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Structures of Confinement: Power and Problems of Male Identity

Emilie Taylor-Brown*, Melissa Dickson, and Sally Shuttleworth

ABSTRACT

Both the ‘hidden history’ of men’s mental health and the perceived pressures of ‘modern’ life in the nineteenth century have been the subject of recent historiographic exploration. Of emerging importance is the extent to which forms of power – institutional, political, social – underwrite and structure male identity. This introduction maps out the landscape of a New Agenda that views male experience through the dual lenses of power and confinement, highlighting the far-reaching implications of the restraints placed upon middle-class men – socially, ideologically, and physically – by a changing social and medical landscape, from the early Victorian period to the final decades of the century more commonly associated with the onset of modernity. The essays that follow will explore the confining apparatuses of male-dominated professional spheres and identify points of resistance in the form of textual reflection and self-fashioning. From the walls of the asylum, to the constraints of professional life, to the ideals of literary production, these essays expose the biopolitics of these structures of confinement while demonstrating that such frameworks provided space, in some cases, for revisionist assertions of masculine selfhood.

KEYWORDS: confinement, masculinity, nervous illness, neurasthenia, mental health, overwork, stress, fatigue, modernity, genius, selfhood, asylum

INTRODUCTION

In George Gissing’s 1897 novel *The Whirlpool*, he uses the titular image to illustrate the tumultuous and confining experience of his characters, who live ‘life at high pressure.’¹ Alma Frothingham thinks her father is ‘a wonderful man’ because ‘for years he has never had more than six hours sleep’, and can’t take holidays for fear of ‘perish[ing] of ennui.’² Alma’s admiration of his energetically ‘living [life] out’, however, is undercut by her father’s suicide following the collapse of his banking and investment company. Gissing, through his mouthpiece Harvey Rolfe, aligns such experiences of overpressure with being ‘gripped, worried, dragged down’ and being ‘resistless[ly] drawn into the muddy whirlpool, to spin round and round among gibbering phantoms, abandoning [them]sel[ves] with a grin of inane conceit, or clutching in desperation at futile hopes.’³ Such an image foregrounds the sense of entrapment associated in late-nineteenth-century culture with the stresses and strains of commercial and professional life.

Gissing’s powerful image of individuals struggling to cope with mental and physical overwork forms part of a larger discourse that was being voiced throughout the nineteenth century and expressed in medical works from Thomas Trotter and Anthony Todd Thomson in

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¹ George Gissing, *The Whirlpool* (London: Lawrence and Bullen, 1897), p. 40.

² Gissing, p. 42.

³ Gissing, p. 216.

the early part of the century, to Thomas Clifford Allbutt and Thomas Stretch Dowse, as well as – famously – American neurologist George Miller Beard's writings on neurasthenia and Max Nordau's *Degeneration* (1892) at the end. All of these writers pathologized what they perceived to be new ways of living that placed pressure on individuals to live up to expectations and norms that were not always tenable. These norms were embodied in confining linguistic, social, ideological, and institutional structures. This New Agenda is interested in both literal and figurative structures of confinement (and their textual manifestations), from the walls of the asylum, to the constraints of middle-class professional life, to the ideals of literary production. The essays that follow explore new ways of thinking about the intersections between identity and new social formations that were codified by these structures as they emerged across the century. As major facets of social identity, gender and class will form dual focuses of the three essays. While Gissing's whirlpool provides us with one way of envisaging masculinity, trapped within the confines of late-Victorian financial and professional institutions, the eighteenth-century discourse of the nervous body similarly fed into concerns about mental and physical health at the century's beginning.⁴ Thus Thomas Trotter had warned in *A View of the Nervous Temperament* (1807), that if the 'increasing prevalence of nervous disorders' was not restrained, it must 'sap our physical strength of constitution; make us an easy conquest to our invaders; and ultimately convert us into a nation of slaves and idiots.'⁵ Great Britain's 'commercial greatness' was seen to be under threat, and could only be maintained by controlling the nervous minds and bodies of its inhabitants. In this rather extreme example, one can see at work the biopolitics outlined by Foucault, in which institutional and state power is mapped onto the everyday lives, and bodies, of citizens.⁶ Although the metaphors shift during the century, it is possible to track equivalent forms of alignment between mind, body and emerging social structures of modernity, which were accompanied by increasingly prescriptive models of psychological normativity, inflected by both gender and class. The essays in this New Agenda explore three very different maps of such intersections.

The perceived progress of civilization as Britain embraced industrial capitalism, and the associated rise of 'nervous illness', was accompanied by what Roy Porter calls a 'psychiatric orthodoxy' of segregation in the early nineteenth century, whereby those thought to be suffering from mental illness were increasingly separated from their families in private and state asylums.⁷ This increased social visibility of insanity and nervous illness contributed in turn to the belief that Britain was becoming, statistically, more mad. British physician Anthony Todd Thomson, writing in 1840 and perhaps taking a cue from Trotter's earlier work, attributed the prevalence of diseases of the nervous system, such as hypochondriasis, to 'the very structure of advanced society [with] its excitements and depressions, its contentions, envyings, jealousies, cares and anxieties, as well as its thousand real and imagined evils.'⁸ An article in

⁴ See: Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain* (Abingdon: Routledge, 2016); Albrecht Koschorke, 'Physiological Self-Regulation: The Eighteenth-Century Modernization of the Human Body', *MLN*, 123 (2008), 469–84; Elizabeth Green Musselman, *Nervous Conditions: Science and the Body Politic in Early Industrial Britain* (Albany, NY: State University of New York Press, 2006); Erin Wilson, 'The End of Sensibility: The Nervous Body in the Early Nineteenth Century', *Literature and Medicine*, 30 (2012), 276–91.

⁵ Thomas Trotter, *A View of the Nervous Temperament; Being a Practical Enquiry into the Increasing Prevalence, Prevention, and Treatment of these Diseases*. 3rd edn with Large Additions (London: Longman, 1812), p. x.

⁶ Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978–1979*, ed. by Michel Senellart, trans. by Graham Burchell (Basingstoke: Palgrave Macmillan, 2010).

⁷ Roy Porter, *Madmen: A Social History of Madhouses, Mad-doctors, and Lunatics* (Stroud: Tempus, 2006), p. 196.

⁸ [Anthony Todd Thomson], 'Sketches from the Notebook of a Physician—No. III' *New Monthly Magazine*, 58.230 (February 1840), 260–72 (p. 261).

Chambers's Edinburgh Journal had similarly blamed 'civilization' for an increased 'liability to insanity', because 'the mind is roused to exertion without being disciplined, it is stimulated without being strengthened; because our selfish propensities are cultivated while our moral nature is left barren'.⁹ In 1857, *The Scottish Review* published an article that explored a position that they saw reflected in 'the annual reports of directors and superintendents of our public lunatic asylums, the parliamentary reports of the Commissioners of Lunacy, and the various journals bearing on or devoted to psychological medicine' – namely 'that insanity is on the increase, not only *relatively* to the increasing population, but *absolutely* in relation thereto from causes inseparably connected with the present artificial state of society'.¹⁰

For Porter, this popular and medical focus on nervous insanity, and the widespread emergence of psychiatric institutions in England, was a 'triumph of the captains of confinement', a formulation which draws on Foucault's theory of the 'great confinement'.¹¹ This term resonates with the first essay in this New Agenda, in which David Trotter provides a radically new perspective on confinement and identity by taking a media theory approach to psychiatric illness. Using an asylum memoir as a form that voices the psychiatric impact of environment, Trotter advocates a shift in scholarly emphasis from the patient's body to his or her surroundings, and uses two well-known asylum memoirs (first published in 1838 and 1840) by John Perceval (1803–1876) as a medium for thinking about forms of architectural and institutional power.

As Joseph Melling has argued, nineteenth-century asylums 'modelled social behaviour around the norms of rational bourgeoisie expectations'. The commercial and consumer revolutions of the eighteenth century provided these new asylums with a key purpose: 'absorbing those individuals who could not function effectively within the new market environment'.¹² Paraphrasing Andrew Scull's work on this theme, Melling emotively describes asylum care in the following terms: 'damaged human capital was repaired and worthless labour was warehoused in the corridors of buildings which quickly became museums filled with lifeless artefacts of humanity'.¹³

As the century progressed other forms of confinement also became the focus of textual exploration, particularly – as the next two essays will illustrate – in semi-autobiographical fiction. An important facet of these explorations is the extent to which forms of power – institutional, political, social – underwrite and structure identity.

Middle-class men were increasingly made subjects in these discourses owing to the belief that the impositions of modernity (overwork, overstimulation, the pressures of trade and commerce) and the social and labour expectations engendered by commercial expansion affected them most keenly. Moreover, the technologies and infrastructures of industrial capitalism were bound up with complex ideological judgements about modern life and labour, which in turn fed into conflicting understandings of masculine selfhood.

In regards to historical explorations of male identity, John Tosh draws a useful distinction between 'manliness' on the one hand and 'masculinities' on the other. Manliness, Tosh

⁹ 'Insanity—its Statistics', *Chambers's Edinburgh Journal*, 315 (10 February 1838), 18–19 (p. 19).

¹⁰ 'Our Lunatic Asylums', *The Scottish Review*, 5.17 (January 1857), 20–38 (p. 20).

¹¹ Porter, *Madmen*, p. 211; Michel Foucault, *Madness and Civilisation*, trans. by Richard Howard (London: Tavistock Publications, 1967).

¹² Joseph Melling, 'Accommodating Madness: New Research in the Social History of Insanity and Institutions' in *Insanity, Institutions, and Society, 1800–1914: A Social History of Madness in Comparative Perspective*, ed. by Joseph Melling and Bill Forsythe (Abingdon: Routledge, 1999), pp.1–30 (p. 3).

¹³ Melling, p. 3.

contends, was ‘fundamentally a set of values by which men judged other men’, a coded system that was always an ideal and often one that individuals were happy to own.¹⁴ Its common currency – assertiveness, courage, independence, honour – was a base upon which a ‘varied superstructure was built by different classes and denominations.’¹⁵ The term masculinities on the other hand refers to the multiple, frequently conflicting forms of gender identity which individuals sought to negotiate and that position gender as ‘an individual possession rather than group characteristic.’¹⁶ Masculinities are aspects of the structure of social relations, but they are also deeply subjective experiences. While manliness and masculinity are undoubtedly intertwined, it is with the latter that we are principally concerned.

In our first essay, Trotter takes as his subject a man who has been used to privilege, as the son of a (murdered) prime minister, and to power, as an army officer, but who is placed in an asylum, with all its restraints, against his will. John Perceval’s memoir is an account of struggles against confinement in multiple registers. The other two essays focus more overtly on moments where the ideals of masculinity are complicated by the pressures and ideals of creativity and productive labour. Amy Milne-Smith’s essay considers the role of both gender and class in understandings of nervous illness as on a spectrum with insanity. By interrogating the notions that underpinned medical and cultural diagnoses of neurasthenia, Milne-Smith demonstrates how the ideals of manliness and middle-class labour were embedded within conceptions of social responsibility and psychological normativity. Finally, Sarah Green’s essay provides us with a new perspective on sexuality and self-fashioning by examining the work of George Moore, who used, she contends, non-normative sexual identity to forge a privileged artistic persona. Moore used the self-discipline that underpinned many codifications of heteronormative masculinity as the basis for a theorization of the necessary celibacy of male artistic genius.

Part of this theorization, and indeed of wider understandings of productive labour, was derived from the complex politics of the ‘nervous economy’. The schema of a finite nerve force, replenished by food and rest, depleted by mental and physical work, and subject to constitutional and environmental factors, played a powerful role in nineteenth-century social, economic and medical discourse. Anson Rabinbach’s work in the early 1990s explored how the image of work in relation to the body was radically transformed in the mid to late nineteenth century by this framework and by the metaphor of the human motor.¹⁷ Such linguistic and conceptual underpinnings aligned bodily labour with industrial labour, articulating a model of supply and demand borrowed, as Janet Oppenheim and Roy Porter noted early on, from energy physics.¹⁸ This model of the body, common in medical and non-medical texts, framed the finite nerve force of the individual as a resource to be managed, in order to facilitate ongoing industrial progress. Yet, perceptions of progress were destabilized by widespread concerns for individual health as occupational and stress-related illnesses started to register

¹⁴ John Tosh, *Manliness and Masculinities in Nineteenth Century Britain: Essays on Gender, Family, and Empire* (1993; Abingdon: Routledge, 2016), p. 5.

¹⁵ Tosh, p. 5.

¹⁶ Tosh, p. 3.

¹⁷ Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York, NY: Basic Books, 1990).

¹⁸ Janet Oppenheim, *“Shattered Nerves”: Doctors, Patients, and Depression* (Oxford: Oxford University Press, 1991); Roy Porter, ‘Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour’, in *Cultures of Neurasthenia from Beard to the First World War*, ed. by Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2001), pp. 31–50.

increasingly prominently in public consciousness. The language of nervous illness, mental and physical breakdown, neurasthenia, exhaustion, and fatigue began to dominate discussions of health, painting a picture of a population continually in danger of teetering into the categories of pathology.

Works like those of Rabinbach, Porter, and Oppenheim are, for Roger Cooter, successful at navigating the fraught landscape of medicine and modernity because they ‘incorporate specific aspects of corporeality in broader sociocultural and intellectual histories of modernity’.¹⁹ Thus they avoid the trap of presenting modernity as an ‘unproblematic socioeconomic process or material force specific to an historical period’, instead thinking in broader ideological, organizational, and intellectual terms.²⁰ We emulate this methodology, employing a broad understanding of modernity entrenched within ‘corporeality’ and textuality in order to explore the cultural capital of diagnoses that in Cooter’s words ‘cut new social paths in medical thinking at the same time as they established new medicalized ways of thinking about society and individual identity’.²¹ This New Agenda will examine how these diagnoses (the lunatic, the neuroasthenic, the sexually impotent) were underwritten by discourses of power that can be read, as David Trotter suggests, as biopolitical. Although nervous illnesses were thought to affect both men and women, discourses of nervousness (it has long been recognized) were deeply gendered. Early work by Elaine Showalter and others looked primarily at nervousness as a female complaint, taking cultural conceptions of hysteria as frameworks that informed depictions of madness as feminine.²² Since then, work by Mark Micale and others, particularly *The Mind of Modernism* (2004) and *Hysterical Men* (2008) have helped to balance the picture by uncovering associations between emerging concepts of modernity and the problematics of masculinity. By bringing together the following three essays, this New Agenda places the experiences of men struggling under the expectations of social and professional identities under further examination.

In his 1876 book *Diseases of Modern Life*, Benjamin Ward Richardson cast the pressures of modern labour expectations primarily in a male mould. Below, he describes a form of mental overwork in the industrious but never satisfied professional or business man:

This phenomenon of disease is peculiar to men . . . who have risen to wealth by a long and desperate struggle with poverty. The early impression engendered in these persons, that nothing but work will win . . . these influences so act on the mind that at length realized success affords no proof of victory.²³

In his wide and thorough treatment of physical and mental strain and overwork, he also implicates long journeys to and from business occupations, which he attributes to the desire of men who are ‘striving to win’ to own a town and a country house at considerable distance

¹⁹ Roger Cooter, ‘Medicine and Modernity’ in *The Oxford Handbook of the History of Medicine*, ed. by Mark Jackson, online edn (Oxford: Oxford University Press, 2012), pp. 1–20 (p. 2).

²⁰ Cooter, p. 2.

²¹ Cooter, p. 5.

²² See for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (London: Virago, 1987); Barbara Ehrenreich and Deidre English, *Complaints and Disorders: The Sexual Politics of Sickness* (London: Writers and Readers Publishing Cooperative, 1976); Phyllis Chesler, *Women and Madness* (New York, NY: Lawrence Hill Books, 2005); Evelyn Ender, *Sexing the Mind: Nineteenth-Century Fictions of Hysteria* (Ithaca, NY: Cornell University Press, 1995).

²³ Benjamin Ward Richardson, *Diseases of Modern Life* (London: Macmillan and Co, 1876), p. 151.

from each other. The 'constant labour' of such overworked men leads to an inability to work productively despite persistent overreaching: 'the fault of putting off till to-morrow what should be done to-day is replaced by the much more serious fault of doing to-day what should be done to-morrow'.²⁴ As Richardson implies in his description of a rise from poverty to relative wealth, such a picture of overwork is particularly salient for the middle-class male, whose professional and social identities were in flux at the end of the nineteenth century.²⁵ Overwork, however, is just one part of the picture. This New Agenda views male experience through the dual lenses of power and confinement, highlighting the far-reaching implications of the restraints placed upon middle-class men – socially, ideologically, and physically – by a changing social and medical landscape, from the early Victorian period to the final decades of the century more commonly associated with the onset of modernity. The essays that follow will explore the confining apparatuses of male-dominated professional spheres and identify points of resistance in the form of textual reflection and self-fashioning.

One access point for these discussions will be the moralizing rhetoric of the importance of 'work', which imposed new pressures on the aspiring middle classes. This pressure was amplified by the role that hard work played in constructions of middle-class masculinity. The modern man was expected to be entrepreneurial, hardworking, and above all, productive. As Martin Danahay argues, work was often constructed as a 'heroic, self-denying enterprise'.²⁶ However, this narrative was complicated by the ideological bias toward 'masculine and muscular' work, a construction of normative masculinity that undercut what James Eli Adams calls the 'manliness of intellectual labour'.²⁷ That said, intellectual labour was not in fact neatly separated from physical work, but rather was likewise understood using a model of nervous supply and demand. As eminent English physiologist Michael Foster argued, 'even the simplest and rudest muscular task is not carried out by the muscles alone; the brain and nerves share in it too'.²⁸ He concludes: 'the weariness of the whole body from muscular work is in large measure, and indeed chiefly, a weariness of the nervous system', which is synonymous with 'a weariness of the brain', brought about by 'too rapid expenditure of capital'.²⁹ Indeed, 'too rapid expenditure of capital' is a key note for the following essays, which negotiate real and perceived demands on the body and mind.

Such demands were bound up with ideals of labour, authorship, and class identity. A constructed equivalence of muscle-work and brain-work as 'bound together by ties so close' formed the basis for renewed anxiety about intellectual labour.³⁰ All three of the essays are concerned with protagonists who produce written text. The mental and physical dangers of 'literary pursuits' had long been recognized, as scholars such as Yasmin Haskell, James

²⁴ Richardson, p. 188.

²⁵ See: John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (New Haven, CT: Yale University Press, 1999); Tosh, 'Masculinities in an Industrializing Society: Britain 1800–1914', *Journal of British Studies*, 44 (2005), 330–42; Martin A. Danahay, *Gender at Work in Victorian Culture: Literature, Art, and Masculinity* (Abingdon: Routledge, 2016); Brent Shannon, 'Refashioning Men: Fashion, Masculinity, and the Cultivation of the Male Consumer in Britain, 1860–1914', *Victorian Studies*, 46 (2004), 597–640; Tara MacDonald, *The New Man, Masculinity, and Marriage in the Victorian Novel* (Abingdon: Pickering and Chatto, 2015).

²⁶ Danahay, p. 1.

²⁷ James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Manhood* (Ithaca, NY: Cornell University Press, 1995), p. 1.

²⁸ Michael Foster, 'Weariness', *The Nineteenth Century: A Monthly Review*, 34 (September 1898), 337–52 (p. 342).

²⁹ Foster, pp. 345–46.

³⁰ Foster, p. 342.

Kennaway, Anne C. Vila, and Sharon Ruston have explored.³¹ Ruston identifies a changing discourse concerning ‘literary’ illness in the early nineteenth century, from an emphasis on the universally dangerous habits of ‘intense thought’ and mental exertion, to the emergence of a ‘Romantic’ notion of the literary genius, innately susceptible and to be ‘hallowed [as an] object of sympathy’.³² Both understandings of literary labour persisted throughout the century, identifiable in the vexed categories of the nervous, the dyspeptic, and the neurasthenic. These categories of complaint were continuously implicated in concerns about the fitness of society and of the nation, especially in relation to cultural production.

Trev Broughton has written about the cultural reverberations of the Froude-Carlyle controversy, which, she contends, ‘fed deep-seated anxieties about the roles of domesticity, love, and work in the construction of literary masculinities’ in the latter half of the nineteenth century.³³ If the introspective isolation of the life of a ‘man of letters’ was not conducive to the ‘middle-class “companionate” ideal of domestic harmony’, was the pursuit of literary distinction inevitably at odds with the duties of matrimony? As these debates evolved, there emerged distinct interrelated discourses concerning the ‘genius’, the ‘man of letters’, and the literary scholar, which in the late century contributed to understandings of the relationship between nervous illness and professional identity. The associations between ‘literary’ professions and bodily and mental weakness were, however, not simply narratives of an innate sensibility out of kilter with modern life and matrimonial expectations. Rather, the man of letters (a term that denotes a variety of professions, including poets, novelists, historians, and those involved in intense study, such as scientists) featured in broader debates about overwork, the importance of self-care, and the impact of dietetics and lifestyle on wider health. Furthermore, these individuals were not mute subjects but often actively contributed to this narrative, as two of the following essays will contend. Indeed, Perceval flips this association by using writing as a method of self-help, while Moore uses literary production as a way of negotiating sexual and artistic identity.

In the first essay, David Trotter asks: what role do autobiography and memoir play in constructing narratives of mental illness? By expanding definitions of media to include architecture and text, Trotter explores how Perceval used the asylum memoir as a ‘governor’ that allowed him to strive for self-cure. As technologies of time, space, and power, the architectural media of the asylum become, for Perceval, mechanisms that mediate and make manifest trauma. Perceval is haunted by the sound of slamming doors, which within the confines of the asylum no longer symbolize directionality, but rather ‘voice’ incarceration and protest against that incarceration. Trotter argues that, for Perceval, the conventions of the asylum memoir became a system for maintaining control and decoding and disentangling the messages of himself and others. Like the other essayists in this *New Agenda*, Trotter problematizes discussions of normativity by drawing our attention to the linguistic, social, and in this case, architectural frameworks at play. As Trotter argues, relationships, such as between psychiatrist and patient, or between inmate and asylum attendant, are structures of power that work not only

³¹ James Kennaway, ‘Two Kinds of “Literary Poison”: Diseases of the Learned and Overstimulating Novels in Georgian Britain’, *Literature and Medicine*, 34 (2016), 252–77; Anne C. Vila, *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth Century France* (Baltimore, MD: Johns Hopkins University Press, 1998); *Diseases of the Imagination and Imaginary Disease in the Early Modern Period*, ed. by Yasmin Haskell (Turnhout: Brepols, 2011); Roy Porter, ‘Reading is Bad for Your Health’, *History Today*, 48.3 (1998), 11–16.

³² Sharon Ruston, ‘The Medical Dangers of Literary Genius’, *Literature and Medicine*, 34 (2016), 299–319 (pp. 300–1).

³³ Trev Broughton, ‘The Froude-Carlyle Controversy, Biography and the Victorian Man of Letters: Married Life as a Literary Problem’, *Victorian Studies*, 38 (1995), 551–86 (p. 557).

to define, but also to constitute, male psychological normativity. Ultimately, Trotter argues that Perceval used autobiography as a means of reclaiming a professional identity while under a diagnosis of madness.

In the second essay in this collection, Amy Milne-Smith explores the class and gender implications of neurasthenia and its escalation into complete mental breakdown – phenomena that resonated with contemporaneous fears of degeneration and anxieties about Victorian masculinity. Nervous illness brought men perilously close to the passivity and unfettered emotion usually associated with the feminine, and so threatened ideological distinctions of gender. Furthermore, the image of the male neurasthenic destabilized understandings of Victorian masculinity based on stoicism. Using society novelist E. F. Benson and his family of ‘over-achievers’ as an access point, Milne-Smith investigates the tension between the validation of hard work as therapeutic, and its pathologization as a route to madness. She places neurasthenia in the broader context of male lunacy by exploring cases from the Manor House Asylum, as well as patient memoirs, doctor’s writings, and fictional representations of mental breakdown. Her study of ‘manly nerves’ builds on a recent historiography revealing the ‘hidden history’ of male mental illness, but concentrates on the social and environmental stressors that operated on men as heads of the household. Intemperance, infidelity, and gambling were identified as catalysing factors in an individual’s mental breakdown when paired with overwork, hereditary predisposition, or constitutional weakness. However, precipitating causes for mental illness were not always apparent, and as Milne-Smith demonstrates, were often inseparable from the pressures of living up to the middle-class ideal.

Finally, Sarah Green considers the role that literary self-fashioning played in negotiating mental and physical stigmatization. She explores how George Moore drew on cultural connections between production and reproduction in constructing a specifically gendered identity of artistic genius, which prioritized male intellectual creativity. For Moore, great art was dependent on self-discipline and embroiled within a politics of sexuality and gender, allied as he saw it with the act of sex itself. Green argues that Moore capitalized on an extant medical discourse of sexual continence in order to forge a ‘deliberately non-normative masculine sexuality’ that functioned by adopting perhaps the ultimate act of self-discipline: complete sexual abstinence. By abstaining from sexual acts, the male artist was thought to conserve nervous energy for the pursuit of intellectual distinction. Eccentric though Moore was, this understanding of sexual continence was coexistent with an emergent trend for pathologizing extremes of behaviour and advising moderation. In a clinical lecture published in 1875, Sir James Paget had identified impotence as a ‘distressing’ condition, which he attributed to ‘mental and nervous defects’.³⁴ He was equally disparaging of masturbation, which – although he did not consider it to be medically dangerous (unlike many of his contemporaries) – he described as ‘an unmanliness despised by men’.³⁵ While one involves a loss of sexual ‘power’, the other might, Paget contends, produce ‘effeminacy’ and ‘oversensitiveness’, thus both forms of sexual behaviour are pathologized using a lexis of health informed by ideas about masculinity. By appropriating sexual continence as a facet of his professional and artistic identity, the concept of male impotence becomes, for Moore, not a discourse of the powerlessness of the male body, but an invocation of a higher form of male production.

³⁴ James Paget, ‘Sexual Hypochondriasis’ in *Clinical Lectures and Essays*, ed. by Howard Marsh (London: Longmans, Green, and Co, 1875), pp. 268–91 (p. 282).

³⁵ Paget, p. 285.

All three essays explore, in different ways, the problematics of confinement – material, institutional and ideational. For Perceval, architectural control and the material mediation of madness were the keynotes of his asylum experience; yet his self-reflective resistance to institutional mediation, and his systematic interrogation of his own mind make him, in his own way, Trotter suggests, ‘a media theorist of psychiatric practice’. Green too offers us a view of resistance in her reading of George Moore’s literary self-fashioning, while Milne-Smith explores the limiting linguistic and conceptual frameworks that governed the lived experiences of men struggling to cope with the pressures of ‘modern life’. The essays together explore the social and material constructs that mediated and continue to mediate understandings of mental pathology, particularly in relation to networks and institutions: the social networks of class, the international networks of medical and psychological knowledge, networks of authorship and literary merit, and the institutions of the asylum. Then, as now, categories of health and illness were unstable and in dialogue with the shifting politics of medicine and of the wider culture. Norms of masculinity were being destabilized by new diagnoses that recognized ‘over’ work, and nervous excess. At the same time, however, men such as Moore and Perceval used authorship as a means of subverting the structures of power and confinement that operated upon them, offering their own versions of male selfhood. As Canguilhem long ago suggested with reference to medical science, the normal and the pathological of Victorian masculinity were inextricably intertwined.³⁶

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³⁶ George Canguilhem, *The Normal and the Pathological*, trans. by Carolyn R. Fawcett and Robert S. Cohen (New York, NY: Zone Books, 1991).