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CURE, CLASSIFICATION, AND JOHN CLARE

By Michelle Faubert

THE NINETEENTH CENTURY is an important period in the history of psychiatry. According to the accepted narrative about the development of psychiatry as a field, in October of 1793, Philippe Pinel freed the patients at Bicêtre, the hospital for the insane in Paris. This act "heralded a new attitude to the insane," as Pinel "abolished brutal repression" and "replaced it by a humanitarian medical approach" (Hunter 603). The French physician's approach to madness was officially brought to English soil when his text, *A Treatise on Insanity*, was translated into English in 1806 by D. D. Davis. His methods then began to appear in English practice and positively bloomed by mid century, particularly in the form of moral management, which advocated freeing patients of physical restraints and emphasizing their abilities to monitor their own behavior, while re-educating them about social mores and expectations (Showalter 27). The period from 1790 to 1850 has been called "the birth of psychiatry" (Donnelly viii).

The above account of the birth of modern psychiatry is well-known, and for good reason. It has many attractions, such as the snappy catchphrase, "the birth of psychiatry," and a hero, Pinel, who braved popular opinion and the threat of personal danger to free a beleaguered and pitiable people. The story also involves a virtuous philosophical movement that spread from one virtuous nation to another, while the final chapter is particularly appealing: once in the new land, the philosophy resulted in the most positive of practical changes, which paved the way for the contemporary situation. This narrative is pleasingly unified and coherent, but its very neatness has resulted in a kind of historical myopia regarding the period in question. I am not suggesting that some great evil lurks in the pages of nineteenth-century psychiatric history, but that our familiarity and satisfaction with the tidy story of its inception has resulted in a lack of attention to its finer details, thereby diminishing our appreciation of their significance. For example, several historians have pointed out that psychiatry at the turn of the nineteenth century saw an increase in classificatory labors amongst its most notable practitioners, while more numerous others have noted that the essential difference between pre- and post-Pinel mental medicine is that care for the insane became curative rather than mostly custodial. However, the link between these significant features of early psychiatry has been virtually ignored and their influence on the wider culture has remained unrecognized.

In this study I will delineate some of the implications of the link between the new methods and goals of early psychiatry and the increase in taxonomic endeavors. I argue that, as mental medicine turned into what we call psychiatry today, the developing field's relationship with its subject of study became more organized, the subject itself was analyzed further and divided

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up, and these divisions were labeled. In other words, the curative goals and increasing classificatory labors of early nineteenth-century mental medicine were not coincidental and unconnected features of the general medical milieu of the time but were both essential aspects of a vital new field, moral management, the precursor to modern psychiatry. Ultimately, by establishing this link, I will show that early psychiatry was linguistically oriented – and I will go on to show that its patients responded accordingly. Moral management's concern with language compelled its patients to approach their experience of madness with the same concern, and, in their turn, some patients offered a linguistic challenge to the field that would define them.

However, before I delineate the wider cultural implications of the link between the curative goals of early psychiatry and language, I must ask – and attempt to answer – some basic questions. For example, how exactly did the principles of taxonomy relate to the tenets of moral management? What was the path of development between psychiatric taxonomy and the new terminology, the new language? Were there pockets of resistance to such labeling within the medical realm?[1] These questions are essential to a general understanding of the classificatory labors of moral managers in England, but, I maintain, no history of psychiatry is complete without attention to the minds it studied. As such, I will examine the personal reaction to psychiatric labeling of one man, the poet John Clare. Clare's experience of moral management during his long incarceration from 1837 to 1864 (with a short reprieve in 1841, when he escaped for five months) occurred at the moment of its greatest consolidation, when the principle texts pertaining to it had already been written and a second generation of its practitioners had entered the scene. In my study of Clare's response to moral management and its labelling practices during the early Victorian period in England, I will attempt to answer an important question, one that frames the broad historical subject in personal, more comprehensible terms, and in terms that reflect the philosophical concerns expressed in the literature of the time; this question is, what was the effect of the changes in psychiatry upon the self? In his asylum poetry and late prose fragments, Clare provides a poignant response that also discovers an inadequacy in the new field of psychiatry. Clare dramatically reveals in his late poetry what other patients of early mental medicine could only gesture towards in their prose works through simple declaration; with expert skill, he uses the conventions of English poetry and references to one of its most famous practitioners to enact his protest, to illustrate the inadequacies of language; by extension, he illustrates some inadequacies of the language of moral management. Although his goal was personal – to undermine the power of those whom he saw as controlling his identity through language – Clare also indicates a deficiency of early psychiatry that others would point out after him: psychiatry's claims to scientific exactitude in its use of terminology are empty.

To begin with, it is important to establish just why historians of psychiatry call the early nineteenth century the time of the "birth of psychiatry." The main difference between modern psychiatry and eighteenth-century mental medicine is the curative, rather than the mostly custodial, function of the profession after the advent of moral management. Marlene Arieno asserts, "Until the early modern period, psychology was essentially a part of philosophy. By the late eighteenth century, however, we see psychology being viewed as part of science. The view of man as a biological animal assumed, or suggested, a potential for cure" (62). The curative aspect of moral management is discussed in Robert Gardiner Hill's *Total Abolition of Personal Restraint in the Treatment of the Insane* (1838), a text from which I will quote at length, for it provides a helpful overview of several phases of development in the field

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of moral management, complete with a long, touching description of Pinel's liberation of the insane to descriptions of various other examples of moral management in England from the early nineteenth century.[2] In the following passage, Hill quotes "an able Journalist" to describe the care for the insane previous to the time at which he writes, and thereby powerfully illustrates how moral management ushered in a strong dedication to the curative function of mad-doctors:

> 'Lunatics were regarded rather in the light of wild beasts, than of human beings, and the mode of managing them corresponded with this brutal and unworthy notion. In fact, neither medical men, nor the public at large, had any hope of a cure of the insane. . . . And to what period, think you, does this description apply? It is scarcely twenty years since nearly every word of it might be said with truth of the receptacles of the insane in Britain! It was only at that period that a better spirit spread abroad on the subject of Insanity. Asylums began to be regarded as places for the cure, not for the living burial, of Lunatics.' (*Total* 10–11)[3]

Once doctors had decided to attempt to eradicate the problem of madness, instead of trying to control the outward symptoms of the disease alone, it followed that they were obligated to understand thoroughly the psychological, or moral, understanding of the disease.[4]

When knowledge had been gained regarding distinguishing features of this complex and abstract realm, doctors recorded and tried to concretize such information in the form of writing, or case-notes. In his *Medical Ethics; or, A code of institutes and precepts, adapted to the professional conduct of physicians and surgeons* (1803), Thomas Percival expresses well the link between the new attitude toward patients in moral management and the keeping of case-histories, which were the seeds out of which a new realm of classificatory labors grew. In his text, Percival insists that "a regular journal should be kept of every species of malady which occurs" and that this register would be compiled from detailed case-notes; he continues, and in a vein that seems designed to coerce the Englishmen of his audience to adopt his plan through an appeal to their strong emotional reaction to the recent madness of King George III: "A register like this, in the course of a few years, would afford the most interesting and authentic documents, the want of which, on a late melancholy occasion, was felt and regretted by the whole kingdom" (586). In his dedication to the value of case-notes, perhaps Percival took his cue from Pinel himself. Historians Hunter and Macalpine argue that the importance of Pinel's treatise lay in the fact that it was "the largest collection of practical facts gathered from experience of the largest number of patients at one hospital – there were as many as 800 lunatics at Bicêtre. Its message was to show how much could be achieved not only in the management of patients but also in their cure by individualized moral treatment in place of routine coercion by hunger and cold, chains and stripes" (603). Since the earliest days of moral management, the keeping of case-notes and other practices related to classification were regarded as essential to humane treatment.

Moreover, moral managers understood that the organizational and curative goals of moral management were strictly dependent upon each other for success. So much is evident in Hill's text. He provides a moving description of Pinel's liberation of the insane, which he immediately follows up with quotations from Browne's *Insanity and Asylums for the Insane*, in a succession that identifies classification as necessary to the active search for a cure: "Previous to this trial, moral and humane treatment [of the insane] was never attempted. 'The mind was left to recover its native strength and buoyancy spontaneously.' 'Classification

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was never thought of: criminals, lunatics, the furious and gentle, were compelled to live promiscuously'" (*Total* 19).[5] At another point in the text, Hill champions moral management by invoking taxonomic methods to underline his position: "'it may be asked, what mode of treatment do you adopt in place of restraint? . . . what is the substitute for coercion? The answer may be summed up in a few words: Classification – watchfulness – vigilant and unceasing attendance by day and by night – kindness – occupation . . .'" (qtd. in Arieno 71). Hill's point in both instances is that humane and actively curative treatment requires the classification of patients. Therefore, such taxonomic endeavors can be viewed as steps toward modern psychiatry.

Hill also explains precisely how classification can contribute to a patient's recovery. He asserts that one of the chief advantages of classification is the avoidance of undue aggravation for these already agitated people, which could result from mixing the very noisy with the withdrawn, for example (*Total* 39). According to Hill, it is, first and foremost, taxonomy that makes the gentle and curative methods of moral management possible. Many other moral managers agreed that the goals of classification and cure are inherently linked. In literary studies, perhaps the best-known moral managers are Matthew Allen and Thomas Octavius Prichard, who kept High Beech Asylum and Northampton Asylum, respectively, where John Clare was incarcerated for some 27 years. As I note above, Hill himself mentions Prichard's position as a pre-eminent moral manager, but it is the former moral manager's dedication to taxonomy that earns him particular attention here. What Hunter and Macalpine call Allen's "enlightened views on asylum management" gain significance for the present line of argument in light of the title of his major work, *Essay on the Classification of the Insane* (1837) (856). This moral manager developed an entire system of classification, which he believed would aid him in his treatment of his patients.

Earlier doctors at the cusp of the moral management movement would also vaunt the benefits of classification. Tomes notes that the American doctor Benjamin Rush, whom she calls "[t]he epitome of the Enlightenment scientist," "experimented with more active medical and psychological measures, a varied daily regimen, and better classification of patients in the decades from 1780 to 1810" (4). Meanwhile, in his concern for what he believed were the inordinate number of cases of insanity in late eighteenth-century England, Thomas Arnold confirms in his seminal text, *Observations on the Nature, Kinds, Causes, and Prevention of Insanity* (1782–86), that his overriding purpose is to cure the disease. He then states,

> With this view, I shall now proceed to make some observations on the *nature*, *kinds, causes,* and *prevention* of Madness; which I shall do under the following heads, and in the following order. – I shall first consider the Definition; then propose a new method of Arrangement; and add such descriptions and remarks as may appear necessary for illustrating the meaning, and confirming the propriety of both. (28)

In short, according to Arnold, the way to a cure for insanity was on the highroad of classification. This sentiment would have pleased Erasmus Darwin, who was a contributor to the above-mentioned *Medical Ethics*, by Percival. For this reason, and because he was "one of the first medical men to take a serious interest in his patients' minds and discover how they came to feel, think and act as they did," Darwin can be considered one of the first moral managers, even though he prescribed some cures that belong to an earlier approach to insanity, such as bleeding and purging (Hunter 547). Thus, a book that exemplifies the

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taxonomic method, Darwin's *Zoönomia; or, the laws of organic life* (1796), finds its place in the history of moral management. In *Zoönomia*, Darwin explains how his classifications translate into practical treatment by trying to "'reduce the facts belonging to Animal Life into classes, orders, genera, and species; and, by comparing them with each other, to unravel the theory of diseases'" (qtd. in Hunter 547). Darwin's extreme, almost obsessive, methods of classification are evident in his description of his book, as is his purpose: he believed that taxonomy would provide the medical establishment with a concrete perspective on madness that would abolish its confusing mysteries. The difficulty in this endeavor is presently manifest in the long-ranging battle between adherents to conventional psychiatry and those who question its precepts. This debate about the classifications of psychiatry I will outline shortly. For now, suffice it to say that Darwin voiced a desire in 1796 that would be echoed by centuries of psychiatrists to come, but which would not go unchallenged.

Yet, no discussion of early psychiatric taxonomic practices is complete without a reference to William Cullen, whose *Nosologia Methodica* (1766) set the scene for modern psychiatry, according to at least one historian of psychiatry, by introducing the category of disease called "neuroses" (Mora xxxii). Meanwhile, Cullen's *First Lines of the Practice of Physic* (1783) is viewed by others as a major step in the advancement of scientific ideas about madness (Byrd 133). Even early psychiatrists themselves, such as Thomas Arnold, agree on Cullen's importance; Arnold praises Cullen highly for his nosologies, and asserts that Cullen's main contribution to mental medicine lies in the clarity he imparts to old and sometimes vague terms (44). Thus, with Arnold's commentary, we come to an identification that is frequently assumed but not often voiced: new classifications generate new terminology. Arnold's praise for Cullen's nosologies is of a piece with his praise for Cullen's newly elucidated terminology. In *Observations*, Arnold clearly illustrates the importance he attaches to clear language:

> I cannot in this place forbear taking notice of the latitude which the antients [sic] often allowed themselves in the use of words: in which, indeed too many of the moderns, partly from the poverty of language, partly from a desire to avoid the charge of an affectation of singularity . . . but more, I suspect, from inattention, indolence, and habit, have followed their example. (117–18)

He goes on to intimate how damaging confused language may be to the advancement of science with the following note:

> Since, as we are usually unwilling to take much pains to understand a writer in whose works we frequently meet with the unpromising appearance of obscurity and inconsistency . . . so, we are not very ready to give a writer credit for much science of any deep views into the secret operations of nature, who has not sagacity, or attention, sufficient to enable him to affix determinate, and appropriate ideas, to the terms he makes use of. (119)

Here, Arnold indicates the connection between the practices of moral management and the clarification of new terminology by asserting his regard for them. Again, we can look to Hill for an eloquent summary of the situation. He shows that the very principles of moral management are manifest in, and in that sense made active by virtue of, words: "and now there does not exist an Institution where kindness is not held forth as the principal means resorted to for the recovery of the insane. The very name of '*Mad-house*' is almost forgotten. In place thereof an '*Asylum*' is offered for these poor creatures: – a place of refuge, of shelter

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from injury, of comfortable retreat" (*Total* 21). The virtues of moral management were not only described by the new terminology that accompanied the doctors' classificatory labors, but the practical application of them was also embodied in language.

Another moral manager by the name of Prichard, this time James Cowles Prichard, asserts that the classification of insanity and the verbal definition of it are the same endeavor. In his treatise from 1835, he lists several "moral causes" of insanity in an attempt to identify and classify various appearances of the disease (Showalter 27). More specifically, in his introductory chapter, "Preliminary remarks on the definitions of Insanity: Nosography of the Disease," Prichard remarks, "Writers on disorders of the mind have frequently remarked that it is difficult to furnish a definition of insanity, which may enable us at once to recognize it when it exists, and to distinguish it from all other conditions whether of health or disease" (13). Here, Prichard's pronouncement on definitions of insanity echoes Erasmus Darwin's claim in *Zoönomia* that classification can help to "'unravel the theory of diseases"' (qtd. in Hunter 547). Put otherwise, the expanding body of terms about insanity also contributed to the curative goal of moral management.

However, even in the face of these apparently lofty goals, there were, and continue to be, those who question the value of psychiatric terminology and the classifications that gave rise to it. For example, the physician Thomas Beddoes complains at length in *Hygeia: or essays moral and medical* (1803) about the esoteric nature of the medical writing of his time, and about the "delicate lines" drawn between different classifications of mental disease (Beddoes 580). In fact, according to R. A. Houston, Beddoes "ultimately dismissed his mentor's [Cullen's] taxonomies, arguing that 'definitions of diseases have perhaps more authority than value"' (24). Similarly, Thomas Bakewell, one of the last private madhouse owners without formal medical training, admits to being "greatly disappointed by learned distinctions, and scientific definitions" in his wide medical reading (708), while Alexander Crichton admitted to having little use for the "'very unscientific' classificatory jugglings of Arnold . . . and the other eighteenth-century nosologists'" (qtd. in Hunter 559). Perhaps the most vocal opponent to the taxonomic trend of the times, though, was David Uwins, who, by 1833, had seen enough of what he considered to be the "arbitrary . . . nosological distinctions of systematic authors"; in *A Treatise on those Disorders of the brain and nervous system which are usually considered and called mental* (1833), he admonishes, "I think, for the most part, we are too much inclined to judge of remedies in the abstract. . . . We practise [sic] too nosologically – we find out names, and record symptoms, and think of antidotes to these symptoms, as a chemist thinks of neutralizing an acid, or oxydating a metal. We forget that we are operating on life as well as matter" (834). In these final words, Uwins verbalizes a complaint against psychiatric labeling that many others would express in different forms after him.

Indeed, there are those, even today, who question the precepts of conventional psychiatry on account of its attempt to eradicate the mysteries of mental illness through labeling. Allen Thiher sums up this view concisely when he proclaims against the "essentialist" view of mental illness as an objective reality; he asserts that the language of psychiatry reflects a misguided attempt to draw distinctions and delineate specific characterizations that are not possible in the field (232). Ann Goldberg echoes this sentiment when she asserts, about the psychiatric scene in mid-nineteenth-century Germany, "Although the patients' experiences of madness often overlapped with medical diagnosis, the former were, as I argue, quite distinct from the 'illness' they became in medical discourse and practice" (6). These writers' shared

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objection is a logical one: they maintain that the subject of study, insanity, simply cannot bear an essentialist interpretation because of its nebulous qualities. Similarly, R. D. Laing levels a complaint against the language of psychiatry that is aimed at its faulty ontology with respect to its practical application in the human realm. In his seminal work, *The Divided Self* (1960), he asks, "How can one demonstrate the general human relevance and significance of the patient's condition if the words one has to use are specifically designed to isolate and circumscribe the meaning of the patient's life to a particular clinical entity?" (17). He later asserts, "There is a common illusion that one somehow increases one's understanding of a person if one can translate a personal understanding of him into the impersonal terms of a sequence or system of it-processes" (21). Laing's use of the term "it-processes" to describe what he believes is a mechanistic view of the manifestations of mental illness constitutes an almost uncanny echo of Uwin's charge against the language of psychiatry, a charge leveled more than a century before, and one that would be reiterated by Laing's many disciples, who are often called the *anti-psychiatrists*. The complaint that the language of psychiatry can dehumanize its subjects focuses not only on the logical incongruity between the undeniably complex and enigmatic nature of humanity and the pigeon-holing nature of psychiatric labeling, but also on the potential emotional damage in patients that such inattention to human complexity could inflict. To a certain extent, the claim that psychiatric labeling ignores human complexity is undeniable, for the taxonomist is necessarily interested in similarities between people that will help him to define a new category, not the idiosyncrasies that make them individuals and which may be considered the hallmark of the human being.[6] With regard to this latter concern, the psychiatrist and philosopher Karl Jaspers delineates the damage it could inflict on psychiatric practice, as well:

> "The philistine habit of using the concept 'sick' to minimize and disparage draws a veil across a reality which we are by no means in a position to interpret, indeed whose formulation still gives us much trouble, presumably because we are entangled in restricted categories of appreciation and in a framework of ideas which still binds us." (qtd. in Cardinal 178)

In his broad focus on our habits of language, Jaspers implies that, consciously or not, his fellow psychiatrists diminish their subjects' significance through language that identifies them in terms of their sickness, while they limit their own understanding of their patients. He may also imply that the rest of society has borrowed the depreciative habits of the language of psychiatry. The continuing debate about the value of classification and terminology in the field of psychiatry is testament to the cultural importance of a study devoted to the topic, but my goal here is not to pass judgement on it. I am interested in analyzing the topic of labeling in the early stages of modern psychiatry, but I do not imply that my findings reflect upon the contemporary situation. I leave it to experts in the field to draw their own conclusions.

How, then, did patients manifest their reactions to the delimiting nature of nineteenth-century psychiatric labeling? I contend that they did so in a couple of ways, such as by objecting to their positions as silenced members of society or by illustrating their perceptions that their self-identities were under attack. The patients of early psychiatric labeling may have felt silenced because the classifications of insanity and the attendant terminology constituted a specialized realm of knowledge that was off-limits to the lay person. In the public's view, moral managers had the specialized ability to interpret their patients' behaviors and to apply the appropriate labels to them. Thus, doctors alone were privy to the language that

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they claimed properly identified their patients' natures. A comparison of the nineteenth-century situation in England with the diagnostic scene of the previous century indicates the importance of this point. According to Jonathan Andrews and Andrew Scull, "madness (like illness more generally) was a shared discourse in the period. Far from being an entirely medical matter, the etiology, diagnosis, and appropriate management of the insane appears to have been . . . something for both the mad-doctor and his patrons and clients to discuss" (108–09). By contrast, the patient of moral management was discouraged from discussing the manifestations of his disease. Two of the most famous moral managers, the Quakers William and Samuel Tuke – the first of whom established The Retreat, an asylum at York, and the second of whom wrote about that successful asylum in his celebrated study, *A Description of the Retreat* (1813) – held that their patients should be distracted from what were deemed to be their mad thoughts and discouraged from discussing their fantastic ideas (Porter, *Mind* 226–27; Showalter 61). Many have refuted Michel Foucault's famous claim that madness was "reduced to silence" during the "Classical Age" of 1660–1800 (Porter, *Mind* 6), and Andrews and Scull's study of the period goes a long way in supporting these counter-arguments. I suggest that Foucault's conception of a silenced madness was not wrong in essence, but only chronologically.

Several patients writing around the early nineteenth century indicate the validity of my second claim about the practical effects of psychiatric taxonomy. Indeed, these writers indicate their perception that mental medicine impinged on their rights to form their own self-identities. William Belcher reveals in his "Address to Humanity" (1796) that his outrage over his incarceration in a mental asylum stems, at least in part, from being the object of others' scrutiny and from his powerlessness to define his own identity: "N. B. The friends and guardians of a lunatic need very seldom be afraid that the state of his mind will be regarded as an object, unless they mean it should; but may depend on it that their will and choice will determine whether he is in his senses or not" (135). Belcher asserts that a person's madness or sanity is controlled not by himself, but by those around him. Other English mad patients from this time confirm their understanding that language plays a great role in composing the essence of what is signified and that it is not a neutral tool used to point at a stable concept, for a single word can be charged with depths of subtle meaning that can completely alter hearers' opinions of its significance. In "A Narrative of the Treatment Experienced by a Gentleman, During a State of Mental Derangement" (1838 and 1840), John Perceval writes vehemently, "I can no longer, after arriving at this period of my trials, call Dr. F–'s house by any other name than that it deserves, *mad-house*, for to call that, or any like that, an *asylum*, is cruel mockery and revolting duplicity!" (101). Perceval knows that these synonyms suggest places with very different qualities. Similarly, labels applied to people say much about their natures, or, at least, the world's perception of their natures, and this perception can greatly affect the formation of their self-identities.

In the eyes of moral management, the patient was simply wrong about his own being if what he thought about himself did not correspond to the doctor's definitions and classifications of him. In reference to how a contemporary neurologist views the formation of self-identity as tied up with language processes, the effects of such a clash are great. Oliver Sacks writes, "We have, each of us, a life-story, an inner-narrative – whose continuity, whose sense, *is* our lives. It might be said that each of us constructs and lives, a 'narrative,' and that this narrative *is* us, our identities" (105). In short, language and self-identity are not only related issues but are inseparable. One must ask, then, what happens when we are told

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that the vocabulary with which we construct our inner narrative is inadequate, and that the true story of our selves is told in an esoteric tongue to which we are not privy, such as the language of psychiatry from the perspective of the patient? Clearly, the inner-narrative that is, as Sacks says, our identities and our very lives cannot exist without a language. Thus, the patient of moral management must question the reality of his own existence and the essence of his self-identity, for his new, true narrative is told by doctors who speak the language of classification, from which the patient is barred because of his lack of training and especially because of his allegedly uncomprehending – because mentally aberrant – state. With regard to language and the formation of self-identity during the early Victorian period in England, then, the practice of moral management plays a large role. In his thinking about self-identity in his virtually neglected asylum poetry, John Clare illustrates his personal struggle with that practice.[7]

The poetry Clare wrote while incarcerated in asylums – first at High Beech beginning in June of 1837 and later at Northampton beginning in December of 1841 – show his linguistic and existential grappling, which seem to arise in part from his angst at being the subject of psychiatric classifications. Yet, the intensity of his struggles, as well as the dexterity with which Clare navigates within them, indicates his extensive familiarity with these complex realms. With regard to language, Clare did fight against the power of a more authoritative voice to silence his authentic, individualistic one long before he became the subject of psychiatric theorizing. Clare was a mostly self-educated peasant, who grew up in the countryside and therefore spoke, and wrote poetry, in a humble, rural tongue, instead of the more formal diction that was generally favored by readers and publishers (J. W. Tibble 181). John Lucas points out that "[h]is publishers had regularly struck out his dialect words, they had altered his syntax, cut lines, stanzas, whole poems" (66). Because he was already twenty-seven years old when his poetry became popular on the London literary scene for a season, though, Clare was loath to adapt his speech to suit the ears of his new companions and readers, especially, one can imagine, since he had become popular in the first place while writing in the dialect of the countryside. Clare provided the following injunctions to his editors:

> 'Bad spelling my be corrected by the Amanuensis but no word is to be altered/"Eggs on" in the "Address to a Lark" – whether provincial or not I cannot tell but it is common with the vulgar (I am of that class) & I heartily desire no word of mine to be altered/The word "twit-a-twit" (if a word it can be called) you will undoubtedly smile at but I wish you to print it as it is for it is the Language of Nature & that can never be disgusting.' (qtd. in J. W. Tibble 112)[8]

He refused to believe, as so many others did, that a more formal writing style was superior to his own.

Clare's early awareness and distrust of the tendency of authority figures to reify language and decide upon the nature of things was to powerfully resurface in his asylum years, when, as a patient of moral management, he was confronted with a more formidable authority than he had ever previously met in his early literary life, as well as a more desperate linguistic struggle. When Clare found himself the focus of moral management's classificatory efforts, he experienced the serious repercussions of the instability of language, for it then became apparent to him that his vocabulary was inadequate to tell the story of himself, or, as Sacks would say, to narrate his own identity. In the dynamic between the psychiatrist and the

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patient, language appears frustratingly unstable because its truth-value vacillates: what the patient believes about himself, how he defines his own nature, can be vetoed by the words of the doctor. Clare believed himself sane while he was in the asylum, and only troubled by life's stresses. In 1841, he wrote to his wife Patty, "For What Reason They Keep Me Here I Cannot Tell For I Have Been No Otherwise Than Well A Couple Of Year's At The Least & Never Was Very Ill Only Harrassed By Perpetual Bother" (*Letters* 292). But both Matthew Allen and Thomas Prichard deemed Clare ill enough to be incarcerated and, by their incarceration of him, they signified his madness to society. Simultaneously, they asserted the meaninglessness of his claims.[9]

I must clarify that, in focusing on the discrepancy between Clare's definition of himself and the moral managers' definitions, I do not imply that our poet, Clare, was right and misidentified; rather, I simply indicate that his narrative of self was wrest from him, rightly or wrongly, and that he registers his frustration in his poetry of those years. Indeed, the evidence suggests that Clare did have some serious mental problems, which led to behaviors that compelled his friends and family to seek professional care for him. Beginning as early as 1811, when he was only eighteen, strange symptoms beset him: Clare began to have fainting fits, or what he called "periodic 'indisposition (for I cannot call it illness)'," after having seen a village churchwarden named Thomas Drake fall off a load of hay and break his neck, an event that infected him with a profound fear of death (qtd. in Bate 75). In his authoritative recent biography, Jonathan Bate records how these episodes worsened over the next nine years: "In April 1820 he paid a courtesy visit to one of his early supporters, Dr. Francis Willis, owner of the private lunatic asylum at the nearby village of Greatford. Passing over Lolham Bridges on the way home, he collapsed in a quasi-epileptic fit" (207). This was the year of the height of his fame, when his first book of poems, *Poems, Descriptive of Rural Life and Scenery* (1820), took the London literary scene by storm; but even in those halcyon days, people around Clare evidently thought his mental health was delicate, as one of his publishers, Edward Drury, wrote another, John Taylor, that he feared Clare would go insane "'if his talent continues to be forced"' (qtd. in Bate 146). According to Bate, in 1823, Clare entered a deep depression from which he never fully recovered, one so worrying that Taylor requested one Dr. Skrimshire to visit him, and Skrimshire, in his turn, asked Taylor to convince Clare to admit himself to a hospital (251, 252).

Moreover, the kinds of behaviors Clare displayed beginning in 1830 were of a nature to render hospitalization not just advisable, but necessary. At a theater production of *The Merchant of Venice* in Peterborough, Clare stood up and began yelling at the Shylock character; the day after this fiasco, he visited Charles Mossop, the Vicar of Helpston, who later told Clare's early biographer, Frederick Martin, about the meeting: "Clare 'had not been long seated in the room ere he showed aberrations of intellect by variety of fancies; among the most prominent was that of appearing to see spirits of a hideous description moving about in the ceiling of the room"' (Bate 335, 336). Clare's visual and aural hallucinations, coupled with paranoid suspicions, were joined in the following year by "apathy, fear of madness and death, a 'prickly feel about the face and temples.' His head was 'stupid' and his 'nerves disordered'; he again had the delusion of being under the influence of 'evil spirits.' He sobbed and – something he said had never happened before – lost his appetite" (Bate 337). Between 1831 and 1837, the year he entered the asylum, he more frequently lapsed into states of depressive torpor and wrote to Taylor and Emmerson of strange supernatural beliefs, including the conviction that his family was bewitched (Bate 398). Bate notes that

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the fullest account we have of Clare's illness is provided in a letter written by Taylor to his sister after visiting Clare in December of 1835, in which he writes,

> 'He is constantly speaking to himself and when I listened I heard such words as these pronounced a great many times over, and with great Rapidity – "God bless them all" – "Keep them from Evil" – "Doctors" – But who it was of whom he spoke I could not tell. . . . The Medical Man's opinion was that Clare should go to some Asylum. (406)'

Clare was also occasionally violent, Taylor admits in this letter, and proved too much for his wife Patty to handle, along with seven children and the ravages of poverty (Bate 407). Thus, Taylor approached Matthew Allen, whom he met when he published the latter's *Essay on Classification of the Insane*, and Clare was admitted to High Beech Asylum "'by authority of his wife"' around his forty-fourth birthday (Bate 407).

The moral managers do not reveal to history the precise labels that they applied to Clare, but their medical orientation and Clare's response to his treatment – specifically linguistic in focus – indicate that he became an object of classification. Moreover, what we know about Allen's asylum complex indicates that it was organized according to classificatory principles, which, as I have shown, is closely and perhaps inevitably related to the development of terminology. High Beech consisted of three separate structures: one building for female patients, one for the males – together called Leopard's Hill Lodge, according to Bate (423) –, and one, called Fair Mead, which was Allen's own family home. Difficult patients were sequestered to the building intended for their respective sexes, but when they began to respond to treatment, they were welcomed into Fair Mead, which afforded more intimate social intercourse and provided new freedoms and privileges (Tibble, "doctors" 78).[10] Certainly, the lines between the curable and the incurable, male and female, were very distinctly drawn by Allen and perceived by the patients, who would naturally covet the spots at pleasant Fair Mead. In the patients' efforts to achieve these spots, the distinctions between themselves and other patients would be a source of much concern to them, as would any terms devised to identify them.

In many instances throughout Clare's asylum poetry, he indicates – self-defensively, it seems – that language is not a powerful force, but a negligible one. Seeing that his linguistic power is damaged, for his doctors' words about him outweigh his own story of self, Clare attempts to level the playing field. Of written language specifically he pens a short, pointed diatribe: "Language has not the power to speak what love indites/The soul lies buried in the Ink that writes. (2: 1–2)."[11] "[S]oul" does double-duty in these lines. On one hand, the word refers to the signified concept that is indicated by the signifier, the word itself. Thus, the essence of a concept is not revealed, but hidden, "buried," by written language. On the other hand, "soul" refers to the human soul, and in this context the lines reveal a more personal and pressing perception about language that concerns its power to bury man's essence. This hiding of the human soul by language is parallel to the redefinition of a patient's identity by the language of psychiatry; Clare suggests that this language covers over the true complexity of a patient's being with labels. Indeed, the expression of his authentic self is muffled by terminology over which he can have no mastery. Clare seems to struggle with the notion that the right to define his being was not his own under the taxonomic system of moral management, and his struggle is manifest in his attempt to cripple language, to silence that

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which has betrayed, deserted him. By silencing written language, Clare attempts to transcend it, and, in turn, to escape a linguistic prison.

Of all his later works, however, "Child Harold" is the principal poem in which Clare expresses how his linguistic struggles are tied to his existential quandary, a function of the poem that also constitutes the main difference between the asylum poems and the pre-asylum verse. As Tim Chilcott notes, the poem, written in 1841, is "speculative in tone," "meditative," "obviously the product of inquiry and quest" (158). At several places in "Child Harold," Clare shows that his mental and physical quest are one by figuring his narrative self as a traveler that is looking for a spiritual home, just as Byron does in *Childe Harold*. For example, Clare pines, in an early "Song" of the poem, "I've wandered many a weary mile/Love in my heart was burning/To seek a home in Mary[s] smile/. . . I had no home above my head/My home was love & Mary" (1: 92–99). Meanwhile, Byron confirms in Canto IV of *Childe Harold* that the home chosen by the spirit takes precedence over any foreign land occupied by the body; speaking of England, Byron's barely-fictionalized poetic persona, confesses,

> . . . should I leave behind
> The inviolate island of the sage and free,
> And seek me out a home by a remoter sea,
>
> Perhaps I loved it well: and should I lay
> My ashes in soil which is not mine,
> My spirit shall resume it – if we may
> Unbodied choose a sanctuary. (70–76)

In his assumption of this subtle aspect of Byron's message, Clare indicates his great understanding of Byron's original work and establishes his own poem as a thoughtful response, rather than, as it has been called at times, a weak imitation. Surprisingly, though, the poem's characteristics that are attendant upon – and even necessary to – its profound philosophical aspect have been viewed by many critics as its chief faults. These supposed faults include abstractness and a lack of clear focus (Johanne Clare xi, Robinson xvii). But it may be countered that the lack of specific detail about the material world in Clare's asylum verse functions as the poet's dramatic ploy to evoke in the reader a feeling of groundlessness, coupled with an almost burdensome thoughtfulness, that he himself feels and is attempting to describe. To be sure, "Child Harold" effects this goal, for it is, above all, a poem of philosophical *wandering*. Like the narrator in Byron's original, Clare's narrator travels – through time, by switching between memories of his childhood to ruminations on his present state; between voices, to the extent that we may, with Lynn Pearce, call the poem "polyphonic" (139); between lovers, for he talks of his love for both Patty and Mary; and even between love and hate, as Clare broods over woman's inconstancy almost as often as he thinks of the joys of love. This traveling is formally performed through the poem's changes between song and ballad, long and short lines, stanzas of four and eight lines, and changes in patterns of end rhyme, to name only a few of the formal methods of meandering in "Child Harold." Clare seems to desire his audience to experience his linguistic struggles by pronouncing them in the reading of this poem.

Clare does more than echo Byron's broad theme of wandering in his version of "Child Harold," though; he specifically links his words to Byron's by replicating the more-famous poet's somewhat post-modern challenge to the value of his own words in his general challenge

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to the value of literature. Byron admits that the fruits of imagination, encapsulated in literature, can be dangerously tantalizing when he implicitly compares himself to Rousseau in Canto III of *Childe Harold*. Byron sympathetically calls "wild Rousseau"

> The apostle of affliction, he who threw
> Enchantment over passion, and from woe
> Wrung overwhelming eloquence, first drew
> The breath which made him wretched; yet he knew
> How to make madness beautiful, and cast
> O'er erring deeds and thoughts, a heavenly hue
> Of words, like sunbeams. . . . (725, 726–32)

Byron goes on to call Rousseau "blasted" by his burning love for his own literary creation (736–42), a theme that Shelley was to pick up a few years later in "Alastor." Yet, Byron offers a description of Rousseau's odd literary tendencies not to smear the latter writer, but to exemplify a point he makes about himself in the stanzas that introduce Canto III:

> 'Tis to create, and in creating live
> A being more intense, that we endow
> With form our fancy, gaining as we give
> The life we imagine. . . .
> Yet must I think less wildly: I *have* thought
> Too long and darkly, till my brain became,
> In its own eddy boiling and o'erwrought,
> A whirling gulf of phantasy and flame. (46–58).

It is worth considering that Clare may have felt attracted to Byron's words and persona at least in part because of the sympathy for and ownership of the experience of madness to which Byron lays claim in these lines. But if Clare's affection for Byron did stem from such feelings of camaraderie, he keeps them partially hidden from his audience by explicitly establishing the link between himself and Byron in other terms, specifically through the theme of the questionable reliability of language. Just as Byron does in the stanzas quoted above, Clare indicates in "Child Harold" that the ideals embodied in literature may be destructively misleading, rendering the value of words questionable. Clare laments,

> Though they are blazoned in the poets song
> As all the comforts which our lifes contain
> I read & sought such joys my whole life long
> & found the best of poets sung in vain
> But still I read & sighed & sued again
> & lost no purpose where I had the will
> I almost worshiped when my toils grew vain
> Finding no antidote my pains to kill
> I sigh a poet & a lover still. (1: 435–43)

Although the two poets were vastly different in major matters such as class and fame, and although one poet writes at the height of his fame and the other as a pariah of the literary

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world, both are aware of the pitfalls of language and express this recognition in their poems of almost identical names.

In his development of the connection between mental and physical wandering and the questionable value of the words, though, Clare shows his originality by focusing on the role of truth in this relationship. That "Child Harold" is explicitly concerned with truth is indicated by the inordinate number of times the word "truth" and its variants are mentioned in it, specifically 48 times. Indeed, throughout the poem, Clare allies himself with truth, and tries to enlist language as a conveyor of truth. He sets the linguistic stage and reveals his role on it in the very first stanza of "Child Harold": "Real poets must be truly honest men/Tied to no mongrel laws on flatterys page" (1: 4–5). Clare continues this sentiment some lines later when he writes, with clear reference in the surrounding lines to his career as a poet, "I told the evil what they are/& truth & falsehood never wished to mar/. . . I've gone far/For peace & truth" (1: 428–31). Even his great love for Mary – to whom he refers at the end of "Child Harold" as "The muse of every song I write" (1: 388) – is characterized as, essentially, a love for truth: "To her sweet bosom I was wont to flye/To undecieve by truth lifes treacherous agony" (1: 280–81). Clare thereby establishes himself as a lover of truth – literally.

Thus, what may initially appear to be Clare's ambiguous relationship to truth in the last line of a later stanza of "Child Harold" becomes clarified. This stanza includes a long rant against society and reflects what he feels to be the faulty, because false, nature of language:

> This life is made of lying & grimace . . .
> I've seen deception take the place of truth
> I've seen knaves flourish – & the country grieving
> Lies was the current gospel in my youth
> & now a man – I'm farther off from truth. (1: 526–34)

These last lines indicate that Clare, the lover of truth, is spurned by it, and he feels all the acute pain of a rejected lover. The inaccuracy of language is sure to be disturbing to a man who believes he is falsely defined by it. Here and throughout this canto of "Child Harold," Clare presents himself as the only truth-teller in a world of liars, perhaps to defend himself against charges of insanity: he tells the truth about himself while the doctors give him false labels. He maintains that he saw deception in more than the political scene of his time, which makes its appearance in the "country grieving" reference to the Acts of Enclosure (1: 532).[12] As he says of the asylum at Northampton in 1848, "There never was a more disgraceful deception than this place" (*Letters* 299). The asylum proved its duplicity by confining him under what he saw as false pretenses, for he did not define himself as mentally ill. He begs his family over and again in his letters to free him from the asylum, declaring, until his last letter of 1860, "why I am shut up I dont know" (*Letters* 309). His family never satisfied his requests, which, in itself, showed Clare the inefficacy of language as a social tool. He remained in that "place" of "disgraceful deception" until his death.

To be sure, in his asylum poetry, Clare communicates his acute awareness of the inadequacy of language. It is reasonable to link these sentiments with his situation as a certified and incarcerated madman, for one must assume that such extreme existential circumstances will inevitably find expression in the words of one who endures them. Thus, Clare seems to show his lack of trust in language to reveal what he feels is his true nature when he writes, in another stanza of "Child Harold," "Can language paint the soul in those blue

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eyes" (1: 1257). More to the point, Clare's real concern about the inadequacy of language becomes evident elsewhere in the poem, where he raises questions not just about language in general, but, more specifically, about his own ability to use it effectively under his present circumstances. Clare shows his lack of trust in his linguistic ability to accurately reflect his ideas when he writes, "Flow on, my verse, though barren thou mayest be/Of thought – yet sing and let thy fancies roll!/In early days thou swept a mighty sea" (1: 1204–06). In these lines, Clare surely refers to London in the phrase "mighty sea," and the "early days" of his poetic fame that accompanied the publication of *Poems Descriptive of Rural Life and Scenery* in 1820, thereby emphasizing the former potency of his verse. The combination of the words "Flow on," "roll," and "sea" comprise the expected reference to Byron's *Childe Harold's Pilgrimage* ("Roll on, thou deep and dark blue ocean – roll!" (Canto IV, 1603)). But the contrast between Byron's mighty ocean and Clare's "verse," empty of "thought," is, perhaps, less expected. Both of these contrasts – the first between Clare's early poetry and that which we now read, and the second between the powerful chaos of Byron's ocean and the waves of Clare's verse, drained of thought – underline Clare's perception that his words have become ineffective tools of communication in the asylum.

As his continued address to his own verse in "Child Harold" shows, however, Clare continues to value it for its therapeutic use: "Thou fire & iceberg to an aching soul/& still an angel in my gloomy way/Far better opiate then the draining bowl" (1: 1208–10). This last line is most telling, as it provides the key to why Clare's poetry is still valuable to him, *and* to why it has lost its communicative power in the first place. A draining bowl was a receptacle used during cupping and bleeding, medical practices which were, somewhat surprisingly, held over during the era of moral management.[13] Even though moral management opposed such practices as confinement and restraint, such sources as William Pargeter's *Observations on Maniacal Disorders* (1792) reveal that other practices that we view as cruel today were regarded by some moral managers as acceptable treatments. In his text, Pargeter recommends "abstinence, bleeding, cupping, cathartics and emetics, issues, setons and blisters" (Ingram, *Patterns* 179). These practices are very like those ones used on the patients of Bethlehem, as explained by Thomas Monro, physician at this oldest of mental hospitals:

> They [i.e., the patients] are ordered to be bled about the latter end of May or the beginning of May, according to the weather; after they have been bled they take vomits once a week for a certain number of weeks, after that we purge the patients; that has been the practice invariably for years, long before my time; it was handed down to me by my father and I do not know any better practice. (Committee 702)

As effective as Monro thought they were, however, Clare maintains that none of these practices offered as much relief to him as did his own poetry.[14] This reference to the psychiatric care that Clare underwent indicates, by its proximity to his complaint about the ineffectiveness of his words, that the two circumstances are related. In short, what Clare saw as the cruel subjection of moral management is manifest in the reference to the draining bowl and, paradoxically, in what Clare identifies the *absence* of thought in his verse.

Clare's position as the subject of psychiatric labeling throws into question the value of his words, but his dilemma is not that his words misrepresent his thoughts. The problem is that they do not express valid ideas at all, for they have been deemed to be mad, irrational, worthless. Thomas Szasz describes the long-standing attitude toward the madman: "If he

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is a poet, we can dismiss him as an artist" (166). Clare seems to show his awareness of this perception of him by revealing a tentativeness about his voice in "Child Harold," which becomes punctuated by retractions. For example, he writes, "My life hath been one love – no, blot it out –/My life hath been one chain of contradictions –/Madhouses, prisons, wh–re shops . . . " (1: 145–47). It is noteworthy that Clare does not simply erase the words he wants to withdraw, but that he, instead, speaks his retraction in the sudden interjection, "– no, blot it out –," for the significance of the retraction is then apparent, a part of his message. His message is that he has lost some confidence in his use of language, and, again, the proximity of this admission to the reference about his life as a mental patient in the word "madhouses" suggests a relationship between the two concepts. A few lines later, though, Clare implies that the silencing he experiences as an object of study for psychiatry may be for the best and therefore welcome:

> Here let the Muse oblivions curtain draw
> & let man think – for God hath often saw
> Things here too dirty for the light of day
> For in a madhouse there extends no law. (1: 157–60)

Significantly, Clare's acceptance of his silenced position is born of the shame he feels in the asylum. Nor was his faith in language restored in the decades to come, for, as Bate points out, Clare eventually undertook "a withdrawal into silence. . . . [T]he asylum secretary, John Godfrey, said that for several years prior to 1860 Clare did not write a single line. 'I have forgotten how to write,' he would say, and 'I'll write no more'" (508).[15]

As a patient of nineteenth-century psychiatry, Clare was apt to question the relationship between linguistic definitions and reality, and as a object of study for moral management, he was encouraged to be self-reflective, for the practice was based on the efficacy of strict self-regulation on the part of the patient. Some of the most influential psychiatric texts of the period, such as Alexander Crichton's *An Inquiry into the nature and origin of Mental Derangement* (1798), were based on "specific techniques of self-objectification" (Faas 59). Therefore, as can be expected, Clare's mind often turned to the definition of his own nature. Indeed, as Bate notes, "most of his writings [from the asylum years] remained wholly attuned to what he called, in a remarkably modern phrase, 'self-identity'" (415). In the fragmentary essay entitled "Self-Identity," written in 1841, Clare explores his topic in great depth. He writes, "Self-Identity is one of the finest principles in everybody's life & fills up the outline of honest truth in the decision of character – a person who denies himself must be either a madman or a coward" (*Prose* 239). In these words Clare first attests to his belief in the great importance of the issue of self-identity, and later reveals his view that one's certainty or uncertainty about the matter equals nothing less than one's sanity. With specific reference to Clare's situation, then, he is stating that if he himself is not certain of his self-identity, if he "denies himself" in any way, he would betray the fact that he is a "madman," for is this not the lesson of psychiatry? Psychiatry defines the identity of the object of its study. The patient, who is considered to be mad simply by dint of the fact that he is a patient, thereby loses the ability to establish his own self-identity. Conversely, if he retains his power to define himself, he is simultaneously not a patient and not a "madman," to use Clare's own word. Chilcott notes about "Self-Identity" that "[t]he concern here [is] to preserve a selfhood not predicated upon the world's recognition" (195). So much is true, I believe; Clare's lack of visitors and

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a dearth of intimate social relationships in his life while he was incarcerated is undoubtedly at the root of his interrogation of the value of general social recognition at this time. But the intensity of expression in these lines and the fact that he sees himself to be struggling against two extreme choices – madness and cowardice – indicates that Clare's foe is most palpable: it is not just an absence of recognition that he fights, but a false recognition, specifically that of moral management.

Through Clare's adoption of different identities, we witness his repeated attempts to define himself as he wishes, and in a way that challenges common expectations about identity-formation under his circumstances. If the established way to come by an identity in Clare's world was to accept the one that was ascertained for you by an authoritative other, and if that identity was constant (for, indeed, the stigma of madness is close to permanent), then he certainly did break out of the mold when he decided that he was Byron, for example. But Clare would declare to his visitors at the asylum that he was many other men besides Byron, too. In a letter that appeared in the *Times Literary Supplement* (1921), G. J. De Wilde describes one visit to the poet: "'turning round upon me suddenly he said: "Perhaps you don't know that I am Jan Burns and Tom Spring?" In fact he was any celebrity whom you might mention. "I'm the same man," he said, "but sometimes they called me Shakespeare and sometimes Byron and sometimes Clare"'" (qtd. in J. W. Tibble 373).[16] Perhaps Clare disassembled and reformed established notions about identity – such as its permanence – in order to gain mastery over it. In consideration of this reading of Clare's different identities, it becomes clear that he chose to be several different prize-fighters (Byron, who was an avid boxer in his student days, Jack Randall, Tom Spring, and Jan Burns) for a good reason, and that no mere coincidence is involved in the similarities between the figures. The "collocation" of Byron and these prize-fighters does not "appear odd" to me, nor do I think they make "strange bedfellows," as Summerfield suggests they do (208). A desire for mastery, control and power motivate Clare to break the rules of identity-formation, and the same motivators cause him to alight on the specific identity of the *fighter* as the one that defines him best. Clare, the prize-fighter, is too strong to be controlled by anyone, he suggests through his choices.[17] He seems to insist that his identity manifests itself through his physical prowess and appearance, that it is of a comfortingly concrete, physical nature, not a transient ideal one that can be recognized only by intellectual physicians, trained to classify and label the abstract in others.

The aforementioned fragment entitled "Self-Identity" shows Clare struggling to wrest the power to define himself into his own exclusive control, as well as his partial failure to do so. He asserts, in what seems to be a blow directed at the moral managers who attempt to define him, "surely every man has the liberty to know himself," then adds with heart-breaking simplicity, "there are two impossibilities that can never happen – I shall never be in three places at once nor ever change to a woman & that ought to be some comfort amid this moral or immoral 'changing' in life" (*Prose* 239). Clare is not wrong. His claim, trifling though it seems, really ought to offer some comfort to him in his confused world. But the fact that he professes his little claim with such zeal shows his dire discomfort and uncertainty about his self-identity, which is, essentially, an uncertainty about his very existence. Indeed, to Clare, his self-identity is indistinguishable from his very life. Again in "Self-Identity" he writes, "forget thyself & the world will willingly forget thee till thou art nothing but a living-dead man dwelling among shadows & falsehood" (239). Here he refers, perhaps, to the "shadows & falsehood" of the classifications and labels of moral management, with its erroneous and

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empty powers of signification, a criticism that, as I have noted, Clare levels at language in an earlier fragment (219). Mere shadows that this language may be comprised of, though, its judgments prevail over the patient's. Again, if Sacks is right in asserting that human *existence* lies in an inner-narrative, and if you "forget thyself," as Clare says – if the power to define your own self-identity is not your own – then perhaps you really are "a living-dead man." Sadly, it seems that Clare suspects as much to be true about himself when he writes, "I am often troubled at times to know . . . whether any single individual would be honest enough to know me – such people would be usefull as . . . the Bell to a cryer to own the dead alive" (239). But the existence of these individuals is only hypothetical. As it stands, he is "dead," with no "cryer" to "own" him "alive." Clare was trapped in a self-identity that was created for him and an existence that was a kind of non-existence.

Clare ends the untitled poem about asylum life that begins "Nigh Leopard's hill stand All–ns hells" (a reference to the "Leopard's Hill" residence for difficult patients at Allen's asylum complex) with a line that closely links his subject with a state of non-existence: "Master & men as madmen stop/Life lives by changeing places" (1: 28–29). These lines from 1841 present Clare, poet-philosopher of the asylum – for, indeed, it is in his asylum poetry that he distinguishes himself as such – at his most arresting. He seems to be suggesting that life, like an atom, does not end, but is only transformed into a different material entity. Thus, if men "stop" "as madmen," life has deserted the mad body in quest of a more viable form, leaving madness lifeless. Or, rather, madness has left Clare, inmate of the "Leopard's Hill" residence at "All–ns hells," lifeless.

Clare continues his meditation on his non-existence in "Don Juan," which was also written in 1841. As he says of the two women whom he loves," "Though still my own – they still belong to no man" (1: 199). They are Clare's, who is "no man," non-existent. Again, the threat seems to derive from how others perceive him: his feelings of non-existence are inherently tied to his perception that *others* believe that he does not exist. In a letter written the same year to an Eliza Phillips, Clare complains, "Having been cooped in this Hell of a Madhouse till I seem to be disowned by my friends and even forgot by my enemies for there is none to accept my challenges which I have from time to time given to the public" (*Letters* 291). Thus, Clare's adoption of the role of prize-fighter takes on yet another color – it appears that he was trying to force people to respond to him and recognize his existence through his aggression, or proposed aggression. Strangely, however, in his adoption of the role of Byron, he adds ammunition to his discomfiting contention that people believe that he is non-existent, for Byron really was dead by that time and Clare knew it; indeed, on a visit to London in 1824, he happened upon Byron's funeral procession and was profoundly moved by the respectful attitude of the crowd around him (Bate 266). As the following quotation from "Don Juan" shows, Clare assumes the identity of a dead man for a purpose. He does so in order to illustrate how non-existent he felt himself to be as an object of the classifications of moral management, and was said to be by "foolish" observers: "Lord Byron, poh – the man wot rites the werses . . . /Who has been dead, so fools their lies are giving/& is still in Allens madhouse caged and living" (1: 263, 264, 269, 270). The narration of self – which, Sacks maintains, is identifiable with our very existences – requires language as a medium of expression. Clare was increasingly alienated from language as an object of study for moral management. In figuring himself as non-existent in various ways, then, Clare expresses his linguistic and existential quandary.

Intensely personal though it necessarily was, Clare's struggle to define himself carries a significance that goes beyond his life alone. For example, as John Goodridge notes, Clare's

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experiments with identity-formation can "help us, his readers, to think about literary identity, literary authority," and other related issues, particularly with regard to his adoption of the Byronic persona (146). Similarly, Clare's experiments with language force us to confront complex linguistic issues, such as the notion of linguistic ownership, creation and evolution. On a wider scale, the interrelated issues of language, identity, and self-reflection that Clare expresses in his work indicate his response to being the subject of the study for moral management, and a concern of a period that was formed by and itself formed a new kind of psychiatric theory. Because he was a patient of moral management and a poet, Clare was particularly affected by such medical issues and their implications for wider English culture, such as in the realm of language. Indeed, Clare's case may be considered to be an extreme example of how these interrelated issues manifested themselves at the time – but his case is, nevertheless, exemplary. By examining the instance of Clare, we gain a window into the existential and linguistic angst of the early Victorian period in England as it confronted the birth of psychiatry.

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NOTES

1. I will use the word "label" and its derivatives to refer to both the practice of classification and the new terminology that attended it.
2. Hill is generous on this score. While he admits that he envisions himself as the heir to Pinel by writing, "*I wish to complete that which Pinel began*" in *Total Abolition* (21), he notes that Prichard was "'the first person who adopted the [non-restraint] system in its full extent'" in *A concise history of the entire abolition of mechanical restraint in the treatment of the insane* (1857) (qtd. in Hunter 897). Notably, Prichard was a keeper in one of the asylums in which Clare was incarcerated. I will discuss this topic more thoroughly hereafter.
3. Hill's statement that "a better spirit spread abroad" must be considered in conjunction with evidence provided by historian Tomes, which reveals that the treatment of the insane in America was developing independently and along similarly humane lines: "Seemingly unaware until the 1800s of similar methods being used by Phillipe [sic] Pinel at the Bicêtre and Salpêtrière hospitals and by William Tuke at the York Retreat, the physicians and officers of the Pennsylvania Hospital had in fact begun to implement the rudiments of what came to be known as 'moral management'" (4–5). Eventually, though, moral management of the European stamp made its mark in American institutions. Tomes notes that, in the 1840s, "American superintendents had just begun to develop their own philosophy of asylum medicine that combined eighteenth-century medical systems with the innovations of Tuke and Pinel" (6).
4. Arieno confirms that the term "moral" should not be understood in the sense that we use it today: "Moral treatment in the nineteenth century generally meant mildly humane treatment, in contrast to previous inhumane treatment of the insane. Moral cause, at the time, meant psychological or psychosomatic rather than physical cause" (67). Gamwell and Tomes add, "In the eighteenth and nineteenth centuries, the term 'moral' referred to emotional and spiritual experiences, as opposed to sensory experience of the 'material' world" (37).
5. I have not been able to locate this text by Browne, whom I assume is William Alexander Francis Browne, author of the influential study *What asylums were, are, and ought to be* (1837).
6. Kierkegaard, the great Danish philosopher of the self in the Victorian period, was unequivocal on the point that individuality, uniqueness, is what makes a human being truly human. In *Fear and Trembling*, he maintains that "being a man is not like being an animal, where the specimen is always less than

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the species. Man is distinguished from other animals . . . qualitatively by the fact that the individual is more than the species" (251).

7. Clare's pre-asylum poetry has been the focus of much critical attention, while the "poems of John Clare's madness," as Grigson refers to the later verse in his selected edition of it, has been ignored by comparison. Johanne Clare (xi) and others, such as Chirico, have noted this discrepancy of critical focus; Chirico writes that "the majority of his [Clare's] critics have favoured exclusively either his 'early' poems of specifically local description, or an extremely small selection of 'visionary' lyrics written in Northampton General Lunatic Asylum" (130).
8. I have been unable to date this passage precisely, as the letter in which it appears is in neither the Tibble edition of the Clare letters nor Storey's *John Clare: Selected Letters*. While I have quoted it out of the Tibbles' *John Clare: A Life*, Bate also quotes the letter in the appendix to his recent biography (566). However, these scholars do not mention the date of the letter. One thing is sure: Clare wrote it early in his correspondence with his publishers, which indicates that it was written either in late 1819 or early 1820. All oddities of punctuation and spelling in this passage and other quotations from Clare's work are the poet own.
9. We must also consider that Clare defined himself in reaction to the words of the doctors who, he felt, had too much control over him. Indeed, Clare seems to have been more willing to define himself as mad before he entered the asylum; Bate notes that in 1821, long before his incarceration, Clare wrote to a frequent correspondent, Eliza Emmerson, of his "'nervous fears,' a sense of being 'mentally afflicted' and recurring visions of 'blue devils'," while he wrote to his publisher, John Taylor, "'I am in that muddy melancholy again – my ideas keep swimming and shifting in sleepy drowsiness from one thing to another – this letter will denote the crazy crackbraind fellow it left behind'" (208, 209). Regardless of how Clare arrived at his definition of his identity in the asylum, however, the fact remains that he disagreed with his doctors about who he was.
10. In the Tibbles' 1972 biography, *John Clare: A Life*, the authors describe Allen's asylum as a single structure, the back of which was reserved for difficult patients, and the front of which, reserved for the promoted patients, only resembled a family home (338). However, Anne Tibble revises this information in a 1973 article, entitled "John Clare and his doctors," which provides the description of the asylum that I include above.
11. This fragment is undated. In *Poems of John Clare's Madness*, Grigson notes of the poems written during this period at Northampton – poems that were transcribed by W. F. Knight, an asylum worker and friend of Clare's – that the last dated poem before the fragment in question is "Little Trotty Wagtail" of August 9th, 1849. Grigson then notes, "Knight entered six other poems, then several hundred more poems appear in different hands – unfortunately without dates" (45). Oxford's annotations to the fragment in *The Later Poems of John Clare, 1837–1864* also indicate that the poem is undated.
12. A section from the 1809 *Act for Inclosing Lands* . . . sums up the effect of the Acts of Enclosure: "And be it further Enacted, That no Horses, Beasts, Asses, Sheep, Lambs, or other Cattle, shall at any Time within the first Ten Years after the said Allotments shall be directed to be entered upon by the respected Proprietors thereof, be kept in any of the public Carriage Roads or Ways to be set out and fenced off on both Sides, or Laned out in pursuance of this Act" (qtd. in Summerfield, notes 146–47).
13. In addition, in "Don Juan," written while Clare was at High Beech Asylum, the poet hints at the existence of neck rings, which were outlawed by that time: "& madhouse traps still take me by the collar" (78). Yet, the final phrase may only refer metaphorically to the bullying character of the asylum's punitive measures.
14. Interestingly, Bate comes to the same conclusion, but through reference to one of Clare's letters: "Clare says that he has started writing 'Child Harold' and 'Don Juan' to get himself better. Fantasy, like poetry, may be therapeutic: like the Byronic poems, the letters to his long-lost Mary may have been not so much symptoms of delusion as forms of self-treatment" (437).
15. It is worth noting here that Clare did continue to write until that point, and was encouraged to do so by Matthew Allen himself (Porter, "All" 261). Similarly, as Gamwell and Tomes reveal, at the New York

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State Lunatic Asylum in the 1850s, patients even edited their own literary journal, *The Opal* (99). Despite such signs of encouragement, I contend that the principles of moral management presented a quandary when it came to the patients' writing about themselves. Moreover, because writing was so intertwined with self-identity for Clare, he seemed to feel that if the latter was wrest from him, the former must suffer, too.

16. Statements such as these help us to sort out the vexed question of whether Clare really believed he was Byron when he wrote "Don Juan" and "Child Harold," for they indicate that he adopted the identity of Byron in earnest. Moreover, in "Child Harold," Clare writes, "Then he the tennant of the Hall & Cot/The princely palace too hath been his home" (625–26), lines that Summerfield interprets as Clare's simultaneous referral to himself in the third-person, and to "Byron, hence the 'princely palace"' (373). Yet, it should also be recognized that Clare continued to sign his letters "John Clare" while he was writing his Byronic poems, even in letters in which he discusses the poems. Please see, for example, his letters to Mary Joyce and Eliza Phillips from 1841 (*Letters* 290–91). Bate concludes that Clare may have begun by playing at being Lord Byron, as he played at being several seventeenth-century writers in the 1820s, but he seems to have ended up believing he was Byron (415). The biographer adds that Clare's identity confusion "occurred *after* Clare was admitted to the asylum" (415), a detail that has great significance for the present study, for it suggests that his experience of moral management affected his ideas about his identity.
17. Ingram makes a similar point about Cruden, author of *The London-Citizen Exceedingly Injured . . . Who was in a Most Unjust and Arbitrary manner Sent . . . to a Private Madhouse* (1739), by noting that Cruden's challenge to the very label of madness is manifest in his linguistic outrage ("Identifying"). By expressing such extreme emotion, Cruden opens himself up to the accusation that he cannot control himself, which is considered to be a sure sign of madness and, yet, the title of his work serves as his outright denial of his madness.

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