Title: Healing in the Asylum: A Study of Kingston Asylum During the 1870s and 1880s
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Common perceptions of women’s roles in Victorian society depict them as helpless, frail, and dependant.\(^1\) Works of fiction such as *The Yellow Wallpaper*, *Alias Grace*, and *A Doll’s House* portray women of this era as persecuted and without control of their own destinies. While this in part was true, women had more autonomy than is commonly assumed. Modern depictions of women’s lives in the late 19\(^{th}\) century tend to be dominated by themes of repression and strict societal norms. If a woman were to violate these norms, she would be placed in an asylum, all but tortured, and then forgotten about. These themes are central in many forms of historical fiction, including television, films and novels. While the Victorian period was marked by strict limitations on women’s lives and expression, the asylum was not always the house of horrors it is often associated with. It is important to note, however, that while this essay will argue for Kingston Asylum’s humanitarian treatments, not all asylums were places of compassion.

This essay focuses on the role of Kingston Asylum as a haven for lower class women. Using select casebook entries from the 1880s, this paper shows how lower-class Canadian women relied on the asylum for their physical and mental wellbeing. Though women were sometimes mistreated in asylums, they did not always function as the patriarchal prisons much literature makes them out to be. The point of this essay is not to romanticize asylums or insist that the majority of patients were not mentally ill, but to posit that the asylum was a positive resource for some women at the time. To illustrate this point of the social services role of the asylum, this paper will draw directly on the experiences of three women within Kingston Asylum, as recorded in the Superintendent’s casebooks. The cases are those of Ellen Graham, Rose Mary Laplin, and Anne Anderson. These cases were selected because of their variety of background, age, and symptoms. Each one exemplifies a different reason for admission into the asylum. While these three women’s cases are discussed in-depth, eight cases in total were analyzed to give background to the research. The Victorian period saw the shift from harsh physical treatments to a focus

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on restorative and spiritual treatments. These new treatments often included healthy regular meals, rest, and outdoor activities. The stability of this environment acted as a refuge for lower class women and provided a break from the harsh life of huge families, little money, and menial labor. Those involved with asylums saw themselves as rescuing poor lunatics and providing them with a better quality of life.²

Throughout time, different labels have been given to women’s perceived madness. These range from ‘love sickness’ and ‘erotic melancholy’ in Galen’s time to the ‘hysteria’ of the Victorian period.³ There were an assortment of diagnoses under the general label of hysteria including mania, melancholia, puerperal insanity, and lactational insanity. While the concept of female hysteria in some form has been found throughout history, it is the Victorian period that is most commonly associated with the asylum and female insanity.⁴ Up until the 1970s, the view of Victorian asylums was largely based on Michel Foucault’s ideas of the nature of social control.⁵ His theory was that the mad, the poor, the criminals, and anyone else deemed to be detrimental to ‘normal’ society was vulnerable to confinement, hidden from society.⁶ This critical view of (particularly female) asylums as tools of oppression dominated scholarly views of Victorian asylums until the seventies.⁷ While this view does have merit, it focuses on the negatives of these institutions, rather than acknowledging that they had very positive qualities as well. Literature on this debate has shifted focus onto the analysis of individual experiences of patients within asylums.⁸

⁵ Terbenche, 34.  
Literature Review

There is a growing trend in the study of women in nineteenth-century asylums where, rather than broadly critiquing the institution, asylums are seen as an important aspect of the community. The role of asylums in the lives of Victorian women is becoming less of a black-and-white topic, and more focus is being placed on analyzing the individual experiences of women within these facilities. There is also a trend against demonizing the asylum superintendents not as villains, as their motives were often not oppressive, but lay in providing humanitarian care. Superintendents were the heads of institutions, but also had involvement in the treatment and daily management of patients. Literature about the treatment of incarcerated women in late nineteenth-century asylums has progressed from demonizing the asylum to more frequently recognizing the institution’s often honest intention of rehabilitation. While mentally ill or non-conforming women were sometimes treated horribly by our modern standards, incarceration in an asylum was not always punitive. Modern literature on this subject has largely been divided into two groups: literature that demonizes asylums and their staff as oppressors of women and the lower classes, and that which views the Victorian asylum as an important part of society at the time. The effects and intentions of the asylum’s role are thus the main topics of this debate. The Nineteen-seventies and eighties marked the peak of this scholarly/historiographical debate. This period saw the publication of seminal works such as *The Female Malady*, by Elaine Showalter in 1985, and articles like Carroll Smith-Rosenberg’s (1972) “Diagnosing Unnatural Motherhood” and “The Hysterical Woman” (1989) by Nancy Theriot. These publications are still cited in research on the topic today.

During the latter half of the 19th century, physicians believed that they were doing progressive work by committing women to asylums. In the *American Journal of Insanity*’s 1880 edition, the editors

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9 Coleborne, “Insanity, Gender and Empire”.
10 Coleborne. Coleborne.
11 Coleborne.
13 Maeda, *Mental Hospital Patients*.
repeatedly note that the incarceration of insane individuals was the most humane and beneficial choice for both the patients and society.\textsuperscript{15} Many asylums, including the infamous Kingston Asylum, used “moral treatment”, focusing on nutrition, rest, and fresh air.\textsuperscript{16} Restraints, sedation, and other physically harmful methods of treatment were used in some asylums, but their prominence faded after the Eighteen-fifties.\textsuperscript{17} And yet, this harsh environment of treatments has become the general public’s image about what treatments and life inside a Victorian asylum were like. These misconceptions are furthered by publications such as Showalter’s \textit{The Female Malady} and Peter Oliver’s 1998 \textit{Terror to Ewildoers}. Showalter and Oliver portray asylums’ staff as evil sadists and asylum’s conditions as squalid.\textsuperscript{18} For instance, Showalter outlines the various mutilations that insane women were forced to undergo, focusing specifically on clitoridectomies and cauterizations in attempts to cure their madness and sexual urges.\textsuperscript{19} While some of these negative aspects may well have been true, and these treatments may have been conducted in some asylums, this trend in the scholarly literature discredits the humanitarian philosophies which many asylums practiced.\textsuperscript{20}

In her 1972 article “The Hysterical Woman,” Carroll Smith-Rosenberg introduces the viewpoint that if female hysteria and insanity was really a by-product of life’s stressors, then the asylum functioned as a sanctuary, rather than a prison.\textsuperscript{21} As women were forced into extremely restrictive societal roles, with little outlet, outbursts of hysteria resulting in a stay at the asylum served as a method of releasing this stress and anger.\textsuperscript{22} While Showalter agreed that hysteria came about as a way for Victorian women to cope with the narrow set of expectations placed upon them, she disagreed with Smith-Rosenberg’s

\begin{itemize}
\item \textsuperscript{16} Theriot, 73.
\item \textsuperscript{17} Marland, “Disappointment and Desolation.”, 305.
\item \textsuperscript{19} Showalter, \textit{The Female Malady}, 46-63.
\item \textsuperscript{20} Marland, \textit{Disappointment and Desolation}, 303–20; Maeda, \textit{The Discovery of Mental Hospital Patients}, 463.
\item \textsuperscript{22} Smith-Rosenberg, 653.
\end{itemize}
characterization of the asylum.\textsuperscript{23} Rather than view treatment in an asylum as a way to recover and release this pressure, Showalter presented the asylum as a ruthless place, where women who violate gender norms were forcibly confined.\textsuperscript{24} Smith-Rosenberg’s ideas about the asylum fell out of style with the publishing and popularization of Showalter’s book. However, Smith-Rosenberg’s argument has once again become relevant, as it has been replicated and supported by recent work by Hilary Marland, and Hiroshi Maeda’s.\textsuperscript{25}

More recently, scholarship has approached the debate between viewing the asylum’s function as a repressor or protector through exploring the viewpoint of patients.\textsuperscript{26} Past research has focused mostly statistical analysis of information taken from archival records of asylums.\textsuperscript{27} However, there has been a growing trend towards focusing research on patients’ lives and experiences within asylums.\textsuperscript{28} Work done by historians of medicine such as Catherine Colborne and Brendan Kelly in recent years has drawn on letters, first-person accounts, and journals of patients themselves.\textsuperscript{29} Following Smith-Rosenberg, Marland, Maeda and many other scholars, this paper will contend that asylums served as a place of refuge.

\textbf{History}

Asylums in the British Empire started out as little more than prisons. Before the 19\textsuperscript{th} century, patients were kept in squalid conditions, without any form of segregation on the basis of class, gender, or illness, and subjected to harsh physical treatments.\textsuperscript{30} However, at the beginning of the Victorian era, society shifted from discarding those it deemed mad to according them more humanitarian treatment. British asylums became publicly funded and regulated, and the Madhouse Act of 1828 added a requirement that multiple officials sign off on the authenticity of the individual’s madness, to avoid

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\textsuperscript{23} Showalter, \textit{The Female Malady}.
\textsuperscript{24} Showalter, \textit{The Female Malady}, 17.
\textsuperscript{25} Marland, \textit{Disappointment and Desolation}, 306; Maeda, \textit{The Discovery of Mental Hospital Patients}.
\textsuperscript{26} Maeda, \textit{The Discovery of Mental Hospital Patients}.
\textsuperscript{28} Coleborne, Insanity, Gender and Empire.
\textsuperscript{29} Coleborne, \textit{Insanity, Gender and Empire}; Kelly, \textit{Searching for the Patient’s Voice}.
\textsuperscript{30} Showalter, \textit{The Female Malady}.
\end{flushright}
unnecessary or spiteful committals. Many new asylums, including Bethlem Hospital, were widely praised and admired for their humanistic treatments and incorporation of new technologies. One of these advancements was the abolition of all restraints in public asylums, brought about the moral management movement. This movement propagated a new type of treatment, focused on creating a therapeutic environment with supervision and education as replacements for restraints and torture. This environment was brought about partly by the organization of the asylum into a family structure. This structure was made up of the superintendent and his wife (often in the role of matron) acting as mother and father, the attendants and staff as older siblings, and the patients as the children. This was meant to replicate the structure of the families of the patients and allow for a more natural maintenance of authority over the ‘children’.

Many women were better off being committed to an asylum than living in the terrible conditions most working-class families were subjected to. As documented by Showalter, the share of paupers in asylums quadrupled between 1844 and 1890, eventually making up 91 percent of the mental patient population. In Canada, legal provisions for treatment and care of the insane population was mandated in 1841. Previous to this, those deemed insane would have had no other alternative than to be placed in a jail. The asylum system in Canada was founded on the philosophy that every inmate should have a ‘normal’ quality of life, and sense of home within the asylum. After this provision was enacted, the number of asylums capable of providing long term care in Ontario (then Upper Canada) jumped from 0 to 4 institutions by 1860. The Kingston Rockwood Asylum was founded to fill the need of long-term care

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31 Showalter, 37.
32 Showalter, 38.
33 Showalter, 42.
34 Showalter, 42.
35 Showalter, 42.
36 Showalter, 43.
37 Showalter, 43.
38 Showalter, 45.
40 Workman, 44.
41 Workman, 43.
for the insane and criminally insane. The asylum also functioned as a facility to house overflow patients from neighboring asylums, which can be seen in the records of many patients. Women were thought to be especially susceptible to the hysterical and nervous diseases. Asylum physicians were especially sympathetic towards poor women of low status, as the stresses in their lives were seen as too exhaustive for the delicate female mind and body. While this is a decidedly patriarchal view of women, it is undeniable that the daily stresses of poor Victorian women were indeed extreme. Arguably, the escape of an asylum might have seemed like a vacation for the overworked, overburdened woman.

Kingston Asylum was built in 1856 primarily to house the overflow of criminally insane inmates from Kingston Penitentiary, but also accepted paying patients referred by doctors, and housed a considerable number of paupers. While the asylum was built with the purpose of housing the criminally insane, and took both men and women, the asylum prided itself on administering equal treatment and care to all patients. Lower class Canadian women endured stressful and harsh conditions characterized by large families, high infant mortality rates, poor living conditions, harsh labour, and limited food.

Kingston Asylum offered an escape from this destitution. The food was reportedly good enough that both the staff and the patients ate from the same source, and the treatments were characterized by rest, time outdoors, and nutrition. Patients were made to work, generally helping with the upkeep of the asylum. However, unlike in the outside world, patients’ work did not determine their ability to eat for the day. Another benefit of periods of incarceration within the asylum was an increase in the resources available to the woman’s family at home. This was relevant in cases where the woman did not work, and her husband

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43 Workman, 44.
44 Workman.
48 Terbenche, “‘Curative’ and ‘Custodial.’”, 35.
was the family’s only source of income. Reducing the demand of another mouth to feed could be extremely beneficial in certain familial situations, however with the matriarch of the family in an asylum, the main provider of childcare would have been incapacitated. The asylum also offered women a chance to recover from the stresses of post-partum motherhood. Rather than go back to the life of poverty, with yet another mouth to feed, the asylum offered a chance to rest and recover from the physical burden that is childbirth.

The high rates of discharge of Ontarian asylums refute the social control model of asylums. They suggest that the Victorian asylum was not necessarily a place where women were sent to die, but rather a temporary solution to many poor women’s long-term problems. The practice of admittance and discharge was covered by the provincial government of Ontario in a statute during the session of 1873. This statute was called “An Act to Make Further Provision as to the Custody of Insane Persons” and aimed to better regulate the process of admission. Admittance into the asylum was accomplished in two ways. Firstly, the individual could acquire certification of his or her insanity. This certification would have required the approval of three doctors, a quota which was lowered to two by 1882. This requirement posed an issue to many poorer individuals looking for admittance, as accessing more than one doctor could be difficult, especially if the individual was located outside a city. Once the certification was acquired, the patient would have to wait until a vacancy opened up at one of the nearby asylums. Alternatively, the individual could be admitted into an asylum by way of a warrant. Warrant admissions were designed to apply to those whose insanity had come to the attention of the authorities. After being notified of the person’s insanity, the Justice of the Peace then evaluated if the individual was

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53 Mitchinson, Gender and Insanity, 102.  
54 Mitchinson.  
55 Mitchinson, 110.  
56 Mitchinson.  
57 Mitchinson, 105.
“insane and dangerous to be at large, and [had] exhibited a purpose of committing some crime for which if committed such person would be liable to be indicted”. The issue of a warrant of admission mandated that the individual be temporarily placed in jail and assessed by two physicians, including the jail doctor. If they were then found insane, the warrant was approved, and the patient was transferred to the asylum immediately. Admittance through a warrant guaranteed immediate care, and did not require the wait or effort that seeking physician admittance did. As a result, most patients came to public asylums through a warrant.

Kingston Asylum’s practice of moral treatment was adopted from the ideas of Phillipe Pinel and Samuel Tuke. Moral treatment was structured around the provision of a structured and calm asylum environment, analogous to a strictly run household. The asylum focused not just on food, exercise, rest, and recreation, but also promoted the enhancement of self-esteem and promotion of moral values. Moral treatment entailed shunning the previous norm of sedatives and restraints, and only administering medication if absolutely necessary. Kingston Asylum was exemplary of these practices. In an 1867 article on asylums in Upper Canada published in the American Journal of Insanity, the author described the treatment and conditions of these facilities:

*The diet is plain, but generous and abundant: the clothing furnished is warm and substantial. The patients are not subjected to such harsh treatment as is too often enforced in town and county pauper institutions. Non-restraint is adopted in all possible cases. Cleanliness is maintained; good ventilation is attended to; and amusements, and various kinds of re-creations are

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59 Mitchinson, 108.
60 Ontario, An Act to Make Further Provison as To the Custody of Insane Persons: Act 1.
61 Mitchinson, 108.
62 Terbenche, 38.
63 Terbenche, 38.
64 Terbenche, 40.
65 Terbenche, 38.
encouraged. In these retreats there is no gloom. The shadow of hopelessness or despondency does not darken the path of the inmates. They are cheerful under a mild regime.\textsuperscript{66}

In addition to these treatments and practices, the asylum itself was designed to be conductive to healing. The asylum contained expansive outdoor space, with an exercise yard, farm, and garden.\textsuperscript{67} Even in accommodations patients were treated equally regardless of class. Wings were separated by gender, and rooms were equally sized and single occupancy.\textsuperscript{68} Compared to the earlier models of crowding prisoners, both male and female, in inhumane conditions, Kingston provided a better quality of life than most patients could access outside of the asylum.\textsuperscript{69} This model of patient-centered care is reflected in other literature about Kingston, as well as other asylums in Ontario.\textsuperscript{70} When analyzing the patient records and superintendent’s journal, it is clear that there was a high standard of care, even for the poorest patients. A short stay at the asylum, in contrast to the harsh conditions of working as a servant and childrearing, would have been potentially luxurious.

In order to be discharged from the asylum, patients required the approval of both a judge or Justice of the Peace and two doctors, including the institution’s physician.\textsuperscript{71} After approval of both parties, the request was made to the Lieutenant Governor, who would then issue a formal order of discharge.\textsuperscript{72} Patients were often released prior to the receipt of the official discharge. In this intermittent period, they were still officially under the care of the province and the asylum.\textsuperscript{73} While still flawed, these admission/discharge policies attempted to limit abuses of the system. However, these procedures did not limit the 19th century women’s access to the asylum and did not completely strip them of their agency. Because of the societal ideas of feminine predisposition to bouts of madness in times of stress, they may

\textsuperscript{66} Workman, \textit{Asylums for the Chronic Insane in Upper Canada}, 47.
\textsuperscript{67} Terbenche, 38.
\textsuperscript{68} Terbenche, 39.
\textsuperscript{71} Ontario, An Act to Make Further Provision as To the Custody of Insane Persons: Act 1.
\textsuperscript{72} Ontario.
\textsuperscript{73} Ontario.
have been able to easily convince the judges and doctors of their instability and meet the criteria for admittance. Men had a considerably more difficult time gaining admittance and were more likely to have to present as violent to have their needs recognized.74 Throughout history, marginalized groups have learned to thrive within their societal restrictions. The case of ‘insane’ Canadian women is no different, as they only needed to confirm male expectations to access the care that the asylum offered.

Case Studies

Within the cases studied several themes stand out. There is the overarching theme of respite from social pressures, and also themes of the asylum as a place of physical healing and safety. As the three selected cases show, the reasons for admission into the asylum included the temporary removal from harsh economic conditions, the escape from potentially abusive situations, shelter from the judgement of society, as well as legitimate mental illness.

Of the eight women studied, seven were transferred from different jails. Their supposed risk of danger to themselves or others was noted in their history. For example, Ellen Graham was “said to be dangerous”.75 This note points to her being admitted by a warrant. The author of her case entry wrote that her admission by warrant was prompted by her “throwing things around the house and threatening to take the lives of everyone”.76 While these actions may seem aggressive, Mrs. Graham was also noticed to have shown her illness through “want of sleep, shouting, cursing, and swearing”. Unlike making threats and throwing things, her sleepiness and breach of social norms such as swearing seem more indicative of overwork and depression rather than being “dangerous to be at large”.77 In the next line she is also described as being “… temperate, industrious and kind”. These qualities are not those to be expected of a maniacal and dangerous madwoman. While her threats may have been genuine, she expressed no serious violent actions. The asylum physicians obviously agreed, as she was released almost exactly a year after

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74 Mitchinson, *Gender and Insanity as Characteristics of the Insane*.
77 Ontario, An Act to Make Further Provison as To the Custody of Insane Persons: Act 1.
admission. In her admission, her physicians noted that this is only her third attack of mania. Furthermore, while she had been admitted to the asylum a previous time ten years prior, the notes suggest she may have had only one attack between committals. While the definitions and criteria for a diagnosis of mania have shifted dramatically over time, the comparisons for diagnostic criteria must be viewed anecdotally, as they can often be problematic. This length of time between attacks was exceedingly rare, and in modern studies of mania asymptomatic periods lasting more than 5 years occur in less than a third of sufferers.78 In addition, attacks of mania were most commonly diagnosed during women’s twenties and thirties.79 While Mrs. Graham’s madness may have been genuine, the combination of her first attack occurring so late in her life and the rarity of reoccurrence point towards a lack of real insanity on her part.

As mentioned, Mrs. Graham had been a patient at the asylum for over a year some ten years earlier. This means she would have already experienced the conditions within the asylum and the process of gaining admission. While she may have been genuinely suffering from a mental illness, it is also possible that she knew that the asylum could provide a respite from the harsh life of a farmer’s wife. Her admission may have also been subject to less intense visible manifestations of insanity, as at the age of 56, her fertility had likely ended, and because of this, she had also lost her merit to society. While we cannot be certain that she was not mentally ill, her case provides a compelling argument for the claim that some women circumvented the system in order to enter the protection of the asylum.

Aside from the standard of care, the asylum also offered some Victorian women a respite from the aggressively patriarchal society, one in which women had little autonomy and freedom to remove themselves from dangerous or abusive situations. In keeping with the stereotypes of female mental fragility, the asylum was accessible only to women who needed to fulfil the expectations of their doctors and family members. One of the patients studied, Mrs. Rose Mary Laplin was reported to believe that she

had been “assaulted indecely by her own daughter’s husband”. While this belief may have been symptomatic of a genuine mental illness, it is also likely her claims of assault were legitimate. Mrs. Laplin was reported to be “apprehensive of dangerous men”. Had she been sexually abused by her son-in-law, it seems completely reasonable that she would fear abuse at the hands of other men. Without proof of this alleged assault, Mrs. Laplin’s claim would have been immediately dismissed. Prosecution of rape and sexual assault in the Victorian era rarely occurred in situations where the victim was not a virgin. Given her age of 43, and low social status, she would not have been viewed as meritorious in the eyes of society: Her ability to reproduce and responsibility to care for children had likely passed with her entrance into her forties, and with it her supposed main purpose in life. This completion of her duty as a wife may have influenced the length and frequencies of her stays in the asylum. At the time of her 1881 admission, Mrs. Laplin had been admitted twice, both stays consisting of over a year. She may have been admitted with less hesitance given that she was likely done having and raising children. Unfortunately, it seems possible that she continuously suffered harm from her son-in-law, making her only options for escape admittance to the asylum or potential homelessness. These claims were not her only symptoms of insanity, but they are the most striking. If we take her reports of abuse as fact rather than delusions, it is possible that Mrs. Laplin may not have had another option rather than to seek the refuge of the asylum.

In addition to a break in societal pressures, and escape from abuse, the asylum offered a place for bodily healing. Of the eight cases studied, six patients were noted to be in various states of poor health or ailment. The primary methods of treatment during the 1880’s focused on restorative healings. Throughout the entries in a single patient’s casebook, a steady improvement of bodily health is recorded. Physical health, as well as mental, was documented in each entry in the patient’s case. One of the women studied, Anne Anderson, provides a particular example of the ongoing role of the asylum as a place of

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81 Rose Mary Laplin [1881-1881]. Kingston Psychiatric Hospital patients' clinical casebooks 1857-1885.
83 Rose Mary Laplin [1881-1881]. Kingston Psychiatric Hospital patients' clinical casebooks 1857-1885.
84 Smith-Rosenberg, “The Hysterical Woman.”
healing. Ms. Anderson was first admitted at the age of about sixteen or seventeen, while she was pregnant.\textsuperscript{85} She is listed as being single, not widowed or divorced.\textsuperscript{86} As an unmarried teenage mother, Ms. Anderson would have likely been exiled from society. Rather than have her child at home or in the hospital, and then be forced to immediately return to her work as a domestic servant, a job she may have already lost simply for being pregnant out of wedlock, she was able to enter the asylum, have her child there, and recover from the physical ordeal of childbirth. At the time of her first admission, Ms. Anderson would have been around five months pregnant. On this occasion she ended up staying almost three years in the asylum. After this, she was admitted three more times (including the 1881 admission recorded in the casebook). Between her admissions and releases, there is no more than a three-year period where she was out of the asylum. When admitted, Ms. Anderson was documented as being in poor health, which steadily improved before her discharge.\textsuperscript{87} We can deduce that her time spent outside the care of the asylum was difficult and would not have left her with optimism for the future. An unmarried, poor mother with a family history of insanity and multiple past admissions into an asylum would have struggled to find a husband, housing, and employment.\textsuperscript{88} Stuck in the patriarchal confines of society, Ms. Anderson’s option for the best quality of life would be in the asylum. There she could enjoy consistent food and shelter, and be treated with sympathy rather than cruelty.

The life of a lower-class Victorian woman was not an easy one. These women faced strict social expectations, poor living conditions, and little opportunity to change their situations. For some women, the asylum, while still a carceral institution, was preferable to the continuation of their harsh lives. This paper aims to show that there was perhaps an element of choice in their admission to the asylum. The conditions were better than the alternative of some women’s daily lives and could provide a respite from

\textsuperscript{86} Anne Anderson [1872-1875; 1876-1876; 1877-1878; 1881-1883]. Kingston Psychiatric Hospital patients' clinical casebooks 1857-1885.
\textsuperscript{87} Anne Anderson [1872-1875; 1876-1876; 1877-1878; 1881-1883]. Kingston Psychiatric Hospital patients' clinical casebooks 1857-1885.
\textsuperscript{88} Showalter, The Female Malady, 30.
the societal pressures women faced. Through the intimate study of eight women’s cases from between 1871 to 1884, Kingston Asylum seems to not resemble the restrictive prison that much of the literature would portray it as, but rather a less menacing institution. While these women may have struggled with mental illness, the humanitarian-focused care provided by the asylum contributed to a physically and mentally restorative experience. Asylums were not universally humanitarian, but it is important to not dismiss all the women who were in them as victims. While some undeniably were, other women had a degree of choice in their admittance. Showalter’s famed work on asylums has led to the common regard for asylums as violent tools of the patriarchal society. This viewpoint erases the role of the asylum as a place where poor women could access food and shelter by manipulating societal expectations of women and insanity. Through the analysis of primary sources such as letters and casebooks, we can stipulate that the lived experiences of women in Victorian asylums contained an element of refuge, not only victimization.
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