

Wendy Gonaver. *The Peculiar Institution and the Making of Modern Psychiatry, 1840-1880.* Chapel Hill, NC: University of North Carolina Press, 2019. 268 pp. \$32.95, paper, ISBN 978-1-4696-4844-6.

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The pre-Civil War archives of southern psychiatric institutions are notoriously spotty as a result of the war itself and—in the case of African American patients and asylum employees—the silences left by colonial administrators. Peter McCandless (*Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*, 1996) and Mab Segrest (*Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum*, 2021) have explored the South Carolina Lunatic Asylum (founded in 1828) and the Georgia State Lunatic, Idiot, and Epileptic Asylum (founded in 1841), respectively. The former, in an institutional history, shows what can be learned from the extant files of white administrators, and the latter, in a sociocultural critique, exposes the impact of white administrative policies on the lives of Black patient-laborers. At once an institutional history and a sociocultural examination of life on the wards, Wendy Gonaver's *The Peculiar Institution and the Making of Modern Psychiatry* is a welcome addition to this literature, investigating America's first psychiatric institution, the Eastern Lunatic Asylum (ELA) in Williamsburg, VA (founded in 1773).

Gonaver focuses on the period from 1840 to the late 1880s and “challenges the monopoly of northern and European institutions in early

asylum historiography,” arguing that “slavery and ideas about race” led to psychiatric innovation in the form of outpatient care and through the “hiring out” of patients to the surrounding community (p. 4). Having played a major role in cataloging the ELA's records from “a storage closet in the patient library of the present-day hospital,” Gonaver combines previously untapped sources—annual reports, administrative correspondence, and patient records—with those left by Superintendent John Minson Galt II and various writings of members of the American Association of Medical Superintendents of American Institutions for the Insane (AMSAII) in a study that adds to our understanding of how psychiatry developed within (and was informed by) the southern slave society (p. 11). Organized chronologically and also by theme, the book explores the paternalistic views of gender, race, and labor that were born in slavery and subsequently codified in American psychiatric institutions as they moved from slave to free, from moral care to confinement, and from therapeutic to carceral.

Throughout, Gonaver shows the international nature of professional psychiatry during this period, as western European ideas about madness were transformed by the religious and racial biases of the initial cohort of American psychiatric practitioners. Early American psychiatric adminis-

trators could pronounce adherence to European notions of moral care all they wanted, but they still faced one problem that their influencers such as Philippe Pinel or John Connolly never did—America’s inherent racial hierarchy and indeed slavery itself. Gonaver shows how pseudomedical ideas of race shaped and were manipulated and debated by the all-white, male-dominated, competitive arena of AMSAII.

Gonaver shows that southern asylums were “complicit in abuse” of the enslaved and that Galt’s competitive advantage over his northern peers and psychiatric thought leaders such as Thomas Story Kirkbride and John P. Gray was indeed his enslaved workforce (p. 138). This was a period when “proper [asylum] care was a euphemism for segregated,” and Gonaver offers a portrait of Galt as paradoxical superintendent who at once professionally defended and promoted slavery while staunchly maintaining a racially integrated asylum (p. 164). Paradoxically, enslaved attendants often controlled the keys to white patients’ cells and were at times responsible for restraining white patients. While one must question the connections Gonaver draws between free patients and their enslaved attendants—whom she argues “were linked by the bonds or obligations that caregiving entailed; neither party enjoyed ‘rank and standing’ in society, and both groups incited contradictory impulses and policies at the asylum”—Gonaver does well in exhuming enslaved attendants’ agency through forms of resistance such as aiding patient escapes and withholding care (pp. 79-80).

The asylum was a central space in which the southern patriarchy sought to control women’s bodies and stifle the desire for political and religious participation. Gonaver exposes the gendered violence of asylum administrators who viewed female political participation as deleterious for reproductive health, and even “female reproductive organs as the cause of insanity,” and who promoted “racialized vision of healthy womanhood”

(p. 113). Through mini case studies of female patients that illuminate connections between perspectives of madness, reproduction, and labor, Gonaver shows the prevailing notion that madness was perceived to be the result of reproductive issues and that women who sought work within the asylum were deemed cured and those who refused were viewed as problematic. Gonaver contends that “the persistence of trauma” among female patients inspired Galt to “campaign for separate asylums” for women (p. 113). The antebellum asylum indeed was a space of sexual violence for confined and enslaved women of both races, but Gonaver shows that Black women had the lowest access to care as a result of their gender and race. While emphasizing enslaved women’s low position in the gendered and racialized hierarchy and convincingly showing that infanticide was one form of resistance, Gonaver perhaps misses an opportunity to engage Kimberlé Crenshaw’s theory of intersectionality and draw connections between sexualization and the deplorable conditions in which enslaved and free Black women existed within the intersecting oppressions of race, gender, class, and—in the case of the patients—mental illness.[1]

After providing a wonderfully rich accounting of life at the ELA during the war years (chapter 5), Gonaver shows the racialization of psychiatric care after the war and argues more for a rupture than continuity with the ways in which African American were treated under Galt’s administration. The existence of slavery forced Galt to consider—long before vocational therapy—the potentially “therapeutic effects” of labor upon asylum patients. At the very least, slavery placed front and center the potential gains that could be realized through free patient labor. This rationalization of the benefits of work carried over into the post-Civil War era with the rise in psychiatric work farms in the South to subsidize the care and potentially “cure” African American patients, as the “United States Government left a vulnerable population to fend for itself” (p. 172). Gonaver

shows that the creation of the all-Black Central Lunatic Asylum (CLA) coincided with the late nineteenth-century shift from moral to custodial care. As a result, the only “care” afforded to Black patients was restraint or various forms of work therapy—occupational, vocational, and industrial. Gonaver makes a strong case that the rising number of patients at the CLA was a result not of care being offered to Black Virginians for the first time in that region, but of “punishment for defying white authority.” (p. 181)

“The war” was cited for many admissions after the war ended. While indeed the abolition of slavery drove some slave owners to madness through the loss of their possessions and economic standing during the conflict, Gonaver’s use of “trauma”—before that diagnostic had been invented—as a cause of their insanity is less convincing in her discussion of the war than it is in the above-discussed chapter on women (p. 161). Ultimately, Gonaver concludes with a quotation by Franz Fanon that decries “the flaws, sickness, and inhumanity” of American colonialism (p. 199). This connection is apt, but Gonaver could do more to account for the fact that Black voices have been silenced within the archive by the white power structure which she covers so well. One wonders how much richer the narrative would be through exploration of the silences and omissions resulting from the inherent colonization of the archive, which Gonaver does not seem to recognize. At times Gonaver seems to paint the slavery-perpetuating Galt in a progressive light and to miss the animating factors of Galt’s paternalism and desire for recognition among his peers. One must question Gonaver’s contention that Galt “saw his Black staff members and patients as human beings, not animals” in face of the facts that he whipped enslaved attendants and engaged in the commercial aspects of hiring out of the enslaved (p. 193).

In *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2006), Harriett

A. Washington points out that uncovering past abuses may lessen anxieties over certain types of healthcare today. Gonaver’s work represents a step in this direction. As historians of medicine, and especially of psychiatry, continue to explore how race impacted the American public health apparatus, studies such as *Peculiar Institution* are important because they shine a light on what exactly happened as the South transitioned from a slavery regime to various slavery-resembling regimes as confined Black bodies—in asylums and penitentiaries—were forced into the labor lacuna left by emancipation. Studies such as these may indeed help us to better understand the racialized roots of health inequality that continue to plague us today.

Note

[1]. Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum* 1989, no. 1 (1989): 139–67, <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/>.

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