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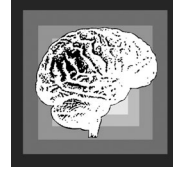
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When reason reigns: madness, passion and sovereignty in late 18th-century England

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In 1788–89, King George III of Great Britain became physically and mentally ill. This has been well documented, in contrast to the sudden influx of mentally distressed patients into private asylums of England shortly after the highly publicized illness of the king. As told by political and social commentators during this period, the crisis of the two bodies of the king – as head of state and as a man – represented a significant threat to the stability of the nation. This essay investigates possible reasons for the increase in asylum populations, and argues that, in the age of reason and temperance as exemplified by George III, the illness and recovery of the king created the space of the asylum as one of the last places to allow the expression of the passions.

Keywords: *asylums; England; George III; history; madness; passion; Regency crisis*

When reason reigns, where do the passions go? The eighteenth century not only witnessed the English Sentimentalists, but also the rise and acceptance of rational thought and behaviour as delineated by Kant, Locke and Hume. Although emotive behaviour was acceptable in certain artistic milieus, reason governed passionate or enthusiastic behaviour, creating socially constructed norms and necessitating certain societal changes; self-regulation became the only acceptable mode of behaviour. King George III of Great Britain reigned from 1760 to 1820, and during the last half of the eighteenth century he became the model of what constituted the ‘perfect Englishman’. From the start of his reign, he exhibited the reasonable and

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desirable traits of self-discipline, composure, felicity and temperance. However, in 1788–89 George III became physically and mentally ill. While Parliament struggled with maintaining the stability of the nation and his physicians with a cure, the notoriety of the king's illness was fodder for intense public speculation and concern. As one early letter to an editor read, 'The King's present indisposition is considered ... a national calamity.' (Anon., 1788). Daily reports by the king's physicians were reprinted in nearly every daily newspaper.¹ Despite the threats to national stability presented by the king's illness, the public perception of George III was tempered during and after his illness in visual and written representations – from tyrant to beloved John Bull – and the public found sympathy with their sick king and rejoiced at his recovery. This has been noted, but a less explored topic is the sudden influx of newly admitted patients to asylums after his very public illness: patient admittance in private asylums soared compared with the preceding five-year period. It can be presumed that public asylums saw the same increase, although recording of patient admissions was not started until nearly three decades later.

In this paper I will explore the questions posed by this sudden increase, and the probable reasons for it. First, due to the political instability of the nation, were people seeking a surrogate rulership? In 1763, Hogarth reissued his engraving depicting the trope of the asylum as a microcosm for the English state, 'A Rake's Progress', which I will examine. Insights provided by two contemporary political thinkers, Edmund Burke and Mary Wollstonecraft, will also illuminate our discussion. The second question is: could the increase be a sympathetic identification with the Other? Now that the king had been mad, did the commoner also have permission to be mad? An often neglected examination of Hegel's dialectic in terms of insanity is necessary to explore the philosophic elements of this line of reasoning. However, there is another, more encompassing, conclusion that I will argue: in an increasingly rational and structured society, with the disintegration and recovery of the head of state, passion and enthusiasm became socially permissible solely within the institution of the asylum, if only for a short period of time. The asylum was a location that allowed, and to a degree sanctioned, the outward exhibition of emotional states. In the wake of recent work done by Martha Nussbaum (2001) and Elaine Scarry (2001) on the nature of emotions, this course of investigation is not without precedent. As the emotive potential of the sentimental novels of the eighteenth century began to decline in the decade before the king's illness, the asylum became the last location of passion – passion as curable in the instituted space that permitted frenzy and melancholy without either external or internal strictures. George III, the epitome of self-control and temperance when he was sane, granted the acceptability of emotional response to his citizens when he was not. His recovery led to the possibility of outburst and redemption, yet within the confined walls of the asylum. Later, the consequences of 'moral therapy' as advocated by Philippe Pinel and Samuel Tuke would dominate the profession, effectively internalizing the confinement to the borders of the mind, and self-

control would come to dominate norms of social behaviour; however, for nearly two decades in England, the passions reigned.

Increase and alarm

In 1810, twenty years after the initial onset of the king's illness, Dr Richard Powell released a 'Chart' detailing the number of patients admitted to private asylums. The 1774 'Act Regulating Madhouses' required all private asylums to keep track of admissions and make these figures available to a commission. Dr Powell, the secretary of the commissioners of the Royal College of Physicians, was responsible for tallying the numbers which he charted from 1775 to 1809, and he published his report the following year. As shown in the chart (reproduced in Macalpine and Hunter, 1969: 292), the figures for 'Lunatics returned' remained low and stable – totals of 1800–1900 – during the years preceding the king's illness in 1788–89. However, in the five-year period after it (1790–94), the total increased by nearly 400; it decreased by 50 in the next period and then increased by 200 in the years 1800–04, the period when the king suffered relapses (in 1801 and 1804). In the next period, the number again dropped almost to its 1795–99 level, but remained high compared with the years before the royal malady.

Modern commentators have speculated on reasons for the increase, which include economic, social and political factors. Vieda Skultans (1979) has credited the increasing admittance to the rise in pauperism. This, combined with the above figures for private asylums, would suggest that the increase cut across class distinctions. E. Fuller Torrey (2001) compellingly connects the rise of lunacy with the advent of the English Romantics, but refrains from postulating on the cause for the increase in this specific period, and the noted sociologist and historian of English madness, Andrew Scull (1979), links the rise of a market economy with the 'segregative response' of institutionalization. Macalpine and Hunter (1969) convincingly argue that intense media coverage, changing notions that insanity was neither blame nor curse, and a demonstration that madness was curable, all to be concomitant. As we shall see, these were perhaps contributors, but are not entirely satisfactory explanations.

Even so, at the time these statistics gave rise to speculation that insanity was increasing in England, and many notable physicians and mad-doctors weighed in on the matter. Perhaps seeing financial opportunity, John Haslam, the Apothecary to Bethlem Hospital, reissued his *Observations on Madness and Melancholy* in 1808 in response to the 'alarming increase of insanity', with the hope of contributing to the 'investigation' (Haslam, 1808/1976). Some, such as Dr George Man Burrows, believed that the increased population in madhouses was due to the greater attention paid to insanity because of the king's illness and, later, due to the setting up of the Parliamentary Select Committee in 1807. This Committee was charged with the investigation of the state of madhouses in England in order to respond to questions regarding

the treatment of pauper and criminal lunatics. As a result, insanity was front-page news. However, in his *Inquiry into Certain Errors Relative to Insanity* (1820), Burrows, believing that attention to the matter was the sole cause for the increase, admits that the numbers actually reached their maximum in 1813. And yet this 'peak' occurred two years before the *Reports from the Select Committee on the Better Regulation of Madhouses in England, 1815–16* were released. If attention to the state of madhouses was indeed the cause for the increase in numbers, these would have soared again after the much publicized and passionate accounts were published. Yet they did not. It would seem that, although some of the speculation as to the cause is warranted, there are indeed other factors at play.

Many of these factors rest within the English fascination with madness, which existed well before George III. Bethlem Asylum, or more notoriously, Bedlam, was founded as a charitable hospital in the fourteenth century and was regularly admitting the insane by the sixteenth century. It was routine practice to exhibit the mad to the general public for profit, and in the first half of the eighteenth century Bedlam became synonymous with 'Unreason' (Andrews and Scull, 2001). In the 1760s the hospital donation coffers reached their zenith, with the public visiting the asylum with great regularity for spectacle, amusement or to demonstrate their national sensitivity by overtly expressing pity for the inmates.

It is in this world of Bedlam that William Hogarth (1697–1764), the noted political and social satirist, set his eighth and final plate of 'A Rake's Progress' (1735). The progress of Rakewell is of his own making, and throughout Hogarth's series we are witness to Rakewell's intoxication of the passions and debauchery leading from the debtor's prison, finally to the asylum from which there is little hope of return. Lichtenberg, in his 1790 commentary, established that Rakewell in the asylum now inhabited a microcosm for society-at-large, and thus, by extension, England was the Macro-Bethlem (Herdan and Herdan, 1966). As Pascal had written in response to Cartesian sensationalist materialism, 'Men are so necessarily mad, that not to be mad would amount to another form of madness.' (Pascal, 1670/1914: 414).² However, in 'A Rake's Progress', some men appear to be more so than others: Rakewell, in the foreground, is nearly without clothing and in the process of being restrained and manacled by the keepers of Bedlam. Stretched on the ground and with his left arm over his head, his frenzy evokes one of the two sculptures above the entrance to Bedlam – Cajus Gabriel Cibber's 'Raving Madness' (1680). Behind him is the mad astronomer, the mad man in apparent religious ecstasy and the man driven mad with pride, who is being looked at by two mirthful women, obviously visitors as they are well dressed and unrestrained. Overlooking the entire scene is the golden plate of Britannia, 1763, certifying, authorizing, metonymizing.

It is into this space of the mad that reason and temperance enter. The passions of the mind relating to *idée fixe* have long been associated with

madness. The concept of passion, or *thumos* (θυμός), as understood by the Ancient Greeks was a complicated concept, but will perhaps illuminate certain continuing representations of what is ‘appropriate’ passion. *Thumos* was the soul, life and breath (Liddell and Scott, 1891). In Latin it was understood as the *anima*. It could also be the heart, or the *animus*. It was, too, any vehement emotional state, such as anger or wrath, but could also mean courage or spirit, much valued in a society that stressed contest. Lastly, it could mean mind, will or purpose. It was not the same as ἐρως, which is love or desire for a thing, a Hegelian Other, seeking an external source of satisfaction. Rather, *thumos* was both the *anima* and the *animus*. It was totality contained within the individual. It represents dangerous emotions such as wrath, but also noble and high-minded expressions of will and of mind. This passion had the potential for realization in an Other, but it was a desire of an internal nature; it was the soul and the mind. However, it was only totality if contained and tempered.

This sort of containment and just expression of the passions found an embodiment in the person and sovereign of George III. Well known to the Government and to his people to be a hard-working and honest man, courageous and composed, uxorious, devoutly religious, prudent with spirits and food, generous to those who pleased him and stubbornly hostile to those who did not, George III, *in toto*, was seen as quintessentially English and a model for temperate behaviour. The two previous kings, the Hanoverians George I and George II, had kept one foot in their Germanic territory and did not speak or even attempt the English language. They were perceived as harsh and distant rulers, seemingly more occupied with their estates on the Continent rather than the country where they lived. They were not loved and not honoured. In contrast, George III was the first of the Hanoverians to speak English, and revelled in his people, often stopping to speak with commoners or visiting farmers near his castle at Windsor. He was devoted to politics and his duties as king, often taking action on requests from the lowliest of his subjects (Hibbert, 1998).³ George III also had a seemingly insatiable curiosity and occupied his meagre spare time as a horologist, architect, botanist and patron of the arts. It was clear that he was motivated to distance himself from the preceding Hanoverians (Parissien, 2002), which his subjects noted and appreciated. In representations of George III throughout his reign, the king was in turn characterized as tyrant, fool, farmer and John Bull, all of which were undoubtedly and uniquely English.

Although criticized for many of his actions or stances, especially the war with the American colonies, his less desirable qualities of simplicity and obduracy were overshadowed in the saintly illumination of his character after his death. More than thirty-thousand subjects and well-wishers mourned him at his funeral, and he was eulogized by the Reverend J. W. Cunningham (1820) as a sovereign whose:

character was minutely and essentially British. He comprehended in

himself, to an almost unexampled extent, those high, holy, and valuable qualities, which, by the general consent of the wise and good among us, are considered as constituting *the perfect Englishman*. [original italics]

It is remarkable to laud as exemplary a life that was credited with losing the American colonies, and ultimately lost an ongoing battle with madness from 1810 until his death in 1820. George III, as sovereign-father, was the embodiment of England – a macro-England.

Thus, in 1788–89 when the king lost his reason, the sitting government began to crumble with the loss of its head causing the ‘Regency Crisis’. Parliament hotly debated whether to install the Prince of Wales as Regent in order to ensure the stability of the kingdom. Edmund Burke with George Charles Fox pushed relentlessly for the Regency, while William Pitt the Younger on the opposing side urged patience and continued stability in Parliament. As with all matters of government, the Press was fully informed, and numerous caricatures were created to depict the ongoing crisis. One of these, ‘St. Stephen’s Mad-House’, is shown in Fig. 1. In this representation, it is Parliament that has gone mad, indicating either infection by, or association with, the madness of George III. William Pitt is shown as the newly crowned head of state and behind him George Fox is attempting to scale the walls of the asylum that is now Parliament. The madness of the king permeates downwards, and even the preserver of the constitution, Parliament, is not immune; the government is represented as being in considerable jeopardy. The danger to national stability presented by the king’s illness was a recurrent theme in many representations, emphasizing both concern for the king and the threat of anarchy presented by the struggle in Parliament.

This threat to stability was not lost on those writing in the press during the Regency Crisis, and the ‘calamity’ that threatened to engulf the nation was largely predicated on the mental stability of the king. As one Editorial (1789a) read:

The King, whilst, he governs by the laws, is the main pillar of the constitution. If you loosen this pillar, nay, if you violently shake it, the annals of our country too lamentably evince, that the demotion of the fabric will be certain consequence. All then is anarchy and wild commotion . . . the madness of the people becomes a malady not less dangerous than despotism itself.

Here the two bodies of the king stand for the physical and ideological structure that maintains the order of the nation. Not only is madness represented as a (perhaps contagious) illness, but the infection is seen as dissolving the veritable fabric of civil society. It is likewise notable that anarchy and despotism are posited as the two political extremes; here we can see that the events in France have had a significant effect on the public consciousness.

Ideas of madness and their effect on political stability affected commentators

for all strata of society. Edmund Burke continued to use the metaphor of disease and infection in his *Reflections on the Revolution in France* (1790/1968) to constitute what he believed to be the outrageous and mutinous actions of the rebels in France.

Keep at a distance your panacea, or your plague. If it be a panacea, we do not want it. We know that consequences of unnecessary physic. If it be a plague; it is such a plague, that the precautions of the most severe quarantine ought to be established against it.

This plague is one of uprising against the monarchic state and, for Burke, of very reason itself, and the effect of the ongoing revolution in France was indeed substantial. Thus, George III's ongoing crisis, which put the British government in profound jeopardy, touched nearly every citizen. Even when the king recovered, the fear of a repeat crisis was tangible. Like the terror felt across Europe during and after the French Revolution, the upheaval in Parliament signalled that the crisis in France was only a bout of madness away.

Mary Wollstonecraft, in her *Vindication of the Rights of Men* (1790/1994), properly rebukes Burke's language, which seeks to preserve the inherited rights of the government, reminding him of his own struggles to remove George III from office in favour of the Prince of Wales. She accuses him of Machiavellian insurrection that only sought to 'support your party', and continues:

Had you been in a philosophizing mood, had your heart or your reason been at home, you might have been convinced, by ocular demonstration, that madness is the absence of reason. – The ruling angel had left its seat, and wind anarchy ensued ... You would have seen every thing out of nature in that strange chaos of levity and ferocity, and of all sorts of follies jumbled together. You would have seen in that monstrous tragic-comic scene the most opposite passions necessarily succeed. (Wollstonecraft, 1790/1994)

Wollstonecraft not only admonishes Burke for his insensitivity towards the king's recent illness, but in that 'monstrous tragic-comic scene' and with the absence of the 'ruling angel' – the king and the reason he embodies – anarchy is the result. Further, she extends the loss of reason, or madness, to Parliament. Madness has infected the entire government. And, by extension, perhaps the whole of Britain itself.

This idea of a macro-Bedlam as depicted by Hogarth thus resonates twenty years after the reissue of 'A Rake's Progress'. The contained structure and inherent control of the asylum is thus the micro-solution to the instability of the nation presented by the king's loss of reason. It can then be seen as a surrogate rulership for Britannia, and it is not out of bounds to see the influx of patients to asylums as a means of re-establishing control when even the ruling bodies appear not only to be lacking it but, as in the 'St. Stephen's' caricature, to be advocating the asylum as containment for the infection. This, coupled with the apparent anarchy and threat presented by

the French Revolution, was perhaps seen as the panacea for instability.

Yet there are some difficulties with this argument. In the mid-eighteenth century, the efficacy of asylums and the treatment suffered by those unfortunates deemed mad was cause for intense public speculation and subsequent political reform. In 1763, the year that Hogarth's 'A Rake's Progress' was reissued, Parliament called for a Select Committee on Madhouses to investigate; due to testimony by the leading authorities of the day – William Battie of St Luke's Hospital and Dr John Monro, head physician of Bethlem Asylum, both in London – the first 'Act for Regulating Madhouses' was passed in 1774. The fact that Parliament deemed it necessary to look into the regulation of madhouses indicates that many were increasingly concerned about the methods of treatment and practices of confinement offered by asylums. Additionally, as mentioned above, Bedlam Asylum not only opened its doors to visitors, and had done so since 1547, but charged fees for viewing. It had become commonplace to view the mad for entertainment and sport (as the fashionable young women do in 'A Rake's Progress') but also to objectify the mad as pitiable. In an era when reason was held in high esteem, those who have lost it are not portrayed as being in a desirable condition: patients, especially from the lower classes, were regularly manacled and subjected to purgatives and bleedings. The custom of exhibiting the insane at Bedlam did not cease until 1770 (Porter, 1987), but the tropes they created in popular representation and beliefs had already been established.

Henry Mackenzie's *Man of Feeling* (1771/2001), a sentimental work following the progress of young Harley in London, depicts not only Bedlam as a spectacle, but also the pity conferred upon its inmates. Mackenzie allows Harley to object to a visit to Bedlam for 'I think it an inhuman practice to expose the greatest misery with which our nature is afflicted, to every idle visitant who can afford a trifling perquisite to the keeper.' He is finally persuaded, however, and is exposed to the 'clanking of chains, the wildness of their cries . . . [which] formed a scene inexpressibly shocking.' After touring the women's ward, Harley becomes transfixed with an unfortunate young woman who had not only lost her love but was also subjected to severe treatment by her father, thus reducing her to this state. On hearing this terrible story and seeing the condition in which the woman was confined, Harley 'put a couple of guineas into the [keeper's] hand: "Be kind to that unfortunate!" He burst into tears and left them.' (Mackenzie, 1771/2001). Harley's weeping suggests that the jesting at the expense of the mad also has a sentimental counterpart – pity. Indeed, it appears that the location of the asylum and its accompanying horrors, even with its promise of surrogate authority, is not a desirable space for those simply seeking stability.

The Other and passion

Why then would an unfortunate be remanded to such a place as Bedlam?

Philippe Pinel in the 1790s, and Samuel Tuke just a short while later, attempted to formulate the asylum space as a substitute family. However, this was not the case with larger institutions like Bedlam or St Luke's in London where the mad were often remanded by asylum officials without discrimination and without promise of familial stability or even cure. With this in mind, perhaps a more compelling question is: where did their follies lead the insane? And could it be a case of emulation or sympathy towards the king? Many case studies of the day relate to men who believed themselves to be the king or nobility, and Pinel (1806) gives an account of three men who, after the beheading of Louis XVI, succumbed to the belief that they were all the king of France and unjustly confined within Bicêtre Hospital in Paris. In another reported episode, one man suffering under a similar delusion was reasoned with by the governor of the hospital, who asked: 'If you are a sovereign ... why do you not put an end to your detention?' Pinel suggests that this questioning forced the man to re-evaluate his claim, and he was ultimately treated and released – a 'respectable husband and father' returned to his family. Although, it cannot be said with great certainty that this was the most common folly that mad men or women suffered, 'delusions of grandeur' was a frequent label among psychiatric practitioners and it generated much speculation as to the cause.

Some physicians believed that personal economic disasters were enough to instigate this peculiar delusion. William Perfect (1737–1809), a physician and surgeon who owned a private madhouse in West Malling, Kent, published a selection of case studies in 1787. One of these, Case XIV, was that of a middle aged man:

... from an unexpected miscarriage in his commercial affairs, he became intolerably discontented, jealous, rude, disrespectful to his family, contemptuous, intemperately passionate and misanthropic to the greatest degree ... He issued his mandates and decrees with all the arrogance of an eastern despot ... He frequently insisted upon his being the Lord Chancellor, King of Spain, Duke of Bavaria, or some other great personage, and accordingly demanded reverence and respect.

Unfortunately, Case XIV could not be shown the error of his illusions and 'his imaginary greatness and self-consequence gradually dwindled into a total decay as he approached the verge of idiotism' (Perfect, 1787/1976). For Perfect, the cause in this case was financial catastrophe, but this has not been demonstrated as the reason for all such delusions.

Delusions of grandeur take many forms, not all being accounted for by a reversal of fortunes. Perfect reports another case of a poor man in the early part of the eighteenth century; he had studied international government 'with greater attention than his business', became insane and took for himself a local 'idiot' who waited on him night and day as his trusty servant, the imaginary king appointing him as 'Prime Minister'. They lived like this for

nearly six years, until the ‘PM’ decided to eat his meal in the presence of the ‘king’, for which he was banished. The deposed ‘PM’ thus died in ‘exile’ from a fever, and the ‘king’, regretting his harsh punishment, died of grief (Perfect, 1787/1976). In this case, the man began in a state of impoverishment and, after being exposed to the life-style of the rich and powerful, recognized the irremediable lack in his own circumstances and became the ‘king’ himself, even if it was merely a fantasy. Could the sudden influx of patients have been less affected by financial calamity and more by an emulation of George III?

Hegel (1845/1971) was interested as much in the causes of insanity as in the cure. A survey of his thinking can perhaps shed some light upon the notion of identification with the Hegelian Other as it pertains to our questions about George III. Although one might expect that a discussion of Hegel is rather ‘outmoded’ within a historical context, Hegel was, as we shall see, concerned with madness for very personal reasons. In one of the very few (and excellent) works detailing Hegel’s ontology of madness, Daniel Berthold-Bond (1995) has rightly pointed out that Hegel, while having a well-conceived notion of madness, how it was manifested and therapeutic methods, has been largely neglected in the general literature on insanity. Instead, attention is paid to those of the so-called ‘anti-psychiatry’ movement, which includes Michel Foucault and Thomas Szasz, as the most notable advocates.⁵ Foucault’s *Histoire de la Folie* (translated as *Madness and Civilization*; 1961/1965) indeed spurred interest in the philosophy, sociology and history of madness and asylums, contending that the ‘moral therapy’, as implemented by Pinel and by Tuke of the York Retreat, was tantamount to shackling the mind as well as the body. However, Foucault was determined to maintain the boundary between authority and subject, master and servant, all in an effort to use the asylum space as a means of moral reconstitution; he thus preserves the distinction between reason and unreason.

Yet these are retrospective analyses, while Hegel’s works, although written within a philosophical framework, largely conform with other medical and psychological treatises regarding madness and its treatment. In terms of the historical continuum, Hegel’s *Phänomenologie des Geistes* was published in 1807 (see Hegel, 1807/1977) at the time of important events in England and France, both political and concerning insanity. *Phenomenology* is Hegel’s early foray into ideas of recognition, and the ‘doubling’ of the self-conscious, which was influenced by Fichte and Schelling, and which found maturity in the *Encyclopedia of the Philosophy of the Mind (Geist)*, in 1830 (Williams, 1997). In *Philosophie des Geistes*, Hegel (1845/1971) approaches the ramifications and results of the mind’s inability to actualize fully the process of subjectivity and intersubjectivity with respect to another free being. Hegel’s writing on insanity was particularly influenced by the illness of his sister, Christiane (1773–1832), who suffered from periodic bouts of insanity for the last two decades of her life, and for whom Hegel attempted Pinelian therapeutic treatments within a family atmosphere (Berthold-Bond, 1995). During the period of her madness,

Hegel was formulating his ontology and lecturing on the subject (1816–30). Pinel – whom Hegel studied with interest, possibly due to his compassionate attitude towards lunatics – was intrigued by the work of the Rev. Dr Francis Willis (1718–1807), who was credited with the recovery of George III. (However, Pinel (1806) said he was quite dissatisfied with the lack of published material by Willis.) In this, we might be able to see an intellectual lineage traced from Willis's treatment of the king's lunacy to Hegel's ontology that anticipates Freud's development of the unconscious, the Ego and regression (Berthold-Bond, 1995).

To return to our philosophic inquiry: for Hegel, insanity, or unreason, was a condition in which the individual regressed within his own subjective universe, shunning the objective world in favour of his own, more comfortable fantasies. Madness occurs when the mind is 'engrossed with a single phase of feeling, it fails to assign that phase its proper place and due subordination in the individual system of the work which a conscious subject is.' (Hegel, 1845/1971). As mentioned above, in the *Phenomenology of the Spirit*, Hegel (1845/1977) describes the reasonable consciousness as one that incorporates and unites the objective Other within the subjective self. Initially, the Other poses an external threat, and is primarily manifested as the Master/Slave dialectic but, through a recognition of the self within the Other, the process of sublimation (*Aufhebung*) can occur, resulting in a preservation or 'taking-up' (*aufgehoben*) of the Other within the self, 'transitioning from feeling to reason' (Berthold-Bond, 1995). Thus, in the mad individual, sublimation does not occur, but is rejected, thus allowing the fixed passion of folly to manifest.

When [consciousness] is engrossed with a single phase of feeling, it fails to assign that phase its proper place and due subordination in the individual system of the world which a conscious subject is . . . and the single phase or fixed idea . . . is not reduced to its proper place and rank. This is Insanity or mental Derangement.

Further, 'Insanity is therefore a psychical disease, i.e. a disease of body and mind alike.' (Hegel, 1845/1971: §407–8 and *Zusatz*). For Hegel, there is a tension between the somatic and the psychosomatic, and where the physicality of passion is intrinsically linked to the ability to reason.

However, if the Other is mad, can sublimation take place? Can there be a preservation of pathology within the 'taking-up' of the unreasonable Other? For Hegel, the object of insanity is a 'fixed folly', so it could be argued that the nature of the Other has no bearing on the subjective identification by the 'I'; indeed, all that matters is the fixation on the object, and the maturity of the 'soul' in question (Hegel, 1845/1971). It has been noted that George III, although variously represented as a fool or tyrant, was thought to be the very pinnacle of self-composure. A tyrant, as an extreme, is self-control *par excellence*, extending his control to every aspect of life (see, e.g., Note 3). And

in the model of insanity as illness, the mad Other is contagious, infectious, as we have seen represented in Fig. 1. Thus, it could be argued that the influx of patients could simply be seen as emulation of (or contracted from) the sovereign. Perhaps this was not the permissiveness of insanity as argued by Macalpine and Hunter (1969), but rather a desire to become, to sublimate, the most enviable Other in the land. Thus the transition is not from feeling to reason, but feeling as an *idée fixe*, as unreason. This explains the men-who-would-be-king and other examples of grandiose fantasies.

Although this theory is perhaps more compelling than our previous argument for the asylum as a place of stability, there are, again, obvious difficulties. Within a societal context, Martha Nussbaum (2001) contends that an 'emotional grammar' underlies one's connection with the society at large, and the excellent work by John Barrell (2000) on the imagery of regicide argues for a 'common vocabulary' in political and social sensibilities that guided representations in word and image during the reign of George III. As notions of madness shifted towards a somatic model, the language about madness changed as well. Perhaps most revealing for our purposes are the representations of George III in caricatures during the time of his madness. Most of these cartoons deal with the current political situation and ongoing Regency Crisis. In 'House-Breaking, before Sun-Set' (Fig. 2), Burke, Fox and Sheridan use tools labelled 'Tropes', 'Presumptive Rights' and 'Begum Sophistry' to break into the Treasury Building of George Rex. From a window above, Pitt uses a blunderbuss, labelled 'Constitution', to ward off the would-be burglars. It would seem to represent the ongoing political crisis, and yet, behind the three infiltrators, stands the robust watchman, 'Truth', holding the staff of 'Loyalty' and 'Vox Populi'. Behind the watchman are other buildings, giving way to clouds and above them the setting sun, a popular motif of royalty, with the crown and the words 'Obscured, not Lost'. This represents both the popular reaction against the presumed political wranglings of the Whigs, and the belief that, although the king might be nearly shrouded and hidden by the clouds of his illness, there is hope that his continuing presence maintains political order and that the sun will rise again. Order will be restored.

The written press likewise cautioned the Prince of Wales (George III's son) against associating with those who were 'not Favourites of the Country', and therefore bringing about '*a total Revolution in Government*' ('A Briton', 1788; original emphasis). Likewise, an Editorial (1788) in the *St. James Chronicle* lambasts Fox, pejoratively referring to him as 'a true Whig', as well as heaping criticism on Burke and the 'unconstitutional' attempts of the 'Gentlemen of the Long-Speech Family' (presumably Burke and Fox) to rush the Prince into the Regency. A later letter in *The Times* again refers to revolution, but expresses confidence that the prevailing leaders will not 'sacrifice the peace, the prosperity, and the very safety of the nation to the caprice, the folly and despotism of Mr. Fox's party' ('Amicus Britanniae',



FIG. 2. 'House-Breaking, before Sun-Set'

(Anonymous engraving, published 6 Jan. 1789 by R. Buttens. Source: USA Library of Congress, Prints and Photographs Division, LC-USZ62-94207)

1788). In contrast, many of these editorials laud Pitt for his prudence in seeking some precedent for the crisis and for his careful negotiation of Parliamentary proceedings. At this point, the Prince is perceived by the press and public as a concerned son, who would be most unwilling to shoulder the responsibility of the Regency.

However, this initial perception of filial duty began to be questioned. A long poem by the satirist Peter Pindar (1789) published in the *Morning Post* with the title 'To Impudence – An Ode', was directed with little subtlety at the Prince, and it was thought that the opposition party of Burke and Fox was employing the Prince (unwittingly or not) for their personal profit and gain (Editorial, 1789*b*). The cartoonists of the period wasted no time in furthering this impression. As in 'House-Breaking', the sun motif is again employed in 'The Eclipse at an End – and Political Tilting Discovered'.⁶ The sun, King George, is smiling after its encounter with the moon – a non-too-veiled allusion to lunacy – and the rays of light illuminate Queen Charlotte and the Lord Chancellor, Edward Thurlow (1731–1806), seated on the donkey, William Pitt. They are set to joust against the Prince of Wales and a supporter who are mounted upon a hobbled, garishly adorned horse, representing the way that many viewed the Prince and his efforts to gain the Regency. Again, political issues are portrayed, and restoration is assured after the eclipse of reason has passed.

In both these representations, King George is alluded to by celestial imagery, an unattainable but much relied upon essential of life. In these images the only one who perhaps wishes to become the sun or moon is the Prince, and he is portrayed as a bumbling dandy. Rather, the concern is more political in nature, and those represented as loyal, steady and faithful to the king are the people, Pitt and the Queen. Some scepticism is allotted to Thurlow who was suspected of playing to both sides of the political arena in order to maintain his position. Yet in these representations, there is no attempt at emulation or identification with the Other. Indeed, it seems folly to identify with the sun. Instead, due to the instability of the 'body politic', the Parliament and the Prince are called into question.

The space of the asylum and the 'hope of immortality'

The questions of stability and identification with the mad king allow us, then, to examine the possibility of the asylum space as a location of passion. The notion of the asylum as a surrogate authority is less compelling, but identification and sympathy with the king can be expanded: it is part of a larger discussion. For this, the conflicting notions of morality and emotional expression as debated in the late eighteenth century should be examined, to give a broader perspective to our previous question.

According to Dr Powell's statistics discussed above, the first rise in admissions to private asylums occurred in 1790–94, after the king was

proclaimed cured and had returned to his duties. (Those admitted were predominantly from the middle classes; the mentally afflicted from the upper class, such as George III, would have had home care and personal visits by the mad-doctor.) Macalpine and Hunter (1969) are correct in arguing that the unprecedented coverage of the king's illness had an effect upon preconceived notions concerning madness. Madness could no longer be seen as an embarrassment, as the king had endured – and survived – his own bout of mental affliction. The most powerful aspect of the king's recovery was its proof of the idea that madness was curable.

The notion of madness as a curable condition had been debated some 30 years earlier before the Select Committee on Madhouses in Parliament (1763) by Dr William Battie of St Luke's Hospital and Dr John Monro of Bethlem Asylum, the most notorious madhouse in London and perhaps anywhere at the time (Andrews and Scull, 2001: 20–1). Battie, in his *Treatise on Madness* (1758/1969) had contended that madness was indeed curable and that 'management did much more than medicine', while Monro argued in the Advertisement for his counter to Battie – *Remarks on Dr Battie's Treatise on Madness* (1758) – that 'Madness is a distemper of such a nature, that very little of real use can be said concerning it', yet 'the cure of that disorder depends on *management* as much as *medicine*' [original italics]. The debate between medicine and management demonstrates that not only had lunacy become something of a social concern before the king's illness, but that even the leading authorities on the subject could not agree as to its cause or cure. An early modern commentator on madness, Thomas Hobbes (1588–1679), argued in the *Leviathan* (1651/1968) that madness was physical in nature, an 'extraordinary and extravagant Passion', either proceeding from damaged organs, or the passion itself doing internal damage over a long duration. Hobbes' belief in the physicality of madness was in keeping with the humoral explanations of the day, which did not begin to change until the late-eighteenth century. In contrast, John Locke (1632–1704) argued in *An Essay Concerning Human Understanding* (1690/1975) that every human has the capacity for reason but that the mad, far from malformed, just reasoned wrongly:

For [Mad Men] do not appear to me to have lost the Faculty of Reasoning: but having joined together some Ideas very wrongly, they mistake them for Truths; and they err as Men do, that argue right from wrong Principles.

This concern with the humanity of the mad individual contrasted sharply with previously held notions of madness as possession (including the 'holy fool'), witchcraft or malformity. Locke re-humanized and de-demonized the mad. Hegel (1845/1971), too, due to his belief that insanity was rooted in the somatic, postulated that a cure was possible. After the sympathetic reaction to the madness of George III, insanity had a public face, and the

humanization of the mad was further articulated by influential mental health professionals, philosophers and politicians.

This concern with humanity and charity took shape in the mid-eighteenth century and can be found in the sentimental novels of the period. Those reading them would most likely have been from the middle and upper classes. We see in Mackenzie's *A Man of Feeling* (1771/2001) that sensitiveness or sensibility regarding mankind became the 'fashion'. Outward emotional response to sentimental novels somehow showed the reader's 'gentle' breeding and sensitivity to the human condition (Anon., 1796). Beyond fashion, these novels allowed freedom of expression or emotion for both author and reader. Based in the moral philosophers of the early eighteenth century (Ellis, 1996), it was argued by Mackenzie (1785) and others that these novels had a civilizing effect, as many stressed principled behaviour, empathy for others and 'refinement in manners'. However, as Markman Ellis (1996) has shown, a critical backlash occurred in the last two decades of the eighteenth century, with many arguing that the emotions portrayed or evoked by these novels had little to do with morality or sensibility, and it was even argued that they sought to undermine the virtue and honour of the reader. The sentimental novel became a critiqued genre, losing much of its ability to impart or induce emotions. In this light, the weeping Harley of *A Man of Feeling* is an illustration of how not to behave in public, and of self-containment showing innate moral ability. With such interest generated in the social repercussions of sentiment and morality, sensibility soon became politicized.

Indeed, the models of morality and sensibility found their way into Edmund Burke's *Reflections* (1790/1968). For Burke, the uprisings in France against the hereditary rule of the king offended his constitutional sensibilities. Moreover, morality is determined by the rule of a good government, headed by the hereditary king, and self-government and the following of law should subsequently determine all behaviour. Following the model of the temperate and self-composed George III prior to his illness, the idea of the displays of passionate human emotions was anathema to Burke and his conception of proper conduct as befitting a proper citizen.

The concept of 'sense and sensibility' during a period of intense visceral emotions was likewise anathema to Mary Wollstonecraft (1790/1994) in her *Vindication of the Rights of Man*:

A kind of mysterious instinct is *supposed* to reside in the soul, that instantaneously discerns truth, without the tedious labour of ratiocination. This instinct, for I know not what other name to give it, has been termed *common sense*, and more frequently *sensibility*; and, by a kind of *indefeasible* right, it has been *supposed*, for rights of this kind are not easily proved, to reign paramount over the other faculties of the mind, and to be an authority from which there is no appeal. [original italics]

Wollstonecraft takes exception to these presumed behavioural instincts that

are supposed to give rise to appropriate behaviour. She argues that Burke perceives morality as innate, which she likens to tyranny, an internal self-governance that unquestioningly shapes external conduct. For Wollstonecraft, 'common sense' is an *idée fixe*, and thus akin to madness. Of this 'sensationist materialism' that Wollstonecraft denigrates, Robert Kaufman (1998) writes that 'it ultimately produces that complete absence of meaningful agency which is not only bad philosophy and reactionary politics, but which is also the measure of insanity'. Although her criticism concerns Burke, Wollstonecraft extends this insanity masquerading as common sense to all who choose to accept it as truth. Undeniably, England is a macro-*Bedlam*, although the confinement is now internalized.

Taking this further, Wollstonecraft (1790/1994) disputes the concept of inherent, instinctual morality. The reasonable reflections of the rational mind should determine behaviour, not reliance on breeding or innate ability. 'What moral purpose can be answered by extolling good dispositions ... when these good dispositions are described as instincts?' Indeed, 'If virtue be an instinct, I renounce all hope of immorality.' In this, she questions the proposition of inherent morality and also the very concept of morality as a desired state. If morality is predetermined, there is little hope for redemption.

Analysis

Where, then, can redemption be found when the whole world has gone mad? If morality is not instinctual and is instead a chosen predicament, then two matters are illuminated in terms of the asylum space. First, the asylum has the opportunity to reinstitute moral behaviour as befits a proper king and his subjects. Even the king was confined to Kew, his secluded estate, for the duration of his illness. Second, the asylum will, albeit temporarily, allow immorality or, rather, that which is not considered 'moral behaviour'. Madness is not a desired state, nor is the asylum a supplementary institution of security, but it is a place where the passions are permitted. Individuals have permission to mourn their deceased love (as in the *A Man of Feeling*), display frenzy (as in 'A Rake's Progress') or believe themselves to be the Duke of Bavaria (as in Case XIV). Although this is considered to be lamentable, it is permitted and even indulged, if only for a time. With the politicizing of sensibility and the loss of the sentimental novel that justified emotional outbursts, the asylum became the last place to continue to grant permission to the passions. So, in a mad world that has morality as its *idée fixe*, the only possible release is in the institutionalized space, and in my view this best explains the increase in madhouse admissions. It must be said that this space encourages 'redemption' or 'cure', as there is no room outside its walls for such emotive, and perhaps amoral, behaviour. The cured, reconstituted with the proper behaviour as determined by society, return to productive and morally adherent lives.

With the recovery of George III as an example of the success of moral treatment as administered by Rev. Dr Willis, the spotlight fell upon the psychiatric profession. It generated extraordinary interest in the medical community, which had held in some disrepute those who treated madness. In an era of increased emphasis on reason and attendant morality, it held the promise of treatment for those unable or unwilling to conform to common sensibilities. Conversely, in attempting to treat it within a medicalized space, the asylum permitted and even legitimized folly. The treatment of the mind by incarcerating the body can thus be seen as a metaphor for the advancement of reason and morality. After treatment, the new confining facility was the mind itself.

The landmark research on the subject by Macalpine and Hunter (1969) attributes the cause for George III's madness to the hereditary physical illness of porphyria. This retro-diagnosis has recently been questioned with the molecular analysis of Timothy Cox and Martin Warren, whose team found alarming levels of arsenic in a sample of George III's hair; this study posits arsenic as a contributing factor in exacerbating a metabolism predisposed to porphyria (Cox, Jack, Lofthouse, Watling, *et al.*, 2005). However, porphyria was not a cause debated by the king's physicians and indeed, according to Cox and Warren, it is plausible that the treatments administered to the king might have aggravated the severity of each episode. Instead, the focus paid by journalistic and scholarly publications was on the mental 'derangement' of the king, his 'lunacy'. And the king was ostensibly cured. Certainly, as Dr Burrows suggested in 1820, increased media attention on the matter certainly influenced the influx of patients in the years following the king's illness, but this as the sole cause is unsatisfactory. As seen in political representations of the period, most were concerned with the health of their king and resulting political instability and infighting in Parliament. Beyond politics, underlying beliefs about madness, morality and sensibility in England changed radically with the king's illness. As he was seen as the 'perfect Englishman', emulation is a valid theory. Yet the issue is much broader than simple identification. In the last decades of the eighteenth century, the perfect Englishman was required always to contain his passions and temperament, a perfect example of *thumos*. Common sensibility came to signify moral behaviour and proper conduct, instead of previous connotations that allowed for sensitivity and emotional reaction to the objective world. Closely associated with this was the rise of reason, and what was considered reasonable thought and action. The passion of George III created a certain acceptance for temporary emotional and unreasonable outbursts, and within these changing notions of conduct and behaviour, the asylum was established as the one location where internal containment was no longer necessary. It was the final place, after reason and sensibility had left their mark, which contained the 'hope of immortality'.

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Notes

1. From an examination of *The Times, Morning Post and Advertiser, Evening Post, The World, St. James Chronicle* and other less frequent publications.
2. 'Les hommes sont si nécessairement fous, que ce serait être fou par un autre tour de folie, de n'être pas fous.'
3. In one instance of micro-managing, George III received a letter from an English sailor conscripted into the Persian army while docked in Bremen. After verifying his claim, George wrote to his ambassador in Berlin about the man's plight. The Englishman was released four months later.
4. This most likely refers to the Margaret Nicholson (1750?–1828) who attacked King George III with a dull butter knife on 2 August 1786. The king refused to charge her with treason and insisted she be remanded to Bedlam, where she remained until her death.
5. Foucault (1961/1965, 1963/1973) did much to push notions of a 'social construction' of madness into the consciousness of scholarship regarding insanity. To be sure, such was his influence that subsequent studies must acknowledge his contribution; reactions have ranged from tacit agreement to outright dismissal. Szasz (1961, 1965, 1970, 1977) took Foucault's argument to the extreme, even contending that the concept of 'mental illness' is a professional fallacy, which seeks to relegate the mind to the realm of the psychiatrist or psychologist. For responses to anti-psychiatry, see: Andrews and Scull, 2001; Porter, 1989; Scull, 1981.
6. An engraving by Thomas Rowlandson, 1789; held by the Pierpont Morgan Library, USA.

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