



Jessie Hewitt. *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France.* Ithaca: Cornell University Press, 2020. 252 pp. \$19.95, paper, ISBN 978-1-5017-5331-2.

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In *Institutionalizing Gender*, Jessie Hewitt, assistant professor of history at the University of Redlands, California, uses contemporary publications, and periodicals and archive material from Parisian hospitals, to explore gender and power relations in nineteenth-century French psychiatry, and to uncover the ways in which doctors not only defined rationality and cure in terms of expected gender values, but also played a part in cultivating those gendered expectations. Although the six main chapters follow a chronological path through the French asylum system in the nineteenth century, the author's aim is not to offer a history of French psychiatry during this period. Rather, Hewitt's study takes us on a journey through "particular moments and clinical contexts" that especially reflect the gendered nature of psychiatric doctrines at this time, and also key points where she identifies significant shifts in ideas and practices (p. 14). Broadly, the first three chapters explore these gendered elements of psychiatric theories and the gender-based principles underpinning moral treatment. The second half of the book explores the demise of moral treatment and psychiatry's move away from belief in what Hewitt describes as "the healing power of bourgeois gender and family values" (p. 17).

Chapter 1 takes as its focus the ideas of the celebrated "founding 'fathers'" of French psychiatry and looks at how assumptions about gender roles were intrinsic to definitions of sanity and insanity and underpinned treatment and care (p. 19). During this early period, treatment was carried out with the expectation of cure and the reintegration of the patient into society—once the patient had resumed the display of appropriate gendered (and bourgeois) attributes and behaviors.

In 1838, legislation increased the power of doctors and established a French national system of institutional care of the insane. Many people, however, remained suspicious of the emerging psychiatric profession and its practices. Chapter 2 explores the controversy surrounding the "cold shower" treatment, also known as the "bath of surprise" (p. 46). This controversy, Hewitt claims, illustrates the clash between the medical professional and "shifting standards of bourgeois masculinity" (p. 48). Furthermore, the debate reveals how mid-nineteenth-century French alienists became aware of the need to appear honorable and to establish a respectable professional identity.

Much has been written about the female patient in asylum histories, but, in chapter 3, Hewitt turns our attention to some examples of women

acting as practitioners rather than patients. Although women were not permitted to gain a formal medical education and qualifications and were therefore barred from taking up positions in French public institutions, many women actively worked alongside their husbands in private establishments and *maisons de santé*. There were even some female directors, or *directrices*, running their own private asylums. Hewitt introduces us to Marie Rivet, or Brierre de Boismont, who was brought up “amidst the mad” in her parents’ private asylum (p. 78). Madame Rivet went on to direct asylums of her own and to publish on the subject of insanity. Hewitt explores how Rivet, and others in her position, effectively engaged in “marketing the ‘angel in the house’” image, capitalizing on their traditional role as nurturers in the *vie de famille* set-up (p. 73).

Hewitt begins identification of the decline of moral treatment in French institutions in chapter 4, pointing to a number of scandals and press campaigns directed against the profession of psychiatry from the 1850s onward. Many of these campaigns focused on instances of sane people being committed to lunatic asylums as accusations of the abuse of medical authority in state institutions became a vehicle for dissent under the regime of Louis-Napoleon and later in the nineteenth century. Such campaigns caused alienists to begin to question the value of the asylum as places of care. Hewitt also highlights how contested asylum commitment cases reveal complex family dynamics and, in particular, a shift toward rationality as the seat of authority and changes in the nature of patriarchal power.

In chapter 5, Hewitt traces the profession through dramatic events of 1870 and 1871, arguing that psychiatric practitioners not only struggled on through the months of siege and civil war but were able to some extent to turn the situation to their advantage, using it to legitimize their authority and affirm an essential position in the new republic. The changed political order, however,

presented a new environment, one in which ideas about the hereditary nature of mental illness were taking hold, undermining faith in “gender-based treatment” (p. 140).

By the end of the nineteenth century, doctors and the public alike had lost faith in the principles of moral treatment as physical explanations for mental illness became dominant, and efforts to clear the asylums of their seemingly incurable populations were instigated. The final chapter explores proposed alternatives to the asylum system, including schemes such as “family colonies” wherein patients were placed with a host family for treatment, and the opening up of asylums to allow free movement of patients while still under psychiatric care (p. 157).

While moral treatment and gender-based ideas about insanity were certainly not exclusive to France, Hewitt argues that the period of shifting power dynamics following the French Revolution created a unique environment for introducing innovation in medical treatment and practices on a wide scale. Her observations offer an intriguing insight into French psychiatry and institutions during the nineteenth century and, as she claims, reveal much about the construction of gender within the family in France at this time, a period when adherence to bourgeois gender values and an appearance of rationality had a key role in establishing respectability and authority.

Throughout the book, Hewitt argues that there were inherent contradictions in the beliefs central to moral treatment. While bourgeois family values could be the cure for mental illness, the family itself and the expectation for those within it to adhere to these values could often be the cause. Women who rejected the role of “angel in the house,” for example by wanting to find careers outside of the home, or not wishing to have children, could find themselves classed as mad; yet women were also seen as susceptible to madness on account of the very behaviors expected of them, such as pregnancy and childbirth.

While Hewitt regards women as being more oppressed than men by the asylum system, as they generally did not have the authority or means to contest their diagnoses, she also stresses that men could also be vulnerable if they did not live up to cultural expectations—the rational man was heterosexual, married (preferably with children), and was involved in a financially secure, professional career. However, the pressures of maintaining such a life could themselves cause men to crack. The performance of appropriate familial roles was therefore not only the cure, but also one of the “key sources” of mental illness (p. 41).

Patients and doctors were involved in the two-way process of the “mutual performance of the moral treatment,” which drew on shared understandings of gendered roles (p. 35). Notions of masculinity and femininity were open to change, and this performance locked medical men in the grip of gendered expectations as much as the patients.

Hewitt’s study of Marie Rivet, and other *directrices*, offers another contradiction. While rationality and self-control were associated with masculinity and women were regarded as inherently irrational, the example of the *directrices* shows that, when placed among irrational men, women were able to secure a distinctive place of authority. Such women were able to secure and exert power in ways that exploited the very norms which restricted others.

Institutionalizing Gender invites the reader to rethink ideas about gender within the asylum setting, while revealing as much about the nature of the family in France during this period as it does about French psychiatry. It offers a perspective that goes beyond the study of the relationship between female patients and their psychiatrists—indeed, Hewitt has consciously moved away from this and allocates more space in the book to men and male doctors. However, the study of Marie Rivet and the *directrices* who subverted the very ideas of masculine rationality to take authority themselves offers a refreshing take on the history of women in the asylum setting.

Institutionalizing Gender is highly readable. It is also widely accessible as it is published as part of the Sustainable History Monograph Pilot, making the e-book editions of this book available as open-access volumes.

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