Southern New Hampshire University

Her-sterics vs Hysterics

Reflecting on Women and Mental Health Treatment in the United States; 1800-Present

A Capstone Project Submitted to the College of Online and Continuing Education in Partial

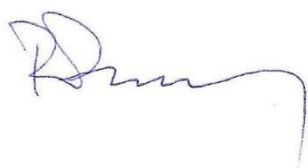Fulfillment of the Master of Arts in History

By

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I certify that this student has met the requirements for formatting the capstone project and that this project is suitable for preservation in the University Archive.

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Abstract

The history of women's treatment in the mental health field is long and complicated. Women were treated significantly different than men and many of the theories and ideas that doctors and early psychiatrists had were based on stereotypes about what a woman should act like in society. The mental health field grew rapidly in the early 1800s and many of the original ideas about how women should be treated still exist in the field today. The OMEKA online exhibit will show how differently women were treated within the field as well as showing how treatments and techniques have changed from the early 1800s to present day.

Dedication

To all of the women going out there and dealing with their mental health issues every day. You are strong and inspiring.

Table of Contents

List of Figures

Acknowledgements

I would like to thank all of my teachers for making me into a stronger student, researcher, and historian. I am lucky to have so many figures in my life who made me passionate about history and social justice. I would also like to thank all of the incredible strong women who are in my life, you are a constant source of pride. I would like to thank the amazing and inspirational friends I have made through Eastern State Penitentiary, without you all I would never have figured out this program was what I wanted. Finally I would like to thank Alice and Bob Potenza. I could not ask for better, more accepting parents. Thank you for pushing me to learn and be more inquisitive. I have become a better person because of you both.

Introduction

The rise of women's studies in the 60's showed a major shift in how historians think about, and expanded the field, to include many historical narratives that were previously overlooked. The overall concept of history from below has opened up the history field and brought in voices of those from all over, and from all walks of life. Women's studies has taught us about important and influential women and specifically the field has shown how social institutions have drastically affected the way women were treated. Studies on the witch trials and the suffrage movement have shown how women fought in the religious and political realm, but one area that seems to be less studied overall are the women who were affected by the growing field of psychiatry in the 1800s There are historical works that discuss how women were treated differently than men but broadening this subject and making it accessible to the general public is important, therefore an exhibit specifically dedicated to this area of women's studies seems necessary. The exhibit shows how, from the 19th to 20th century, in the United States, the social control practices of the mental health field mistreated and misdiagnosed women, and these practices linger in the psychological lexicon today.

The rise in history that focuses on women and other marginalized groups has opened up the field and helped historians to create a better rounded idea of what history was like. No longer do we just have the narratives of those in power, the stories of immigrants, working class, slaves, and other groups have shown us different perspectives and lenses in the field. Specifically in women's history we have a plethora of journals, books, and other scholarly writings that have lent us insight into the struggles that; other groups have faced, reflect on how things have changed, and speculate as to where we might go.

This subject will add to the growing number of exhibits and museums dedicated to the history of marginalized groups. These changing narratives are especially important in the realm of public history. The National Museum of African American History and Culture just opened up in the fall of 2016. They are the:

> "Only national museum devoted exclusively to the documentation of African American life, history, and culture. It was established by Act of Congress in 2003, following decades of efforts to promote and highlight the contributions of African Americans. To date, the Museum has collected more than 36,000 artifacts and nearly 100,000 individuals have become members. The Museum opened to the public on September 24, 2016, as the 19th and newest museum of the Smithsonian Institution."[1]

In the same vein the National Women's History Museum is proposed to open sometime soon in Washington D.C. They have the goal of educating and inspiring women while integrating their narratives into the existing history of the United States.[2] The Tenement Museum in New York City tells the history and stories of immigrant and working class families and the challenges building lives for themselves. While historic sites like, Eastern State Penitentiary in Philadelphia Pennsylvania, work to educate on the issues surrounding mass incarcerations. All of these places are doing fantastic work in the museum field to deliver the stories of groups sometimes overlooked and helping the public to understand them more.

Seeing the narratives of women in the United States has been incredibly important and something I have been dedicated to as I worked through this program. I have worked on the suffrage movement, early black feminists, and the Salem witch trials. These topics are documented and many are already discussed in different historic sites and museums but one realm that should be highlighted even more is the history of mental health care in the United

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[1] "About the Museum," National Museum of African American History and Culture, accessed May 15, 2018, https://nmaahc.si.edu/about/museum.

[2] "Mission & Vision," National Women's History Museum, accessed May 15, 2018, https://www.nwhm.org/about-us/mission-vision.

States, and specifically how women have been treated differently than men in this area of medical care. The body of scholarly work on the subject is impressive but there have yet to be many exhibits or museums who focused on educating the public on this complex history.

There are different museums and historic sites that discuss mental health but none of them seemed to delve into this exact realm of historical interpretation. In Akron they have the National Museum of Psychology which focuses on psychiatric techniques. California has the Psychiatry and Industry of Death Museum which specifically focus on corruption in the field. New Jersey is home to the Museum of the History of Psychological Instrumentation which work on the preservation of lore in the field and the tools used. Oregon State Hospital focuses specifically to the stories in their hospital. Missouri Glore Psychiatry Museum focuses on stories, art work, and writings of patients who spent time there. Recently the "Many Faces of Our Mental Health" exhibit at the Science Museum in Boston tried to help people better understand these diseases and help to destigmatize those who struggle with mental health issues. Many of these places are doing great work to put a focus on the mentally ill. Unfortunately many do not specifically look into the history of women and their unique challenges and some of these places also seem to focus on more exploitative history, potentially sensationalizing the stories of these people. Some of these old mental hospitals even offer paranormal type tours which seems to continue "othering" these groups.

This exhibit specifically goes into women, who faced the brunt of neurosurgery, asylums, and other types of treatments. An exhibit seems like it would be one of the best ways to educate the public on this topic and to help them truly understand why this is a story that needs to be told. This exhibit will show that the evolution of psychiatry and psychiatric treatment is complicated depending on the person receiving care. From the 19th century women have been consistently

misdiagnosed and mistreated as a form of control and othering. What impacted a woman's care was their race, class, and sexual preference and this issues can still be seen in psychiatric care today.

This project is important because mental health is something that is becoming less and less stigmatized but we still have a ways to go even now. The same goes for women's history as a whole. We still have issues of mistreatment and misdiagnosis, and mental health issues on average are still more represented in female populations than for men. There are many scholarly writings in sociology, psychology, medical, and historical realms but that does not make these topics very accessible to the public. The majority of these works are designed for an academic audience who already has some knowledge in the field. This is something that the public should have the opportunity to learn about in a more accessible way and often times museums and historic sites are the answer for this. There have been issues in mental health for much longer than this but true developments in mental health care really started in the 19th century. The scope of the exhibit is a timeline of the 19th century up until today. Focusing on the United States is the main goal, although there are many similarities between what was going on in the United States and other places like the United Kingdom, many developments in psychiatric care within the United States were influenced by European doctors and psychiatrists.

The exhibit intends to follow timelines in several different areas of the mental health field because it is incredibly complex. The exhibit history of asylums, different types of diseases, tools and techniques which were used by psychiatrists, and stories of several well-known women who dealt with these issues. The exhibit looks to answer questions like how were women treated differently than men in this field? What different techniques were used on patients? Were women

mistreated or misdiagnosed? How are things different today? These are a few of several areas important to having a better understanding of the history.

This thesis will cover the major considerations involved in the development of the Omeka exhibit. The project will discuss the historiography of women and mental health care and show how narratives have grown and changed overtime. It will also show the major sources used in the development of the exhibit and the diverse group of voices involved in providing the informational foundation of the project. This thesis will also discuss the methodology behind the project and how it has grown and developed to where it is today. Although the exhibit is ideally far reaching and accessible to a wide range of visitors this will discuss and clarify the specialized audience that was considered when deciding how to tackle the subject matter, and present it to a specific kind of audience. This will also go in depth into the project planning process, and a breakdown of the different sections the exhibit will have. Elaborating more on the historiography, this will also discuss the specific historical narratives that are implemented. It will also be important to discuss the budget and staffing considerations that would be important in order to further develop and improve on this exhibit. Finally this project will talk about recommendations for future developments with the research, and thinking further about ways this public history narrative could continue, this will also discuss many of the ethical considerations necessary to handle this material in the right ways. Hopefully this will help to inspire the continuation of projects like this one and help to grow the historiography of this area of study.

Chapter 1: Historiography

There is a large body of work out there that touches upon the history of women and treatment in mental health. The earliest sources are primary sources; usually journal articles from psychiatrists and memoirs from women who were able to discuss their personal experiences. However one of the oldest secondary sources is a journal article from 1881 called "Lunatic Asylums in America." This is from a British journal that gives their take on how American asylums worked. There is a huge gap on this particular area of history and the next secondary sources do not really start showing up until the 1950s. There are many primary sources in between this time but by all accounts the historiography really did seem to line up with the emergency of women's studies in the United States.

From the 50s to the 80s there seems to be two main focuses in the historiography; class and women's studies. The first book was *Madwives, Schizophrenic Women in the 1950s*. This was a study of women who suffered from schizophrenia although this source is useful in understanding what the perceptions of mental illness were like for women and their husbands it focuses in on the Bay Area of California specifically so it is not necessarily representative of overall perceptions at the time so this is one gap in the historiography early on. The 70s show a major shift in more radical writings on women's mental health history. Historical works coming out of this time were "From the Stake to the Scalpel" in 1974, Phyllis Chesler's first version of the very influential work *Women and Madness* published in 1972, and an article about Elizabeth Packard one of the first radical activists in the realm of mental health reform. These works all have many things in common all focus on how the treatment of women historically is linked to major issues in mental health practices and all of them discuss women like Packard, Plath, and Zelda Fitzgerald.

Chesler's work as well as the Elizabeth Packard journal article both focus in on one specific woman or pull from a group of case studies and although this personal insight is helpful there were gaps in the overall historical connections between early care up till their time. At this point there are many more scholarly debates on the use of different treatments for mental health issues.[3] The effects of treatments like lobotomies are really shown and because this was during the period of deinstitutionalization it seems as though the writings from this time show an enthusiasm for some treatments like electro-shock therapy but are less enthusiastic on the use of asylums.[4] Finding ways to remove people from asylums, no matter what, is more of the tone in these writings.

The 80s brought more writings specifically on the history of mental health care overall Elaine Showalter wrote her article "Victorian Women and Insanity" in 1980 and her book *The Female Malady.* Both of which are helpful in understanding the general tones of the Victorian Era and *Malady* expands exploring the history up till 1980. Her focus is mostly on England and treatment overseas, which makes sense because the majority of theories that influenced mental health care in general came from European doctors. It is obvious there is still a gap here in discussing the overall history in the United States. Jeffery Masson compiles a collection of journals from these European doctors and their theories in *A Dark Science* published in 1986 which still focuses mostly on Victorian Era Europe. However Joan Busfield writes "Sexism and Psychiatry" a year later and this expands on sexism within the practice that Chesler mentions but also looks into sexism within society as a whole to have broader examples as opposed to focusing on specific case styles. This focuses mostly on talk therapy and less on other techniques

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[3] Phyllis Chesler, Women and Madness, (New York: Palgrave Macmillan, 2005) 60.
[4] Chesler, Women and Madness, 217.

used on women. Given the how in 1970 a court case requested 1 million in reparations to women mistreated in mental health; abused, seduced, lobotomized, forcefully hospitalized.[5]

The 90s offer works on more of the overall techniques L. Frank writes "Electroshock: Death, Brain Damage, Memory Loss, and Brainwashing." Donna E. Stewart has a journal article called "Emotional Disorders Misdiagnosed as Physical Illness" which delve into not women specifically but do talk about major changes in treatments like Electroshock which was declining as a favorable treatment and the issues surrounding misdiagnosis. M.A. Wood writes "Zelda Fitzgerald's Save Me the Waltz as Asylum Autobiography" another look at one specific woman who famously dealt with mistreatment and being committed to a psychiatric facility. Jane Ussher writes her book *Women's Madness: Misogyny or Mental Illness?* Which adds to the historiography on misdiagnosis and sexism within the field although mostly focused on English practices like many others it does continue to broaden the historic works.[6] Similarly Janet Walker writes "Women and Psychiatric Technique" that focuses on how psychiatric techniques were potentially very different for women.[7] *Women of the Asylum* a collection of writings and memoirs from women who wrote about their time in asylums up until 1945 and Debra Umberson comes out with "The Effect of Social Relationships on Psychological Well-Being" in 1996. It seems like the writings specifically on women and specifically on case studies of these women develops further in the 80s and 90s.[8] The major gaps of lacking secondary sources on the history of women overall is still an issue. This shift produced academic writings that have more of a focus on women and social classes as well as criticism of particular psychiatric treatments. Ada

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[5] Chesler, *Women and Madness*, 1.
[6] Ussher, *Women's Madness,* 9,
[7] Janet Walker, "Women and Psychiatric Technique," In Couching Resistance: Women, Film, and Psychoanalytic Psychiatry, (University of Minnesota Press, 1993) 23.
[8] Debra Umberson, D. Chen, James S. House, Kristine Hopkins, and Ellen Slaten. "The Effect of Social Relationships on Psychological Well-Being: Are Men and Women Really So Different?" *American Sociological Review*, 61, no. 5 (1996): http://www.jstor.org.ezproxy.snhu.edu/stable/2096456. 83.

Metcalf said that "the doctors asserted the existence of witches; and the people, with frenzied excitement, soon hunted and dragged forth the weak the defenseless, the law arraigned, tried, and convicted them; then pronounced the death penalty and enforced it."[9] So sexism became a major focus.

By the early 2000s we hit the third wave of feminism and you can see certain shifts in the narratives. Leyla Gülçür writes "Evaluating the Role of Gender Inequalities" in 2000, this work uses gender and racial lenses to discuss the mental health history this might reflect on the social movements developing at the time on intersectional feminism.[10] The works of Katherine "The Invisible Crisis: Women and Psychiatric Oppression" and Davar Bhargavi with "Teaching Psychiatry with a Gender Perspective" come out around the same time both of them specifically looking at gender and recognizing the gaps in the existing historiography, seem to go more into overall issues although not always looking into the broad history.

Katherine Pouba and Ashley Tianen collaborate on "Lunacy in the 19th Century" and Laura Hirshbein writes "Science, Gender, and the Emergence of Depression in Psychiatry, 1952—1980," one focusing specifically on the Victorian Era and the other focusing on the more contemporary issues of their time. Andrea Nicki "Women and Anti-Depressants" also written a year after makes similar connections to Hirshbein's work. Jason Emerson writes his biography *The Madness of Mary Lincoln* and Lisa Appignanesi writes *Mad, Bad, and Sad* in 2009. Mary Lincoln's mental health history was not really written about until this point[11] and Appignanesi uses her book to discuss the major cases like Plath and Fitzgerald that some of the other

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[9] Jeffery Geller, and Maxine Harris, *Women of the Asylum: Voices from Behind the Walls 1840-1945*, (New York: Anchor books, 1994) 125.
[10] Leyla Gülçür, "Evaluating the Role of Gender Inequalities and Rights Violations in Women's Mental Health." *Health and Human Rights* 5, no. 1 (2000): 46-66. doi:10.2307/4065222 48.
[11] Jason Emerson, *The Madness of Mary Lincoln*, (Carbondale: Southern Illinois University Press, 2007) 5.

historians had focused on. At this time the historiography seems to be very far reaching with different times and specific people being covered. It is obvious that there is still the issue with a lack of focus or information on black women and mental health history.[12]

In 2010 Hirshbein writes another article "Sex and Gender in Psychiatry: A View from History" and the same year Martin Summers covers a racial lens overall with "Suitable Care of the African When Afflicted With Insanity" this focuses on the issues with black patients in general a subject that had not really been looked into. "Women and Hysteria in the History of Mental Health" and Elísabet Rakel's "Women and Madness in the 19th Century" both focus on the Victorian Era and specifically hysteria, a common disease that was almost exclusively diagnosed in women. There are also expanses with mental health history in general with Mitchell Glickstein's "Mental Illness and the History of Surgical and Drug Treatment" and Jennell Johnson's *American Lobotomy* these both focus on psychosurgery[13] and there is more focus on lobotomies which also fell out of favor as a technique once some of the long term affects started to come to light. This helps cover some of the gaps specifically in talking about drug and surgical treatments that initially were very popular and helpful in the deinstitutionalization movement[14].

The most recent additions to the historiography are Kate Clifford Larson's *Rosemary: The Hidden Kennedy Daughter* which reveals the story of the Kennedy daughter who had received a lobotomy and was drastically affected by the procedure. There is also the article by Julia S. Jordan-Zachery, "Why So Many Sisters are Mad and Sad" which also attempts to fill in the historical gaps on black women and mental health treatment. Finally there is Michelle Jones

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[12] Julia S. Jordan-Zachery, *In Shadow Bodies: Black Women, Ideology, Representation, and Politics,* (Camden: Rutgers University Press, 2017) 45. http://www.jstor.org.ezproxy.snhu.edu/stable/j.ctt1x76dfm.10.

[13] Jennell Johnson, American Lobotomy: A Rhetorical History, (Ann Arbor: University of Michigan Press, 2014) 7.

[14] Major mental health movement in the 60s to try to remove a large amount of mental health patients from asylums and psychiatric wards which had become very overcrowded.

and Lori Record's "Magdalene Laundries"[15] which talks about some of the first women prisons in the United States, which were very common in Ireland these facilities were commonly used for "fallen women"[16]. This is an area that is only briefly discussed in other works before it but they only discussed the laundries in the United Kingdom.

The historiography on women and mental health care did grow and develop helping at least an academic audience learn more about this history and the major differences women faced. The biggest developments of late are the discussions on black women and class which are a focus because of how drastically different mental health care for women could be if they were of a certain class or race. There are still gaps and there seems to be a lot more research that can be done in this area. The other area that needs more development is specifically focusing on the United States. There is a huge body of work on European developments which makes sense because they did develop many modern day practices but in order to understand the history it is important that geographical differences and more comparative works begin to develop.

The other body of work that is useful for this project are works on public history institutions. Books like *The Museum Experience Revisited* and *Museum Basics* have been of use in this area because they discuss a lot about different types of audiences and the ways that museums can improve and become more accessible to larger audiences. They also acknowledge and give insights on the 21st century museum and the push towards using more technology which is important since this is an online exhibit. The same goes for *Museums in a Digital Age* which is essential for understanding digitization practices which is a major consideration in the staffing

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[15] Specifically prison or asylum for women involved in sex work.
[16] Michelle Jones, and Lori Record, "Magdalene Laundries: The First Prisons for Women in the United States," Journal of the Indiana Academy of the Social Sciences: Vol. 17: Is. 1, Article 12 (Spring 2017). http://digitalcommons.butler.edu/jiass/vol17/iss1/12 5.

and budget portion of this project. There are works included on discussing difficult knowledge[17] and also respecting the stories of people in the exhibit and trying to avoid sensationalizing or falling into "dark tourism"[18] traps which is not the goal of this work[19]. This area however seems to be one that the public history field needs to delve into more because there are major gaps here.

Finally an important study here is on learning styles and accessibility. Bert Bower wrote "History Alive! An Alternative Program for Engaging Diverse Learners" articles like "Howard Gardner-Multiple Intelligences and Frames of Mind: An Overview" and *Museum Educator's Manual: Educators Share Successful Technique* are sources that have helped with reflecting on how to make the exhibit accessible and understandable to a wide audience and specifically on how to make sure that this is for a general interest audience as opposed to a professional historian audience.[20] The other consideration that these sources have helped in are thinking about how to make the exhibit helpful to a wide range of learners by using many mediums and making information easy to see and read.

This exhibit is combining many different sources in order to overcome some of the gaps that are obvious in the historiography. It is not necessarily going to be completely different but the goal is to combine the existing body of scholarly work that is out there and make sure that it is accessible to an audience that might not have an academic background on the topic. Representing this subject in a way that is not often seen is in itself going to be completely different than what else is offered. In generally hopefully this will spur on exhibits like this to

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[17] Julia Rose, "Interpreting Difficult Knowledge, AASLH, https://s3.amazonaws.com/academia.edu.documents/43559397/Tech_Leaf_255.pdf?AWSAccessKeyId=AKIAIWO WYYGZ2Y53UL3A&Expires=1530504396&Signature=iCu5Zke96y4iJ35bxmm4z6xLGPQ%3D&response-content-disposition=inline%3B%20filename%3DInterpreting_Diffiuclt_Knowledge.pdf.
[18] Tourism surrounding areas where people have died, usually areas of tragedy.
[19] Robert Reid, "Is Dark Tourism Ok?, The National Geographic, published, April 26, 2016, https://www.nationalgeographic.com/travel/features/is-dark-tourism-ok-chernobyl-pripyat-disaster-sites/
[20] Anna Johnson, *The Museum Educator's Manual: Educators Share Successful Techniques*, (Lanham: Rowman & Littlefield Publishers, 2009) 26.

tackle more difficult subject matter that is important for the public to understand. Many exhibits that were listed above discuss either women's history in general or psychiatric history in general it has been difficult to find any exhibit or museum that has a similar focus as this one

Chapter 2: Methodology

One of the main focuses of this project was making sure that this complex history was thought out and researched as thoroughly as possible Cristin Conger wrote a paper on revisionist history that makes a point all historians should keep in mind, "retracing recorded history can be more like navigating a minefield than pleasantly strolling down memory lane. That's because the past isn't always as simple as the initial version of the story would have you believe. Revisionist history is complicated by the fact that people's identities are strongly linked to their histories; challenging long-held claims about past events draws criticism and controversy."[21] Finding conflicting information or historical evidence that goes against some of the mainstream assumptions has been a common issues and area of consideration during this project. Simply trying to find out if the actress Frances Farmer received a lobotomy or not[22], proved to be a significant challenge. Having a wide range of lenses to pull from has been important.

The historiography on this subject is wide reaching which also counts for the sources that were utilized in designing this exhibit. There were many different historical lenses that were used in order to find the most information and create an exhibit that encompasses many different viewpoints because this is a very complex topic. The biggest lens that was utilized in this project was a gender lens. It became obvious through researching this topic that gender made a large difference in the treatment people received and especially this was obvious in the Victorian Era and the connections between social norms and acceptable behavior for women at the time was very much tied into who was receiving different kinds of treatment. As Dr. Hirshbien argues in her article "Sex and Gender in Psychiatry", "we believe we know more now about the human

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[21] Cristin Conger, "Revisionist History," How Stuff Works, accessed April 20, 2018
https://history.howstuffworks.com/history-vs-myth/revisionist-history.htm
[22] The first biography written on Farmer said she received a lobotomy but the author later confirmed parts of the book were exaggerated.

body, science, and medicine, we still do not know for sure the biological differences between the sexes in the area of mental illness ---We are so rooted in our social and cultural contexts that it is hard to disentangle biology from everything else."[23] Most of the research was on women but looking into men's treatment was also important for a comparative view point which the exhibit needed.

The research also had ties to a religious historical lens. Religion played a role in the lives of some when like Elizabeth Packard who was committed specifically because of religious beliefs she had that differed from those of her husband. Movements like the spiritualism movement[24] were thought to have an influence on women and their connection to mental illnesses. In Philadelphia Alfred Gordon reviewed thousands of cases in different asylums and he found that women were more represented and more prone to diseases like psychoneuroses and melancholia. Through his observations he came to believe this was due to the fact that women were more affected by "occult" activities like séances, hypnotism, and spiritualism believing that women responded to emotions while men responded to stress.[25] As Christopher Moore, a Canadian historian and author of many well know history books, points out in his evaluation of religious history "religious history is not an entity, utterly distinct from secular or social or political or economic or intellectual history."[26] This being said, using a religious lens helps to strengthen many of the other areas the project focuses on because it is so influential to the politics and social structure of the time.

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[23] Laura Hirshbein, "Sex and Gender in Psychiatry: A View from History," *Springer Science and Business*, (February 2010) 4.
[24] Religious movement that was based around contacting dead loved ones through séances.
[25] Hirshbein, "Sex and Gender", 4.
[26] Christopher Moore, "What is Religious History?," accessed May 30, 2018. https://www.historytoday.com/duncan-shaw/what-religious-history.

Besides gender the biggest historical lens in this research project was a medical historical lens. In order to back up findings it was important to collect information from doctors and psychiatrists themselves to figure out why women were treated differently and why they believed they were more prone to diseases. For example many doctors at the time believed that issues with the ovaries, uterus, and lactation played a role in causing mental illness. Dr. Silas Mitchell who invented the popular "rest cure" specifically makes his feelings known about women and their dramatization of illness, he says "there is often no such success possible until we have broken up the whole daily drama of the sick-room, with its selfishness and its craving for sympathy and indulgence...A hysterical girl...is a vampire who sucks the blood of the healthy people about."[27] It was important to find the medical and scientific rationale for this. The theories were all very important about diseases themselves but also the specific treatments they used understanding why lobotomies, hydrotherapy, insulin shock therapy, and others like the removal of the clitoris was important to fully grasp the history and concepts.

There were also some political and social lenses that were utilized. For a very long time women could be committed to asylums or expected to receive treatments without their consent. Rosemary Kennedy for example was lobotomized at the request of her father and she spent time in many different private treatment centers all of which were decided upon by her family. Carol A. B. Warren the author of *Madwives* discusses the ramifications of laws that allowed women to be treated without consent "many husbands beat their wives....Other husbands just sign consent for the 'medical treatment' called shock, and let the experts do it for them....Calling unusual, perhaps troublesome behavior an 'illness' allows any woman to be punished with psychiatric imprisonment, shock, psycho-surgery, drugs, branding, and loss of credibility What a convenient

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[27] Silas Weir, Mitchell, *Wear and Tear or Hints for the Overworked*. (Philadelphia: J.B. Lippincott Company: 1897) 55.

way to control housewives who don't live up to the expectations of their husbands."[28] Finding the laws that were in place and legal cases where women were accused of insanity became a very important area of focus.

The social lens also important in understanding why some women may have been committed based on behaviors that were socially shunned. For example the arguments had been made that Zelda Fitzgerald spent so much time in asylums due to the fact that she wanted to focus on her career and not on her family life. A societal lens was important to understand as many women, like Charlotte Gilman, wanted people to understand why women like herself might act out the way they do, "mental illness…for women is often a form of logical resistance to a 'kind and benevolent enemy' they are not permitted to openly fight. In a sick society, women who have difficulty fitting in are not ill but demonstrating a healthy positive response."[29]

Finally racial and economic lenses played a role. There were segregated asylums that were specifically for black patients and their treatment was different than other asylums. Before then many believed slaves could not have mental health issues "the constraints imposed on slaves by slaveholders prevented the former from succumbing to vices such as sexual promiscuity and alcoholism that rendered people susceptible to mental illness. --- Conversely, free blacks were more vulnerable to insanity precisely because they did not enjoy the support of a benevolent master. As early as the 1840s."[30] Similarly economics also played a role as mentioned the Kennedy's could afford private care or home care most working class families could not afford to receive treatment and when they did they were typically housed in public

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[28] Carol A. B. Warren, *Madwives, Schizophrenic Women in the 1950s*, (New Brunswick: Rutgers University Press, 1964), 68.
[29] Ussher, Women's Madness, 205.
[30] Martin Summers, "Suitable Care of the African When Afflicted With Insanity": Race, Madness, and Social Order in Comparative Perspective." *Bulletin of the History of Medicine* 84, no. 1 (2010), http://www.jstor.org.ezproxy.snhu.edu/stable/44451843, 63.

asylums that were often overcrowded and many had allegations of abuse and neglect. Little was even known about many working class women and their health issues because "it was the upper class women who were mad or hysterical. Working-class women were too busy working a fourteen hour day in the pits or a factory, or caring for numerous children, to have time to be 'mad.'"[31]

The research plan was to collect sources based on the different historical lenses that were essential to use. Collecting sources that gave basic overviews helped to figure out what specific doctors or patients to find research on it also helped to focus on the different types of treatments that needed to be discussed and explained in the exhibit. This also helped in knowing what primary sources were of most importance in this field. There are countless doctors out there with professional writings but it would be impossible to include all of them. Data was collected based on the main subjects that the exhibit focused on. Once this was completed the research was sorted based on topics and decisions could be made as to what sources were the most important to utilize for this sort of online exhibit. Narrowing the scope of sources was difficult because this is such a broad topic there was a lot to focus on and prioritizing where the research time and resources went to became essential.

Given the broad topic being critical of sources that were utilized was very important. The voices of women talking about their specific experiences was very important to make the exhibit have real voices included. Memoirs from Nellie Bly, Elizabeth Packard, Sylvia Plath, and women included in the *Women of the Asylum* collection were all utilized. This also included finding biographies on those who did not write their own stories down. Mary Lincoln's

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[31] Chesler, *Women and Madness*, 30.

biography included letters she wrote during the later years in her life when her mental health issues seemed to be most prevalent.

Second to this it was important to also find the voices of the doctors. Making sure the exhibit is balanced and showing some of the rationale for treatment felt important to also understand where the other side was coming from *A Dark Science* was a collection of journal articles from doctors on work that they did, the theories they had, and also the case studies of their patients. Those like Dr. Weir Mitchell are included as a source because he wrote about the "rest cure" that became a common treatment for women. The writings of Dr. Isaac Baker Brown and T.G. Morton are also included in the exhibit because they was a proponent of female circumcisions to cure mental illnesses. Freud's theories are included because of his influence over treatments and talk therapy. G.B.C. Duchenne, the father of electroshock therapy and Walter Jackson Freeman who popularized the trans-orbital lobotomy[32] also have their works included in the exhibit. Richard von Krafft-Ebing and Havelock Ellis were both 19th century psychiatrists who wrote about and studied human sexuality. Their ideas specifically surrounding homosexuality and its connection to mental illness were important to discussing early "diseases".

One problem that occurred while going through this research was finding historic sites, museums, and archives that are specifically focused on aspects of this project. Notes, papers, and journals from some well-known women and doctors were easy enough to find but many asylums are completely gone, dilapidated or do not necessarily delve deep into the history. Specifically a problem is historical asylums often focus on more sensationalized events, such as ghost hunts. There have not been many sources that discuss the ethical dilemmas on historic sites who focus much of their programming and resources to ghost hunts and tours but there are some ethical

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[32] Commonly referred to as an "icepick" lobotomy due to the tool used on patients which was a modified icepick.

questions that come to mind, specifically sensationalizing the stories of the mentally ill and other marginalized groups.

Given the fact that many of these places either focus specifically on this or do not have many historical records or artifacts due to abandonment it has been hard to find a wide range of archives. One source specifically on "dark tourism"[33] discusses why this is problematic, and why gathering information from these sites can be difficult. The article "Management Issues in Dark Tourism Attractions: The Case of Ghost Tours in Edinburgh and Toledo" by Beatriz Rodriguez Garcia says that the core issues here is that "tour operators may sideline the real history and human tragedy behind these sites in favor of thrilling tour experiences."[34] While writing and researching for this project making sure to stay true to the history and not "sensationalizing" any of the stories people had or the treatments that they faced is something that I have been concerned about. Navigating sources in this way has been a major concern.

Archives that have been utilized are The National Archives Records of St. Elizabeth's Hospital at the National Archives, St. Elizabeth's was one of the few "lunatic asylums" that was specifically for black people living in the United States. Their records on the treatment that patients received was important to understanding how black and white women differed in their treatment. In the same vein "The Central State Lunatic Asylum for Colored" has a large amount of records that are in the process of being digitized. As of just a few years ago the project was

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[33] Tourist locations and tours that are geared towards history around death and sites of tragedy.

[34] Beatriz Rodriguez Garcia, "Management Issues in Dark Tourism Attractions: The Case of Ghost Tours in Edinburgh and Toledo", Academia.edu, accessed May 18, 2018, http://www.academia.edu/5643756/Management_issues_in_dark_tourism_attractions_The_case_of_ghost_tours_in_Edinburgh_and_Toledo, 1.

halted and these records are still not easily accessible, historians have written about them but their secondary information is not as strong as primary source information would be.[35]

The Library of Congress has a large collection of Sigmund Freud's writings and papers. Freud wrote a lot of information on his "penis envy"[36] theory, that women would never be fully developed, and this theory was influential when coming up with different treatments for women. Other asylums such as archives the Trans-Alleghany Lunatic Asylum in Weston, West Virginia have been important in finding specific information on patients. Smith College in Massachusetts also has a collection of Sylvia Plath's writings, someone who is focused on in one area of the online exhibit. Although the focus of the exhibit is specifically on the United States it seems as though there are more attempts overseas to digitize and make archives available from some psychiatric hospitals and asylums. The Wellcome Library in the U.K. has a large digitization effort that specifically will includes staff data, patient records, photographs, and artwork.[37] Some of this information can be helpful however because psychiatry in the United States was very much based on ideas, and findings from overseas. Their collection has helped to gather artifacts the exhibit can utilize as well as understanding of practices that came to the United States.

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[35] "Absurd Reasons why Blacks were admitted to the Central State Lunatic Asylum for the Colored Insane," Black Then, accessed May 5, 2018, https://blackthen.com/absurd-reasons-why-blacks-were-admitted-to-the-central-state-lunatic-asylum-for-the-colored-insane/.

[36] Sigmund Freud, *Electra Vs Oedipus: The Drama of the Mother–Daughter Relationship,* (London: Rutledge, 2010) 67.

[37] "Mental Healthcare," Wellcome Library, accessed May 15, 2018, https://wellcomelibrary.org/collections/digital-collections/mental-healthcare/.

Chapter 3: Specialized Audience

The audience overall would be an older audience, given that some of the information deals with adult content and sometimes content of a graphic nature, given much of the techniques and writing on mental health. Overall the audience would fit in for a range of 25-40 year old adults. While accessibility for a large audience is important and this exhibit could reach a large audience it would most likely be of the most interest to women. Those working in the mental health field or those who have dealt with aspects of mental health might also be drawn to the information that the exhibit will provide. There could be an exhibit that deals with the same material that could be accessible to a younger audience, but it would lose some of the impact. Many women describe experiences they had that are very hard to read.

Other materials are doctor's notes and research done on techniques used at the time which in this day are harder to read. This is also true for the language that was used at the time which might be harder for younger audiences to deal with. Terms like "mentally retarded", "mad", and "lunatic" are commonly seen in academic writings during the time and it would more than likely be easier for an adult audience to understand that it is language from the time and not necessarily language we would use now.

One area that this exhibit addresses is the differences in mental health care based on race and class. This is one area where the historiography is lacking but it is important to address these issues to be more inclusive. In 2008 a study from the American Association of Museums showed that African Americans made up about 12% of museum goers.[38] This is still a lower percentage to the total population in the United States. If there are ways to make this more accessible it is

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[38] Betty Farrell and Maria Medvedeva "Demographic Transformation and the Future of Museums," Center for the Future of Museums, accessed May 12, 2018, https://www.aam-us.org/wp-content/uploads/2017/12/Demographic-Change-and-the-Future-of-Museums.pdf.

important to do that. One reason that online exhibits are important is because often times they are free to the public and they are easier for those with physical disabilities to experience.

Chapter 4: Project Planning and Historic Narratives

The Omeka exhibit will be organized into several different pages that will have all of the information and there will be several collections of artifacts to accompany the information from the simple pages. The first page will be a basic introduction to the exhibit. This introduction will have the main thesis and focus of the exhibit and it will give visitors a basic understanding of the content that they will be seeing and what information that can hope to learn from the exhibit. This portion will also have a warning for the audience about potentially triggering language and graphic images. The exhibit will use primary sources and language from the time period that they were written in. Mentally ill patients were referred to in ways that we would consider offensive by today's standards. The project will also discuss some mature content about procedures that were used on female patients. By warning the audience right away about these potentially triggering portions will hopefully make visitors feel more comfortable as they read through.

The second portion of the exhibit focuses specifically on diseases and disorders that people may have been diagnosed for throughout the exhibits timeline. What we think of as diseases have changed over time and some of these disorders are not considered disorders today and others have completely changed. The DSM will be important to discuss to learn about how diseases have changed. This portion will discuss diseases that were heavily diagnosed specifically in women. Hysteria was a common disease that was almost exclusively diagnosed in women. As the field of psychiatry developed heavily in the Victorian era it was believed that women were simply more prone to mental illness than men. Dr. Charles Mercier believed women were weaker and made the point that "insanity does not occur in people who are of sound mental constitution. It does not, like smallpox or malaria, attack indifferently the weak and the strong. It occurs chiefly in those whose defect is manifested in a lack of the power of self-control

and of forgoing immediate indulgence."[39] This belief contributed to the reasons for not wanting to give women the vote, as the suffrage movement was also developing during this time.[40]

The other major diseases this section focuses on are neurasthenia (depression by today's standards), melancholia, and schizophrenia. The disease monomania is also discussed as it was a way to place women in asylums for religious beliefs, Tirzah Shedd spent time in an asylum just for this reason, she said that she "was imprisoned there for fourteen weeks. My baby was five months and a half old, when I was taken from her, and my two other little girls, and forced entirely against my will and protest, into this prison-house, for an indefinite length of time, on the charge of monomania or spiritualism, brought against me by my husband."[41] This portion of the exhibit will also talk about homosexuality which was thought to be a mental illness by psychiatric standards until the 1970s. This portion will also contain many of the theories that psychiatrists had about what contributed to mental illness and beliefs that lactation and uterine damage were major factors in the development of mental disorders. The goal is to let the visitors reflect on how diseases and disorders can change and reflect on the major changes that have occurred. Not every major mental health disorder is included here, the reason these specific disorders have been chosen is because they drastically affected women more than men.

This section is heavily supported by primary sources from doctors of the age like Charles Mercier's *A Text Book of Insanity* that was written in 1914 and gives insight on how doctors believed insanity was caused mostly in women because they were already at a disadvantage by being a woman, a common idea at the time. Jeffrey Moussaieff, Masson collected scholarly

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[39] Charles Mercier, *A Text Book of Insanity*, (London: George Allen and Unwin, 1914) p. 17.
[40] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980,* (London: Virago Press, 1985) 134.
[41] Jeffery Geller, and Maxine Harris, *Women of the Asylum: Voices from Behind the Walls 1840-1945*, (New York: Anchor books, 1994).

articles written by doctors in the book *A Dark Science: Women, Sexuality, and Psychiatry in the Nineteenth Century*. This gave insight from doctors like Mercier and what their beliefs in mental health were like. One of the Doctors he features is Dr. Fleschig who said that disease spread "through psychological trauma, diseases of the reproductive system, or disease of other internal organs.[42] Many of the writers discussed women's issues around sexuality and potential false claims they had made to doctors. Havelock Ellis was another physician who studied human sexuality and in 1900 he wrote, *Studies in the Psychology of Sex, Volume 1*. In this book he wrote his thoughts about lesbians and how it was believed they were deviant because they were men trapped in women's bodies. Jeffery Geller, and Maxine Harris collected stories women wrote while in asylums entitled, *Women of the Asylum: Voices from Behind the Walls 1840-1945*. This helped to add the voices of women who were "diseased" at the time and allow them to talk about their diagnoses.

The third portion of the exhibit is specifically about the development of asylums. When women were diagnosed with different diseases they were often placed into public asylums. By 1870 roughly 45,000 people were in asylums[43]. Many of them were women and often times men would find themselves in prison.[44] This became the popular way to deal with mental health and laws made it easy for fathers and husbands to put their family members in asylums without their consent. Elizabeth Packard was put in an asylum without a trial because her husband requested it. Women were also put in asylums for non-disease related reasons like Lydia Jackson who spent time in an asylum and said that "it is very fashionable and easy thing now to make a person

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[42] Jeffery Geller, and Maxine Harris, *Women of the Asylum: Voices from Behind the Walls 1840-1945*, (New York: Anchor books, 1994)
[43] Geller, *Women of the Asylum,* 204.
[44] Lisa Appignanesi, *Mad, Bad, and Sad: A History of Women and the Mind Doctors*, (New York: W. W. Norton & Company, 2009) 6.

insane. If a man tires of his wife, and if befooled after some other woman, it is not a very difficult matter to get her in an institution of this kind".[45] This part of the exhibit is going to focus on the growth of the asylum, the abuses and allegations that often followed them, closures, and the deinstitutionalization movement in the 1960s. Different developments in medication and treatments lead to a period where large amounts of people were removed from asylums in order to close the majority of them down. This will discuss some of the positive and negative effects of deinstitutionalization. This portion will included testimonies from women who spent time in asylums as well as activists and organization that formed and the different laws put in place to change laws on how the mentally ill were treated.

This section is supported by many primary sources that are specifically focused on the experiences of women who spent time in asylums. *Women of the Asylum: Voices from Behind the Walls 1840-1945* is again used as many women in this book discussed their own treatment in these facilities. In 1878 Lydia A. Smith wrote *Behind the Scenes or Life at the Asylum* in which Smith detailed the treatment she faced in asylums at the time and also shared the experiences of women she interacted with. *The Letters of a Victorian Madwoman* is a collection from John H. Hughes, much like *Women of the Asylum,* This is a collection put together of letters from one specific woman, Andrewsic Moore Sheffield who was placed in an asylum for 30 years against her will. The collection has ninety letters she wrote about her experience. Sheffield eventually died inside of the asylum never gaining her freedom.

The next section will talk about treatments and procedures that were used; some of them were used within the asylums and others received these treatments in hospitals, their homes, or in offices of doctors. The rest cure for example usually occurred within the home. This will discuss

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[45] Lydia A. Smith, *Behind the Scenes or Life at the Asylum*, (Chicago: Culvar, Page, Hoyne & co., 1878) 117.

treatments that were commonly given to women and other patients throughout the intended timeline. Treatments like female circumcisions, lobotomies, insulin comas, hydrotherapy, and electroshock therapy will all be discussed. Many women received treatments both in and out of asylums. Rest cures were commonly given to women and they were told to not move for weeks or months to help cure certain stress related diseases.[46] Dr. Mitchell discussed how women acted out for attention saying that "there is often no such success possible until we have broken up the whole daily drama of the sick-room, with its selfishness and its craving for sympathy and indulgence...A hysterical girl...is a vampire who sucks the blood of the healthy people about her."[47] Towards the end of the 19th century more female physicians were seen in the field in order to provide better care for female patients and it also saw the decline in the use of restraints on patients. The 20th century also so developments in the realm of neurosurgery Dr. Walter Freeman was an American physician who believed who could end the use of asylums for patients and make them more docile be preforming lobotomies.[48] The majority of these procedures were done on women. Once the long term effects of these lobotomies were really seen this also declined in popularity. The goal of this section of the exhibit is to have the audience reflect on treatments that women received. Did the doctors believe they were doing what was in the best interest of their patients? Are there mental health practices still used today that we might think are archaic?

This section is supported by both the doctors and mental health professionals who either came up with or preformed these procedures as well as the women who are able to remember their experiences receiving these treatments. Paul Flecshig wrote the journal article "On the

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[46] Invented by Dr. Silas Mitchell, required bed rest for weeks to treat hysteria.
[47] Weir Mitchell *Fat and Blood and How to Make Them* (Philadelphia: J.B. Lippincott & co., 1882)
[48] Kate Clifford Larson, *Rosemary: The Hidden Kennedy Daughter*, (Wilmington: Mariner Books, 2016) 172.

Gynecological Treatments of Hysteria" in the mid-1800s, he details how the use of circumcisions on women was important in treating mental health issues especially since the commonly held belief that that many mental health issues came from the vagina and uterine area. Mortimer Granville is the doctor credited with creating the modern day vibrator and in 1883 he wrote his book, *Nerve-Vibration and Excitation as Agents in the Treatment of Functional Disorder and Organic Disease.* This piece completed in 1883, discusses how the use of vibrations to different areas of the body could help deal with many ailments. Weir Mitchell who invented the popular "rest cure"[49] wrote *Fat and Blood and How to Make Them* in 1882 and the article "Massage" in 1877. He shares both his feelings on women in general and the benefits for his treatment in these two works.

More modern day articles were also written about 20th century cures, L.D. Hubbard wrote "Hydrotherapy in the Mental Hospital." In 1927 which discusses the many benefits hydrotherapy has on psychiatric cases. In 1941 L.B. Kalinowsky wrote "Electric Shock Therapy in State Hospital Practice" which discusses the use of the procedure as well as the potential benefits of it and Peter Breggins has "The Return of Lobotomy and Psycho-surgery" which was written in 1982 and cautions against psychosurgery practices which seemed to make a resurgence in the 80s.

The next section will talk about therapy and medications. This will discuss treatment like psychotherapy and how that field grew and changed in the 19th and 20th century. People like Freud will be discussed as many of his ideas are important to the development of treatment for women. It will also discuss how the use of medication changed throughout the history. In the

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[49] Treatment for diseases like hysteria, women were supposed to be confined to their bed for the majority of the time to treat this illness.

1960s surveys showed that the amount of women receiving therapy far outweighed the men.[50] The reports also showed that women far outweighed men in the diagnosis of diseases like depression, anxiety disorders, and bipolar disorder. In 1970 requested 1 million in reparations to women mistreated in mental health; these abuses included; abuse, seduction by therapists, receiving lobotomies, and forcefully hospitalized.[51] Medications did not develop as we know them until the 20th century different types of herbs and tonics were common before that. This will help the audience to understand the development of psychotherapy as well as medications which seem to fall in a different category than the procedures and psychosurgeries.

This section is supported with two main primary source materials that talk about therapy from the side of the doctors and psychiatrists using this method, both writing their findings from the nineteenth century. Baron Von Schrenck-Notzing wrote "The Alleged Sexual Abuse by Dr. K. of a Child Under Hypnosis" which is mostly a piece that defends a doctor he refers to as "Dr. K. and discusses how his use of therapy brought false sexual assault allegations against him. Dr. Alfred Fouenier believed that revenge and money were often the main reasons for allegations of sexual abuse and Dr. Alfred Freiherr von Schrenck-Notzing said that false testimonies were much more common than true testimonies. He cited one case where it was obvious the doctor was not to blame because the child in question was so "ugly".[52] Similarly Dr. Fornier wrote the article "Simulation of Sexual Attacks on Young Children" which discusses how children and especially female children can make up sexual assault stories very easily in therapy.

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[50] Chesler, *Women and Madness*, 218.
[51] Chesler, *Women and Madness*, 1.
[52] Baron Von Schrenck-Notzing, "The Alleged Sexual Abuse by Dr. K. of a Child Under Hypnosis," *A Dark Science: Women, Sexuality, and Psychiatry in the Nineteenth Century*, (New York: Farrar, Straus, and Giroux, 1986) 168.

The next section is about the women. This portion will specifically highlight women who experienced different mental health practices and some shared first-hand accounts of their time either in asylums or discussing their treatment. It will also talk about more well-known women like Elizabeth Packard- was institutionalized from 1860-1863 by her husband for expressing religious beliefs that were unpopular and not in line with what her husband believed. She later became an advocate for the mentally "insane" and was an interact part in passing legislation in several states to protect the rights of women and the mentally ill.[53]

Mary Todd Lincoln was the widowed, the first lady of Abraham Lincoln who was institutionalized on the request of her son who believed his mother was "erratic". Although there are conflicting accounts on whether it seemed she was mentally ill but it is speculated that she may have had bipolar disorder.[54] Zelda Fitzgerald was the writer and artist who was married to F. Scott Fitzgerald. Zelda spent time in a sanitarium at the request of her husband. She was diagnosed as schizophrenic.[55] It is possible that Zelda may have not had mental health issues and was mainly put into psychiatric care because of her attempts to pursue her career as opposed to being a stay at home wife and mother as F. Scott hoped she would be.[56]

The author of *The Yellow Wallpaper* Charlotte Gilman is also featured, as the book is semi-autobiographical. Gilman was one of the patients of Dr. Silas Mitchell the champion of the "rest cure". Her story brought to light the abusive aspects of the treatment and helped in making the treatment fall out of favor. Sylvia Plath the famous writer struggled with mental illness for a large portion of her life. Plath had a history with mental health issues and attempted suicide

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[53] Myra Himelhoch, Myra Samuels, and Arthur H. Shaffer. "Elizabeth Packard: Nineteenth-Century Crusader for the Rights of Mental Patients," *Journal of American Studies* 13, no. 3 (1979), http://www.jstor.org.ezproxy.snhu.edu/stable/27553740, 19.

[54] Jason Emerson, *The Madness of Mary Lincoln*, (Carbondale: Southern Illinois University Press, 2007) 5.

[55] M.A. Wood, "Wizard Cultivator: Zelda Fitzgerald's Save Me the Waltz as Asylum Autobiography," *Tulsa Studies in Women's Literature*, 11(2), doi:10.2307/464300 250.

[56] Wood, "Wizard Cultivator," 250.

several times before she succeeded in 1963.[57] She received electroshock therapy for her diagnosed depression and she spent time at McLean Hospital, a psychiatric facility in Boston, MA. Rosemary Kennedy was one of the forgotten Kennedy children of Joe Sr. and Rose Kennedy. Rosemary exhibited signs of learning disabilities at a young age. Throughout her young adult life she struggled with this and fits of anger. It was in her early 20's that her family made her receive a lobotomy that ended up making her that much worse off.[58] She spent most of her life hidden away in different care facilities.

The actresses Frances Farmer and Carrie Fisher were also added to the exhibit. Frances Farmer was an actress in the 30s her starred with people such as Cary Grant and Bing Crosby, her struggles with alcoholism were documented and several photographs exist of her struggles with the police. There are conflicting statements about her treatment; she may have received a lobotomy, she did go through insulin shock therapy, and in her biography (published posthumous with the help of a ghost writer) states that she was raped by orderlies at the hospital where she was committed against her will.[59] Carrie Fisher is a more contemporary example of mental health treatment, she was the actress best known for playing Princess Leia in *Star Wars*. Fisher passed away in 2016, and a few years before she passed, she opened up about her struggles with addiction and the electroshock therapy[60] she received. Her voice is interesting because she believed ECT drastically changed her life for the better.[61]

This section will give bios on all of the women as well as the experiences they went through dealing with mental health issues. It will also share accounts from lesser known women who

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[57] Sylvia Plath, Sylvia. *The Unabridged Journals of Sylvia Plat,*
*(Ne*w York: Anchor Books, 2000) 9.
[58] Frances Farmer, *Will There Really be a Morning?*, (New York: Dell Books, 1973) 42.
[59] Spoke on Oprah about her issues with drugs.
[60] Carrie Fisher, *Wishful Drinking,* (New York: Simon & Schuster, 2009) 92.
[61] Larson, Rosemary: *The Hidden Kennedy Daughter* 67.

were influential in this realm. Although many women who were not known had treatments it seems like it would be important for an audience to see how mental health affected a wide range of people they may not have thought about. The women in this section were mostly affluent well off white women and that is acknowledged in the section because their stories might not be representative of the overall experience of women. Many primary sources were used in this section in order to get the most representation of these women as possible. *Women of the Asylum* shared stories of both Elizabeth Packard and Franny Farmer. Statutes from Iowa, Maine, and Massachusetts were also utilized to show the amazing work Packard did in changing legislation. Charlotte Gilman wrote *The Yellow Wallpaper* which is semi-autobiographical and gives insight into the treatment she received from Dr. Mitchell. Letters from Mary Lincoln and Zelda Fitzgerald were also used in order to give insights into their actions and head space. Of course *Ten Days in a Mad-House* was used to show Nellie Bly's first-hand experience. *The Evening Independent* newspaper and the autobiography from Frances Farmer *Will There Really Be a Morning?* were used to talk about her particular struggles with institutionalization. *"Poem for a Birthday,* "and *The Unabridged Journals of Sylvia Plath* gave sufficient insight onto Plath's story and finally *Shockaholic* and *Wishful Drinking* both by Carrie Fischer talked about her struggles with drugs and the use of ECT on her.

This next section will focus on the marginalized groups within the women's mental health umbrella. Specifically this means women of color and working class women. This was an area

that was suggested by other professors as an area that needed to be highlighted. There were some segregated asylums that were specifically for black patients. There is not a lot of written documentation on black women and mental health care, specifically in the realm of history.[62] The historiography in general talks about black mental health issues in general without talking about black women's specific experience. Unfortunately due to the fact that not a lot of records exist from black women or women in public asylums there were not primary sources available to utilize.

Writers like Phyllis Chesler also mention Native American women faced certain types of issues with abuse. Women in general faced many differences in treatment compared to men but race and class also added to how women might be treated differently from one another. Often times upper class women could be treated privately at home or wealthy families could quietly hide mentally ill family members away in more "prestigious" clinics.[63] The argument is also made that many working class women could not "afford" to have mental health issues or leave their families for treatment because often times they were essential to the economic stability of their families. The goal of this section is to allow visitors to reflect on how race and social class plays a major role in many social and political realms, including mental health care.

Finally there is a small section that will act as the concluding part of the main exhibits as well as making some contemporary connections which felt like a necessity. It is important to show that history does not live in a vacuum, these stories bring us to today and still affect us. It is important to show the connections to the past and present. It will talk about how women are still overly represented in the mental health field[64] and how there seems to be no right answer for

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[62] Julia S. Jordan-Zachery, *In Shadow Bodies: Black Women, Ideology, Representation, and Politics,* (Camden: Rutgers University Press, 2017) 45. http://www.jstor.org.ezproxy.snhu.edu/stable/j.ctt1x76dfm.10.

[63] Larson, *Rosemary: The Hidden Kennedy Daughter* 67.

[64] Chesler, *Women and Madness*, 17.

treatment or the overall experience of women. This portion will discuss where we are now, what developments are like and encourage the audience to speculate where we might go from here.

The other component to the exhibit will be the collections that have different types of artifacts. One collection will be on Nellie Bly and include her writings and illustrations from article on Blackwell Asylum. This will also include drawings and photographs of this particular asylum. There will be a collection called "Treating Madness" this will show artifacts like electroshock machines, photographs of hydrotherapy and illustrations of things like the rest cure. It will also include vibrators that were used to treat mental illness issues specifically in hysterical patients. There will be an exhibit on "Women of the Asylum" this will include asylum photographs, writings and art work from committed women, and admittance information from different asylums. One collection will be on the use of the vibrator as a way to treat women with hysteria, the vibrator initially being a tool used to treat both physical and mental ailments.[65] The next collection will be on the doctors and include their photographs and notes. This exhibit can grow and change and collections can be added all of the time. With developments like that growing and updating the exhibit could take a considerable amount of work and staffing.

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[65] Ussher, Women's Madness, 85.

Chapter 5: Budgeting and staffing requirements

For a project of this nature it would be important for any museum or institution to have a good amount of support. Budgets are constantly a consideration for museums and other public history institutions and depending on if this exhibit was showcased and a small or large institution it could drastically affect what sort of support we would have. It is hard to say what kind of support a project like this one might have. There are not many museums dedicated to this area so depending what sort of museums are interested they might have access to a large budget with a lot of materials, or the exhibit might be working with a smaller organization that is taking on a lot of work and might need to fight for grants. It might mean that one person is doing the job of two or more people but overall it would be important to have an archivist, IT specialist, Historians, Interns and or volunteers. Archivists would need to assist handling any potential objects that are being digitized for the exhibit. Artifacts need special care so that they are not damaged in the process of moving these items.

It would also be essential to have IT staff that would be responsible for making sure the exhibit is constantly working and making sure they are keeping track of the metadata storage. Sometimes archivists do have these tools already that they can use but if there is one person dedicated to this task it would make the process much smoother. The exhibit also needs a historian who would be helping with the content aspect of the exhibit. The archivist can help handle the items but the historian needs to interpret them. Finally there may need to be interns and volunteers who can help with these three main aspects. Implementing the information takes a lot of time and man power and depending on the size of the institution they may need to relay on interns or volunteers to delegate tasks to.

While staffing the right people is essential the equipment being used is also important. This exhibit requires digitizing documents, books, photographs, and artifacts which might all need their own separate tools to digitize. Some companies like Betterlight[66] are made specifically for photographs and offer options for different pixels and resolution. Some collections management systems also provide a platform to help with work flow, like Axiell collections management systems[67]. Axiell would be perfect for the organization of this project. This might prove helpful with a smaller museum who is undertaking a first time mass digitization.

The Zeutschel OS 12000 A1[68] scanner is commonly used by archives and libraries for their digitization purposes and it is equipped with a book cradle putting less stress on the spine of the mugshot book. It also provides low lights as not to cause light damage to the archives. Pricing for this particular scanner range from about five to ten thousand dollars. The software that we hope to use is CONTENTdm[69] from OCLC, this is a software that when paid for comes with a yearlong membership that can be renewed. It helps to create the digitized project store and present the digitized information. This software also guarantees safety and security of the metadata that is stored with them. Specifically this will be used for storage and presentation of the final product "CONTENTdm allows you to easily build and showcase your digital collections on your personalized website, making them more discoverable to people around the world. CONTENTdm also secures and monitors your master files in a cloud-based preservation archive so they remain safe for the future."[70]

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[66] "BetterLight SuperModel™," BetterLight, accessed June 10, 2017, http://www.betterlight.com/superModels.html.
[67] "Archive & Records Collections Management Systems," AXIELL, accessed Juned 10, 2017, http://alm.axiell.com/collections-management-solutions/.
[68] "OS 12000 A1," Zeutschel, accessed August 8, 2017, https://www.zeutschel.de/en/produkte/scanner/farbscanner/os-12000-din-a1.html.
[69] "CONTENTdm," OCLC, accessed July 17, 2017, http://www.oclc.org/en/contentdm.html.
[70] "CONTENTdm"

This project would include preparing the historical records that are going to be digitized, making sure that they are catalogued the right way and also having as much time and care dedicated to each item as possible. In order to drum up excitement about the project it would be important to create a marketing plan; newsletters, updates, videos could track and help to keep the rest of the organization, outside network and interested parties in the know of how the project will progress. The marketing team would be able to head up this project and keep social media, donors, and members up to date on how the project progresses.[71] This will help to get everyone enthused about the project which will hopefully bring more traffic to the website once the items are digitized and available. This would either help gather more support and interest or it might just help to make the exhibit popular and accessible to a wide audience.

Organizing the documents and items to be digitized is important and since the documents are already organized by year so that should be a relatively easy task. The team working on the project would also need to create a spreadsheet to keep track of the documents, dividing responsibilities, and updating what has been done and what needs to be completed. It is important that with several people and many items that everyone is aware what work has been accomplished and what still needs to be done. If the project has time restraints this is even more important. Information input and data entry will be an important task that volunteers and interns will be key the success of this area. They will be helping with labeling and describing digitized items. The archivist would be managing this portion of the project.

The archivist that is in charge of the project should be writing scanning instructions for the different items that are going to be digitized. All of the times are made of different materials, different ages, and might have different levels of deterioration so it is possible that each item

[71] James Heaton, "Museum Marketing for Non Marketers," Tronvig Group, accessed may 25, 2018, https://www.tronviggroup.com/museum-marketing/.

might have very different care instructions. Although access is the main goal here, preserving these materials and making sure the least amount of damage is done to them is a large priority. It will also be important to figure out how said files will be stored once they are digitized and organizing the different types of metadata; descriptive, structural, and administrative metadata will all need to be considered here.[72]

When the digitization process actually begins the team should start with samples first to try to weed out potential problems before the mass digitization undertaking. The team will have to digitize collection pieces and compare to the original in order to make sure that it is the same quality and nothing is lost in the digitization process. After the item has been digitized the team will check the items being digitized to make sure that they have not been damaged by the machines or the handling. Ideally this will be handled by the archivist who should know exactly the condition the item was in. One of the most time consuming parts of the project will be cataloguing and storing metadata. Much data is already in a staff database so much information can be pulled from there. However it is important to double check and make sure it is all input correctly and then finally the team needs to back up the data.

Digitization is just a part of the project, and although it is one of the most time consuming and important it is also important to make the information and artifacts accessible to a large audience. The website has some online exhibit components so this would be added to the archival section already in place. Creating a searchable platform with finding aids in place to search by name, dates, locations and other searches will be important for researchers to have an

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[72] "Digitising Collections," Museums and Heritage, accessed May 15, 2018, http://advisor.museumsandheritage.com/features/digitising-collections-breaking-museum-walls-opening-collections-world/.

easy time going through the items they need.[73] Also to make it accessible, people need to know about it, advertising both at the institution and on the website is essential to reaching the most people. One could discuss the project as it progresses on social media, allow access for members, create audio stop dedicated to discussing the process. It would also be helpful to provide trainings for the online community on how to successfully utilize materials, also how to search the database properly.

If this project needed grant funding to afford the amount of work that is going into it, it seems like there is a large pool of grants that a project like this might be able to receive. The National Endowment for the Humanities offers a "Public Humanities Project" grant which helps "support projects that bring the ideas and insights of the humanities to life for general audiences. Projects must engage humanities scholarship to analyze significant themes in disciplines such as history, literature, ethics, and art."[74] Similarly The Institution for Museum and Library services has a "Museums for America" grant that they offer to support "the unique ability of museums to open the door to meaningful knowledge and enhanced inquiry skills for people of all ages and backgrounds through multi-sensory learning, discovery, critical thinking, and problem solving. IMLS welcomes applications for projects that position museums as unique teaching and inquiry-focused institutions within today's formal and informal learning ecosystem."[75] The ILMS also offers a "National Leadership Grants for Museums" to "support projects that address critical

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[73] "Creating Finding Aids, AAA, accessed May 15, 2018, https://www.aaa.si.edu/documentation/processing-guidelines-chapter-4-creating-finding-aids-at-the-archives-of-american-art.
[74] "Public Humanities Projects," National Endowment for the Humanities, accessed May 5, 2018, https://www.neh.gov/grants/public/public-humanities-projects.
[75] "Museums for America," Institute of Museum and Library Services, accessed May 5, 2018. https://www.imls.gov/grants/available/museums-america.

needs of the museum field and that have the potential to advance practice in the profession so that museums can improve services for the American public."[76]

Because this is a digitization and online exhibit project there are also grants directed specifically to exhibits like this one, including the Digital Humanities Advancement Grants which supports "digital projects throughout their lifecycles, from early start-up phases through implementation and long-term sustainability. Experimentation, reuse, and extensibility are hallmarks of this program, leading to innovative work that can scale to enhance scholarly research, teaching, and public programming in the humanities. This program is offered twice per year. Proposals are welcome for digital initiatives in any area of the humanities."[77] The National Endowment for the Humanities also has a Humanities Collections and Reference Resources program, and that program "supports projects that provide an essential underpinning for scholarship, education, and public programming in the humanities. Thousands of libraries, archives, museums, and historical organizations across the country maintain important collections of books and manuscripts, photographs, sound recordings and moving images, archaeological and ethnographic artifacts, art and material culture, and digital objects."[78] In the same vein the National Archives also have a program to make historical records more readily available. "The National Historical Publications and Records Commission seeks proposals that promote the preservation and use of historical records collections to broaden understanding of our democracy, history, and culture. This grant program is designed to support archival repositories in preserving and processing primary source materials. The program emphasizes the

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[76] "National Leadership Grants for Museums," Institute of Museum and Library Services, accessed May 5, 2018, https://www.imls.gov/grants/available/national-leadership-grants-museums.

[77] "View Grant Opportunities," Grants.gov, accessed May 5, 2018, https://www.grants.gov/web/grants/search-grants.html.

[78] "Humanities Collections and Reference Resources," National Endowment for the Humanities, accessed May 5, 2018. https://www.neh.gov/grants/preservation/humanities-collections-and-reference-resources.

creation of online tools that facilitate the public discovery of historical records."[79] Given the fact that this exhibit reaching audiences that are sometimes overlooked, is putting together an online digitization effort, and working towards more accessibility it could potentially be open to a lot of funding opportunities.

An overall budget for a project like this one was put together. Looking at companies who make digitization equipment for museums and figuring out what artifacts need what sort of treatment was first looked at. Numbers for a starting salary for an IT technician were also added to the budget assuming that this is a smaller institution who might not have a dedicated IT person on staff. Assuming that the project is done with the IT person, staff already on hand, and interns there should not have to be other salaries that are reflected on in this project budget.

Budget

Budget Items	Estimated Costs
Digitization Equipment	$5,000-$10,000
Work Flow Software	$1,000
Digitization Software	Starts at $750 for a yearlong Membership
Staffing for Project	$50,000
Miscellaneous/Potential Problems	Remainder

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[79] "Access to Historical Records," National Archives, accessed May 5, 2018, https://www.archives.gov/nhprc/announcement/access.html.

Chapter 6: Recommendations & Ethical Considerations

<u>Recommendations for Further Research</u>

With a project like this one there are many recommendations to consider. Ideally this could grow and change and different topics or media could be added to make it more accessible or easier for an audience to digest. Video and audio would be one area that could be developed more there are videos of investigations into asylums and different broadcasts that would be interesting to add as well as having voice overs for the women who were quoted. This would be a very powerful aspect if done in the right way.

For further research it would be interesting to learn more about black women and their struggles with mental illness. It seems possible to expand this historiography and it is necessary to make the exhibit stronger and this field of study in general. The author Melba Wilson, points out that "African American women [are] virtually nonexistent because gender differences in mental disorders in the African American population [are] rarely the focus of analysis"[80] researching for this project it was obvious how little is still known.

A White House Report in 2006 stated that "Poverty level also has an impact on the mental health status of all Americans. In 2006, adults living below the poverty level were four times more likely to have serious psychological distress as compared to adults over twice the poverty level".[81] A lot of women who were working class, specifically in the 1800s could not afford treatment in general or they were placed in public institutions that did not keep very accurate

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[80] Melba Wilson, "Black Women and Mental Health: Working Towards Inclusive Mental Health Services." *Feminist Review*, No. 68 (2001): 40.

[81] "Women in America," White House Report, 2006.

records.[82] Although this is a history focus it seems like having more information even on contemporary issues with class and race could make this stronger and more relevant for the visitors of the exhibit.

This is very much tied into health care changes. Also doing work on comparative studies either between men and women for definitively or comparative studies for the United States and other countries. The United States was influenced by the techniques and ideas of doctors and psychiatrists from France, Germany, England and other areas. That being said the historiography thus far does not compare how they were different. There is a large historiography on mental health history in other areas that could be very fruitful to develop the mental illness history. There are some tools and techniques that were popular in the United States but it is hard to say what techniques were popular in other countries.

While researching there were loose mentions of people being treated for physical issues when they were really mental issues and vice versa. For example women with post-partum depression were treated very differently than they would be today. They believed it was a form of insanity. It has been difficult to find works specifically dedicated to this and it would be another fruitful area of study both in the history of mental health care and also in some more contemporary comparisons. Men specifically seem to get treated for more physical ailments[83] and this is one area that there is probably data on but not much historic work.

Ethical Considerations:

The use of language and terminology is a big concern. Even now it is possible that the language used in the exhibit is outdated or could make people feel triggered or attacked. If there

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[82] Melba Wilson, "Black Women and Mental Health: Working Towards Inclusive Mental Health Services." *Feminist Review*, No. 68 (2001): 40.

[83] Chesler, Women and Madness, 22 .

was a survey component or area where visitors could share their concerns or ask mental health professionals what the best terms are that could strengthen this project. Language used to describe the mentally ill is incredibly offensive now for quite some time people were referred to in degrading ways[84]. It is language for the time but that does not always make people feel better and the las thing this exhibit is for is making people feel isolated or uncomfortable. This is difficult history so this issue is common but it is an important area to explore and it needs to be done in the most considerate way.

There might be ethical issues surrounding the use of pictures of asylum patients and people going through treatments. This is something that might be problematic and getting consent from people might come up.

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[84] John S. Hughes, *The Letters of a Victorian Madwoman,* (Columbia: University of South Carolina, 1993) 117

Conclusion

> "The doctors asserted the existence of witches; and the people, with frenzied excitement, soon hunted and dragged forth the weak the defenseless, the law arraigned, tried, and convicted them; then pronounced the death penalty and enforced it."[85] -Ada Metcalf (institutionalized in 1869 and 1873)

Understanding the treatment of women in the mental health field is important to understanding women's history, medical history, and to understanding our mental health practices today. The exhibit shows how, from the 19th to 20th century, in the United States, the social control practices of the mental health field mistreated and misdiagnosed women, and these practices linger in the psychological lexicon today. This is a vast and complex topic and even after the exhibit is complete there are still questions that should be reflected on and thought about. It is hard to say how well intentioned some of these doctors were. It could be easy to see some of them as sexist experimental scientists, like Dr. Frankenstein. It is also possible that they were simply products of their time and believed they were doing what they thought best for women, the mentally ill, and their society in general.

Either way, like many areas of history, we can see the residual effects that are still potentially harming people today. This is why our history is important to better understanding ourselves. Mental health is incredibly important and as it has become destigmatized there have been many more honest conversations about illness and treatment. Understanding the history can help make these conversations even more meaningful. The exhibit highlights how what we think of as disease has changed overtime, no longer do we as a society believe homosexuality is a crime or a disease. The exhibit also shows how our treatment of the mentally ill has changed both in the types of treatment they receive and in the therapeutic practices and medications that are provided

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[85] Jeffery Geller, and Maxine Harris, Women of the Asylum: Voices from Behind the Walls 1840-1945, (New York: Anchor books, 1994) .

to them. It also reflects on how, depending of the color of your skin or the economic status of your family, you might receive drastically different treatment from other women. Finally this exhibit lets the women speak for themselves. Countless women from all walks of life wrote down and talked about their experiences. They took their pain over how they were treated and they advocated, spoke, and created art out of it.

It might be overstated but it bears remembrance, history does not live in a vacuum. What happened to women in the past is directly connected to how they are treated now. Countless historians, sociologists, and psychiatrists have researched the history and shared their perspectives, and gave a voice to those who did not have one before. This has created a rich historiography that helped this exhibit flourish. Historians have done an amazing job to detail this history and it is important to go even further and make that information accessible to everyone. This exhibit is geared towards an adult audience and hopefully others can find ways to make it even more accessible to younger and older audiences alike so that we can all better discuss honestly our history and where we are now.

There is always more work to be done and historians have built an incredible narrative with the help of the historians and women before them in this field. Practices we have now in the mental health field might be seen as cruel in future generations and having a large body of work to see where they have come from will help to build stronger future exhibits, museums, books, and articles. This exhibit will add to this narrative as well as leaving space for further work. With a work plan, digitization, and grant funding this information can become even more accessible with technology exhibits like this one can become even more user friendly and easier to understand. The stories never end and there are always more voices that can be added to build an even richer history than what we have now.

"Only the liberation of the natural capacity for love in human beings can master their sadistic destructiveness."[86] – Wilhelm Reich

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[86] Jeffrey Moussaieff, Masson, A Dark Science: Women, Sexuality, and Psychiatry in the Nineteenth Century, (New York: Farrar, Straus, and Giroux, 1986) 63.

Appendix

Below are the screenshots of the online exhibit that was created for this project. This project was created through Omeka. The website "Her-sterics vs Hysterics: Reflecting on Women and Mental Health Treatment in The United States; 1800-Present" is available at http://womenshistorymentalhealth.omeka.net/.

About the Exhibit   Disorders and Diseases   Asylums   Procedures & Treatments   Therapy & Medication   The Women   Class & Race   Mental Health Today   Browse Collections   Browse Items

About the Historian

Featured Item

"LUNATIC'S BALL"

One way to treat female patients was to give them recreational time, including dancing. This illustration of the "lunatic's ball" at Blackwell's shows…

Featured Collection

BLACKWELL ASYLUM EXPOSED: EXPLORING "TEN DAYS IN A MAD-HOUSE"

This is a collection of some of the illustrations and photographs associated with Nellie Bly's published article called "Ten Days in a Mad-House" Bly…

Recently Added Items

DR. ISAAC BAKER BROWN, COMMONLY PERFORMED OVARIOTOMY PROCEDURE

Brown would commonly remove the ovaries of women to help cure them of certain mental health issues. In the Victorian Era many doctors believed that a…

DR. WALTER FREEMAN PERFORMS A LOBOTOMY ON A WOMAN AT SPENCER STATE HOSPITAL IN 1947.

Freeman actually doing the lobotomy procedure. He boasted that he could perform the procedure within minutes. Women, like the one seen here, received…

DR. WALTER FREEMAN'S LOBOTOMY KIT

Dr. Walter Freeman performed hundreds of lobotomies on people all over the United States. He believed very quickly one could cure mental illness with…

View All Items

Figure 1: Homepage

Figure 2: About the Exhibit

Diseases & Disorders

Insanity does not occur in people who are of sound mental constitution. IT does not, like smallpox or malaria, attack indifferently the weak and the strong. It occurs chiefly in those whose defect is manifested in a lack of the power of self control and of forgoing immediate indulgence. [1] -Charles Mercier

Often times behaviors that did not fit in the with norms of the time could be seen as a sign of mental illness. This makes it hard to discern which women had mental health disorders and which women simply did not "fit in". Therefor many treatments that showed signs of returning women to their accepted gender roles was seen as a success.

A 19ᵗʰ century definition of insanity "an impaired action of the mind, instincts, and sentiments." [2] The belief was that women were more prone to disease, therefor could not be trusted in other areas like voting, this was one of the arguments for the anti-suffrage movement.

Psychiatrists from the early to mid 19th century linked lactation with insanity. Women around this time often carried smelling salts, because "the wandering womb disliked the pungent odor and would return to its place, allowing the woman to recover her consciousness." [3]

Cause of insanity among women-following occupations and professions "not suited to them" as well as not becoming mothers

There is a lot of loose definitions and words used to describe disorders, especially early on. Madness was an all encompassing term that "is an emotive term. It serves to categorize, to separate, to designate as different" [4]

Some common general symptoms for mental illness at the time for women were:

- Unfeminine activities caused uterine derangement another cause of mental health issues
- Cause of insanity among women-following occupations and professions "not suited to them" as well as not becoming mothers
- Persistent delusions of being attacked by ones husband [5]

Figure 3: Diseases and Disorders

Asylums & Psychiatric Wards

"Just as the weakness of woman secures to her that chivalrous protection in society which her own frail arms could not obtain for herself, so too, should society be engaged in caring for infirm and insane individuals." [1] C.H Hughes *Rights of Insane*

(Asylum Ward, New York, 1866, courtesy History of Disability in America)

Asylums quickly began to become one of the most popular ways to deal with the mentally ill population that countries had. Asylums have existed in some form for centuries but with the increased interest in psychiatry in the 1800s asylums boomed and quickly faced issues like overcrowding, neglect, and abuse.

Growth of Asylums in the 19th Century

Figure 4: Asylums & Psychiatric Wards

Procedures & Treatments

As the field of Psychiatry developed those within the field tried out many different types of treatments and procedures they believed would help the mentally ill. Some of these treatments were used specifically for female patients but others were used for both male and female prisoners.

Many of these treatments and procedures happened within the walls of asylums and mental hospitals but others were done privately within the home, and others were even done in the offices of the doctors and psychiatrists.

Many of these procedures fall under the realm of "psycho-surgery" or "neurosurgery". These treatments developed in the 20th century, but many of them fell out of favor by the 50s and 60s. These were surgeries specifically used to treat mental disorders as opposed to physical ones. The field of neurosurgery has always been a controversial one. Below are some of the most common treatments that developed.

As Ussher says in her book "corporal cure" was a main part of treating "madness". [1]

Today the psychiatric field mostly relies on pharmaceuticals and therapy to deal with illness.

Ovariotomy/Clitoridectomy
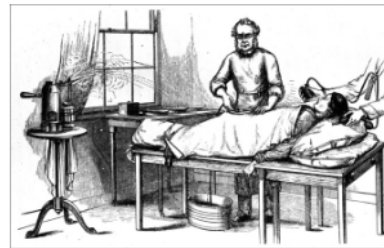
(Doctor performing ovariotomy, London, 1882 from the National Library of Medicine)

Put simply this is a type of "female circumcision". The procedure required the removal of normal ovaries or clitoris and labia as a response to many diseases. Dr. Isaac Baker Brown preformed the first clitoridectomy in 1866. Ovariotomy began in 1872 and became the fashionable treatment of menstrual madness, neurasthenia, nymphomania, masturbation and "all cases of insanity". Of course this also included the treatment of hysteria.

Paul Flechsig (1947-1929) was a professor of psychiatry. He writes about a woman who suffered from nervous anomalies and the potential for the ovariotomy procedure to not work:

Figure 5: Procedures and Treatments

Therapy & Medication
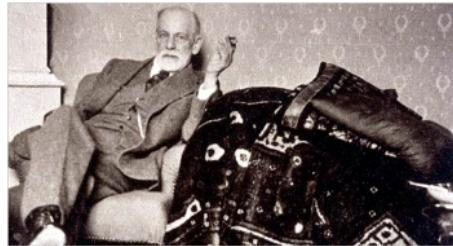
The asylum model for treating mental illness has fallen by the way side so has the different psycho-surgery techniques that seemed to promising not even one hundred years ago.

What has lived on however is talk therapy and medications which also developed along the same timeline as asylums and procedures.

Although they have changed and developed these areas of mental health have also affected women in many different ways.

Therapy

It is hard to think of therapy and not immediately picture Sigmund Freud, the father of psychiatry. Many of his ideas shaped how women were treated in mental health. He was influential to many doctors and early psychiatrists and his ideas, although many have been discredited, still echo in mental health care today.

Freud brought psychoanalysis to the mainstream. Freud believed that the unconscious mind had much to do with how we act in our conscious lives. One of Freud's theories that drastically impacted women was his idea of "penis envy"

According to early Freudian theory, is exactly the same as male sexuality up until the phallic stage of psychosexual development; since women don't have a penis, however, they experience penis envy, which is the jealousy little girls feel towards boys and the resentment towards their mothers. [1]

To Freud, women would always be at a disadvantage for not having a penis, making them weaker by nature.Which helped to legitimize beliefs that women were more prone to mental illness. Freud also asserted that:

"I do not think I am exaggerating when I assert the great majority of severe neuroses in women have their origins in the marriage bed" [2]

This idea influenced many, especially those trying to cure hysteria through female orgasm.

Figure 6: Therapy and Medication

The Women

Many women were and still are affected by different mental health practices. Countless stories and experiences have been shared through records and personal accounts that these women kept. Some of the most well documented stories came from women are well known cultural figures. Here are some of their stories.

Elizabeth Packard

(1816-1897)

"No person shall be regarded or treated as an insane person, or a monomaniac, simply for the expression of opinions, no matter how absurd these opinions may appear to others." - Elizabeth Packard author of Three Years' Imprisonment for Religious Belief: A Narrative of Acts.

Elizabeth Packard was not someone well known until she served time in an asylum. Packard was a Massachusetts native who moved around several times with her children and Calvanist Minister husband, Theophilus Packard. As described by the writer Myra Samuels Himelhoch:

Mrs. Packard was a well-educated, middle-class woman who had never been dangerous or committed any crime, and was not considered to be "insane" by most of the people who knew her. She never would have been molested by the state had she been born fifty years earlier. [1]

The troubles began when Packard's husband began to notice her missionary work and belief system move in another direction than those her husband believed. He thought his wife was involved in the popular spiritualist movement, a movement involving communication with the dead through a medium, along with other new religious movements. This threatened Theophilus and he told his wife she was insane on several occasions, he even told his wife that she was mad because she did not wish to hear him read the bible on female obedience. [] After applying for a fellowship with the Methodist Church her husband was convinced in having her committed. After obtaining signatures and appealing to the courts he was successful in having Elizabeth forced out of their home with the authorities removed and placed in the Jacksonville Asylum where she stayed for three years. This was not an uncommon event, many states had laws such as these allowing husbands the right to put wives and children in asylums without consent.

She describes her experiences in her many personal works:

Figure 7: The Women

Class & Race in Mental Health

Just because women were treated differently in mental health practices does not mean that all women were treated equally. Social class and race could play a major role in the type of treatment people received. It could also affect if they were able to get treated at all.

Class Issues in Mental Health Treatment

(Dr. Stanley B. Burns, 1920s New York Asylum)

Class differences played a large role in how and what treatment women could receive. Early, in the 19th century as Chesler mentions in *Women and Madness* "a poor woman could not afford neurosis" [1]. Jane Ussher the author of *Women's Madness*, expands on this idea further:

"it was the upper class women who were mad or hysterical. Working-class women were too busy working a fourteen hour day in the pits or a factory, or caring for numerous children, to have time to be 'mad.'" [2]

Women who had to work and provide for their families were often less likely to be seen to have a mental health issue. This also meant that many studies excluded working class women so it is hard to say how many of them were affected. However those who were treated were typically treated in public asylums rather than private ones.

"unmarried middle class women for example were widely considered a social problem by Victorians lack of meaning work, hope or companionship that led to depression or breakdown" and the fact that the poor went mad proved they were inadequate persons." [3]

When Nellie Bly committed to Blackwell Asylum, a public asylum, she saw many of the abuses women went through. Many of the women there were poor or immigrants who could not speak English. These issues would have been

Figure 8: Class and Race
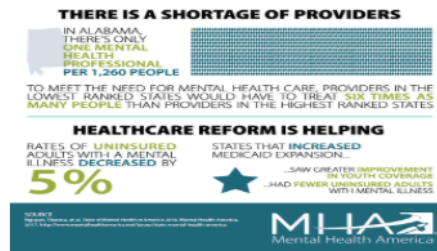
This image from the MHA shows how far the mental health field has come since 2017, in general.

Access to resources and mental health services is a big topi especially with debates surrounding The Affordable Care Act.

In Women's Madness she leaves off her book with one final thought which is, "all the data on mental illness indicated that in modern western industrial societies more women than men are mentally ill." [1]

Ussher goes on to say "still under or overly medicated, denied proper medication, low or high fees and often times people are put on streets and not taken care of." [2]

This is still true today, women are over represented and it can be hard to understand why. Are women really prone to madness? Do societal institutions put too much pressure on women compared to men? Or are women simply reporting mental health issues more? All of these can be factors much like the history of mental health care, it does not seem like an easy question to answer, and there might not be just one answer.

We are also reminded to focus on other populations not just women in general, but black women, poor women, and "Beyond this and similarly to domestic violence, Black lesbian, trans-gendered, and bisexual women are not mentioned in the framing of mental illness." [3]

Treatments are still debated today, Electroshock still something the psychology field believes might be beneficial for people. Also the types of medication and therapies out there also change and evolve.

There is no one size fits all treatment for every single person or women.

People need to research and become comfortable speaking out about their issues in order to find the best treatment for them. With mental health being a less stigmatized field it seems like it is easier for us to have these honest conversations.

As a society we have come leaps and bounds when we discuss the treatment of women and also disussing the mental health field. There is much more known today about the human mind, treatments and medications. Patients and victims rights have flourished and made the field much safer for women.

But there is always more to be done, and more to be understood.

Figure 9: Mental Health Today/Conclusion

Figure 10: Browse Collections

Figure 11: Browse Items

Figure 12: About the Historian

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