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“Strength Both of Mind and Body”: Asylum Reform and the Failure of Moral Management in
Elizabeth Gaskell’s “Half a Life-Time Ago”

Erica Larsen

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Arts

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ABSTRACT

“Strength Both of Mind and Body”: Asylum Reform and the Failure of Moral Management in Elizabeth Gaskell’s “Half a Life-Time Ago”

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In Elizabeth Gaskell’s 1855 short story, “Half a Life-Time Ago,” Susan Dixon faces a difficult choice regarding her younger brother, who has gone insane after an illness: should she try to care for him at home or commit him to the nearby Lancaster Asylum? Although fictional, Susan’s situation highlights an important Victorian debate about the care of the insane and the reformation of public asylums. This debate, and the changes enacted by nineteenth-century asylum reformers as a result of the cultural conversation, brought new attention to the relationship between the mind, the body, and the will as the concept of moral management as a method of treatment for the insane gained popularity. Dr. Samuel Gaskell, Commissioner in the English Lunacy Commission, Supervisor of the Lancaster Asylum, and Elizabeth’s brother-in-law, dedicated his career to implementing the tenets of moral management in the institutions within his purview. For proponents like Dr. Gaskell, the moral management method of treatment restored dignity to patients by giving them the responsibility to bring themselves—through self-discipline, labor, and the exercise of will—back to sanity and thus back into the communities from which their illness excluded them. Many who supported asylum reform regarded moral management as a revolutionary tool with the power to restore happiness and peace to individuals, families, and institutions struggling to deal humanely with insanity.

Susan Dixon’s exploration of the parameters of moral management as a method of treatment for her brother, however, calls its effectiveness into question. Although Susan is an exemplary moral manager and diligently attempts to re-train her brother by utilizing the principles that Dr. Gaskell used to reform Lancaster Asylum, her implementation of moral management causes the destruction of the Dixon household and the physical, social, and mental disintegration of Susan herself. As Susan and her brother demonstrate in what might be regarded as Gaskell’s fictional case study of her brother-in-law’s beliefs, no amount of moral management can successfully treat insanity, and insisting that such a program might be undertaken by the insane—or by others on their behalf—is woefully miscalculated.

Keywords: moral management, Elizabeth Gaskell, Samuel Gaskell, insanity, asylums, asylum reform

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Introduction

After waking from a fever-induced coma, Susan Dixon, the protagonist of Elizabeth Gaskell's 1855 short story "Half a Life-Time Ago," is greeted with grim news. Her father has died, and typhoid has "taken away the little wit Willie Dixon"—Susan's younger brother—"had ever possessed" (E. Gaskell 105). Susan, now the sole caretaker of the family farm and of Willie, must decide if the teen ought to be taken from the Dixon cottage in the Westmoreland Dales and committed to the county asylum in Lancaster. Although the Lancaster Asylum arguably has the resources to take care of Willie, who needs more care than Susan can provide by herself, it has a less-than-stellar reputation. Gaskell writes, "the country-side was full, in those days, of stories of the brutal treatment offered to the insane; stories that were, in fact, but too well founded, and the truth of one of which only would have been a sufficient reason for the strong prejudice existing against all such places" (109). Susan's love for her brother and her knowledge of the conditions at Lancaster Asylum make it unsurprising when, in a tender display of familial loyalty, Susan declares to her brother, "I never will let thee go, lad—Never" (109).

In describing Susan's dilemma, Gaskell's tale reflects the reality faced by middle- and lower-class families in nineteenth-century Britain who were forced to deal with the insanity of a loved one. Her description of brutal wardens in barbaric institutions holds true to the reality of many Victorian asylums. In 1856, famed British asylum reformer Dr. John Conolly noted with chagrin that many "superintendents of the insane had become frantic in cruelty, from the impunity with which their despotism was attended" (12). Although Conolly describes these superintendents as "people not naturally cruel," the ideologies and methods by which the asylums were run "habituated" them "to severity until all feelings of humanity were forgotten" (12-13). Throughout his career, Dr. Conolly worked closely with other like-minded medical

professionals throughout Britain to restore “feelings of humanity” within asylums. One colleague who adopted many of his techniques was the influential Dr. Samuel Gaskell.

Although Elizabeth Gaskell’s name holds far more recognition today, in nineteenth-century England, Gaskell’s brother-in-law, Dr. Gaskell, was equally well-recognized for his work caring for the insane.¹ He was renowned in medical circles, especially for his work as superintendent of the Lancaster Asylum—the very asylum Susan rejects in “Half a Life-Time Ago.” As a medical professional who spent his career working to reform care for the insane, Dr. Gaskell was well aware of conditions in England’s public asylums. Perhaps this is why, eight years prior to the publication of “Half a Life-Time Ago” and in the same year that Dr. Gaskell was appointed to serve as Commissioner on the English Lunacy Commission², the *Liverpool Mercury* recorded a speech in which Dr. Gaskell avers with some vehemence, “it is *not* desirable to remove them [the insane] from their homes” (“The insane” 3, emphasis original). He goes on, arguing that “if any portion of [the insane] should be placed in an asylum, it should be in asylums differently constituted to those now in existence” (3). In addition to condemning the current state of Britain’s asylums, this statement illustrates an alternative place of care for the insane: the home. Public asylums were built with the intention of providing care for lower- and middle-class persons.³ However, since these institutions had become so frightful, the home,

¹ Samuel Gaskell, who studied medicine in Manchester and Edinburgh, was the younger brother of the Rev. William Gaskell, whom Elizabeth married in 1832. Dr. Gaskell spent the majority of his adult life in or near Manchester, and Elizabeth’s letters suggest a close relationship with Samuel. Most scholars writing on Dr. Gaskell note his connection with the novelist (Scull, MacKenzie, and Hervey 162-64; Roberts; “Samuel Gaskell”). However, the only scholar to have considered Gaskell’s work in the context of Dr. Gaskell’s published his findings in the *Journal of Medical Biography*, emphasizing the need for further scholarship from a literary perspective (J. H. Ross).

² In 1855, Gaskell was also appointed for a short time as an unpaid member of the Scottish Lunacy Commission (Scull, MacKenzie, and Hervey 183-84).

³ The pauper asylums created for the poor were dramatically different from those patronized by the wealthy. Many of the reforms advocated by Dr. Gaskell and Dr. Conolly, including the lack of physical restraints and the use of moral management, were already practiced in asylums for the elite.

according to Dr. Gaskell, was the best asylum. In this, Dr. Gaskell shares the sentiment expressed by Gaskell's protagonist, Susan Dixon.

In 1860, however, Dr. Gaskell published an essay in *The Journal of Mental Sciences* that performs an about-face. In this piece, he encourages the public to do just the opposite of what he previously suggested: to send their loved ones afflicted with insanity to asylums. Seemingly heedless of his earlier advice, he claims that it is “notorious that many are detained at home” and argues that keeping the insane at home is not a kindness but in fact “caus[es] sad disasters, confirmation of the malady, and reduction of the family to pauperism by the expense incurred” (S. Gaskell 321). Dr. Gaskell goes on to describe in gruesome detail several instances in which insane individuals have either killed their family members or killed themselves as a result of being kept at home. Importantly, in this essay, Dr. Gaskell does not delineate between different types of insanity, although the “elaboration and proliferation” of classification systems for insanity became increasingly popular throughout the Victorian era (Skultans *English Madness* 6). Additionally, Dr. Gaskell seems to link “insanity” particularly to violent outbursts and the potential for violence in the home. Insanity, in his view, changes the domestic space from a sphere that protects to one that threatens.

When placed side by side, Dr. Gaskell's two statements appear contradictory, but in reality, they emphasize the dramatic change that occurred in British asylums throughout the nineteenth century. First at Lancaster Asylum, and then as inspector on the Lunacy Commission, Dr. Gaskell worked to restore the “dignity of patients” (Wessels 113). Under Dr. Gaskell's supervision, chains disappeared in all but the most extreme cases, patients were kept in more

hygienic circumstances, and British asylums began to be run with higher levels of fastidious organization.⁴

Such reforms were of interest not only to doctors like Samuel Gaskell and the loved ones of the insane but also to many progressive-minded Victorians who believed that “one of the clearest indications of the progressive, humane character of the age was to be found in its response to the misfortunes of the insane” (Scull 1). Charles Dickens, Wilkie Collins, and Henry Morley, among many other writers acquainted with Elizabeth Gaskell, published multiple writings on asylum reform and the treatment of the insane.⁵ Additionally, legal reforms, such as the County Asylum Act of 1808, the Madhouses Act of 1837, and the Lunacy Act of 1845, increased governmental oversight and exemplified a cultural consciousness which had significantly changed with regard to the care of the insane.⁶ Indeed, in the thirteen years that span Dr. Gaskell’s two published comments, British asylum reformers were earnestly striving to make their institutions the “differently constituted” places that Dr. Gaskell had hoped for back in 1847.

While concern for the humane treatment of patients drove many of these reforms, they were also guided by a deep ideological change in the way that Victorians understood the relationship between the mind, the body, and the will. Among the ideologies that influenced

⁴ After Dr. Gaskell took over Lancaster Asylum, “restraint was only used once (for 5 hours) between 1840 and 1845,” earning the praise of Dr. Conolly (Roberts). Wessels and Scull both provide an overview of Gaskell’s work as a “meticulous inspector” (Wessels 113) and a champion of public health reform.

⁵ Dickens was deeply involved in advocating for the insane; see Stone. This interest was fueled by a humanitarian instinct but also by Dickens’s visits to various asylums and his consequential friendship with Dr. Conolly. *Household Words* and *All the Year Round* published representations of madness both in fiction (Mr. Dick in *David Copperfield*, Anne Catherick in Collins’s *Woman in White*) and nonfiction (see Wills, Oliver, Morley, and T. Ross). Beveridge, Currie, Dransfield, and Lamb have written extensively about madness in the works of Dickens.

⁶ The County Asylum Act of 1808 “stipulated that counties should provide a place of constant medical attention and supervision” (Wessels 100) and provided the funds for local asylums. The Madhouses Act of 1837 required each asylum have “weekly visitations by a doctor” (Wessels 101), and the Lunacy Act of 1845 established the Lunacy Commission and consequently increased regulation of asylums across the country.

Victorian understandings of insanity, the introduction of the concept of moral management was perhaps “the most important development” (Caldwell 346). Originally conceptualized by the French physician Philippe Pinel in the 1790s, moral management was first implemented in England as a treatment for the mentally ill at a home for the insane which was founded by the Quaker William Tuke (Skultans, *English* 57). Moral management evolved from the Lockean notion that insanity reflected “a fault in the imagination” (Crump 329), effectively moving the cause of insanity from a rupture in the reason which could not be fixed to a lack of moral strength which could be rectified by re-instilling social and moral norms in afflicted persons or by teaching them to exercise greater control of their mind and body. “Emphasis on the will” with regard to wellness “reached a high point in the 1850s” (Skultans, *Madness* 14), and advocates of moral management suggested that as the insane exercised their will, the health of their mind and body would follow. Championed by Dr. Gaskell, moral management “sought to reclaim the insane as moral subjects, subjects lacking control and self-restraint, who for various and often unknown reasons had failed to internalize the moral standards of the middle class” (Lamb 229). If insanity resulted from an individual’s inability to “internalize moral standards” rather than from a physiological injury to or illness of the brain, physical treatments were not necessarily effective. Instead, reformers should seek to “rehabilitate, reform, and nurture the insane back to social health and accountability” by reactivating their failing powers of self-possession and self-direction (Dransfield 71).

For many Victorians, the tenets of moral management did not apply only to the insane; rather, moral management became “a mindset that undergirded much of Victorian life” (Tressler 3). The importance that Victorians placed on an individual’s ability to meet and uphold societal expectations coincided with the importance placed on one’s ability to control oneself and exhibit

correct behavior. Society depended on individuals who acted in socially appropriate ways, which created a sharp dividing line between those who were able to manage themselves and those who lacked the will to do so. At the heart of moral management lay “the essential virtue of self-control,” a trait that Elizabeth Gaskell champions throughout her works (Henson 253). To remain healthy in all aspects of life and to remain a productive member of society, one must maintain control over one’s body, and just as importantly, one’s mind.

While Gaskell was a staunch supporter of moral management generally speaking, “Half a Life-Time Ago” seems to critique rather than support Dr. Gaskell’s belief that moral management might be used as a treatment for the insane. Readers see as much in Susan’s attempts to help her brother, who shares the violent tendencies described in Dr. Gaskell’s 1860 essay. After Willie’s illness and consequent plunge into insanity, he loses his ability to manage himself. Susan chooses to keep Willie at home and models her homecare around the principles of moral management that Dr. Gaskell used to reform Lancaster Asylum. Instead of resulting in a happy home and a healthy family, however, the implementation of Dr. Gaskell’s methods causes the destruction of the Dixon household and the disintegration of Susan’s hopes for a fulfilling life as a wife, a mother, and an engaged member of her community. Although Susan is diligent in her care, Willie’s insanity pushes moral management beyond its capacity as a method of treatment and threatens the stability of the home. This fact places Gaskell’s story in a surprising position relative to her brother-in-law’s belief that moral management ought to constitute the ideological underpinning of asylum reform. As Susan and Willie demonstrate in what might be regarded as a fictional case study, no amount of moral management can successfully treat Willie’s insanity, and insisting that such a program might be undertaken by the insane—or by others on their behalf—is woefully miscalculated. Gaskell’s text looks forward to a time when

“differently constituted” asylums might offer a place where people like Willie can receive care and perhaps even regain some of their faculties; however, “Half a Life-Time Ago” questions Dr. Gaskell’s notions of how asylum reform should be pursued.

“Those Regulating and Controlling Moral Influences”: Moral Management and Victorian Asylum Reform

Despite Gaskell’s connection with several prominent figures in the asylum reform movement, “to date there has been no major study of Gaskell’s mental philosophy” (Willis and Wynne 84). Nor have any critics examining “Half A Life-Time Ago” considered how the story intersects with Dr. Gaskell’s work at the asylum featured in the story. Louise Henson’s work on superstition in Gaskell’s writings provides some background, however, into Gaskell’s beliefs about how the mind worked. Henson demonstrates how Gaskell’s Unitarian upbringing led her to a strong belief in “the empowering agency of the will” in “maintaining control over one’s own mind and ultimately over the self” (256-57). This idea is reiterated in “Half a Life-Time Ago,” which opens with a description not of Willie or Susan but of the community in which they operate.

As Vieda Skultans writes, “ideas about the insane cannot be fully understood apart from the society which produces such ideas” (*Madness* 1). Therefore, one must look briefly at how mid-Victorians like the Gaskells thought of insanity in order to understand not only why Susan makes the choices she does but also how her small Westmoreland community operates within “Half a Life-Time Ago.” The “social formation of the self” was central to “the concerns of nineteenth-century psychology” in England (Taylor 50). As the self was a social entity, insanity was not seen as “an individual problem, along with the topoi of isolation and freakishness” (LaVille 199). Rather, it was considered a social issue, and the care of the insane was seen as a

communal responsibility. Additionally, the diagnosis and categorization of insanity was largely understood in terms of one's ability to function according to social expectations, making insanity largely a socially constructed concept "subject to the perceptions of the general population, doctors and administrators" (Wessels 108). Dr. Gaskell's work with the insane was largely carried out with a concern for the community at large, as emphasized in his 1860 essay which argues that "the general community would benefit" from increasing asylum availability (S. Gaskell 322). Asylum work was considered community care, aimed at maintaining order within the general community.

For most Victorians, deviant behavior and insanity in most of its varieties were "discerned entirely through a largely middle-class sense of social 'equilibrium' and order" (Dransfield 72). Insanity, therefore, was a loosely defined condition, largely based on one's ability to conform to societal expectations. Behaviors that placed the individual outside the purview of social respectability or "the norms of bourgeois domesticity" (Lamb 230) often led to a diagnosis of insanity, but they also suggested a cure. If individuals could be re-taught correct social performance through better management of the self, they would be able to find their way back to that sense of order and consequently be restored to sanity. Of course, what constituted sanity varied considerably and evolved over time. Additionally, "as the boundaries of what was deemed socially acceptable behavior narrowed, more individuals became labelled as insane" (Wessels 121). This was especially true for those already on the fringes of middle-class society, the poor. Throughout the nineteenth century, the pauper insane "emerged as a distinct social category" (Skultans, *Madness* 1) in need of a distinct type of social care.

Asylums provided a space wherein the community could address the plight of the insane and thereby protect the individual, the community, and the most important segment of society:

the family. Given the importance of the family as a sector of society, the toll of insanity on the family was of particular interest. As asylum doctors served the community, they were by extension supporting the families of the community. Henry Morley's 1854 "The Cure of Sick Minds" in *Household Words*, the periodical in which Gaskell's story would appear the following year, emphasizes this familial perspective. He suggests that "there are few household calamities so utterly deplorable as loss of reason in a husband, wife, or child; and there is, perhaps, no household calamity for the lightening of which so much can be done or left undone by the friends of the afflicted" (415). Morley's repeated identification of insanity as "household calamity" demonstrates the idea that while the loss of reason had real social implications, the family stood at the center of society. The article suggests that "wherever madness might be found it struck above all in the family" (Taylor 53).

Reformers were very aware of this family-centric perspective, and a desire to heal the community by healing the family served as a foundation for many changes which were made in asylums. John B. Lamb explains that some asylums, like the Hanwell Pauper and Lunatic Asylum (west of London), "were conceived and at least partly constructed on the model of a middle-class home complete with surrogate family. . . . [B]y reconstructing the social discipline and structure of the family, these asylums aimed at reproducing a fictional domesticity that would encourage the interiorization of domestic values" (231). In sharp contrast to the "physical restraint and physical treatments such as blood-letting" used in earlier asylums, reformers preferred "gentle persuasion in a family-like setting" (Skultans, *English* 15), and those "who exercised authority among the inmates in the asylum naturally took on a kind of patriarchal authority, inspiring both esteem and obedience" (Dransfield 72-73). Under this paternal kind of care, female inmates were "encouraged to participate in the patterns of middle-class domestic life

by engaging in the ‘customary’ female pursuits of sewing, knitting, crochet, and fancy work” (Lamb 231), while “tailoring, shoemaking, carpentering, and mat-making occupied the men” (Currie 20). Asking patients to perform household-type chores not only decreased the cost of keeping them, but it theoretically inculcated back into patients the domestic values that their madness had dissipated. Asylums adopting this system of governance strove to function more like homes for patients where, as in an ideal Victorian home, they were “protected and taken care of” rather than beaten into submission (Conolly 38).

This shift towards a familial framework allowed reformers to focus on re-training patients by employing a softer sort of power, one based on self-scrutiny and self-regulation rather than discipline imposed by an authority figure. “The goals of this controlled atmosphere,” writes Richard A. Currie, exemplify “what Michel Foucault and D. A. Miller likely would describe as internal policing” (19). Patients learned to accommodate themselves to a domestic routine and were rewarded with “a feeling of family and sense of belonging to the human race” (Currie 19). To achieve this, Dr. Gaskell suggested that “a limited control only should be exercised over the inmates,” “control” here referring to physical restraint (323). Instead, patients, especially those “affected by the milder forms of insanity,” should be left unmolested but required to obey “certain rules of the house” (notice that he calls the asylum a “house”) (S. Gaskell 323). These might include “a required presence at the family table”—as though an asylum refectory were analogous to a “family table”—a regulation to “return home at an early hour,” and a “strict prevention of absence during the night time” (S. Gaskell 323). Dr. Gaskell believed that even a “short residence” in an asylum governed by these gentle regulations “would bring into operation and confirm the power of self-control” (324). Placing patients into familial structures thus allowed them to practice, within a controlled environment, the skill most essential to community

harmony and mental wellbeing: moral self-management. Dr. Gaskell wrote that he hoped to “render all engaged in the Asylum better capable of exercising over the minds of the patients those regulating and controlling moral influences” which he believed could be “substitute[d] for the mechanical and degrading contrivances previously employed” (qtd. in Scull, MacKenzie, and Hervey 167). Although moral management required extensive training for both the staff and the patients, it also allowed Dr. Gaskell to remove physical restraints. The familial nature of his reforms provides a locus of control as well as a space to implement the expectations expressed by moral management.

Instilling “those regulating and controlling moral influences” in his patients at Lancaster became the focus of Dr. Gaskell’s efforts. These efforts began at an environmental level through removing irons and other physical restraints. “Besides tearing out bars, abolishing restraints, enlarging windows, and demolishing high walls enclosing cramped airing courts, [Dr. Gaskell] sought other means of disguising ‘the regulating and controlling power’ that inescapably lay just below the surface of even the most benevolent asylum regime” (Scull, MacKenzie, and Hervey 169). After tearing down walls, Dr. Gaskell encouraged patients to spend more time outside. He encouraged those who were able to help to create “a reservoir” and “a small farm” on the asylum grounds as “the means of recreation and agricultural employment” for the patients (Scull, MacKenzie, and Hervey 168). Labor was central to Dr. Gaskell’s implementation of moral management, and his decision to encourage communal responsibility through agricultural labor emphasizes his belief that such work would simultaneously benefit the patient and the community of the asylum.

This emphasis on labor and the expectation that patients would contribute continued inside the asylum as well as outside. Dr. Gaskell had workshops built at Lancaster, and

“members of a variety of trades—tailors, joiners, a baker, plumber, painter, and blacksmith—were employed” there (Scull, MacKenzie, and Hervey 168). Dr. Gaskell had skilled patients teach unskilled patients how to perform various tasks. In addition, he had a weaving room built, which “allowed the asylum patients to supply much of their own clothing, providing a useful contribution to the institution’s economy” (Scull, MacKenzie, and Hervey 168). All those who could were required to put forth individual effort, practicing moral management by disciplining themselves and working to assist the community in which they were currently residing. Learning a trade and learning to practice it diligently also taught inmates skills that would be useful after leaving the asylum.

The reforms which Dr. Gaskell implemented at Lancaster Asylum were met with high acclaim from those invested in the care of the insane. However, when many of these same ideas are put into practice by Susan Dixon in Elizabeth Gaskell’s “Half a Life-Time Ago,” the results are much less positive. Had the Dixons been a real family just “half a lifetime” later, they would have come under Dr. Gaskell’s immediate purview after Willie’s illness. For this reason, they serve as a perfect fictional test case, allowing Gaskell to explore some of the repercussions and possible consequences of Dr. Gaskell’s medical theories. When the story begins, Gaskell certainly seems to support the tenets of moral management; it is a key feature of the Dixons’ fictional community, and Gaskell takes pains to link a character’s ability to perform moral management to his or her personal standing in the community. However, once Willie’s insanity is introduced, the limits of moral management—as it pertains both to those afflicted and those who remain sane—begin to appear. Despite Susan’s best attempts to replicate the methods of care practiced at Lancaster, she is unable satisfactorily to regulate herself while simultaneously re-training her brother. The tragic ending of the tale suggests that Gaskell may be offering a

critique of her brother-in-law's notions by demonstrating that insanity, as it plays out in the lives of her fictional characters, might be beyond the purview of moral management.

“A Strong Effort at Self-Control”: Moral Management in “Half a Life-Time Ago”

For Dr. Gaskell, moral management was crucial to maintaining a safe, stable sense of community, and this idea is likewise central in Elizabeth Gaskell's “Half a Life-Time Ago” long before the issue of insanity is introduced into the text. Responsible members of Victorian society were generally expected to maintain high standards of moral management; however, the difficulty and isolation of life within the Westmoreland Dales, where Gaskell's story takes place, makes moral management particularly important. Susan's parents, William and Margaret, exemplify an ideal of strength, independence, and self-control. Gaskell describes them as “just, independent, upright; not given to much speaking; kind-hearted, but not demonstrative” (E. Gaskell 90-91). “Rather superior people” (90), both individually and as community members, the Dixons live among neighbors who are “sensible and shrewd; each household self-contained” (91). Gaskell writes that they are “of a character belonging . . . exclusively to the class of Westmoreland and Cumberland statesmen” (90). In exploring Gaskell's description of William and Margaret as “statesmen,” Stephen Gill emphasizes that “their character was formed by . . . the hardship of life among the fells” (29).

Although the community does gather regularly for “sheep-shearing and Christmas,” the physical and emotional distance between families means that individual characters must do their part to keep the society intact (E. Gaskell 91). In the context of Gaskell's story, this means that all members of the community, not just the Dixons, must regulate their actions carefully. They eschew idle gossip, “having little curiosity as to their neighbours,” possess “a certain kind of sober pleasure in amassing money” through hard physical labor, and “rea[d] no light or

ephemeral literature” (91). Instead, they take their literary lessons from “grave, solid books” such as “‘Paradise Lost’ and ‘Regained,’ ‘The Death of Abel,’ ‘The Spiritual Quixote,’ and ‘The Pilgrim’s Progress’” (91). The stringent choice of entertainment emphasizes the moral self-control which infused every aspect of life within the Dales. Moral management is largely defined by the expectations of the community, and this community places a great deal of importance on self-discipline. Despite a landscape that does not lend itself to easy living, the Dixons and their neighbors have developed a culture that encourages exceptional morality.

Readers quickly learn, however, that the community faces an ongoing battle against the ever-present threat of moral lapse. Perhaps the most obvious example of this is when the “grave, and sober, and virtuous-looking” men “occasionally g[o] off laking, i.e. playing, i.e. drinking for days together” (91). In their periodic binges, these men neglect their farms, their families, and their self-control—in fact, they act like tourists (“lakers” being the local term for holiday-makers according to the *OED*), escaping the normal restraints of domesticity (“Laker,” def. I.2).

However, the women of the Dales are able to preserve the integrity of the community by walking “miles and miles, lantern in hand, in the dead of night, to discover and guide the solemnly-drunken husband home” (91), swinging the morality of the household back into balance. The moral stability of the community is thus not as complete as it appears; however, the members of the community are able to regulate the whole by assisting each other. As Taylor notes, the very construction of moral management relies on a desire to “contain” (332) individuals within societal standards. Those who are especially good at moral management (chiefly the women, in this story) are responsible for containing those who are not (the men).

Consequently, a strong belief in the importance of moral management as a social and familial virtue (as well as an individual one) is Susan Dixon’s inheritance. Gaskell describes

Susan as “a strong, independent, healthy girl; a clever help to her mother, and a spirited companion to her father” (92), a characterization that emphasizes her self-regulation and her embodiment of appropriate social and domestic behavior. When Susan’s mother is dying at the outset of the story, she asks Susan to accept the generational responsibility to help regulate the morality of the community. Margaret’s request mirrors the pattern set by the community: “Keep father straight if thou canst; and if he goes out Ulverstone ways [to drink], see that thou meet him” to bring him safely home (93). This request emphasizes her mother’s concern about the moral management of her family members and shows that Susan’s ability to manage herself well has earned her the responsibility of helping others, including her little brother, Willie, whom Margaret also asks Susan to watch over.

At this point in Gaskell’s story, Willie has not yet been struck by typhus, but he has already proven himself to be a “spoilt” child who requires more care than he should (93). Susan readily agrees to her mother’s request, promising, “He shall not want ought I can give or get for him” (93). Margaret’s request emphasizes Susan’s ability to care for others, but it also highlights the weak spots in her family. Rather than asking her husband to care for Willie, Margaret asks Susan, who is neither a mother nor a wife, to care for both of them. This action not only negates the personal obligation of both her husband and Willie, but it also pushes against the middle-class expectations of a young woman and consequently gives Susan a much larger burden than she ought bear. It is thus no wonder that Susan muses, at one point, “How luxurious a life haunted by no stern sense of duty must be!” (117). She is not only responsible for her own moral self-management but also for regulating the character of her father and, importantly for the story, of Willie. Susan understands that “the duties one has and the way one carries them out” (Schneewind 37) demonstrate character, so she is willing to take on these added responsibilities.

When Margaret asks Susan to care for Willie, long before Willie loses his ability to manage himself completely, he is already a poor moral manager who is unable to perform according to societal expectations. His mother admits to Susan that “he’s not a quick, strong lad; he is not, my poor lile chap” (93). Willie is “hardly like other folk,” says Margaret, and by this she means that he refuses to work like other boys and won’t eat the “oat-cake and porridge” that serves the rest of the family for breakfast (93). Not only this, but Willie’s petulance tries the patience of his father severely and “causes conflict” between Susan and her fiancé, Michael, to the point of drawing upon himself physical abuse (Uffelman 98). When Willie accidentally tips a burning stick into Michael’s face, Michael yells, “Thou great lounging, clumsy chap, I’ll teach thee better!” and “with one or two good round kicks he sent the lad whimpering away into the back-kitchen” (E. Gaskell 95). When Susan chases after him, “Willie could not repress” his sobs and cowers “sorry and oppressed” (97). In a community that is “self-contained” and “not demonstrative” (91), Willie’s reaction is particularly worrying. He is able to control neither his interactions with other people nor his own reactions. Michael complains, “I might ha’ kicked many a lad twice as hard and they’d ne’er ha’ said ought but ‘damn ye;’ but yon lad must needs cry out like a stuck pig if one touches him” (96). Willie’s propensity to cry, compounding his general fecklessness, helps explain why his father says he hinders more than he helps (101). Though Willie will inherit the farm, he will never be fit to run it. For this reason, Susan is the “spirited companion to her father; more of a man in her (as he often said) than her delicate little brother ever would have” (92). Susan’s father expresses very little hope that Willie will ever be able to fulfill his work duties or be a companion to him.

When typhoid strikes the Dixon household, William Dixon is left dead, and Willie’s weaknesses, the effects of which Susan works hard to mitigate, are exacerbated. Susan is also

sickened, but she recovers completely (if slowly). When she does, she finds Willie in a terrible state:

His bodily strength returned, his appetite was something enormous, but his eyes wandered continually; his regard could not be arrested; his speech became slow, impeded, and incoherent. People began to say, that the fever had taken away the little wit Willie Dixon had ever possessed, and that they feared that he would end in being a ‘natural,’ as they call an idiot in the Dales. (104-05)

Calling him a “natural” emphasizes Willie’s “low learning ability or intellectual capacity,” according to a nineteenth-century definition in the *OED* (“Natural,” def. II.7). Moral management would require Willie to relearn the habits that would allow him to be integrated into society, yet the designation that he is given by his community suggests an inability to learn. For this reason alone, Willie’s newly acquired disability makes moral management nearly impossible, as is demonstrated by one of the first extended interactions Gaskell describes Susan having with Willie after both have recovered from the fever. Gaskell writes,

There [Willie] stood lounging against the door-sill, enormously grown and developed, to be sure, but with restless eyes and ever-open mouth, and every now and then setting up a strange kind of howling cry, and then smiling vacantly to himself at the sound he had made. As the two old labourers passed him, they looked at each other ominously, and shook their heads.

“Willie, darling,” said Susan, “don’t make that noise—it makes my head ache.”

She spoke feebly, and Willie did not seem to hear; at any rate, he continued his howl from time to time. (105)

Until this moment, Susan’s own illness has prevented her from understanding the extent to which Willie’s condition has deteriorated. Although Willie’s physical state—“enormously grown and developed”—seems to express what ought to be expected of a normal boy, Willie’s lack of mental control shows itself through his “restless eyes and ever-open mouth.” The disconnect between Willie’s physical stature and his mental state is especially problematic, as illness has left Susan quite weak. She had previously been able to manage Willie simply by speaking softly to him. However, in his new condition, her request does not register with him, and Susan cannot physically overpower him. Even something as basic as controlling his noise or the movement of his eyes seems to have slipped beyond Willie’s capacity. His “howling cry” even has an animal-like quality. In short, Willie’s actions lack civility and are diametrically opposed to the controlled environment of a domestic space.

Susan’s fiancé, Michael, who has never approved of Willie and does not have patience for his new state, proposes what seems to be a reasonable solution to the dilemma of Willie’s insanity. After secretly taking Willie to be assessed by a medical professional, Michael tells Susan, “The doctor thinks he will get badder from year to year. And he said, if he was us—you—he would send him off in time to Lancaster Asylum” (108). Michael adds, “They’ve ways there both of keeping such people in order and making them happy” (108). This fictional situation re-creates precisely the question Dr. Gaskell explored in his 1860 article: are the insane better off in an asylum or at home? Gaskell sets this scene “half a life-time ago,” presumably long before the reformation of asylums. Michael’s ominous suggestion that Lancaster has ways “of keeping such people in order” thus does not refer to internal policing and home-like organization but to physical restraints, abuse, starvation, and other harmful treatments. Knowing this, Susan tells Willie that should she have him committed, “There’s no knowing where they

would take thee to, or what they would do with thee” (109). Her concern is legitimate and leads her to fall in line with Dr. Gaskell’s 1847 conclusion. Until Lancaster is “differently constituted,” Willie belongs at home.

Susan’s decision to keep Willie at home comes at a tremendous personal cost. Michael is disgusted by her decision, breaks off their engagement, and proclaims, “I would ne’er keep house with an idiot” (115). Once he leaves, Susan realizes she has traded her potential for marriage, children, and domestic happiness for a lifetime of laborious caretaking. Although Gaskell is typically a protector of the domestic ideal, it is clear that she wants readers to see Susan’s choice as morally admirable. Gaskell openly acknowledges that Susan has “chosen the right” (117). She has shown remarkable moral management in following through with something she knows she ought to do but finds difficult (Schneewind 31; Greenwood 25). Susan’s decision to keep Willie is backed by her maid, Peggy, who represents a communal voice. Peggy discredits Michael as “bad rubbish” and tells Susan “thou hast done well” (116), and she helps Susan care for Willie until her own death twelve years later (119). However, the moral correctness of Susan’s choice does not protect her from the terrible consequences that unfold as she struggles to take care of Willie.

The principal method Susan hits on for treating her brother should come as no surprise to readers familiar with Gaskell’s knowledge of her brother-in-law’s work. Susan decides to use the moral management method, just as Dr. Gaskell did in Lancaster Asylum during the years when Gaskell wrote and published “Half a Life-Time Ago.” In this way, Dr. Gaskell’s real-life methods are put into practice by the best kind of caretaker, a person who loves her “patient” dearly and will do anything to assist his recovery. Willie is already in a home environment, and therefore Susan is able to focus on recalling his ability to act in socially acceptable ways. An

exemplary moral manager of herself, Susan naturally assumes that she can coax Willie into regulating himself, transforming his uncontrolled actions and sounds into more acceptable forms of social behavior.

Susan first tries to get Willie to manage himself via a personal exertion of concentration, effort, and will, all qualities central to moral management that Susan hopes to instill in Willie. At this point, Willie is unable to perform the household tasks implemented by Dr. Gaskell in Lancaster, so instead Susan focuses on re-training Willie's mind to focus and recall his former abilities. She "would sit for hours trying patiently to recall and piece together fragments of recollection and consciousness in her brother's mind. She would let him go and pursue some senseless bit of play, and wait until she could catch his eye or his attention again, when she would resume her self-imposed task" (106-107). This task—making Willie concentrate and regulate himself—seems to be what the boy himself wants but cannot articulate. Gaskell writes, "Susan thought that she observed him [Willie] making efforts at her bidding, and there was something piteous in the way in which he crept up to her, and looked wistfully in her face, as if asking her to restore him the faculties that he felt to be wanting" (109). Willie may not be able to talk coherently or think rationally, but here he apparently recognizes the "faculties" wanting in him and has a very rational desire to develop these faculties. Improving Willie's mind, Gaskell seems to suggest, requires a disciplined approach, but ultimately his "faculties" can not be "restored" by teaching him to exercise the self-control and self-regulation he had woefully little of even before his illness.

Willie's agency plays a key role in his moral management. Susan can impose on Willie any regime that she feels will improve him but only because he appears—with that wistful look that Susan interprets as a request—to want her to do so. Under the ideology of moral

management, the insane shouldered a great part of the burden for their own cure. “Moral management,” writes Janis McLarren Caldwell, “was a two-edged sword: if madness could be treated and cured, then the patient also bore greater individual responsibility for his or her condition and could be expected to undergo discipline in order to internalize institutional control” (346). To some extent, Willie is responsible for pulling himself out of his defective mental state. Although Susan, as the familial equivalent of the asylum warden, is willing to exert all her efforts to help Willie improve, she expects Willie to meet her with sincere efforts of his own. Believing, as many Victorians did, that individuals were invested “with great powers of self-control and self-improvement” (Skultans, *English* 11), she is heartbroken when Willie is “moody” and even “violent,” when he has “paroxysms” and fits of rage (E. Gaskell 119). As though these episodes evince both Willie’s failure to learn self-regulation and her failure to instill this in him, Susan takes “anxious care to keep their very existence hidden and unknown” to members of the community (119). She believes to the end of Willie’s life that “he might regain a scanty portion of sense” (118), if only he would exert himself and put forth enough effort. Thus when Willie responds to a question with only “Willie, boo!,” Susan commands him to “Speak properly, Willie” (106). Gaskell indicates that as she says this, Susan “mak[es] a strong effort at self-control” (106), as if by modeling this quality she can impart it to Willie.

Although he cannot “speak properly,” no matter how earnestly Susan tries to wrest proper speech from him, Susan interprets Willie’s actions as earnest attempts to master his mental processes. As pointed out by Justine Crump, the “personal exertion” of “will” is how advocates of moral management tried to measure an insane individual’s “participation in their own cure” (330). For example, when Susan entreats Willie to “tell me my name!” and “grasp[s] his arm almost painfully tight to make him attend,” Willie “looked at her, and, for an instant, a gleam of

recognition quivered over his face” (106). Unfortunately, “the exertion was evidently painful, and he began to cry at the vainness of the effort” (106). Later, when Susan learns that her fiancé has married someone else and the hopelessness of her situation overwhelms her, she bursts into tears, and Gaskell writes that “some thought struck [Willie]. Yes! the sight of her woe made him think, great as the exertion was” (113). He runs to fetch her a toy pinwheel to cheer her up. In moments like these, it seems that Willie is making an effort to master his madness, to answer Susan’s attempts to “make him attend.” Gaskell’s repeated use of the word “exertion” suggests how hard Willie is trying to exercise his agency toward the end of self-improvement.

Sadly, and despite the efforts of both Susan and Willie, moral management proves impossible—something hoped for that simply cannot be realized by one with so little mental ability. Gaskell writes that as the years pass, Willie, who “had grown up large and strong in body” (119), begins to have great fits of violence, the brunt of which Susan receives:

These paroxysms lasted but a day or two; and it was Susan’s anxious care to keep their very existence hidden and unknown. It is true, that occasional passers-by on that lonely road heard sounds at night of knocking about of furniture, blows, and cries, as of some tearing demon within the solitary farm-house; but these fits of violence usually occurred in the night; and whatever had been their consequence, Susan had tidied and redded up all signs of aught unusual before the morning. (119-20)

To save her own memory of her kind, gentle brother, Susan begins to separate, in her mind, “the idea of the docile, affectionate, loutish, indolent Will” from “the terror which the demon that occasionally possessed him inspired her with. The one was her flesh and blood—the child of her dead mother; the other was some fiend who came to torture and convulse the creature she loved” (120). The words Gaskell utilizes here are starkly reminiscent of more Gothic portrayals of

insanity, and the duality of this characterization puts one in mind of a Christian's struggle with the devil. In a similar way, Willie's fight with the "fiend" that "possesse[s]" him represents a secular battle for the right to avoid being possessed by another entity, the right to manage one's own mind, body, and will. As though robbed of this ability by another person, Willie's "beseeching eyes" implore Susan to protect him "from the insidious enemy stealing on" until he is finally relieved by death, "a true friend, restoring light and health to his poor clouded mind" (121).

The years leading up to Willie's death are punctuated by moments in which Susan finds herself on the brink of madness. Near the start of Willie's illness, Susan is unable to mend Willie's "cherished paper windmill" and breaks down completely (113). Speaking of Willie and her lost relationship with Michael as much as of the toy, Gaskell writes, "It was broken. . . . [Susan] tried to make it right, although she saw the task was hopeless; and while she did so, the tears rained down unheeded from her bent head on the paper toy" (113). Once described as "equal to every occasion" (105), Susan can no more fix the pinwheel than she can fix Willie's mind or her own shattered emotions, and her efforts to do so nearly unhinge her. The pinwheel moment marks a temporary decline in her ability to manage. She succumbs to "a fever of the mind" (117), during which "duty was as nothing and anarchy reigned" (118), and although she recovers and resumes her care of Willie, Susan continues to experience moments of "anarchy," when duty, self-discipline, and ordered behavior are all overcome by strain.

Sometimes, after Willie is put to bed, Susan "would sally out to taste the fresh air" and instead find herself "work[ing] off her wild sorrow in cries and mutterings to herself. The early labourers saw her gestures at a distance, and thought her as crazed as the idiot-brother who made the neighbourhood a haunted place" (120). Rather than imparting her self-control to her brother,

Susan ends up absorbing (so to speak) his insanity. Her speech devolves into “mutterings,” and her community views her as “crazed.” Susan had first recognized Willie’s insanity through his incoherent noise, and now the laborers see Susan in a similar light for similarly incoherent noise. Although Susan had once been an exemplary moral manager, the exertion of caring for a violent loved one has proved to be too strenuous. Just before Willie’s death, Gaskell notes that Susan, “wrestled in prayer that somehow it might end before she, too, was driven mad; or, worse, might be obliged to give up life’s aim, and consign Willie to a madhouse” (120). When Susan was mentally healthy, sending Willie to Lancaster had been unacceptable as it represented a dereliction of duty. However, this moment captures the depth of Susan’s desperation. She is unable to manage Willie, and fears that continuing to take care of him will permanently rupture her ability to manage.

Susan’s strategy to resist becoming unhinged, not unlike the program proposed for inmates at reformed asylums, is to lose herself in routines of labor. Gaskell shows this to be Susan’s instinctive approach to retaining her sanity. After deciding not to commit Willie to Lancaster Asylum, Susan throws herself into her work on the farm, but she goes “about her household duties in a quick, sharp, jerking, yet absent way,” almost as if proving that she is still able to perform them (111). On the traumatic night in which she breaks her engagement to Michael, she surprises her maid Peggy by staying up late into the night to make clap-bread, “one of the hardest and hottest domestic tasks of a Daleswoman” (116). In short, Susan finds mental refuge and a return to self-discipline in performing regular duties, yet the troubled way in which she carries them out demonstrates her mental unease and perhaps her growing inability to manage herself as she struggles to manage Willie.

Fortunately for Susan, Gaskell provides an opportunity for her to recover, an opportunity that is only able to occur when Willie has been removed from the story and from Susan's daily life. After Willie's death, Susan is a wreck, mentally, physically, and emotionally. Despite her good intentions, Susan is forced to "realise the consequences" of her "unenviable dilemma" (Greenwood 26). Once a "fine-looking girl, bright-spirited and rosy," she is left a "tall, gaunt, hard-featured, angular woman—who never smiled, and hardly every spoke an unnecessary word" (E. Gaskell 90). Though only in her thirties, Susan's skin is "weather-beaten, furrowed, brown," and the narrator reports that that "her teeth were gone, and her hair grey and ragged" (126). She refuses hospitality to the ramblers who occasionally stop at her farmhouse, even though her brother's presence no longer makes hosting impossible, and "no liberal sum—no fair words—moved her from her stony manner, or her monotonous tone of indifferent refusal" (90). She manages the farm well, but it is as much as she is capable of doing until one final breakdown occurs in the form of "a paralytic stroke" (128), rendering her incapable of any action. The stroke indicates the complete depletion of Susan's resources, despite the "superhuman" (126) strength she exhibited throughout Willie's life. She is rescued by Michael's widow, who takes pity on her and nurses her back to health. In return, Susan takes the widow and her children into her home and dedicates the remainder of her life to the family of her former fiancé, building a small community for herself where she can once again learn the skill of moral management.

At this point, Gaskell ends her exploration of the extent to which moral management may be used to treat the insane, and the realistic implications of her story seem to align themselves with Dr. Gaskell's final statement: the violently insane do not belong in the home. The unbridled presence of Willie, and those who suffer from similarly violent episodes of insanity, poses a significant threat to the domestic space. Gaskell's ideology regarding the home and domesticity

has been explored by a variety of scholars who generally agree that Gaskell sees the home as a space that must be defended, “requiring constant vigilance against invasion” (Lepine 127). Yet in much of Gaskell’s fiction, “the borders of narrative and domestic space” are expanded to encompass marginalized characters who don’t seem to fit within larger society (Lepine 127). For Gaskell, the home is able to accommodate the spinsters of *Cranford*, the apostate Mr. Hale in *North and South*, the disabled Ailsie in “The Manchester Marriage,” and the fallen women of both *Lizzie Leigh* and *Mary Barton*. Whether the failings are physical, societal, or moral, the home is, through a bit of re-definition, able to incorporate each of these marginalized characters.

Although Willie, with his physical and moral failings, seems to have much in common with these characters, his presence in the home is destructive and irreparable. Even after he has died, Susan is unable to create a pleasant home until “Michael Hurst’s widow and children” come to live with her; only then is Susan able to “fill up the haunted hearth with living forms” and consequently “banish the ghosts” (129). Gaskell’s framework for the domestic space is expansive and able to house a great many imperfect characters, yet she is unable to imagine a home capable of accommodating Willie. The conditions of his insanity make it impossible for the Dixon home to thrive.

Gaskell’s choice to reject the home as a space for the insane seems to imply that she would support the movement towards the use of moral management in asylums, as it made asylums more like a home. But this is not the case. Instead, Gaskell seems to argue in “Half a Life-Time Ago” that moral management is not a viable treatment for the insane and that the attempt to implement it may even harm caretakers’ ability to manage themselves. Reformers touted the ideology of moral management as the cure for a great many ills that plagued asylums. It allowed them to create a controlled environment without the use of chains and to decrease the

economic cost of running the institution, all while serving the increasing numbers of the pauper insane. While these changes are all noteworthy, they required a professional staff, they didn't address the needs of the thoroughly, violently insane, and they certainly could not be replicated, without enormous cost, by a single domestic caretaker. As Uffelman notes, Susan's "fidelity to her oath . . . narrows her life" (97). She does her best to care for Willie and practice moral management, but her caretaking becomes a kind of monomania, a madness in itself. Susan can never return to her former self, and the sacrifices that she makes are never adequately rewarded. It is only once Willie has died and Susan has taken in Michael's family that Gaskell is able to assert that "the latter days of Susan Dixon's life were better than the former" (129).

Unfortunately, this ending does not include Willie and does not offer a solution to the problems his insanity has imposed. Willie does not belong at home, yet he also does not belong in an asylum—at least not an asylum of the kind available "half a life-time ago." Susan Dixon's world offers no viable alternative, and the reforms that took place during the latter half of the nineteenth century would do little to improve Susan's situation. Insanity continued to be a misunderstood condition with inadequate care well into the twentieth century. Gaskell's test case explores the failures of treatment in both the home and the asylum without providing a third space in which Willie's inability to morally manage himself might be acceptable.

Conclusion

It would be difficult to argue that Dr. Gaskell's efforts in restoring the dignity of patients by reforming British asylums was anything but admirable. His work at Lancaster Asylum was particularly impactful. As Wessels writes, without "[Dr.] Gaskell, we do not know when these harsh policies may have otherwise ended in Lancaster; it is clear no prior attempts had been made" (112). However, at the end of "Half a Life-Time Ago," Willie's insanity has wrecked

destruction without the promised improvement, suggesting that moral management is not an effective treatment for those who struggle with violent bouts of insanity. Gaskell herself had no medical training and no personal experience treating insane family members. But as it turns out, she was correct to be skeptical of Dr. Gaskell's sanguine conclusions. The use of moral management as a treatment regime had only mixed results, at best. "For all the remarkable transformations Gaskell had produced at [Lancaster Asylum]," Scull reports, "and regardless of the greater tranquility and comfort that surrounded the new patients, the reported cure rate [at Lancaster] actually fell, and fell quite substantially, in the years he was in charge" (171). Yes, the patients were kept in better physical condition and treated with more dignity, which cannot be discounted. However, "the claimed recovery rate" at Lancaster prior to Dr. Gaskell's superintendence (beginning in 1840) "based on the total number of patients, was as high as 23.4% in 1837" (Wessels 115). This number "declined to 13.4% by 1841, 7.1% by 1847" (Wessels 115).

If the intent of moral management was to teach patients how to act according to common social standards, how to control their minds and bodies so as to be able to live harmlessly and even productively in society, these statistics seem to suggest its fruitlessness in accomplishing this goal. In other words, as diligently as Susan attempted to apply the most humane and up-to-date measures in her treatment of Willie, she was doomed to failure. Willie appears to exert himself, and Susan was an exceptional moral manager who undertook Willie's care with total devotion, but neither circumstance mattered in the end. The ideology was incomplete and did not provide a satisfying cure for insanity. Although Dr. Gaskell never publicly acknowledged this, the tiny number of patients who were able to leave Lancaster and rejoin society attests to the

truth of it. Rather than providing healing, asylums remained spaces to separate the already marginalized from the rest of the community.

Throughout her career, Elizabeth Gaskell displayed a deep interest in the concerns of those who were marginalized within Victorian society, so it is unsurprising that her concern would extend to the insane. Insanity inherently deals with the dichotomy between society and individuals and consequently strikes at the root of many of Gaskell's interests. Throughout "Half a Life-Time Ago," Gaskell utilizes the fictional experiences of the Dixon family to express the dilemma faced by many Victorian families, and her inability to bring the problem to a satisfying conclusion is frankly uncomfortable. While the ideology of moral management, as well as the work of Dr. Gaskell and other like-minded reformers, received praise from socially conscientious Victorians, Gaskell's tale insists that the complications of insanity might be larger than the scope of moral management. And she's right. Many of the tenets of moral management continue today in common responses to the plight of the mentally ill (especially the idea that sufferers should be required to put forth certain kinds of effort to help themselves), and the friction between home care and institutionalization remains. Few families are able to care properly for loved ones who are unable to integrate fully into society, and consequently they find themselves facing the very dilemma that numerous Victorian families faced. "Half a Life-Time Ago" was written over 160 years ago, and yet Susan's situation may, in fact, remain relatively unchanged.

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