steady flame of a lamp,” or the “embers of a fire,” but eventually, he becomes fixated on the teeth of his betrothed, and it is a fixation “from the disordered chamber of [his] brain [that] would not be driven away” (228-9, 231). Berenice falls ill to some form of fatal epilepsy, and instead of concerning himself with her health, the narrator’s obsession with her teeth intensifies, teeth which he describes as “long, narrow, and excessively white, with the pale lips writhing about them” (231). His intensifying preoccupation leads to what he describes as “the full fury of [his] monomania,” or his “frenzied desire,” which could only be cured by obtaining the teeth for himself (232). After days of dreaming of teeth, the narrator is informed by a nurse that Berenice has passed away in the night and will be buried. In a fit of madness, the narrator, feeling that possession of the teeth “could alone ever restore [him] to peace, in giving [him] back his reason,” unconsciously digs up the corpse and forcibly removes all thirty-two teeth from the apparently still-living Berenice (232). Similar to Ahab’s monomania, the narrator’s insanity in this tale triumphs over his ability to think rationally, even when the lives of other people are
involved. Both characters resort to murder in order to acquire the objects on which they are fixated and disregard entirely the moral implications of their crimes.

Unlike the common social and medical perceptions of monomania and moral insanity, which were defined by the ability to distinguish the differences between morality and immorality and by the choice to partake in deviant behaviors, Poe’s narrator, instead, seems unaware of the wrongness of his obsessions. By referring to his monomania as “meditations” and “daydreams” early on in the tale, readers can see that he has no inclination that any kind of immoral thoughts are taking place within his psyche. Then, when he fixates on the desire to obtain Berenice’s teeth, he does not seem to mind that the teeth are still attached to his fiancé’s jaw. He expresses fear, terror, and horror once he begins to understand that he has extracted the teeth from her still-living body, but he never expresses remorse. Consequently, the narrator’s moral compass could not be repaired through institutionalization or moral treatment because he seems to have no moral compass to repair. Furthermore, his refusal to acknowledge the moral implications of his crime gives the narrator an interesting place in regards to the significant jurisprudential issues in nineteenth-century courtrooms involving the insanity plea. While defense attorneys tended to focus on a defendant’s “partial insanity” or their frequent lack of reason as the apex of their argument in the bargain for insanity, Poe’s narrator tries to rationalize his clearly irrational behavior, making his level of madness somewhat murky (Cleman 630). He seems to understand the strangeness of his own fixative tendencies by drawing comparisons between Berenice’s behavior and his own. Plus, his crime is premeditated. Poe actually probed the idea of premeditation in cases involving the insanity plea and claimed that rational deliberation “[implies] a premeditated and cold-
blooded assassination” (qtd. in Cleman 632). While Poe’s narrator seems to fit this mold, he still references the “disordered chamber” within his mind. This ambiguity makes the narrator, like Captain Ahab, a different kind of monomaniacal madman.

A similar characterization of monomania appears in Poe’s “The Tell-Tale Heart.” One of Poe’s shortest but best known tales, “The Tell-Tale Heart” is a story about a homicidal narrator who so obsessively detests one of the eyes of the old man with whom he lives that he feels as though he must kill the man so as to “rid [himself] of the eye forever” (498). Like the narrator in “Berenice,” this narrator’s obsession stems from a moment, then continues to permeate his every thought. He reiterates this idea by explaining, “It is impossible to say how the idea first entered my brain; but once conceived, it haunted me day and night. I think it was his eye . . . [w]henever it fell upon me, my blood ran cold” (498). The abhorrent feelings the eye generates in the narrator worsen and eventually lead him to murder the old man while he sleeps.

While he maintains many similarities with the narrator in “Berenice” and several other of Poe’s psychopathic murderers, this narrator is different because, like Captain Ahab, he not only references his own mental state, but he also claims to prefer states of mental aberration over mental soundness. He explains, “You fancy me mad. Madmen know nothing. The disease had sharpened my senses—not destroyed—not dulled them” (498). This explanation closely resembles Ahab’s declaration to Pip that his “malady becomes [his] most desired health” (420). Although Ahab acknowledges that he is mad and Poe’s narrator begins the tale with a claim against madness, each of these men seem to believe that an insane mental state is the most preferred when reaching the final stages of their obsessive missions. Furthermore, even though he begins with a claim against
madness, readers can fail to find a moment throughout the tale when Poe’s narrator seems to act, speak, or even think reasonably. He attempts to reinforce his claim against madness by referencing the “foresight,” “precaution,” and dexterity which he uses to plot and carry out the murder and to dismember and conceal the corpse, a reinforcement that only emphasizes the notion that he is mad (498).

Another portrayal of the narrator’s madness stems from his fixation on the sound of the old man’s beating heart. He claims that the sound of the heartbeat “increased [his] fury,” which led him to carry out the murder. Oddly though, even after he dismembers and hides the corpse, he is still plagued by the sound of the old man’s heart, confusing or conflating his imaginative reality with an objective reality. Here, his insanity is even more clearly articulated because rather than killing the old man out of sheer abhorrence for his heartbeat or his eye, the narrator’s urge to kill the old man stems from his own psychosis.

Unlike Ahab or the narrator in “Berenice” who seek to kill the object of their obsession in hopes of recovering their sanity, this narrator’s resolve to kill the old man seems secondary to his mission to defend the supposed rationality of his actions and to insist on his own lucidity. His claim against madness “reflects the issues of the insanity-defense controversy, both in the way he measures his own state of mind and in the type of madman he reveals himself to be” (Cleman 631). By dramatically elevating himself above madmen by claiming that “madmen know nothing,” but then referencing how “healthily” and “calmly” he can relay the events of his murder, Poe’s narrator seems to be illuminating the widespread inability to accurately define madness (498). Furthermore, having his narrator frequently declare his sanity while taking part in criminally insane
acts seems to invert the central component of the insanity defense, for his attempt to don a mask of rationality actually causes the opposite of its intended effect; by dramatically insisting that he is sane while simultaneously describing his preferred method of murder, the narrator is revealing the extent of his mania.

This pattern of a narrator attempting to prove his sanity but revealing instead his mania is shown again in “The Black Cat,” a tale featuring a story about a man who becomes so obsessed with killing his cat that he murders his wife in the process. An initial animal lover, this narrator tells readers of his love for his cat, Pluto, but recounts that during one particular evening after he had drunk too much, he comes home and gouges out one of Pluto’s eyes with a pen-knife, and then soon after, hangs the cat. When another cat moves into his house, resembling Pluto almost perfectly in physicality and color, his frustration grows to rage and he explains that “[e]vil thoughts become [his] soul intimates,” and that “sudden . . . outbursts of fury” often overcome his ability to think rationally (535-6). Because he had “blindly abandoned [him]self” to his hatred of the second cat, he resolves to kill it too. During his attempt to plunge an axe into the cat’s skull, he misses and murders his wife instead.

He offers a justification for his deviant behavior by referencing “the spirit of PERVERSENESS” inside his own mind:

I am not more sure that my soul lives, than I am that perverseness is one of the primitive impulses of the human heart . . . who has not, a hundred times, found himself committing a vile or silly action, for no other reason than because he knows he should not? Have we not a perpetual inclination . . . to violate that which is Law, merely because we understand it to be such? This spirit of
perverseness . . . [is] this unfathomable longing of the soul to vex itself—to offer violence to its own nature—to do wrong's sake for the wrong's sake only. (533)\textsuperscript{4}

Similar to Melville’s description of Captain Ahab’s “larger, deeper” mania that remained hidden until he could return to sea, Poe’s narrator’s description of the impulse toward perverseness also reflects the Freudian concept of the unconscious “id.” Also like Ahab, this narrator’s inability to repress his evil compulsions fails him, which leads to his fixation on his cat, his murder of his wife, and his subsequent incarceration.

In addition to anticipating Freud’s concept of the “id,” this idea of “the spirit of perverseness” destabilizes both the asylum physicians’ morality-based diagnosis and their use of moral treatment because here, madness is not considered a result of choosing to take part in immoral and allegedly abnormal social behavior as it was often thought to be during the asylum reform. Because it is inherent in the human mind, perverseness cannot be acquired, and thus, cannot be used as a diagnosis for insanity. If every living person has his or her own perverse spirit hidden within his or her psyche, then every person, at some point or another, desires to perpetrate deeds considered abnormal. For both the narrator and Freud, the allegedly mad behavior that accompanied moral insanity would not be worthy of institutionalization; it would merely stem from the everyday struggle the conscious “ego” undergoes attempting to control the unconscious “spirit of perverseness.”

The existence of the “spirit of perverseness” or the “id” in every human mind also destabilizes the asylum’s use of moral treatment, for if it exists innately, then it cannot be banished from the human psyche through confinement. In the practice of moral treatment,

\textsuperscript{4} Poe further explores this idea of “the spirit of perverseness” in more detail in “The Imp of the Perverse,” a tale he published in 1845, two years after “The Black Cat.”
the asylum staff and physicians were to assume that “all mad persons retained their
spiritual worth and some remnant of their reason; their ‘inner light’ could be dimmed but
never extinguished by disease” (Gamwell and Tomes 37). Through these beliefs
surrounding moral treatment, physicians created a binary division between sanity and
madness, which narrowed the definition of what it meant to be sane. Physicians believed
that by building and restoring a patient’s reason through normative cultural behavior,
they could cure madness. Relying on suspicious reports of “more than 91 percent” cure
rates from private asylums implementing the use of moral treatment, these nineteenth-
century superintendents could not keep their patients’ insanity at bay for long (Gamwell
and Tomes 55). Released patients often returned to the asylums where they would receive
moral treatment again and be released back into society again. Such a system exemplifies
the patients’ abilities “to internalize and reproduce the codes of behavior,” which made
moral treatment “a means to standardize human behavior” rather than a means to
examine mental health or treat malfunctions (Reiss 4). Because the narrator in “The
Black Cat” asserts that some aspect of the human mind is predisposed to madness, then
the utilization of moral treatment as a cure for madness would not be effective. So in
addition to anticipating Freud’s discussion of the repressed unconscious, Poe’s macabre
portrayals of mania illuminated the problematic diagnosis and treatment methods used to
correct psychotic behavior.

While contemporary readers might find it easy to collocate Poe’s notion of “the
spirit of the perverse” with Freud’s notion of the “id,” the antebellum readers of 1845
would have plausibly had a more difficult time comprehending Poe’s psychological
ruminations in his tales. In fact, in a review published in the Nassau Monthly at Princeton College that same year, the reviewers criticized the author by declaring:

[Poe] chases from the wilderness of phrenology into that of transcendentalism, then into that of metaphysics generally; then through many weary pages into the open field of inductive philosophy, where he at last corners the poor thing, and then most unmercifully pokes it to death with a long stick. (Thomas and Jackson; qtd. in Briggs and Poe, Broadway 602-3)

What this reviewer and many other readers did not know was that the complex and philosophical claims made about the human psyche in this tale would become a significant part of the foundation of future psychology. This is not to say that Poe’s tales inspired Freud’s cogitations regarding the unconscious but rather to point to the novelty of Poe’s psychological musings during a time in his life when he was not regarded as a serious author or intellectual person. The research he compiled and the attention he paid to court cases involving the insanity plea assisted the author in forming murderous characters whose dispositions and actions seemed to illuminate the performative nature of insanity, the social intrigue surrounding homicide, and the blurred line that existed between madness and rationality. After reading his tales, readers can see just how astute Poe’s grasp on the human mind really was.⁵

Poe’s maniacal narrators in “Berenice,” “The Tell-Tale Heart,” and “The Black Cat” reflect on their own forms of madness with varying degrees of reflexivity. In

⁵ Poe’s “The Business Man” is said to be the first representation of frontal lobe syndrome (Altschuler, Eric L., and Seth Augenstein 1403-4.)
“Berenice,” the narrator alludes to his monomania while contemplating his tendency to become fixated on domiciliary objects for long periods of time, but he does not actually consider himself mad until he sets his sights on his fiancé’s teeth. In “The Tell-Tale Heart,” the narrator outwardly rejects the notion that he is mad in the tale’s very first sentence; rather than being acknowledged through explanation, his madness is demonstrated through his manic speech patterns and murderous pride. Lastly, in “The Black Cat,” the narrator appears self-aware in his ruminations regarding his own sanity. Unlike the others who become infatuated with human body parts, this narrator theorizes possible causes for his mental instability and invites readers to consider ways in which innate perversions within their own minds might have steered them toward villainous behavior: if perverseness exists in all human brains, then all human beings, at some point or another, desire transgression or self-destruction. All of these monomaniacal characters not only acknowledge and examine their own tendencies toward villainy, but they actually revel in them.

Melville’s and Poe’s formulation of lethal characters unable to repress their “perverse” urges counters the common perceptions of monomania and moral insanity prevalent throughout the Antebellum medical community. Different from recognized diagnoses like Brown’s monomania, inspired by his abolitionist agenda, or Very’s moral insanity, inspired by his pseudo-transcendentalist spirituality, Melville’s and Poe’s dramatizations of mania stem from innate mental aberrations rather than political and religious nonconformity. Brown’s and Very’s attempted social resistance sparked and facilitated their maniacal reputations and diagnoses; Melville’s and Poe’s characters’ mania, however, exists independent of social regulations or expectations. Their desires to
kill whales and cats or to obtain human teeth or eyeballs do not seem to stem from any social injustice nor do they incite any kind of cultural change.

Because they depicted these nuanced portrayals of mania, these authors’ dramatizations challenged the power of the reformed asylums, which Foucault and Reiss argue, sought to homogenize human behavior rather than provide “humanitarian intervention” to the mentally ill (Reiss 11). By creating isolated maniacal fixations for their characters, Melville and Poe offered original depictions of the symptoms that accompanied monomania and moral insanity. Had their characters lived during the nineteenth century, they would still demand psychiatric attention; however, their symptoms would unlikely be curable through the asylum’s methods. Because these characters both acknowledge their own inherent madness and even admit to preferring a state of insanity over a state of rationality, their mania is not a mere anomaly in an otherwise “normal” human mind: it makes up a significant part of who they are, and therefore, would require therapy grounded in psychology rather than cultural control, therapy much more individualized than moral treatment.

Another way Melville’s and Poe’s characters challenged the prevalent perceptions of mania in the reformed asylums was through their prognostication of Freud’s upcoming theories regarding unsuccessful repression and the human unconscious. Because they had impulses toward “perverseness” hidden in the “larger, deeper” parts of their psyches, these maniacal characters forecasted psychoanalytical principles regarding the Freudian “id” and the consequences that can occur if it goes unrepressed.

Rather than adhering to these perceptions of madness as behavioral deviations from social normalcies, Melville and Poe instead portray madness as a psychological
condition, a depiction analogous with the twenty-first century’s scientifically researched perceptions of mental instability. The authenticity of these authors’ portrayals illuminates a necessary distinction between nineteenth-century madness, or social abnormalities, and mental illness, or psychiatric disorders. Whether Melville’s and Poe’s more psychologically authentic representations functioned as catalysts for the legitimatization of the American Board of Psychiatry and Neurology and the American Psychological Association near the times of their deaths remain unanswered. All matters considered though, one can conclude that the idea that Melville and Poe helped to stimulate the medical community’s psychological advancement may not be all that far-fetched. After all, there have been far crazier ideas.
CHAPTER IV

MALE-ANCHOLIA: DECEASED DAMES’ AND SUICIDAL SCRIVENERS’ SUBVERSION OF GENDERED DIAGNOSES

“Do the women pine for home? Excepting the most violent cases, they are conscious that they are confined in an asylum. An only desire that never dies is the one for release, for home.”

(Nellie Bly Ten Days in a Mad-House 85)

While Poe’s and Melville’s fiction that focused on obsessed, psychotic, and murderous madmen often destabilized the social and medical perceptions of monomania and moral insanity, drawing significantly upon the insanity plea controversy, they wrote several other fictional pieces that showcased a less violent but more somber form of madness known as melancholia. A patient diagnosed with melancholia was expected to exhibit a “nervous temperament and a downcast expression coupled with extreme dejection and passivity” (Gamwell and Tomes 71). Similar to cases involving maniacs, a melancholic’s symptoms would be categorized according to levels of severity, including categories such as acute suicidal melancholia and congenital imbecility, both of which indicated critical cases of melancholia.¹ One physician’s casebook, in reference to a melancholic patient admitted to Ward’s Island Asylum in New York, claims “[s]he hears voices commanding her not to eat . . . There is rarely any play of facial expression and she takes no notice of those about her” (Hamilton; qtd. in Gamwell and Tomes 75). Save for the voices in her head, this patient’s reclusive symptoms are analogous with the most

¹ When I use “melancholic” to describe a patient, I am referencing his or her medical diagnosis rather than the contemporary definition of the word.
common behavioral tendencies believed to accompany severe melancholia; symptoms that usually accompanied the less critical cases included heightened emotionality and sensitivity. Perhaps the most telling aspect of this physician's depiction though is the fact that it describes the diagnosis of a mid-nineteenth-century woman rather than a man. Madwomen were diagnosed with melancholia far more often than any other recognized form of insanity plausibly because nonmedical factors like “sex . . . heavily influenced diagnoses and subsequent treatment, in combination with other variables such as age, civil condition, and occupational skills” (Dwyer 5). Because the reformed asylum functioned as a kind of microcosm for an idealized domestic economy, diagnosing women with a form of madness classified as physically nonaggressive but emotionally affecting fit the social expectations for the gender, which functioned as a form double alienation for nineteenth-century women: the diagnosis of melancholia was gender conforming (insofar as it's a nonaggressive, emotional diagnosis) but it also posits melancholic women as poor mothers and wives, thereby marking them as gender non-conforming in regards to these societal expectations.

Another feature of the reformed asylum that reinforced existing social normalcies allowed husbands to have their wives institutionalized. In her book *The Prisoner’s Hidden Life, or Insane Asylums Unveiled*, Elizabeth Packard delineates the events that led her husband to have her committed to Jacksonville Insane Asylum where she stayed for three years. Before her institutionalization, Packard had begun to question her husband’s opinions regarding religion, child rearing, and finances, leading him to deem her insane. Even though she appealed to her neighbors and friends to insist upon her sanity, she discovered that “the legal power which the law gave the husband to control the identity of
the wife . . . allowed [women] to be imprisoned by their husbands or guardians . . . without evidence of insanity!” (Packard 36-37). She claimed that she was inspected by two doctors for less than three minutes, and that “both said while feeling [her] pulse, ‘She is insane!’” (43). While they exemplify the medical community’s tendency to hastily misdiagnose patients, cases like Packard’s illuminate the problematic way in which the asylum epitomized and reduplicated traditionalist patriarchal structures, especially whenever “female” madness was concerned. The scholarship regarding female madness frequently focuses on the diagnosis and treatment methods implemented in the late nineteenth century and afterward when diagnosing women with hysteria and attempting to cure them with vibrating hairbrushes and electric corsets, to mention only two of the asylum physicians’ common treatments. I argue that in their fictional works that feature acute melancholic characters, Poe and Melville not only offered up an original lens by which readers could examine melancholia but also simultaneously repudiated the gendered social and medical perceptions of the illness overall. In addition to this repudiation, both authors’ portrayals of melancholic characters prefigure some of Freud’s assertions in *Mourning and Melancholia* published several decades later, a recasting of the diagnosis that further intensifies their subversion of the reformed asylum’s efforts.

In order to understand what was so singular about these authors’ portrayals of melancholia, readers must first learn how the illness was diagnosed during this period in the United States. Because a great number of melancholics were admitted with no histories of behavioral problems, many patient casebooks delineate situations wherein women were forcibly taken to asylums with no clear evidence of madness. According to one casebook from the Willard Asylum for the Chronic Insane, one homeless patient,
who for nearly two decades had spent her summers in campsites and her winters in poorhouses, was admitted with the description, “She is often uncontrolled in conduct, incoherent in conversations, noisy and insomnolent at night; at times extremely talkative, at other times silent and morose” (qtd. in Dwyer 97). While this particular patient’s lifestyle demonstrates one of the more obvious ways in which a woman could participate in an allegedly abnormal lifestyle during the nineteenth century, another casebook described a more typical patient who was similar in age, but who maintained a vastly different standard of living. She was described as “a married woman with three kids sent to Utica . . . because ‘at present she is different from what she formally was; one week ago she acted very queer’” (qtd. in Dwyer 97).

While the descriptions regarding these two patients are indicative of the more commonly seen melancholic cases in the asylums, one of the most famous cases concerns Nellie Bly, a reporter for the New York World, who was asked by her editor to get herself admitted to Blackwell’s Island Insane Asylum in order to write “a plain and unvarnished narrative of the treatment of the patients therein and the methods of management,” a proposal which she readily accepted (Bly 7). Going by the name Nellie Brown, Bly got herself admitted to Blackwell’s Island after only two nights of feigning insanity. She spent the first night at a Home for Women, where she frequently mentioned to the other patrons that “everything [was] so sad” (Bly 16). After that evening, she was taken to court and examined by Judge Duffy, to whom she complained of incessant headaches and forgetfulness. By the next morning, an ambulance carried her to the asylum where she stayed for ten days. While some of the most appalling instances in her account describe freezing temperatures, ice baths, and physical abuse, some of the most fascinating
instances include conversations she shared with fellow patients, most of whom recognized her sanity immediately claiming, “[Insanity!] It cannot be seen in your face” (Bly 49). Many other of her admitted female confidants insisted on their own sanity as well. After several days of attempting to persuade the physicians and superintendents that her mind was sound, Bly explained that “the more [she] endeavored to assure them of [her] sanity, the more they doubted it” (88). Bly’s editor did eventually get her released from Blackwell’s Island, but not before the reporter felt a form of madness overtaking her. She explained that the longer women spent in asylums, insisting upon their sanity but never being heard, the more quickly they actually started to feel as though they were becoming mentally ill. She elucidates, “I have watched patients stand and gaze longingly toward the city they in all likelihood will never enter again. It means liberty and life; it seems so near, and yet heaven is not further from hell” (85). This observation harkens back to her claim involving the invisible inscription over asylums’ entryways, “Who enters here must leave all hope behind” (Dwyer 9). For Bly, who investigated the asylum firsthand, these words turned out to be all too accurate.

While the descriptions of the patients in the casebooks demonstrate the medical community’s tendency to diagnose and admit women with melancholia for the purpose of maintaining social control by attempting to correct their asocial behavior, Bly’s exposé reveals just how swift and haphazard these diagnoses could be. She was institutionalized after only two days of attempting to appear mad, and the behavioral modifications she made to feign insanity were actually quite mild in comparison with the real-life cases involving monomania and moral insanity referenced in the previous chapter. Moreover, her attempt to feign insanity is intriguing in comparison with the patients she encountered
at Blackwell’s Island, who either felt as though they had been unjustifiably admitted or who were feigning sanity in order to get released back into civilization, similar to the institutionalized writers for *The Opal* at Utica. What makes Bly’s performance distinctive is that she was pretending to be *insane* while some of the actual patients were pretending to be *sane*; in either case, their knowledge of the performative nature of madness demonstrates the epistemological uncertainty surrounding the melancholia diagnosis during this period. This kind of unknowability was problematic for everyone, but it was especially problematic for women, who at the time, could be institutionalized on their husbands’ orders. Additionally, both Bly’s case study and the casebook descriptions demonstrate the asylum community’s tendency to consider melancholia a strictly feminine mental aberration. In fact, data from Utica’s *Annual Reports* suggests that from 1842 to 1892, the percentages of female patients with mental issues caused by “emotional stress” or melancholic symptoms were nearly always higher than the percentage of male patients (Dwyer 99).²

The reformed asylum community’s tendency to gender mental diagnoses becomes even more fascinating when placed in comparison with Poe’s short stories whose narrators admit to feeling symptoms associated with melancholia. In his “Philosophy of Composition,” Poe addresses the subject he believes to induce the most melancholy of tones by claiming, “[w]hen it mostly closely allies itself to *Beauty:* the death, then, of a beautiful woman is, unquestionably, the most poetical topic in the world—and equally is it beyond doubt that the lips best suited for such topic are those of a bereaved lover”

² According to the same set of data charts from 1842-1892, male patients’ cases of mental issues were primarily caused by economic stress or paresis (the later stages of syphilis) (Dwyer 99-101).
Philosophy of Composition 724). In each of the following tales, Poe makes use of this melancholic subject matter by having all his narrators descend into a grief-stricken madness following their wives’ deaths. In “Ligeia,” which was allegedly Poe’s favorite tale, the narrator mourns the death of his wife Ligeia, a woman whose beauty and intelligence, he believes, is unmatched. He spends ample time describing the “faultless contours” of her hair, forehead, nose, and teeth, but when he starts to describe Ligeia’s eyes, he moves from admiration to obsession.

Unfortunately, Ligeia falls ill, and after being confined to her bed during the last days of her life, she eventually dies. Because they have been made aware of the narrator’s overwhelming love for her, readers can predict the sadness the narrator endures, sadness which he confirms by explaining that the months after her death were filled with “weary and aimless wandering” wherein he was “crushed into the very dust with sorrow” (262). In an opium-induced state, he moves to a “remote and unsocial region of the country” and marries his second wife, Lady Rowena Trevianion, whom he quickly begins to resent “with a hatred belonging more to a demon than man” (263-4).

The immense sorrow that the narrator feels after the death of his beloved Ligeia drives him to leave his former home, develop an opium addiction, and marry another woman, choices that he insists could only occur “in a moment of mental alienation” (262). He describes his life as “lonely desolation” with “feelings of utter abandonment,” and as he wanders through England, he likens his grief to the “gloomy and dreary” buildings; he lives in a state of extended mourning, and his inability to recover from grief

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3 Many of Poe’s other works feature this subject matter such as “The Raven,” “Annabel Lee,” and “Annie.”
foreshadows his later hallucinations involving Ligeia’s ghost (262). His thoughts and behaviors leading up to Ligeia’s reappearance demonstrate his psychosis: he recalls the “fierce moodiness of [his] tempter” and claims that his second wife’s hatred of him gives him great pleasure (264). While his interminable longing for his deceased wife and his eventual insistence on the return of her ghost assists in establishing a form of dark, depressive mental aberration, it is his descriptions of Ligeia and his embodiment of melancholic symptoms that make Poe’s portrayal of melancholia particularly significant.

During several of his early descriptions of Ligeia, he comments on her intelligence, insisting on her proficient knowledge in “all the wide areas of moral, physical, and mathematical science” (259). He further boasts by claiming that he referred to “her guidance through the chaotic world of metaphysical investigation,” and that without her, “[he] was but a child groping benighted” (259). By merely elevating his wife’s intelligence and knowledge above his own, the narrator destabilizes marital power structures of mid-nineteenth-century America. He frequently swears on her ability to maintain logic and rationality even when the metaphysical and epistemological conundrums surrounding human existence affect his nerves. By doing so, Poe has appeared to rearrange the marital positions of authority in this relationship, going against the grain of culturally accepted notions of marriage during his time.

While his progressivism in characterizing Ligeia subverts popular perceptions of women during the asylum reform era, Poe’s choice to characterize his male narrator as a melancholic demonstrates a recasting of this gendered form of madness. By formulating a male narrator who experiences the symptoms that accompanied a mental illness primarily
attributed to females, Poe offered a portrayal of melancholia that destabilized the prevalent social and medical assumptions regarding gender roles.

While the narrator’s reliance on his wife’s guidance before her death and his melancholic and even psychotic dispositions after her death work to destabilize the asylum community’s perception of melancholia, the actions that this narrator takes after Ligeia’s death closely replicate the suggestions Freud makes regarding the bereavement process in *Mourning and Melancholia*, a piece he published in 1917. Adding to his discussion on the “critique of the subject,” the “id,” and the “ego,” Freud examines the conscious and unconscious ideations in the psyche after the loss of an external object. During the progression into “psychogenic melancholy,” a person would experience a state of depression and mourning beyond his or her realm of consciousness. Freud describes these mourning symptoms as “profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches” (qtd. in Bradbury 215). It is in this unconscious mourning state that a melancholic feels abandoned by the lost object, and in order to re-establish a connection to it, the mourner internally identifies with it. In her discussion of Freud’s account of melancholic psychogenesis, Mary Bradbury explains this process of identification with the lost object by stating:

> On losing the object, rather than directing the free libido to a new object—the healthy response—the melancholic appears to have withdrawn the freed libido back to the ego. This libido is then used to establish a narcissistic identification of the ego with the abandoned object. (216)
Once a melancholic’s ego identifies with the lost object, an exchange occurs from feelings of narcissism (love for the lost object identified within oneself becomes a form of self-love) to feelings of self-criticism (anger at the abandonment of the lost object identified within oneself becomes a form of self-loathing). Freud points out melancholics’ tendencies to condemn themselves but suggests that “these lengthy, vocal and unashamed condemnations are actually not so much self-criticisms but internalised object criticisms” (Bradbury 216). This narcissistic self-hatred only occurs during pathological grief. Freud acknowledges that “normal grief” can occur, but only if mourners refuse to identify with the lost object, and instead begin to construct a new reality wherein the lost object does not exist.

The feelings, actions, and denials of Poe’s narrator in “Ligeia” closely personify Freud’s descriptions of a psychogenic melancholic who undergoes the process of pathological grief. The narrator’s obvious enthrallment with his wife is detailed early on in his descriptions of her beauty and intelligence, descriptions which help enable readers to recognize his mourning feelings as acute melancholia. Reflecting Freud’s conceptualization, the narrator claims to have “feelings of utter abandonment” (262). While he does eventually marry another woman, the narrator has not moved out of the pathological grief state because he has not constructed a new reality; his memories of Ligeia dwell on the surface of his own psyche causing him to revel in his second wife’s hatred for him. This behavior illustrates Freud’s theory by showing the narrator’s identification with the lost object. His “confusing ardor . . . for the departed” was accompanied with feelings of identification with his own memories of Ligeia. After claiming that he “reveled in recollections of her purity, of her wisdom, of her lofty—her
etereal nature, of her passionate, her idolatrous love,” he declares that his own spirit “fully and freely burn[s] with more than all the fires of her own” (264).

While the narrator’s melancholia in “Ligeia” seems to prefigure Freud’s thoughts on the same topic nearly eighty years prior, the narrator in Poe’s “Morella” actually ponders the topic of melancholic identification outwardly. “Morella” follows a very similar narrative to that of “Ligeia” because in this story, the narrator also experiences the loss of his beloved wife. Days before Morella dies, the narrator explains that the notion of individual identification was a perennial conversation topic throughout their marriage. He notes:

That identity which is termed personal, Mr. Locke, I think, truly defines to consist in the saneness of rational being. And since by person we understand an intelligent essence having reason, and since there is a consciousness which always accompanies thinking, it is this which makes us all to be that which we call ourselves, thereby distinguishing us from other beings that think, and giving us our personal identity. But the principium indivduationis, the notion of that identity which at death is or is not lost for ever, was to me, at all times, a consideration of intense interest. (235)

Although they both felt abandoned after the loss of their wives, both of Poe’s narrators explain their inability to experience “normal grief” due to the fact that their wives’ spirits linger after their passing. Their pathological grief manifests itself within their own psyches, causing them to attach their own identities to the memories they shared with their wives. This attachment causes forms of self-hatred, as well as intense disdain for
any other person whose temperament or visage resonates with their recollections of their wives. For the narrator of “Ligeia,” the disdainful person is his second wife, Lady Rowena, and for the narrator of “Morella,” the disdainful person is his daughter. Notably, in each tale, all four of the female characters eventually die. Although Poe may have been using this particular subject matter merely because he believed that the death of a woman was the most poignant topic in literature, his emphasis on the interminable identities of lost love objects within severe states of melancholia is consistent with Freud’s beliefs of pathological grief and psychogenic melancholy formulated much later. Again, this is not to say that Poe’s tales inspired Freud’s theories but rather to illuminate the author’s well-rounded grasp of the human psychological processes involving grief.

Similar to “Ligeia,” Poe’s characterization of his narrator in “Morella” offers a more nuanced portrayal of melancholia than previously seen during the asylum reform period. Because the disease was frequently associated with women, Poe’s choice to give his male characters the melancholic symptoms for which hundreds of women were being committed destabilizes not only the social and medical perceptions of female madness but also the cultural expectations of each gender overall. Even though melancholia was regarded primarily as a feminine form of madness, Poe’s narrators demonstrate that males could easily experience acute grief and even psychosis after the loss of a loved one.

In addition to subverting the gendered aspect of melancholia, the narrator in “Morella,” like the narrator in “Ligeia,” also seems to challenge social gender roles by elevating his wife to a position of authority in their marital structure. He claims that he often felt as though he were “her pupil” and that he “abandoned [himself] implicitly to the guidance of [his] wife,” admissions that counter the gender norms of Poe’s time (234).
Then, after Morella dies giving birth to their daughter, the narrator explains that his “tortured nerves obtained the mastery over [his] mind” and that the affection he initially felt for his daughter “became darkened, and gloom, and horror, and grief,” an explanation which forecasts his subsequent psychosis at the story’s close (236).

While Poe’s tales demonstrate his deep understanding of the human psyche through an inverted and progressive portrayal of melancholia and simultaneously forecast the Freudian theoretical framework regarding the same subject, Melville’s tale “Bartleby the Scrivener” accomplishes a similar task but additionally offers up a portrayal of what occurs when the psychogenic melancholic’s state deteriorates into Freudian neurosis. First published in Putnam’s Magazine in 1853, “Bartleby the Scrivener” presents a curious narrative about an older Wall Street lawyer who hires three scriveners, Turkey, Nippers, and Bartleby, to copy legal documents. The lawyer, who functions as the narrator, characterizes each of the scriveners according to their work ethic and personality traits and notes that each of them ultimately displays rather peculiar tendencies. Bartleby, in particular, begins by completing his tasks competently until one day he is asked to proofread a document and responds with his famous line, “I would prefer not to” (1489). This exact reply is repeated several more times throughout the story. Initially, it only embodies Bartleby’s passive resistance to work-driven tasks, but eventually, the resistance prevents him from participating in the basic human care necessary for survival; he eventually starves himself to death. Through his characterization of Bartleby’s curious behavior, along with his characterizations of the other scriveners, Melville is able to demonstrate his repudiation of the prevalent medical perceptions of insanity.
The first demonstration of Melville’s repudiation is seen through his descriptions of Turkey and Nippers. Turkey is a middle-aged man who demonstrates a conscientious work-ethic during the morning hours, but by noontime, his behavior drastically changes. He becomes inept and cantankerous, and the narrator notes that “[t]here was a strange, inflamed, flurried, flighty recklessness about him” (1485). He would often hurl his pens to the ground “in a sudden passion” (1485-6). According to McCarthy, while his aesthetic appearance does not indicate an unstable mental state since he dresses according to “social and business standards,” Turkey’s “emotional outbursts and insolent remarks . . . indicate frustration, inability to copy, and outrage: they indicate also what appears to be a form of moral insanity” (102). McCarthy’s diagnosis of nineteenth-century moral insanity for this character seems justified because although he displays allegedly maniacal behavior during the latter half of the day, Turkey still demonstrates his adherence to social normality through his ability to function successfully and autonomously during the morning hours and throughout his life.

Similarly, Nippers also demonstrates dramatic swings in behavior although his behavioral anomalies occur in opposition to Turkey’s. While Turkey works well in the morning and spirals into petulance in the afternoon, Nippers is considerably anxious in the morning and “efficient and sensible in the afternoon” (McCarthy 102). The narrator describes Nipper’s morning behavior as “nervous testiness and grinning irritability” (1488). He also details Nipper’s nearly obsessive preoccupation with the height, level of comfort, and position of his desk, which leads to his “hissed maledictions,” “dyspeptic nervousness,” and incessant teeth-grinding (1488).
In his attempt to discover a cause for Turkey’s and Nipper’s mercurial antics, the narrator resorts to the idea that the difficulty of the Wall Street career path has taken its toll on his scriveners’ minds. This idea, though analogous to the asylum movement’s “critique of the modernity” that accompanied the Industrial Revolution, demonstrates not only Melville’s awareness of the perceived symptoms of nineteenth-century madmen but also reveals a possible critique of those perceptions as well (Reiss, *Theaters* 124). While the deportments of Turkey and Nippers follow the symptomatic behaviors for which hundreds of people were being institutionalized, Melville questions the medical community’s preconceptions by allowing his characters to harbor those symptoms but still manage to successfully function within society. Plausibly, both Turkey and Nippers would have been diagnosed with moral insanity by asylum physicians and institutionalized had they been alive during Melville’s lifetime; however, because they are still able to survive autonomously and without any outside speculation of alleged insanity, their characterization illuminates the unrealistic and socially constructed perceptions of madness during their era. They may demonstrate insane tendencies, but they are indeed sane characters.

While his characterization of Turkey and Nippers challenges the popular medical perceptions of moral insanity, Melville’s careful formulation of Bartleby is more subversive. The narrator first describes Bartleby as “pallidly neat, pitifully respectable, [and] incurably forlorn” and is impressed by the great number of copies Bartleby can produce initially (1488). He claims that he “became reconciled to Bartleby. His steadiness, his freedom from all dissipation, incessant industry . . . his great stillness, his unalterableness of demeanor under all circumstances made him a valuable acquisition”
The narrator’s positive reception of Bartleby changes after the scrivener’s first passive refusal to complete his tasks: “I would prefer not to” (1489).

In the days following his first assertion of passive resistance, Bartleby begins exerting more eccentric behavior. The narrator pays a visit to his office on a Sunday morning and finds that Bartleby has been living in the office, keeping his blanket rolled up under his desk, and relying on ginger-nuts and cheese for nourishment. Bartleby’s refusal to work progresses, and the narrator concludes that he must be “a victim of innate and incurable disorder… it was his soul that suffered, and his soul I could not reach” (1496). While he desires to help Bartleby, the narrator cannot seem to offer him any assistance to which he would agree; not even a job dismissal or bribery convinces the scrivener to move out of the office. Because he cannot convince Bartleby to leave, he decides to move his practice to another law office, leaving the scrivener alone in the building. Shortly after, the narrator receives a call informing him that Bartleby had been forcefully removed by the new owners and taken to jail. The narrator visits him in jail and discovers that Bartleby has been refusing food despite the cook’s futile attempts. In the following week, the narrator returns to the jail and finds Bartleby laying in the grass against a cement wall, having starved himself to death.

While all three of the story’s scriveners demonstrate allegedly abnormal behavioral tendencies, Turkey and Nippers serve as representations of the more standard patients institutionalized in the asylums. Because advocates of the asylum movement “propagated the doctrine that the insane could be transformed so that they could return to society as healthy and productive people,” Turkey’s and Nippers’s seemingly insane characteristics would have plausibly led to their institutionalization; however, due to the
alleged success of moral treatment, a reader might imagine they would have been “cured” and released back into society after a couple short months (Luchins 473). Bartleby’s mad characteristics would have likely led to his institutionalization as well; however, given his inability to recognize the basic human requirements for survival, Bartleby’s madness is quite different than the other scriveners’ madness. Unlike them, his madness cannot be cured through institutionalization or moral treatment because he is experiencing more severe symptoms, which disallow him to live or function within the realm of social normalcy. Melville’s characterization of Bartleby demonstrates a portrayal of mental illness far more complex than what was typically seen in nineteenth-century American asylums, a portrayal filled with symptoms for which physicians did not yet have treatments. Perhaps that is why Melville chose to have Bartleby starve himself to death at the end of the tale. By concluding the tale with the exclamations “Ah Bartleby! Ah humanity,” perhaps the narrator suggests that Bartleby had been failed by a society not medically advanced enough to care for him (1509).

In addition to destabilizing the nineteenth-century medical perceptions of melancholia through depictions of more severe symptoms, Melville’s characterization of Bartleby prefigures the notion of Freudian neurosis, a state that occurs when “people turn away from reality because they find it unbearable—either the whole or parts of it” (qtd in. Jacobs 59). McCarthy concludes that “Bartleby’s reveries, habitual negativisms, and final refusal to eat” suggest that the character was suffering from a form of monomania (104). While McCarthy’s suggestion is plausible, the notion that Bartleby was suffering from a form of psychogenic melancholia that had progressed into neurosis might be more likely. In his first impression of Bartleby, the narrator describes him as hardworking but
“incurably forlorn” and claims that Bartleby displays an “unalterableness of demeanors under all circumstances” (1494). These descriptions do not reflect the sort of maniacal behaviors present in the nineteenth-century depictions of monomania, mania, or dementia; they more closely align with Freud’s discussion of severe melancholia. Furthermore, Freud states, “[t]here is no mania at the ‘end’ of the grieving process . . . precisely because ‘the work of severance is slow and gradual that by the time it has been finished the expenditure of energy necessary for it is also dissipated’” (qtd. in Bradbury 217). Like Freud suggests, Bartleby displays exponentially more sadness as the tale goes on, and he eventually dies due to his unenergetic disposition regarding the needs for basic survival. Then in his final days, his refusal to eat appears to be a languid lack of desire to survive rather than a purposeful choice to die: he is not actively causing himself harm but is rather sliding slowly and passively into his own ruin.

The narrator in “Bartleby the Scrivener,” like Poe’s narrators in “Ligeia” and “Morella,” explores the idea of melancholic madness at length and experiences a firsthand account of the consequences that can stem from forms of mental aberration. While the characterization of Bartleby demonstrates the perspective of a sane outsider looking in, the characterization of Poe’s narrators offers a far more personal view of melancholia, a view which tends to reflect several Freudian theoretical concepts of pathological grief and misidentification. From the fits of psychogenic melancholia shown in “Ligeia” and “Morella” to the passively suicidal neurosis dramatized in “Bartleby the Scrivener,” readers are able to glean psychological insight regarding the human psyche, insight that reflects Freud’s publications on the same topics.
The other similarity that Melville’s characterization of Bartleby shares with Poe’s fictional melancholic narrators is his sex. By depicting Bartleby with the dejected and reclusive symptoms that accompanied melancholia, an illness deemed primarily feminine in nature, Melville destabilized the asylum community’s tendency to tailor its diagnosis and treatment methods to fit the prevalent and assumed gender roles.

While the mere existence of Poe’s and Melville’s melancholic male characters counters the social and medical perceptions of this predominately feminine mental illness, there were not many other mid-nineteenth-century literary representations that sought to reverse this specific medical gender assumption. The exposés written by Packard and Bly were quite successful in their attempts to illuminate the problematic treatment of patients, as well as the social, marital, and medical oppression women faced when being committed on their own husbands’ demands; however, many fictional representations of madwomen written by female authors during this time tended to construe any form of mental aberration (not just melancholia) as predominately feminine. Examining works by female authors like Virginia Woolf, Jane Austen, Emily Brontë, and Emily Dickinson, feminist critics, Sandra Gilbert and Susan Gubar have drawn similar conclusions regarding the fictional representations of the nineteenth-century madwomen, claiming that the reoccurring image of the madwoman was “a figure for women’s frustrated creative energies in a patriarchal society that denied them avenues of expression” (Reiss 177).

While Reiss explains that Gilbert and Gubar’s assertions are successful in capturing the way in which the asylum would often “do a patriarchal society’s bidding,” he maintains that this theoretical view of female madness neglects to examine the ways in
which the reformed asylum may have actually given former female patients a platform on which to begin their "gender-based challenge to institutional authority" (180). He explains that one of the reasons that readers were so receptive to Packard’s exposé was that in her criticism of her husband’s choice to institutionalize her, she was preserving “traditional gender roles, rather than attacking them” (178). She emphatically accused her husband of forsaking his protective role by having her committed, which Reiss claims, furthered female subservience. Additionally, he argues that during the mid-nineteenth century, madmen faced more difficulty than madwomen because although many women were institutionalized for causing “disturbances in their domestic roles,” men were often more stigmatized for their cases of insanity due to the problematical social and medical perception that men brought madness upon themselves by indulging in their own immoral appetites. These arguments provided by Gilbert and Gubar and Reiss all demonstrate the reasons why Poe’s and Melville’s portrayals of melancholic characters were unique for both sexes during the asylum reform. By drawing upon an illness that was gendered by both the social assumptions that categorized the symptoms as feminine and the great percentage of diagnosed women in the admittance data, Poe and Melville formulated their subversive melancholic male characters whose pathological grief cycles and eventual psychosis depicted the way in which melancholia could affect men just as it had women in decades prior. Additionally, by demonstrating that men could experience the allegedly feminine symptoms that accompanied melancholia, the authors helped destabilize the gendered perceptions and expectations of human behavior overall. So in addition to forecasting Freud’s theoretical framework regarding the mourning process and the medical community’s acceptance of methods used to better understand
psychology rather than reinforce social conformity, Poe’s and Melville’s characterizations may have prefigured the significant gender revolution that took place in the following century that continues to be reformed even today. While ex-patient disclosures like Packard’s or undercover exposés like Bly’s offer a real depiction of the medical treatment available to women during the nineteenth century, Poe’s and Melville’s stories capture the experience of confinement for both sexes simultaneously, and suggest that, in fact, the cultural divide drawn between the sexes that is being examined even today was not all that wide to begin with.
CHAPTER V

CONCLUSION: THE MADMAN IN THE MIRROR

“I'm starting with the man in the mirror. I'm asking him to change his ways.”

Michael Jackson, “Man in the Mirror”

In The Birth of the Asylum, Foucault explores a madman’s ability to recognize his own madness within himself. In what he refers to as “the mirror of madness,” Foucault claims that the nineteenth-century madman was imagined to be capable of viewing his own form of insanity by peering inward to self-reflect. These symbolic mirrors accomplished more than merely encouraging the madman to objectively view his own mental ailments though; they tangled the madman in a perpetual state of guilt regarding his own identity. After centuries of being alienated from societies that discarded him for his abnormal social behavior, the madman had learned to digest the surrounding cultural beliefs that claimed that he was a lesser human that the rest. Then, “imprisoned in [his] own gaze,” the madman’s permanent self-deprecation caused him to “recognize [himself] in the world of judgement that envelops [him] from all sides: [he is] . . . observed, judged, and condemned (Foucault 499-500).

Because he was accustomed to this perpetual judgement, the madman “became an object of punishment always offered to himself and to the other” (Foucault 485). His relationships to all other members of the asylum (superintendents, physicians, attendants, and other patients) were not based on reciprocity. Although he had been freed from the literal restraints, he was still chained to his own madness through his need to accurately recognize his idiosyncrasies but still manage to repress them all on his own. Moreover, the reformed asylum’s success rate depended upon the madman’s ability to control
himself and exhibit a morally based consciousness. Perhaps the antebellum asylum’s lack of attention to its individual patients’ needs led to the great embrace of Freud’s introduction of talk therapy just after the turn of the century. By emphasizing the necessity of a physician/patient relationship, Freud was able to start an empirically informed conversation about mental illness by “[abolishing] silence and the gaze, and [by removing] the recognition of madness by itself in the mirror of its own spectacle” (Foucault 510).

While psychoanalysis was the major stepping stone toward legitimizing the asylum as a medical establishment with its stress on the importance of physician/patient conversations, Poe and Melville helped instigate and update the social and literary conversations surrounding madness by first illuminating the common societal misconceptions of the relationship between the asylum and the madman and by creating narrators whose metacognitive reflections regarding their own insanities prefigured Freud’s theories on the same subjects.

As shown throughout Chapter I, Poe’s dramatization of the asylum in “The System of Doctor Tarr and Professor Fether” offers an insightful look into the system of power implemented in the reformed asylum. Through the inversion of authority between the patients and the staff members, Poe illuminates the patients’ obligation to both exhibit self-censorship and counterfeit sanity in order to avoid punishment. By illuminating these patient obligations, Poe’s tale destabilizes the authenticity of asylum magazines like The Opal, which claimed to accurately detail the lives and thoughts of the madmen and women for curious outside readers. Furthermore, this inversion portrays the asylum as a national instrument of conformity used to homogenize all human behavior, an instrument
that often posed under the guise of a medical humanitarian force. Rather than furthering the more widely accepted belief that the asylum offered the best care for people with “cracked brains,” Poe’s tale instead portrays the asylum as the intolerant and fearmongering establishment that it truly was (“Editor’s Table,” *The Opal* 2.1 28).

Similar to Chapter I, Chapters II and III demonstrate how both Poe’s and Melville’s characterizations of their fictional madmen subverted the cultural perceptions of monomania, moral insanity, and melancholia, three of the most common diagnoses during the asylum reform. In their fictional works “Berenice,” “The Tell-Tale Heart,” “The Black Cat,” and *Moby-Dick*, Poe and Melville, rather than adhering to the conventional perception of mania as a result of immoral behavioral tendencies, instead portrayed this form of madness as an innate condition found within the recesses of patients’ minds. Writing these stories during a time when madness was often thought to occur as a result of purposeful asocial, libertine, or immoral lifestyles, these authors’ portrayals suggested a novel psychological understanding of monomania and moral insanity. For Poe’s homicidal narrators and Melville’s obsessive sea captain, insanity was a recognized and sometimes preferred state of mind: they could differentiate between a calm mind and a maddened mind but understood that in order to complete their murderous missions, they needed to indulge in insanity. Because the diagnosis of monomania or moral insanity stemmed from the belief that patients exhibited social normalcy regarding all life aspects outside of their obsession, these characters’ mentalities inverted the common perceptions of these mental illnesses: they chose to forego sanity entirely. They were not attempting to feign stability in order to conceal their madness; they were not accidently committing sinful or wicked acts; and they were not
punishing themselves for their inability to conform to societal expectations. Because it did not stem from immoral choices they made, their characters’ mania could not be cured through moral treatment, which sought to rewire patients to embody cultural normalcy by promoting the necessity of a proper, bourgeois lifestyle. If they were to receive psychological care, these characters would need treatment that explored their mental states rather than treatment that controlled their bodies.

Additionally, these fictional perceptions helped recreate the relationship between madness and knowledge that nearly ceased to exist after the Renaissance. Because these mad characters draw upon the performative nature of madness, they demonstrate not only the epistemological mystery involving madness in both the social and medical communities, but they also reveal their own vast psychological expertise, which is particularly intriguing considering their maniacal, homicidal tendencies.

Similar to their nuanced fictional representations of monomania and moral insanity, the authors’ renderings of melancholia in “Ligeia,” “Morella,” and “Bartleby the Scrivener” destabilize the common perceptions of the gendered mental illness by creating characters whose symptoms align with the Freudian stages of pathological grief and mourning. The male characters are able to embody the allegedly feminine symptoms that led to a melancholic diagnosis, and they were able to prefigure Freud’s stages of grief because they were given multidimensional personalities. Poe’s narrators, for example, are self-aware in their ruminations regarding their wives’ deaths and the subsequent hallucinations they experience involving their wives’ ghosts. Throughout their cycles of grief, they explore the concepts of identity, consciousness, and the notion of one’s guiding “self,” all of which help them reduce the assumptions regarding gender roles and
point to the idea that bouts of insanity are not results of conscious choices to indulge in vices but are, instead, subconscious impulses that exist within the minds of every human being, regardless of biological sex.

In addition to prefiguring the Freudian stages of pathological grief through their melancholic characters, Poe’s and Melville’s other mad characters heralded several significant aspects of psychoanalysis, which Freud introduced to America at the turn of the century, nearly eighty years after the authors reached the height of their literary careers. All of their mad characters, whether they displayed tendencies toward melancholia, dementia, monomania, or moral insanity, demonstrated their urges to transgress the boundaries of social normalcy; these urges were usually aggressive or violent in nature and manifested through the characters’ delusions or their obsessions with murder. Because they are usually successful in their attempts at homicide, these fictional madmen demonstrate the behavior that can occur if a person’s repressive mechanism fails.

Coupled with their anticipation of Freud’s theories regarding subconscious urges and unsuccessful repression, Poe’s and Melville’s fiction also anticipated the incompetence of moral treatment, an anticipation which called for more individualized care involving physician/patient dialogue. In “The System of Doctor Tarr and Professor Fether,” for example, the patients’ obligation to constantly self-censor and self-punish points to the lack of dialogue between the asylum staff and the patients. Furthermore, the patients’ choice to lock away the staff members in the basement cells reveals the superintendents’ and the physicians’ failure to form compassionate and helpful relationships with those they institutionalized.
The system of power that Poe formulated in this story destabilized the supposed success of the reformed asylum and perhaps even helped encourage the adoption of talk therapy, which formed the foundation of modern psychiatry. Even though many of Freud’s theories have been dismissed in recent decades, his introduction of psychotherapy in the early twentieth century was groundbreaking because it was the first time that the mental asylum could be regarded as a medical establishment. It became a place that tried to understand the insane mind rather than merely isolate and correct it.

Because the introduction of psychoanalysis has since been considered the catalyst for the legitimization of mental health practices, modern critics find it easier to regard the reformed asylum as wholly destructive, but in fact, the reformed asylum, while it certainly had its shortcomings, still revealed the flaws of past medical diagnosis and treatment methods and paved the way for better future practices. Although the reformed asylum seemed to utilize its institutional authority in order to exert a formalized practice of social control and homogenize human behavior, its system still offered patients a much more benevolent form of institutional care than in centuries prior. Although the reformed asylum did shroud itself in secrecy and often disallowed outsiders access to the methods used to correct supposedly problematic mental issues, it still produced social interactions between the asylum staff and the patients that involved much more than strict dominion and subservience. And although the reformed asylum often functioned as a microcosm of bourgeois normativity, reinforcing oppressive gender assumptions created by conservative patriarchal structures, it sometimes provided women with a home far away from abusive fathers or husbands. The formulation of the American Psychological Association, which occurred just before the turn of the twentieth century, often leads
contemporary societies to assume that with the legitimization of asylums as actual medical establishments, we have found a way to accurately diagnose and treat human madness. What we all tend to forget though is that there is a significant historical distinction between madness and mental illness, a distinction that tends to be overlooked as more psychotherapeutic advancements are developed. The underlying commentary in many contemporary works of art including fictional and non-fictional narratives, films, television shows, and documentaries demonstrates our deep fascination with aberrant psychologies. Works like Susannah Cahalan’s *Brain on Fire: My Month of Madness* and Steven Soderbergh’s *Side Effects* hint at our society’s tendency to over-diagnose mental illness and over-prescribe medication, while other works like Matthew Quick and David O. Russell’s *Silver Linings Playbook*, Martin Scorsese’s *Shutter Island*, and Ron Howard’s *A Beautiful Mind* work to familiarize audiences with mental illness and humanize those whom have been diagnosed with such. In addition to these portrayals, another compelling aspect of mental health referenced frequently in contemporary art is the relationship between creativity and madness. As mentioned in the earlier chapters, many of Poe’s and Melville’s fictional madmen were often characterized in a way that reflected the perceptions of the Renaissance madman, deeming insanity as a method by which one could access higher wisdom. This relationship between madness and knowledge has not been forgotten but has since been transformed as a means by which modern psychiatrists and neurologists study “creative madness.” According to Gamwell and Tomes, many investigative studies have shown that “professional artists suffer disproportionately high rates of mood disorders, especially manic depression and severe depression (99). Psychiatrist and neuroscientist, Nancy Andreasen conducted and
published a study in 1987 which revealed that eight out of ten writers underwent a form of mental illness, meaning that “most of [the world’s] geniuses are fragile, moody, and perhaps a bit mad” (Bartlett 6). Poe actually referenced the idea of creative madness in a letter he wrote to Lowell regarding his strategies for composition claiming that he “rambled and dreamed away whole months, and awake, lost to sort of mania for composition. Then [he] scribble[s] all day, and read[s] all night, so long as the disease endures” (Gamwell and Tomes 99). Poe’s claim regarding his creative madness was validated by his phrenological exam that was published in the *Phrenological Journal* in 1850. The phrenologist argued:

[Poe’s] phrenological development, combined with the fiery intensity of his temperament, serve to explain many of the eccentricities of this remarkable man. . . . He was from the very nature of his organization a wandering star, which could be confined to no orbit and limited to no constellation in the sphere of the mind.

(Gamwell and Tomes 99)

While Poe mentioned his own mad tendencies, his lingering success as an author correlates with the current studies being conducted involving mental disorders and artistic achievement. The notion that innate mental abnormality is conducive to creativity and artfulness reflects the perception of the Renaissance madman’s genius. This relationship reveals that madness maintains a positive connotation in some spheres of civilization, meaning that contemporary audiences may value some forms of insanity rather than condemning them all together. Here in the twenty-first century, we absolutely value the idea of the “troubled genius,” and we often refer to our historical examples for validation: Sylvia Plath putting her head in an oven, Virginia Woolf filling her pockets with stones.
and walking into a river, Earnest Hemingway shooting himself in the head, Anne Sexton locking herself in the garage with her car running, and David Foster Wallace hanging himself. For many of us, the idea that there exists a connection between madness and creativity is palatable, and perhaps our willingness to accept this connection has helped reduce the negative perception of mental illness overall.

Although the stigmatization involving mental illness has lessened in recent decades, I cannot help but wonder what future generations will think when they look back on our treatment of psychological instability because, as I have shown in this thesis, it is easier for one to look backwards and criticize than for one to look around and implement change. Will future generations criticize our novel pharmaceutical prescription advancements? Will they claim that we over-diagnosed people with ADHD and depression? Will they argue that even though we eliminated the use of asylums, our mental hospitals still functioned as social mechanisms used to conform human behavior? Will they mock our treatment of those deemed unfit to care for themselves? Although the previously mentioned modern mad narratives attempt to shine a spotlight on the ways in which our era regards and treats the mentally ill, much like Poe’s and Melville’s did during the mid-nineteenth century, they still leave questions unanswered. How do we know if we are helping the mentally ill or if we are merely rewiring their behavior to mirror our own? How do we know if we are giving the mentally ill a place wherein they feel welcome and guiltless or if we are trapping them in a mirror of our own judgmental gazes? It’s enough to drive anyone crazy.
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