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Ritualizing Madness: Case Files as Sites of Enforced Performativity, 1894-1950

Ritualiser la folie : les dossiers comme sites de performances forcées, 1894-1950

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Abstract

In this article, I argue that case files kept by doctors, nurses, and attendants in Canadian Asylums, act as sites of performative madness enforced by the observer. In applying Foucauldian and performance theories, I look at the production of knowledge, and influence of power, which allow for the encoding of madness as a ritualized behaviour that is repeatable outside of the individual being recorded as mad. To illustrate this point, I use several case files from the Brockville Asylum to highlight how certain physical characteristics and behaviours were pathologized to support the medical argument that the inmate in question was in fact mad and belonged in the asylum. I suggest that one is not born mad, but they become mad through enforced ideas of madness, which enforced by the observer's categorization of a physical characteristic or behaviour as mad.

Résumé

Dans cet article, je soutiens que les dossiers tenus par les médecins, les infirmier·ères et les préposé·es dans les asiles canadiens font office de sites de folie performative imposés par la personne qui observe. En appliquant les théories foucauldienne et de la performance, je me penche sur la production de connaissances et l'influence du pouvoir, qui permettent de coder la folie comme un comportement ritualisé pouvant se répéter en dehors de la personne que l'on consigne comme folle. Pour illustrer ce point, j'utilise plusieurs dossiers de l'asile de Brockville pour mettre en lumière la manière dont certaines caractéristiques physiques et certains comportements ont été pathologisés pour étayer l'argument médical selon lequel le ou la détenu·e en question était en fait fou ou folle et devait rester à l'asile. Je suggère que l'on ne naît pas fou, mais qu'on le devient à travers des représentations imposées de la folie, renforcées par la catégorisation d'une caractéristique physique ou d'un comportement comme étant fou par la personne qui observe.

Keywords

Mad Studies; Canadian History; Brockville Asylum; Performativity; Foucault

Introduction

One is not born mad, rather they become mad.¹ Madness was not always a deliberate performance of identity, but rather an enforced identification with deviance when someone fails to experience, or act, based on dominant narratives of how one ought to behave. Ideas of what constituted normal established codified behaviours to illustrate madness in those failing to engage with society under the guise of behaving normally. These behaviours and signifiers of madness were imposed and unconsciously acted out, or purposefully acted out. This paper will focus on how the performed cultural behaviour of madness was imposed on individuals, through the cultural codification of normal in asylum case files. It is within the walls of the asylum, the signifiers of twentieth-century madness flourished and allowed for individuals to be detained for varying lengths of time at mental institutions against their will. In examining psychiatric case files from the Brockville Asylum, I will illustrate how people deemed mad were often portrayed with certain behaviours that were codified into a formal understanding and expertise of madness devoid of individual experiences.

In doing this, I will explore the intersection of Foucauldian and performance theory, and the role of case files as a site of performative madness. Case files were not written by inmates of asylums, which often make them methodologically challenging records to derive the experiences of inmates; however, they are the most plentiful historical record in Canada when it comes to historic experiences of the asylum. Because these records were kept by doctors, attendants, nurses, and other institutional staff, I argue that case files act as sites of performative madness, which were enforced through formalized codes of normalcy with the aid of surveillance, discipline, and knowledge production. My analysis does not lay any

¹ The structuring of this sentence is borrowed from Simone de Beauvoir's famous quote, "One is not born, but rather becomes a woman." It is meant to borrow from ideas on cultural performance of gender, but instead in relation to madness. Simone de Beauvoir, *The Second Sex* (Toronto: Random House, 2011): p. 283.

claims to be able to speak to the individualized experiences of the asylum, as neither the case files nor the theory will permit me to do so. It remains a persistent challenge to this telling this history, however, I aim to reveal some of the circumstances that allow us to isolate madness as a unique cultural experience in order to suggest that these codifications have led to modern reinforcements of madness as deviant. In discussing this, I am contributing to a larger conversation around the diversification of our ideas about what it means to be human. Furthermore, I suggest that deviance is not something we need to continue to enforce if we wish to dismantle the psychiatric complex. The theoretical analysis provides me with the language and understanding to move beyond divisions of sane and insane.

Efforts to recover the patient voice and read against the grain has been well established by many Canadian social historians. Case files, as argued by *On the Case: Explorations in Social History*, are a useful way to find testimony through human interaction and perhaps recover some social agency.² In this edited collection, the authors ask thoughtful questions on the nature of reading case files and the ability to read them subversively or against the grain.³ Historical methods seek to engage case files as a means to explore personal storytelling and resistances to institutional regimes.⁴ Geoffrey Reaume's *Remembrance of Patients* is an excellent example of how case files are used to reconstruct patient experiences.⁵ However, reading them against the grain requires some challenge to what the authors penning the records are perhaps trying to convey about the patients and their experiences. I argue that case files do not necessarily represent the experience of patients so

² Franca Iacovetta and Wendy Mitchinson, "Introduction: Social History and Case Files Research," in *On The Case: Explorations in Social History* edited by Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998): 6.

³ Franca Iacovetta and Wendy Mitchinson, "Introduction: Social History and Case Files Research," 12-13.

⁴ Catherine Coleborne, *Why Talk About Madness? Bringing History Into the Conversation* (New York: Palgrave MacMillan, 2020): 25.

⁵ Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2007).

easily, as many authors have acknowledged in writing patient histories.⁶ I continue this discussion on using case files by offering an intervention from performance theory and Foucault, which continues to explore the question of recovering voice and experiences from case files. I seek to demonstrate how case files were sites where madness was in part created and transformed into ritualized behaviours. This stems from the cultural and historic aspects of constructing illness.⁷

For the purposes of this article, I will be using case files from the Brockville Asylum, which was also known as The Eastern Hospital for the Insane Brockville Psychiatric Hospital, and Brockville Mental Health Centre. The asylum began with the purchase of 190 acres that touched the St. Lawrence in Brockville, Ontario. The location was considered perfect for its picturesque beauty and potential to build a space for the treatment of the insane. In fact, once the main building was constructed, the green lawns and terraces against the red brick were considered a good visual contrast to help heal the patients.⁸ Like most 19th century asylums it implemented a regiment of moral treatment, which began with the picturesque beauty of the asylum.⁹

The documents produced by the administration of the Brockville Asylum are now housed at the Ontario Archives. These records are often inconsistent across the institution's

⁶ For Canadian historians reading case files against the grain see for example: Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane*; Wendy Mitchinson, "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case," *Canadian Bulletin of Medical History* 4 (1987): 99-117; Mary-Ellen Kelm, "A Life Apart: The Experience of Women and the Asylum Practice of Charles Doherty at British Columbia's Provincial Hospital for the Insane, 1905-15," *Canadian Bulletin of Medical History* 11, 2 (1994): 335-355; and Cheryl L. Krasnick Warsh, "In Charge of the Loons: A Portrait of the London, Ontario Asylum for the Insane in the Nineteenth Century," *Ontario History* 74, 3 (1982): 138- 184.

⁷ Peter Conrad and Kristin K. Barker, "The Social Construction of Illness: Key Insights and Policy Implications," *Journal of Health and Social Behavior* 51 (2010): S6.

⁸ Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁹ Architecture was a central component to for the success of the moral treatment. Some scholars have published exclusively addressing this component of moral treatment: Barry Edginton, "The Well-Ordered Body: The Quest for Sanity through Nineteenth-Century Asylum Architecture," *Canadian Bulletin of Medical History* 11(1994): 375-386; Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017);and James E. Moran, Leslie Topp, and Jonathan Andrews, *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (New York: Routledge, 2011).

history, which spans 1894 to 1994. Admissions after 1945 were not consulted due significant changes that occur in the Post War period and for privacy reasons. The case files before the 1910s often included limited information: certificates of insanity, a history of the patient, and a transfer warrant. On occasion there would be limited correspondence concerning the individual. By the 1910s the patient files became significantly larger. They included a covering page, statements given upon admission, physician's certificates, a ward admission record, list of belongings, clinical charts and records, physical medical records, dental records, and discharge or death certificates. Case files only continued to grow as the Asylum progressed into the 1930s. At this time, we begin to see repeat admissions from previous residents of the Brockville Asylum. It is also when quotes begin to appear in case files.¹⁰ All patients discussed in this paper are individuals who were admitted between 1895 and 1945. Some of these inmates do remain in the asylum up until 1950.

A Foucauldian Foundation: Surveillance, Discipline, and Knowledge Production

Foucauldian theory established a means in which the development of madness and the asylum could be understood and analyzed. Michel Foucault provided many with the language to interpret systematic regulation and control of individuals, however, before I delve into the relevance of this analysis, I want to acknowledge the ways Foucault would not be helpful in understanding inmate experiences. The macro analysis of institutions, discipline, and surveillance does not account for any individual agency and begs the question if under Foucauldian theory individual autonomy and power can be accounted for? The theory is imperfect and rightfully challenged for this, however, the insight Foucault offered in his many works provided an incomparable tool of the analysis of power regimes, which can be

¹⁰ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

adapted when appropriate. Foucault's theory allows for interpretations of the development of madness and its enforcement. In this context, it is of utmost interest. In a microanalysis, the deployment of Foucauldian theory might not be appropriate but does not mean it cannot be used as part of the larger analysis. In this section, I will highlight a few key concepts informing my analysis.

In understanding asylums as a place of surveillance, Foucault argued that it puts mad people into a minority status where by the exertion of power can occur as a repressive function on individual freedoms.¹¹ The process of institutionalization eroded individual freedoms in order to isolate madness to take its distance.¹² As an instrument of segregation, both on principles of political and cultural reasons, it served as a power of disorientation that was essential to the asylum.¹³ The failure to conform to ideas surrounding a cultural idea of normal could have led someone into an asylum. It was thought the passions of a mad person were believed to have serious outcomes for society. The chief concern when it came to the mad, according to Foucault, was the need to sever from society, or to correct the behaviour of mad people.¹⁴ In isolating them, it allowed for a space of perpetual judgement.¹⁵ This space was meant to correct their deviant behaviours, which were rejected as part of the cultural norm.

With the establishment of a site of surveillance, the control of the mad moved inward and worked through a regimentation and an installation of discipline.¹⁶ Psychiatric power became the way to manage the mad through a system of isolation, regularity, deprivations,

¹¹ Michel Foucault, *Madness and Civilization* (New York: Random House, 1965): 51, and 252.

¹² Michel Foucault, *Madness and Civilization*, 228.

¹³ Michel Foucault, *Madness and Civilization*, 245.

¹⁴ Michel Foucault, *Madness and Civilization*, 136.

¹⁵ Michel Foucault, *Madness and Civilization*, 265-266.

¹⁶ Lisa Appignanesi *Mad, Bad, and Sad: A History of Women and Mind Doctors from 1800 to Present* (London: Virago, 2013): 48.

and obligations.¹⁷ Foucault isolated the ideal asylum as something orderly, disciplined, and regular. The order of the asylum would thus be controlled over time, bodies, actions, and behaviour.¹⁸ This sets the basis for all other aspects of the asylum to thrive. Foucault argued disciplinary power is the modality between body and power, both in the context of the asylum and otherwise.¹⁹ This was necessary because mad individuals were a social adversary, both a danger to society and to the law, which required central supervision.²⁰ Foucault argued this discipline, involving the deprivation of freedom and lack of rights to anything was effective because of its uninterrupted discipline, training, and power.²¹ Through the creation of docile bodies under surveillance, mad people were subjugated to institutional regulation and the target of power.²² Discipline was the corrective force that in theory would cure the mad. Equally so, it was through this segregation and discipline where a discourse of madness would develop to shed the ultimate truth of madness, which is illustrated by the development of medical knowledge.

Knowledge creation through the development of medical discourse allowed madness to be connected to correction, which allowed for the codification of madness and supports the development of its infrastructure. A circular relationship with surveillance and knowledge creation exists – each reinforcing one another in practice. Foucault argued language was the first and last structure of madness.²³ It provides the basis for medical regulation, but also the basis for how case files would be used. The recorded notes show how the creation of this knowledge allowed for observations that made madness objectively knowable. The medical gaze that watched over madness in a state of surveillance, the asylum became the arena were

¹⁷ Michel Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973-1974* (New York: Picador, 2008): 173.

¹⁸ Michel Foucault, *Psychiatric Power*, 2-3.

¹⁹ Michel Foucault, *Psychiatric Power*, 40.

²⁰ Michel Foucault, *Psychiatric Power*, 96.

²¹ Michel Foucault, *Psychiatric Power*, 166.

²² Michel Foucault, *Discipline and Punish* (New York: Random House, 1995): 136.

²³ Michel Foucault, *Madness and Civilization*, 75 and 99-100.

the obvious signs of madness could manifest and be recorded by professionalized medical staff.²⁴ Discourse according to Foucault, is deployed as medical power and truth. Therefore, discourse acts as the apparatus of power. Asylums allowed for this knowledge of truth discourse to flourish. It helped give power to doctors and supplemented their distinction from others within the asylum.²⁵ This knowledge production is essential to the creation of cultural power, which ritualized mad behaviours.

It is through surveillance, discipline, and knowledge creation that the asylum became a theatre of madness. It was a space that madness could be defined, observed, and seen for the purpose of segregation and correction. It allowed for the modern ideas of madness to develop and be codified consistently across patients, regardless of their own experiences. In ritualizing madness, it quantified mad behaviours as easily identifiable for the purpose of segregation and cure. Through surveillance, medical knowledge was reinforced to this end, and discipline became the support network for ensuring the successful running of an institution.

Performance Theory: Mad Rituals, Liminal Space, and Power Dynamics

This analysis posits the experience of madness is not outside the so-called normal experience of an individual, rather in the othering of them society has created a social performance of madness that existed separate from mad people. This section will be dedicated to writing about performance theory and how we get from the theory to performative madness and what are the implications of this. In exploring ideas of cultural performances, rituals, and the liminal norm, I will highlight how performance theory is helpful in understanding the history of madness. Performance, in this case, goes beyond entertainment, which is known as

²⁴ Michel Foucault, *History of Madness* (London: Routledge, 2006): 440.

²⁵ Michel Foucault, *Psychiatric Power*, 13 and 233.

organizational performance, into a category of cultural performance, which takes the position that cultural traditions and transformations are enacted.²⁶ Cultural performances are “occasions in which as a culture or society we reflect upon and define ourselves, dramatize our collective myths and history, present ourselves with alternatives, and eventually change in some ways while remaining the same in others.”²⁷

The performance of madness then, was how the individual behaved a certain way, or failed to, under these notions of normalcy. The ritualized acts of insanity and sanity are prescribed by an authority, and can be acted out regardless of who expressed the behaviours.²⁸ Madness is not about the actor, but instead is about the ritualized behaviour extended across humanity. The results of which are universalistic, allegorical, and orderly. The continuation of these rituals of insanity was linked to the absent other. In this case, the absent other is ideas of normalcy and rationality that are enforced through a cultural acceptance and enforcement between acts and institutions. It further requires the audience to participate and believe.²⁹ In the case of madness, this is prescribed by the medical model. The power around medical knowledge created, in hopes of gaining prestige under the veil of rationality, is the appearance of an objective science of madness. The knowledge becomes unquestionable and separate from the mad person. In fact, the ritualization of madness can be understood best as something that was developed and does not require an actor to be understood. This relates to restored behaviour, and its cultural existence outside people labelled mad. So-called mad behaviour can be repeated, rearranged, and restricted to fit the needs of cultural performances of madness.

In thinking about how ritualization is separate from the person, the same can be said

²⁶ Jon McKenzie, *Perform or Else: From Discipline to Performance* (New York: Routledge, 2001): 6-8.

²⁷ Jon McKenzie, *Perform or Else: From Discipline to Performance*, p. 31.

²⁸ Richard Schechner. *Performance Theory* (New York: Routledge, 1988): 16-17.

²⁹ Richard Schechner. *Performance Theory*, 130-134.

for liminality. It is something that is stored separately from any actor.³⁰ A liminal-norm, as Jon Mckenzie described, demonstrates how the forces of normativity can become prescriptive and transformative. It includes rituals of exclusion, which uphold certain cultural values.³¹ In the case of madness, the exclusion of mad people through their removal into psychiatric facilities is maintained for the purpose of striving for a sane society. Anyone deviating from a norm is removed and placed into another context for the hopes of re-prescribing the liminal-norm. This requires submission to authority and silence.³² While resistance to institutionalization exists, the majority result must be an accepted silence and authority. This is further seen in our writing of the history of madness, as mad people themselves have hardly been addressed. Foucauldian power regiments are seen not only in the methods the mad people were managed and their forced removal of their rights, but the continued telling of this history through a medical lens continues to allow for this authority and silence to prescribe mad identity.

On the point of ritualization, Arnold Van Gennep explains that rites of passage have three phases that mark a cultural transition or change: 1) separation; 2) marginality or liminality; and 3) incorporation.³³ In the context of madness 1) separation is the process in which behaviours of mad people are recorded and seen as undesirable or difficult; 2) institutions become the liminal space and place mad people in a status of inferiority; and 3) incorporation is theoretically the successful cure of a mad person.

In the day to day existence of a mad person who has been subscribed to this identity, they live in a state of imposed knowledge and power, asserting objectivity, rationality, and

³⁰ Richard Schechner, *Performance Theory*, 324; and Richard Schechner, "Excerpt from *Restored Behaviour*," in *The Performance Studies Reader*, Third Edition (New York: Routledge, 2015): 69.

³¹ Jon Mckenzie, "The Liminal-Norm," in *The Performance Studies Reader*, 11-12.

³² Victor Tuner, "Liminality and Communitas," in *The Performance Studies Reader*, 103.

³³ Victor Turner, "Frame, Flow and Reflection: Ritual and Drama as Public Liminality," *Japanese Journal of Religious Studies* 6, 4(1979): 466-7.

universality.³⁴ As mad people are the subject it is “through the limitation, prohibition, regulation, control, and even “protection” of individuals related to that political structure through the contingent and retractable operation of choice.”³⁵ Madness is politicized. Through knowledge discourse and the confirmation of certain ritualized behaviours as mad, informed by a cultural understanding, the displacement of mad people outside of the supposed norm, denied them rights to participate fully in society. Furthermore, it inscribed and enforced myths around madness that continue to persist. The development of a codification of normal, allowed for the creation of performative spaces of madness, such as asylums. Case files become one of the ways rituals of madness were enforced and accepted.

Brockville Asylum: Case Files of Sites of Performative Madness

In this section, I will highlight some ways that madness has been codified and performed in case files with a focus on some of the trends, which include: the perceived threat of mad people as violent, visible cues of madness such as staring or the depressed face, gendered pathologizing, and behaviour classified as erratic and grand.³⁶ In doing this, I will use case files from the Brockville Asylum spanning from 1895 until 1950. All patients will appear with partial names to protect their identity. It is through these case files that the performance of madness is reinforced strictly, as a site to prove the mad are truly mad and ought to be segregated.

This codification of madness does not require the individual to actually exhibit these

³⁴ Jon McKenzie, *Perform or Else: From Discipline to Performance*, 15.

³⁵ Judith Butler, *Gender Trouble* (New York: Routledge, 1990): 3.

³⁶ In this section I will be addressing some of the ways mad people have been identified, which includes visual cues and personality traits. This all has been historically codified under scientific knowledge as a means to quickly identify a mad person with scientific objectivity, and rationality. Many scholars have written on this in different capacities, some of interest and relevance may include: Simon Cross, *Mediating Madness: Mental Distress and Cultural Representations* (New York: Palgrave Macmillan, 2010); Lisa Appignanesi, *Mad, Bad, and Sad*; and Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, From the Bible to Freud, From the Madhouse to Modern Medicine* (New Jersey: Princeton University Press, 2015); Sandra L. Gilman, *Seeing the Insane* (Lincoln: University of Nebraska Press, 1986); Steven J. Gould, *The Mismeasure of Man* (New York, Norton, 1996).

tendencies, but rather, it is in the author's assessment of abnormal that they are prescribed certain traits and identities regardless of their personal experiences and identification. The authors of the case files are the assessors who note down behaviours that are meant to showcase madness. This writing begins a cycle and repeats a cycle of repetitive behaviours that encode madness consistently across case files. Ultimately, it changes how their behaviours are interpreted. This is not to suggest that individuals cannot or did not identify with their diagnosis, however, what I mean to suggest is that case files are written with particular intentions and reading them against the grain can be quite difficult due to the lack of self-representation on the patient's part. In using performance theory, I look at the ways madness has been constructed in case files and culturally acted out. In fact, myths around mental illness remerge from the past, such as the belief that mad people are dangerous, and continue through a continued cultural belief.

The mad have long been associated with the belief that they are a danger to society, which in turn has resulted in mad people being seen as violent individuals. It pathologizes feelings of anger. While perhaps some people are violent, the disproportionate linking of madness and violence appears to be one of the ways a cultural performance of madness became identifiable. Indications of madness came to include perceived violent behaviours in part because of the re-writing of anger as madness. This performance that would surely prove readers of madness encoded physical characteristics as part of the ritualized behaviour of madness. In case files, such as that of Henry G-, at intake the medical staff described him as wild and fearless, a potential to be a danger at large, had the appearance of a menace, and liable to do anything. But what follows in his clinical notes, recorded by attendants, is that Henry G- showcases little violent tendencies. On one incident where he threatens a patient with a knife, the superintendent excused his behaviour, as this other patient is known to cause disruptions and irritate other patients. Other violence that occurs in Henry G-'s clinical chart

appeared to be against him by either patients or staff.³⁷ Yet they maintained his status as a potentially dangerous individual. Henry G- is not the only patient to be labelled as violent. Others like Agnes C- and Joseph S- are also described to have violent tempers and be a danger to others. Edward D- was also described as homicidal, violent, and abusive. His anger was heightened as an area of concern since he insisted that he was a prophet and was being met with dismissal. Yet, in the clinical chart, any violent temperaments were never mentioned. The authors of the case files prescribed violence onto mad people as part of their noticeably mad behaviours. Regardless of patient's enactment of mad behaviours, they are subscribed to performances that are enshrined as cultural and historic indicators of madness. In many cases, it can have limited meaning in terms of the individual's actual experiences, and primarily serves to justify their institutionalization. A key identifier of a mad person became an inability to withhold their anger. This is not to say that mad people could not be violent, but rather to suggest that madness was not inherently violent in the way it had been pathologized and ritualized.

Another common thread in the case file notes is the established belief that a mad person looks a particular way. Similarly, to seeing visual cues that indicated mad violence, other characteristics were seen to illustrate the madness of an individual. The case files ritualized a mad aesthetic based on creating a codified way to see madness through physical cues. To return to Henry G- part of his diagnosis was his stare.³⁸ It is written in such a way that the reader should understand that mad people can be distinguished from an ordinary person through this mad stare. This comes up again in the case of Mary P- who is described to have thoughtful brown eyes with a fixed stare. Since Antiquity, theories of physiognomy

³⁷ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

³⁸ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

and other visible cues of madness, fed into the notion that madness looked like something specific. This stare is among many of the modern ideologies around the look of mad people in order to maintain a boundary of sane and insane.³⁹ In describing the appearance of a mad person upon their admission, the doctor's were placing a visual performance of madness onto the individual for the ableist gaze.⁴⁰

Expressions on the face were also remarked upon. For example, Peter G- was described as vacant, and Elieen B- was described as sad.⁴¹ These looks that psychiatrist could interpret from looking at a person, were informed by ideas around the visibility of madness. In some cases, however, the experiences of these patients were a regular occurrence in life. Elieen B- at the time of her admission, where she was recorded as having a sad face, had suffered the loss of her husband from tuberculosis after surviving the First World War.⁴² In the case of Peter G-, the vacantness was perhaps used to support notions of imbecility. Cognitive impairments are and continue to be culturally constructed. In this case, the enforced cultural performance requires a doctor to record and ritualize particular expressions as madness. For Peter G- this is a vacancy, and Elieen B- this is a depressed face.

Finally, in the case of Yvonne L- the doctors recorded her as funny looking with deep-set eyes, square jaw, and a bulky stature. This amounted to a doctor referring her to as wild in looks.⁴³ The associated appearance with wild might be a result of enforcing traditional

³⁹ Simon Cross, "Visualizing Madness: Mental Illness and Public Representation," *Television & New Media* 5, 3(2004): 197-199.

⁴⁰ The spectator of madness and disability is a multifaceted integration in the ways non-disabled people see the disabled body or mind. See for example: Nolan Boyd, "The Warped Mirror: The Reflection of the Ableist Stare in David Lynch's *The Elephant Man*," *Disability & Society* 31, 10(2016): p. 1321-1332; Janet Miron, *Prisons, Asylums, and the Public: Institutional Visiting in the 19th Century* (Toronto: University of Toronto Press, 2011); and

and for a good theoretical background in seeing: Jane Nicholas, *Canadian Carnival Freaks and the Extraordinary Body, 1900-1970s* (Toronto: University of Toronto Press, 2018).

⁴¹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁴² Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁴³ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

codes of beauty standards, which the doctors suggest Yvonne L- does not meet. In her failing to look this particular way, the authors of her case file use her appearance to reinforce madness. Attractiveness became a clear indicator of madness, once again making it a visible cue that can be seen and recorded as part of the mad aesthetic produced in case files.

Enforcing these beauty standards while enacted on an individual does not require a specific person to undergo the performance of appearing mad. While men could also be judged on the same basis, in the case of Yvonne L- it is certainly gendered.

Being a nonconforming woman was also pathologized and inscribed as mad behaviour. Characteristics associated with perceived gender characteristics and female sexuality led to specific conversations of their madness in case files. In *The History of Sexuality: An Introduction* Foucault discusses modern sexual repressions and the applications of sexual control against people considered deprived of power.⁴⁴ The first example of modern sexuality provided focuses on hysterical woman while the fourth addresses the psychiatrization of perverse pleasure.⁴⁵ Women, in committing actions deemed deviant, exhibited behaviours that were codified as abnormal, and at times, mad.⁴⁶ Mary P- was a twenty-three-year-old single woman upon her entrance to the Brockville asylum. Her illness was credited to her recent promotion at work, after working as a civil servant for three years.

⁴⁴ Michel Foucault, *The History of Sexuality: An Introduction* (New York: Vintage Books, 1990): 99.

⁴⁵ Michel Foucault, *The History of Sexuality: An Introduction*, 104-105.

⁴⁶ There is plenty of scholarship that examines the relationship between gender and asylum experiences, and women and deviance. These scholars in their unique perspectives she light on how woman have been ostrazied and labelled other in relation to their gender, see for example: Bridget Hutter and Gillian Williams, *Controlling Women: The Normal and the Deviant* (London: Croom Helm London in association with the Oxford University Women's Studies Committee, 1981); Jane M. Ussher, *The Madness of Women: Myth and Experience* (New York: Routledge, 2011); Jane M. Ussher, *Women's Madness: Misogyny or Mental Illness?* (Harvester Wheatsheaf, 1991);

oan Harries, "Be a Good Girl," in *Shrink Resistant: The Struggle Against Psychiatry in Canada* edited by Bonnie Burstow and Don Weitz (Vancouver: New Star Books, 1988): 39-40; Joan Sangster, *Girl Trouble: Female Delinquency in English Canada* (Toronto: Between the Lines, 2002); Lisa Appignanesi, *Mad, Bad, and Sad: The History of Women and the Mind Doctors from 1800 to the Present*; Megan J. Davies, "The Women Beyond the Gates: Female Mental Health Patients in British Columbia, 1910-1935," in *Canadian Research Institute for the Advancement of Women: Women and Well-Being* edited by Vanaja Dhruvarajan (Montreal and Kingston: McGill-Queen's University Press, 1990: 53-64); and Phyllis Chesler, *Women and Madness* (London: Allen Lane, 1974).

The doctors each recorded that she could not handle the responsibilities of a managerial role. A position above the sensibilities of a woman.⁴⁷ Furthermore, the doctors expressed her emotionally instability was also exhibiting irrational conversations about sex and marriage. Her engagement of sexual relationships pre-marriage and her fear of having a venereal disease were well recorded by medical staff. It was also noted that her mother felt she had no control over her daughter, and her lack of interest in her fiancé was unusual.⁴⁸ At the same time, the clinical notes during her stay took great pains to describe her ideal feminine traits: she liked to sew, cook, and knit. Despite her nervousness, she was recorded as pleasant and agreeable, with many friends.⁴⁹ This illustrates only a partial loss of femininity. While a deviant woman, this history of Mary P- suggested that she was curable through the discussion of her femininity. She was afforded certain desirable qualities as part of her existence in a liminal space with a strong potential for cure.

Another case of pathologizing a woman's sexuality was the admission of Yvonne L-. Unlike Mary P- she was of lower financial means. At a young age, her mother died, leading her to quit school to take care of her siblings. She later gained employment in convent doing laundry. Eventually, she quit citing the nuns were cross. Her father sought her admission because he could no longer control her, and she had an intense interest in the opposite sex. Further to this, she admits to the doctors that she had nightly escapades and sexual relations with men.⁵⁰ Unlike Mary P- she is not afforded the same space to support her femininity. I

⁴⁷ Mary P- was institutionalized in the Post-War Period, where gender norms and traditional roles were being reinforced. See: Richard Cavell (ed), *Love, Hate, and Fear in Canada's Cold War* (Toronto: University of Toronto Press, 2004); and Joan Sangster, *Transforming Labour: Women and Work in Post-War Canada* (Toronto, University of Toronto Press, 2010).

⁴⁸ It is worth noting that her fiancé refused to partake in recreational activities with Mary P- that she really enjoyed, such as dancing. The case file suggests, not explicitly, that she was perhaps unhappy with this arrangement. See: Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁴⁹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵⁰ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

suggest this is likely a result of her class status. In labelling her as an imbecile, it is likely the doctors sought to keep her from getting pregnant. Working-class female sexuality was often cause for incarceration of young women in efforts to contain them.⁵¹

Finally, the last trend I want to bring up in case files are notations about mad people who are described as either erratic or grand in personality. These individuals are the opposite of the docile body to enact power through and their admission into the asylum is meant to separate, cure, and reintegrate. Joseph S- was afforded the privilege of being labelled as someone who acts rationally despite the possibility of being a menace to society – I posit this is likely because of his employment as a doctor. The psychiatric doctors described him as a visionary, erratic, and romancer, who picks up subjects with obsession until it turns morbid.⁵² In their assessment, he is afforded some of his masculinity and credibility, likely in relation to his class status and employment as a doctor. Similarly to Mary P-, he is afforded the opportunity for a cure in the liminal space; however, Joseph S- eventually elopes. In contrast, if we return to Henry G-, the doctors recorded he had delusions of grandeur. The conclusion from the S-B test record that Henry G- tried to offer sophisticated responses but was ultimately too occupied with leaving an impression of superiority for this test to be useful. Unlike Joseph S-, Henry G- is described as foolish, sarcastic, wild, and fearless.⁵³ No deference is given to him. Unlike Joseph S-, he is of lesser economic means and his evaluations are loaded with class perceptions of what Henry G- was capable of. Despite high praise for Henry G-'s work efforts in carpentry, and farming, this never afforded him any real

⁵¹ At the time of her admission, institutionalizing women during their child-bearing age was part of the eugenics project in order to correct or stop the reproduction of individuals deemed “feeble minded,” see: Constance Backhouse, “‘Pleasing Appearance... Only Adds to the Danger’: The 1930 Insanity Hearing of Violet Hypatia Bowyer,” *Canadian Journal of Women and the Law* 17, 1(2005): 1-13; Constance Backhouse, *Carnal Crimes: Sexual Assault Law in Canada, 1900-1975* (Toronto: The Osgoode Society for Canadian Legal History, 2008): 116; and Velma Demerson, *Incorrigible* (Waterloo: Wilfrid Laurier University Press, 2004).

⁵² Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵³ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

avenue for his release.⁵⁴ The authors of Henry G-'s case file apply an analysis of his abilities that ritualize ideas of superiority and grandeur as mad behaviour for people who are not viewed as educated. This form of ritualized behaviours is different from what Joseph S-experiences, as it applies different degrees of othering. It demonstrates how class plays a significant role in how madness was perceived and constructed in case files.

The prescribed cultural identity of madness as accepted through a medical model directly conflicts with any attempt to create a mad culture from below. The lasting effects of ritualized behaviours of mad people imposed onto them, via tools such as case files, persist into contemporary myths around mental illness. In looking at case files as a method for enforcing submission and silence in the performance of madness, the experiences of inmates are erased from the archival records. While the Brockville files eventually include quotes from patients, these are still written within a context to illustrate how patients are mad and rightfully placed in the asylum. It creates a great difficulty when trying to write and understand patient experiences. Reading against the grain in these cases in attempts to understand their experiences, is a difficult endeavour when it is written by a third party with particular ideas they are trying to push forward about the individual.⁵⁵ In using performance theory, we can interrogate the ways madness is written about with its social, cultural, and political context. In establishing how mad identity has been prescribed by a non-mad identifying community, we can begin to work towards understanding the cultural influences on the patient experiences.

⁵⁴ On the abuse and use of patient labour, see: Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900," in *Mental health and Canadian Society* (Montreal: McGill-Queen's Press, 2006): 69-96; and Geoffrey Reaume, "No Profits, Just a Pittance: Work, Compensation and People Defined as Mentally Disabled in Ontario, 1964-1990," in *Mental Retardation in America: A Historical Reader*. (New York: New York University Press 2004): 466-493.

⁵⁵ Geoffrey Reaume, "From the Perspective of Mad People," in *The Routledge History of Madness and Mental Health* (New York: Routledge, 2017): 285.

Conclusion

Understanding madness as a cultural production allows us to comprehend the complex emotional experiences of individuals as something rather ordinary. It also helps demonstrate the roles of surveillance, discipline, and knowledge creation in creating a setting for the ritualization of madness in case files. In the setting of surveillance, not only could this knowledge be formulated but madness could be seen repeatedly. Ritualized behaviours thus play out across case files and did not require a specific actor, but instead a codified norm that existed outside of mad people and then applied to them in their case file. Through discipline, mad people were largely silenced to ensure such ideas around madness persisted. It created the liminal space for madness to be isolated and evaluated, creating psychiatric knowledge, which informed and enforced normative ideas on mad people as different. Additionally, in acknowledging the way madness was codified and authored by those in the medical field, we may begin to imagine new cultural performances of madness that are authored by those who identify as mad. Examining the basis in which identities are performed and enforced is critical for moving forward with dismantling them. Madness may then leave the space of ritualized behaviour and enter a space of an anti-liminal norm.

Case files remain complicated sites to reclaim patient experiences. This is not to say it cannot be done; however, we must continue to question the limits of their applications and continue to consider ways to push them beyond their status as medical documents. With the lack of patient produced materials, theoretical and methodological frameworks can offer an opportunity to challenge and nuance the history of institutionalization; however, the patient voice still remains absent in my use of case files in this paper. In discussing the intentions and how case files were used, this paper sought to illustrate case files as a ritualized performance of madness, that imposed a particular mad identity. In understanding the ritualized behaviours that have been codified into medical knowledge and power is a small offering to the efforts to

dismantle the psychiatric complex and make way for non-ritualized identities of madness. As academics quest to gain a better understanding of asylums and institutionalized people, a need for patient histories is undeniably important to this process. I argue there are challenges in approaching institutional records with methodological and theoretical interventions due to their very nature, which seeks to inscribe a ritualized and knowable cultural performance of madness. However, these interventions are critical in understanding patient experiences in nuanced ways, which will help scholars avoid reproducing the same medical perspectives found within the case files. We must continue to dialogue on the limits and opportunities of asylum documentation so we may continue to explore new ways to subvert their intentions. This will help ensure the field does not remain underdeveloped and embrace different forms of methodological and theoretical intervention.⁵⁶

⁵⁶ In 1985, Roy Porter challenged academics to take up patient histories, and thirty years on, Alexandra Bacopoulos-Viau, and Aude Fauvel write how despite this call, patient histories are still underserved and there is still plenty of work to do since this initial discussion. See: Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, 2 (1985): 175-198; and Alexandra Bacopoulos-Viau, and Aude Fauvel, "Editorial - The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On," *Medical History* 60, 1(2016).

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