



JOURNÉE D'ÉTUDE

MENTAL HEALTH, SEXUALITY AND GYNAECOLOGICAL TREATMENTS IN EUROPE AND AMERICA, 19TH-20TH CENTURY GENDER AND HISTORIOGRAPHY

MÉDECINE DE L'INTIME ET PSYCHIATRIE :
REGARDS SUR LE GENRE ET L'HISTORIOGRAPHIE, XIX^E-XX^E

12 JUIN 2023

10h-12h : Amphithéâtre de la Maison de la Création et de l'Innovation
14h-16h30 : Salle Jacques Cartier

Pour suivre le colloque à distance par zoom, consulter le site web de l'ILCEA4

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ABSTRACTS

10:00 Keynote: Richard SHA (Center for Behavioral Neuroscience, University of Washington, DC) : **“Female Agency and the Medical Discourse of the Passions in the Long Eighteenth Century”**

Because the passions were etymologically tied to passivity and suffering—compassion means to suffer with—and because theological discourse largely understood the violent passions as evidence for universal human sinfulness, Enlightenment medicine struggled for authority over the passions, and one of the key challenges was not only how to physicalize the passions, but also how to link them with the possibility of virtue. Physicians could take advantage of the fact that in the eighteenth century, not only was the psyche relentlessly medicalized, but also traffic between mind and body was so robust because the mental was modelled on experimental philosophy (Dixon 102). What that mental modelling accomplishes is the structuring of its transcendentalism within an empirical future: while at present we may not yet be able to physicalize the mental, the horizon of experiment will do so eventually. In this way, a commitment to a future physicalism replaces the need to produce an immediate working physicalism. Although the tie between the nerves and the virtues limited women to female propriety, this deferral of the physicalizing of the mental created experimental spaces for gender. As Locke and Cullen reinforced connections between passionate agitation and volition, passion became the site of the will. And as vitality made passion necessary to health, passion did not have to be emplotted as pathology.

10:00-12:30 “Practice vs. Theory: challenging the borders in a male-dominated sphere”

Laurence Dubois (Université Paris Nanterre, CREA) : **“Female patients and staff at Hanwell Asylum (1830s-1860s): juggling limitations and opportunities in a male-dominated medical sphere.”**

Hanwell Lunatic Asylum, in the western suburbs of London, is actually emblematic of all Victorian British asylums, for which it represented a therapeutic model, but it also remains a relatively atypical institution in its way of treating male and female patients, due to the personality of John Conolly, its medical superintendent from 1839 to 1852. His political convictions, deeply rooted in utopian socialism, made him less inclined to conform to the social norms promoted by the middle and upper classes of the time, which tended to limit women in their social and intellectual aspirations. However, the institution was no exception to the rule in its undeniable tendency to strictly separate the male and female spheres - especially in the activities offered to them - the medical sphere being very clearly (and for many years afterwards) a field traditionally reserved for men. The situation was nevertheless quite different with what might be called the "social sphere" of the asylum, in which female staff played an active role on a daily basis, under the responsibility of the matron, a central figure of the establishment whose importance was perfectly identified and recognized in the hierarchy and distribution of powers within the asylum. This paper will seek to demonstrate that, despite genuine restrictions and limitations imposed on both female patients and nurses - many of which actually being common to both genders and often denounced by female staff or chaplains – the asylum could nevertheless appear as a safe place for women to gain access to education, leisure and social interaction and could even offer them professional opportunities.

Aude Fauvel et Izel Demirbas (Institut des Humanités en Médecine, CHUV – Université de Lausanne) **“The first women physicians and the treatment of so-called female "disorders" (1880s-1920s): a new vision of medicine?”**

From the late 1860s to 1914, Switzerland and France were the two world centres of female medical education. Swiss (and to a lesser extent French) medical schools were uniquely open to training large numbers of female students, which explains why women came from "the ends of the earth" (to quote historian Thomas N. Bonner) to study in this little Alpine country. However, if a few historians have highlighted the key international role played by Switzerland and France in the empowerment of women doctors, there is surprisingly little work on the influence that this feminisation had at a more local level, between the Swiss and the French. This is the focus of this paper. After outlining the difficulties encountered by the first female doctors in finding work in Switzerland and France, we will show how they developed a new genre—the genre of ‘health manuals for women’—that enabled them to earn money but also to define the added value brought by female medical practitioners. One

of the areas in which 'doctoresses' believed they could make a real difference was in the treatment of so-called female 'disorders'. Although the 'health manuals' were supposed to deal with all sorts of health issues, it is thus clear that one of their not-so-hidden aims was to propose a different vision of the female body and female sexuality—something that the Swiss were unexpectedly much more open to discussing than the French.

Yoshiya Makita (Hitotsubashi University in Tokyo) : “Contested Terrain: Mental Retardation and the Gendered Politics of Diagnosis in Early Twentieth-Century New York”

This paper explores the gendered politics of diagnosis through an analysis of medical intervention in the sexual behavior of poor women in early twentieth-century New York City. By the first decade of the twentieth century, the medical profession in the United States gradually came to believe the hereditary nature of mental retardation. With the rise of the eugenics movement, medical experts increasingly turned to the diagnosis of mental retardation as an incurable impairment. Leading physicians advocated the incarceration of “feeble-minded” women at public institutions. They justified the permanent institutionalization of these “defective” women as an effective means of preventing unhampered reproduction of the mentally retarded in society at large. Yet, in reality, medical articulation of mental retardation often came into conflict with social perception of the impairment. Departing from the previous historiography that has long focused on regulatory aspects of medical intervention into the lives of the mentally disabled, this paper inquires the interactive process in which physicians, “feeble-minded” women, and their family members constantly negotiated the meanings of mental retardation.

The diagnosis of “feeble-mindedness” to female prostitutes was one of the gateways for officials and experts to intervene into the city’s underclass population under the aegis of medicine. The medical gaze of physicians, with racial and gender biases, explained the sexual behavior of female prostitutes as a result of their “feeble-mindedness,” thus legitimating the incarceration of these “deviants” at public institutions. However, at the sites of medical practice, scientific scrutiny of mental retardation also generated a large number of ambiguous “borderline cases” as its byproduct which undermined the legitimacy of incarceration. Prostitutes and their families appropriated this ambiguity in diagnosis for their economic ends. By focusing on the tension between theory and practice in medical diagnosis, this paper uncovers social implications of mental retardation in the early twentieth century.

13:45 Vulnerable moments: female citizenship in the making

Caroline Rusterholz ((Institut des Humanités en Médecine, CHUV – Université de Lausanne) : “Teen, Sex and the Brook Advisory Centre, 1960s-1990s”

In an interview for the BBC television documentary series *Everyman* in 1994 on the thirtieth anniversary of the Brook Advisory centre (BAC), the first centre to provide contraceptive advice to young people in Britain, Jenny, a former client at BAC, reflected on her experience and on her teenage years. She recalled how patchy her sexual knowledge was in the 1960s. She did not have sex education at school and did not discuss the subject with her parents, the main information she had came from her friends but it was all very unreliable as she put it; ‘it was rather King’s suit of clothes, we all presumed that or tried to make out that we knew more than we did so what we did learn along the lines was very hit and miss and whether at the end of it we cobbled anything together like the truth or any framework was pretty accidental’. As a result, she turned to Brook for information and advice.

Drawing on archival materials from the Brook, newspapers, teenage magazines and existing oral history interviews and new oral history interviews, this chapter explores the key contributions Brook made to the everyday sexual and reproductive health of young people between 1964 to outset of the AIDS crisis in the mid-1980s. This paper demonstrates that BAC tried to fill what they perceived as a dangerous gap in young people’s education, namely a lack of sex education and information on contraception. They believed that a lack of knowledge about sex had potentially dramatic outcomes for young people, ranging from unwanted teenage pregnancies, abortions to sexually transmitted diseases. To mitigate these risks, BAC developed ways of reaching out to young people: they offered contraceptive and advice services at their clinics; they worked with schools in giving talks and creating sex educational materials; and they closely worked with teenage magazines. In reviewing

these activities, this article argues that voluntary organisations such as BAC were a key channel of information on everyday sexual and reproductive health in postwar Britain and helped to foster a more inclusive view of sex education where information on contraception was not limited to able bodied young women.

Sarah Crook (Swansea University) “I was not a feminist until I had children, and I became a sociologist as an escape from the problems of having children’: feminist sociology and the production of knowledge about distressed motherhood in 1970s Britain”

In the 1970s new sociological research into maternal emotion flourished, gaining a new foothold in sociological journals and monographs. This research differed from that which had preceded it, emphasising its explicit reliance upon and interrelationship with feminist ideas and arguments. In so doing, it made a critical intervention, locating the origins of mothers’ unhappiness not in medical or psychiatric disorders but in the social, cultural, economic and political conditions in which women mothered. More broadly, too, feminist sociologists shifted the locus of expertise about mothers’ experiences of distress onto mothers themselves, and away from the medical professionals who had studied them. Of course, this new research was not the first social science research that had brought maternal distress to light: Hannah Gavron, for example, had explored the challenges faced by mothers in the 1960s, and her study *The Captive Wife* was published a year posthumously in 1966. As Hannah Gavron’s son Jeremy Gavron has subsequently observed, though, this work narrowly missed the influence of the feminist movement that would gain traction at the close of the decade. The sociological work that emerged from the feminist movement of the 1970s discerned new meanings around maternal distress and located the ‘problems of having children’ as political rather than medical.

Alexandrine Guyard-Nedelec (Université Paris 1 Panthéon-Sorbonne) “C-sectioning women with mental health issues: a controversial practice”

Common law judges can be called upon by doctors to compel a patient to take medical treatment. Similarly, they can be called upon to compel a woman to undergo a caesarean section. If the pregnant woman refuses to undergo the surgery whilst the medical profession believes that it would reduce the risk to her life and/or the life of the foetus, an emergency application can be made. The cases that have made the news since the 1980s seem to share a dystopian quality which is reminiscent of the Handmaid’s Tale but constitute an ongoing practice in the UK as well as other common law countries. In the UK, the vast majority of such court-ordered c-sections are performed on women with mental health issues and dealt with by the Court of Protection. If a chance to cut has been seen as a chance to cure in the history of the psychiatrisation of female mental health, especially in the realm of sexuality, in obstetrics it is still sometimes considered as a way to protect women from what is described as their own irrationality and lack of capacity to consent. Some observers have analysed it as a will to make sure of the compliance of birthing bodies. This practice is thus at the intersection of the medical and legal professional cultures as well as the intersection of gender and mental health. Although the Court of Protection is gradually opening up, there is a dearth of literature on the issue. In this paper, I will focus on a number of specific cases to highlight the complex intricacies between mental health, birthing and the legal and medical discourses women’s bodies are subjected to.