Elaine Showalter’s *The Female Malady: Women, Madness, and English Culture, 1830-1980* (1985) inaugurated an enduring legacy of feminist inquiry into the gendering of mental illness since the Victorian era. Linking the history of medicine with approaches in cultural studies and gender studies, Showalter and other scholars such as Nancy Theriot, Roy Porter, Sandra Gilbert, Susan Gubar, and Jane Ussher have traced the development of the madwoman figure in relation to developing medical discourses attempting to frame womanhood in terms of pathology, as well as the institutionalization of women on the basis of mental illness. Diana Peschier’s *Lost Souls: Women, Religion, and Mental Illness* contributes to this critical tradition by turning to case histories of “mad” Victorian women incarcerated in major British asylums such as Colney Hatch Asylum and the City of London Lunatic Asylum. In her analysis of extensive archival resources, she attends specifically to religious discourse as not only the clinical language of medical practitioners but also the vocabulary by which women described their intimate experiences of mental illness.

Peschier’s study challenges more reductive historical narratives of the Victorian period as witnessing the secular rise of professional medicine and the advancement of medical theory and practice. On the contrary, Peschier emphasizes the centrality of spirituality and faith discourses in the debates over madness and women’s mental health that would culminate in the development of psychology and psychiatry as specialized fields. Rather than strictly used by patients to make sense of their symptoms, the language of religion was equally used by physicians, who diagnosed conditions like “religious excitement” alongside other gendered illnesses like hysteria or frigidity. Religion did not totally give way to secular modernity as it filtered through to scientific thinking as the means of understanding and policing women’s bodies in conjunction with conduct manuals and Sunday school education for children. As Peschier argues through her close readings of casebooks, children’s literature, novels, and medical treatises, the intertwining of gender and madness was enmeshed in Christian evangelicalism that coexisted with wider cultural fascinations with the occult.

Importantly, the archival research that Peschier offers recents the lived experience of Victorian madwomen rather than focusing solely on their representations or metaphorization in popular fiction. Peschier reads a moving set of personal accounts by women that document their harrowing experiences of asylum life and their difficult navigation through social and medical structures meant to control their behaviors. Their loss of autonomy and agency, Peschier suggests, cuts across
class as medical men consistently attempted to naturalize mental illness as inherent to womanhood. Yet surprisingly absent in Peschier’s discussion is a more nuanced discussion of gender; the study takes for granted “female,” “woman,” “male,” and “man” as stable categories in this period when the very sources Peschier explores raise provocative questions about the contested constructions of gender vis-à-vis medical and religious discourses. Given significant turns in Victorian scholarship toward queer and trans studies, the absence of such a reflection feels all the more glaring. The consequences of this absence become particularly clear in the book’s brief final chapter, on male asylum patients, which felt disconnected from the book’s purported emphasis on women’s experience. Without stronger framing and connections with her previous claims, this chapter felt like a significant missed opportunity to theorize the substantial differences between these two archival resources that demonstrate how madness becomes gendered. Here, Peschier fails to grapple with the ethical implications of how and why men’s experiences of madness and institutionalization differ so greatly from women’s experiences, especially along the lines of race, privilege, power, and access during the height of British Empire.

Peschier prefakes her study with a brief reflection on the politics surrounding the use of “madness” or “madwoman,” labels which may read as anachronistic or pejorative to contemporary audiences. While she offers a historicist justification for using “madness” as the term widely used in the Victorian period, she entirely bypasses robust scholarly conversations focused on mental disability and cognitive difference ongoing in the fields of disability studies and mad studies. The feminist recovery project of *Lost Souls* resonates powerfully with the activist impetus of recent disability scholarship. This work attends more closely to the lived experiences of mentally disabled people in history. By refusing narratives that tend to reduce disabled people to their bodyminds, such work depathologizes madness and cognitive difference. The diverse texts Peschier examines in *Lost Souls* compose a rich, understudied resource that will continue to yield valuable insights into religion’s formative role in historical frameworks of cognitive difference in Western contexts and prehistories of what disability scholars and activists have called neurodiversity.
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