Silent Screams: Queer Black Women within Asylums During the 1920s-1950s

In 1938, there was a woman named Serena C. who had just turned twenty-two and was ready to pursue higher education for herself after she had finished high school. Her parents wanted her to drop out of school to help provide for the family, but she had a dream of going to Howard University. Living in Brooklyn as a black woman she ended up working different clerical jobs to save up for tuition costs at Howard. When she applied for a clerk position through the Home Relief Bureau, she was told that there were no such jobs open and was ordered to go into domestic service training, under threat of her relief being cut off. Serena didn't like this solution and went to the administration to complain, wherein she was told, "Negro families lived happily" on the extremely low wages paid to Black domestic workers. These wages did not even cover half of Serena's rent, much less food or school tuition costs. One would be furious when told this and Serena was, so she went to the Worker's Alliance, which was a Socialist initiative that sometimes-assisted Black workers. Her case had soon appeared in Black and socialist newspapers, where organizers criticized the racial discrimination, she faced. Due to public pressure, she received rental assistance and a new apartment. To pay for school, she took a risk and used her Home Relief rent money, buying new shoes and a bus ticket to Detroit, hoping to ask the manager of boxer John Lewis to help fund her tuition. She had met him once through the Urban League, and he had encouraged her to reach out. When she arrived, he refused to assist her. When Serena came back to New York broke, she had decided to shoplift fifty cents' worth of stationery so she could write to Howard University. It was a desperate attempt to salvage her dreams, but it landed her in the Women's House of Detention with an eighteen-day sentence.

Inside the House of Detention, psychiatrists said that she suffered "hysterics practically all the time," for the fear that she had destroyed her hopes of an education.[1] After her release, the trauma from inside lingered. Sometimes she returned to the reformatory to speak with Dr. Henriette Klein, the new psychiatrist, who recorded notes about Serena's "hypomanic tendencies" and anxieties about "sexual adjustment." Serena rarely talked about her sexual life, mentioning only one woman with whom she'd had a single sexual encounter with, an encounter that continued to "haunt her." Serena had also referred to another woman as her "girlfriend," but the WPA workers ignored her entirely and chose to instead focus on trying to push her toward heterosexual marriage.

She fought her way into Howard University's one-year dental hygienist program, cobbling together funds from private donors, the WPA, and supportive group of women like Barbara Manley Philips.[2] But when Serena graduated and returned to New York in 1941, the racial barriers she had briefly escaped closed around her. Agencies told her they "seldom had a call for a colored worker," whereas another dentist said she was "too dark." By mid-1942, after joining war efforts in order to find work, her exhaustion and constant frustration triggered what they described as "manic symptoms." As her exhaustion progressed, she eventually found herself being institutionalized in 1944.

In 1945, during surgery to remove a fibroid tumor, Serena was forcibly sterilized without her consent and was provided no explanation as to why. The shock of her being sterilized as if it was nothing changed Serena and left her psychologically scarred. As her mental health continued to decline, she was repeatedly re-institutionalized, subjected to electroshock treatments and

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[1] Ryan, Hugh. *The Women's House of Detention,* 110.
[2] Ryan, Hugh. The Women's House of Detention, 110.

heavy sedation with Thorazine. She received no psychotherapy when she was institutionalized. Many of the staff described her as kept in restraints nearly all the time due to her “manic” tendencies. Serena was institutionalized repeatedly in the period of almost ten years. When she was discharged for good in 1956, she had nowhere to stay and had a fractured sense of self after her treatment inside the Bellevue Hospital’s Psychiatric ward. Serena was never heard from again after 1956, after her mother passed.

The research conducted in earlier studies of institutionalization, such as Ellen Dwyer's *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* discussed how asylums were more often used as moral experiments that focused on the ideals of reformation. Dwyer had made a scale of how institutional confinement and isolation created the perfect groundwork for moral and domestic spaces that imposed order and discipline under the guise of care. Though Dwyer had focused her research primarily on white, middle-class women, her discussion on the gendered logic of "moral management" set the stage for other scholars who would investigate how institutional structures were adapted to regulate black women’s behavior and bodies.[3] Ruth M. Alexander’s *The Girl Problem: Female Sexual Delinquency in New York, 1900-1930,* explored how the Progressive Era reformatories and institutions enforced middle-class ideals of female virtue. Alexander discussed how labels such as "incorrigibility" and "promiscuity" pathologized working-class black women who had strayed from the norms of white respectability. Her work documented that medical and legal languages used to define deviance had blurred the lines between moral judgment and psychiatric treatment. While Dwyer saw moral management, Alexander had seen that institutionalization of sexuality itself was a process in which black women were seen as disciplinary subjects. In Martha Hode's *Sex, Love, Race:*

[3] Dwyer, Ellen. *Homes for the Mad,* 1-20.

Crossing Boundaries in North American History, she introduced how the exploration of interracial relationships along with racial anxieties provoked extreme reactions in institutions and reformatories. Hodes highlighted how institutional administrators had viewed intimacy between black and white women as threats to the structure of institutions.[4] Her research displayed how race and sexuality became closely connected within psychiatric spaces, leading to the segregation and treatment of black women within institutions. Through connecting sexual deviance to racial boundaries, Hodes discussed that psychiatry was deeply invested in maintaining white supremacy and not so much about treating mental illness.

In Siobhan Somerville's Q*ueering the Color Line: Race and the Invention of Homosexuality in American Culture*, she went into a discussion about how grouping racial and sexual labels together as a whole that it shaped new ideas around queer black women being seen as abnormal within medical circles. She explained how in the early 20th century medicine and psychiatry, that queerness and blackness were closely intertwined together as sexual deviations that strayed from white femininity ideals. Her input opened up the conversation to understanding how black women's bodies were pathologized and focused intently on queer black women's body were a focal point of institutions. Meanwhile in Regina Kunzel's *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945*, Kunzel goes into depth about how social work is deeply ingrained within institutions. Kunzel connected the ideas of how social reformers redefined moral disobedience into psychological deviance and applied that alongside this idea that linked poverty to single motherhood.[5] She explained that black women were consistently excluded from therapeutic rehabilitation over and over again and were

[4] Hodes, Martha. *Sex, Love, and Race,* 423-443.
[5] Kunzel, Regina J. *Fallen Women, Problem Girls,* 1-8.

instead thrown in disciplinary systems that were confident in their ability to control women's behavior. Building off of Kunzel, Rickie Solinger's *Wake Up Little Susie: Single Pregnancy and Race Before Roe V. Wade,* had instead discussed how welfare and maternity programs treated unmarried white mothers as redeemable and could be rehabilitated but turned the narrative around and pathologized black mothers as deficient in society. Kunzel and Solinger's arguments of how institutions functioned as a form as a racialized social control overlapped with one another with their agreement that institutions were focused on the moral authority over black motherhood while criminalizing black female sexuality.

From a medical perspective side of things, Keith Wailoo's *Drawing Blood: Technology and Disease Identity in Twentieth-Century America*, goes into how racial hierarchies were upheld within medical professions, even as the professionalization of medicine became a more serious line of work. Wailoo pointed out that states started investing more of their power into medical authority within institutions that often-supported racialized ideas of cleanliness, fitness, and forms of discipline. In Susan L. Smith's *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950,* she explains how community-based reforms that were aimed at helping black populations eventually ended up with close surveillance of the black community. She also discusses how black nurses and midwives were thrown into state systems that viewed black women's reproductive autonomy as serious medical risks, creating the harmful logic of institutionalization being a guise of control rather than being used for the good of public health.[6]

[6] Wailoo, Keith. *Drawing Blood,* 1-10.

In Johanna Schoen's *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, she discusses how the racialized history of sterilization connects to the eugenic views and welfare policies that were targeted at black communities, especially within the deep south. Schoen found in her research that in states like North Carolina with not well recorded history of their early asylums, had prominent coercive sterilization programs that practice early reproductive control.[7] Her research found that psychiatric institutions had an obsession with black women's reproduction and was an important structural feature of American bio-politics.[8] Furthering into the field of sterilization more was Ruth Feldstein's *Motherhood in Black and White: Race and Sex in American Liberalism, 1930–1965,* that had explored how motherhood was viewed through the lens of psychologists. She goes on to discuss her research about how the public's opinion was on race and mothering and how it influenced institutions to make decisions based off of community opinions. Feldstein explained that harmful stereotypes about the pathological black mother had continued to persist even when feminist and civil rights movements started to gain more popularity and advocated for black mothers. Feldstein's research focused on the main idea that though there had been a significant shift in the 1950s with the growing use of psychopharmacology and deinstitutionalization, there was still the continued racialized logic that remained within institutions. Studies done in the late 1990s, such as Joel T. Braslow's *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*, examined how the technological transformation of psychiatry treatments such as lobotomies, electroconvulsive therapy, and pharmacology but also highlighted how these "modern" methods continued forms of control. Braslow argued that a lot of the treatments that were being performed within institutions were rarely ever about the healing process but were

[7] Schoen, Johanna. *Choice and Coercion,* 1-12.
[8] Schoen, Johanna. *Choice and Coercion.* 57.

more so focused on enforcing compliance and domestic docility. Much of Braslow's work though was not as focused on the racial aspect of patients, but in Hugh Ryan's *The Women's House of Detention: A Queer History of a Forgotten Prison*, it was found that black women had experienced more "medical" interventions than white patients and many of the treatments were coerced and dehumanizing. Ryan's documentation of how psychiatrists viewed success for patients was a "renewed interest in housekeeping" after lobotomies and ECT and he shined a light on psychiatry's disturbing gendered metrics of success.[9]

This project will discuss how mental institutions were patriarchal institutions that were focused solely on the regulation of women's behavior. Black women and institutionalization served as a way to control black women, enforcing racial stereotypes within institutions. Treatments inside mental institutions came as a form of control towards women, especially as a form of discipline when it came to black women. Sterilization within mental institutions was a common practice to control black women's reproduction as many psychiatrists claimed that black women were "feebleminded" and it would be cruel to let them pass this on to their children. The uses of treatments like electric shock therapy, forced sterilization, and lobotomies on queer black women were more often used as disciplinary tools on Black women who resisted institutional authority or displayed queer behavior with white patients. These "treatments" worked less as medicine and more as a system to enforce racial and sexual conformity through medical means. Queer Black women were viewed as "unfit mothers" and morally deviant, compared to white women, and were sterilized at high rates to prevent the reproduction of queer deviant children.

[9] Ryan, Hugh. *The Women's House of Detention*, 109.

Queer black women's sexual and gender nonconformity was often medicalized not as a personal identity but as racial inferiority along with questionable morals.

Medical authority within asylums during the 1920s through the 1950s were a time where racial stereotypes of black women were upheld and administrators within these institutions inflicted harsh boundaries of “proper” motherhood by constructing social and racial nonconformity into mental illness. A big issue among administrators of mental institutions of this time was the lack of records that were kept on the black women, including the treatments they received and the time that they spent institutionalized. Records within institutions were often erased or misrepresented when it came to queer black women having relations with white women within these institutions. This kind of erasure was intentional and served as a way to erase queer black women’s suffering, bringing attention to white’s women’s care and the “progress” that was being made in the field of psychiatry.

There were many “reasons” as to why women would be institutionalized and even more “reasons” as to why queer black women “needed” to be institutionalized in the eyes of society and psychiatry. Psychiatrists often discussed queer or same-sex attraction among black women patients as valid proof of mental illness. Many mental institutions, often ones in the South, used the “evidence” to justify prolonged confinement and harsher treatments, reinforcing the fusion of queerness with pathology. When queer black women were pathologized as both sexual “deviants” and racial “others,” their lived experiences revealed resilience and resistance against oppressive institutions “teaching” forceful gendered obedience. By enforcing gendered obedience as well as racial hierarchies, institutions, mainly psychiatrists, stripped queer black women of their autonomy. Other than the poor treatment of queer black women there were the

actual medical treatments performed on them as therapy well-disguised as reproductive control and coercion.

In order to "create" new treatments for women within mental institutions there often had to be testing with the intention of making sure the new treatments were safe, meaning those who were often experimented on were black women, notably queer black women. When pharmacology treatments became more popular in psychiatry in the 1950s, there were many cases of black women being used to test drugs that would sedate patients who were "unruly" as well as the testing of the same sedatives and how useful they were during medical operations. Psychiatric institutions disproportionately experimented on Black women with treatments of electroshock therapy and lobotomy. Queer black women were seen as women that were in need of a lobotomy, to try and correct their attraction back to men instead of women. Treatments such as these revealed how the medical side of psychiatry was not only shaped by gendered expectations of society and patriarchy, but also by deeply rooted racialized beliefs about deviance and pain tolerance among black women.

Based on treatments performed in mental institutions, many of the treatments were eugenics-driven by way of forced sterilization, weaponizing invasive treatments to regulate reproduction of black women. For queer black women, gender nonconformity or defiance toward institutional authority was often misread as psychosis. Institutionalization of queer Black women was part of a bigger idea to discipline queer women who threatened racial hierarchies, heteronormativity, and gender roles. With queer black women threatening these social constructions, institutions effectively criminalized the existence outside white heteronormative and patriarchal norms, even though many of the queer relationships within institutions started with white women who infantilized black women and what it would be like to be with a black

woman. This just goes on to display the blatant difference in treatment of white female patient stereotypes and queer black female patient stereotypes by staff within mental institutions. White women were often “rehabilitated” through education, art therapy, and being released back into their family’s care whereas queer black women were deemed beyond redemption. Queer Black women were excluded from moral or even basic domestic rehabilitation programs that white patients received, reflecting the racialized limits of empathy within psychiatric reform movements that were claiming to help those that were “lost” and “in need” of help.

In the beginning, during the 1850s, mental institutions were common tools for regulating and controlling women's behavior and quickly evolved into controlling autonomy. The creation of mental asylums came from the shift of the agricultural age into the industrial age, where women were often in the private sphere of the home and took care for the home. When women began to deviate from that ideal is when the close relationship of mental institutions and women began to emerge. The growth of mental institutions within the United States during the 19th century was never a project that was focusing on neutral humanitarian uplift but was a project that what focused on the moral rehabilitation of "other" individuals. Most state asylums were structured and built around middle-class, white, ideals of order that centered their rehabilitations around morality and gender conformity. For the most part, black women were often less frequently admitted into institutions during the earlier decades of asylum due to the persistence of slavery and then eventual segregated poverty. The logic that was continually used for black women's institutionalization was that their bodies were already surveilled, pathologized and governed by racialized laws and social policies. When black migration began in the 20th century, urbanization became a more powerful tool that laid the structure and ideology of asylums that were in place and had the power to discipline those that they labeled as deviant.

The shift towards the creation of girl's reformatories began when more cases had begun to emerge that there were more girls disobeying the social standards of sexual and domestic behavior than originally perceived. In New York, state institutions like Albion and Bedford had sought out to reform girls who had violated "Victorian standards of feminine virtue."[10] These facilities intensely targeted the working-class, immigrant, and African American young women who were structurally least able to conform to white middle-class respectability.[11] Psychiatrists and other medical professionals involved within institutions had started to use language that justified "incorrigibility," "waywardness," and "promiscuity" had combined poverty, sexual independence, and labor precarity into psychological defect.[12] Many women who were labeled as neurotic or had some form of a neurotic disorder were in need of treatment within an institution according to most doctors.[13] Black girls were disproportionately flagged as physically "aggressive," "hypersexual," and in need of extra "control" but black men were also viewed in this light as well, just less so.[14] Reformatories justified racial segregation by claiming interracial lesbian intimacy as a threat and ordering Black girls removed from the general population in the name of discipline.[15] Before Black women began entering psychiatric hospitals in large numbers, the state had already built a gender-racial system that treated Black female autonomy as inherently deviant, sexualized, and pathological. Psychiatric administrators looked at how black women, specifically black mothers, behavior outside of institutions usually using extreme cases of psychiatric ailments as a reason to justify their deviance. These "ailments" were usually signs of actual medical complications that doctors linked to their reproductive capabilities with the

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[10] Alexander, Ruth M. *The Girl Problem.* 151.
[11] Alexander, Ruth M. *The Girl Problem,* 145.
[12] Alexander, Ruth M. *The Girl Problem,* 4-5.
[13] Dwyer, Ellen. *Homes for the Mad,* 96.
[14] Hodes, Martha. *Sex, Love, and Race,* 439.
[15] Hodes, Martha. *Sex, Love, and Race,* 427.

growing link of deviance being "spread" to their children, creating a never-ending cycle of deviant individuals.

During the early 1900s, institutions started gaining more control because of state administrative power grew, making psychiatrists become more standardized which increased the racial segregation within institutions. The changes being made began to influence the experience of black women within institutions, where they were having to face the system that aimed to reinforce gender and racial roles. Through evolving from domestic "moral management" to psychiatric authority to social-work authority, black women were consistently positioned as subjects requiring surveillance, regulation, leading to exclusion in most cases.

During the 1890s, institutions began to shift their ideology more towards moral reform that had already started to blur the lines of medical and domestic authority. Many physicians who treated women's mental ails were asserting their power and control over their patients' daily routines, whether it was ordering isolation for a patient or changing their diets drastically as a means of control disguised as reform. As medical professionals replaced clergy in the role of guardians, they controlled the clinic as a space to correct women's behavior and re-orient them toward recommended gender roles. Other doctors though claimed that girls needed to be removed from home environments in order for them to be properly supervised, which began the role that the medical system would take over and closely keep an eye on feminine conduct of patients. They ingrained into their patients that obedience was good and expected of them when they were released from institutions.[16] Much of these practices though were mainly aimed at

[16] Wailoo, Keith. *Drawing Blood,* 20-22.

middle-class white women, and later on it helped create the racial disciplinary institutionalization.

In the 1910s, institutional power began to merge more with eugenic and social-science discussions than ever before. At Bedford Hills and other reformatories alike had consistently used categories like "incorrigible" and "wayward" to describe the sexuality of young women, especially working-class black women. Among the many administrative procedures, there were steps that institutions took to ensure that the structure within institutions was upheld and strong, and more importantly, unquestioned by outside communities. Of the procedures used, segregation, classification, and psychiatric evaluation were among the most important in keeping the rigid structure of institutions intact. In 1917, special cottages or rather houses were created for girls that were labeled "psychopathic" or "moronic" taking psuedo-scientific sorting and translating it into daily activities and condoning coercive discipline among patients.[17] Previously in 1915 at Bedford Hills, racial segregation had followed after "undesirable attachments" formed in the way of interracial lesbian relationships between patients began to emerge and threaten the structure of institutions.[18] From then on, black women were viewed as hypersexual and dangerous to white women within institutions furthering institutions to control black women even more by upholding racial and sexual disciplinary actions.

During the 1920s through the late 1930s there was a branching off between institutional treatments based off of race. With the professionalization of social work, there began a means of control over maternity, specifically by reformatory homes and religious reformers who claimed that there was evidence within scientific authority about female delinquency. Many different

[17] Alexander, Ruth M. *The Girl Problem,* 91.
[18] Alexander, Ruth M. *The Girl Problem,* 96.

experts in the 1920s had established intelligence testing towards unmarried mothers often labeling them as "feebleminded" with the viewpoint of transforming moral judgement into gendered classification.[19] Within institutions though white women often encountered with the idea of actual psychological treatment that was portrayed as rehabilitation, while black women were faced with disciplinary treatments based off of behavior. A study from 1926 highlighted how many social workers believed in the idea that black illegitimacy would create fewer social problems and that there needed to be less resources within institutions for black mothers.[20] In places such as Chicago, there was the created of segregated admission quotas that were initially introduced into maternity that eventually carried over into institutions to keep black residents "comparatively low" to allow more access for white women to receive access to therapeutic care at the expense of black women.[21] During WWII and then later on, there was a big transformation of racial logics. The administrative power of psychiatrists had started to increase as illegitimacy among white women was being relabeled as insanity and mania due to the amount of unmarried women that were having children. This then led psychiatrists to perform psychological investigations on unmarried women that subtly reinforced gendered expectations under the cover of rehabilitation. They continued to compare black motherhood to white motherhood and pathologized black mothers as a product of cultural deficiency by justifying welfare surveillance and denying black mothers of crucial funding and in more extreme cases sterilization. In the 1950s, more and more public officials began to openly blame black women for trying to exploit welfare and in-turn began to push new sterilization laws to "stop" illegitimacy.[22] Among the many policies being introduced at the time, most of the policies had

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[19] Kunzel, Regina J. *Fallen Women, Problem Girls,* 66.
[20] Kunzel, Regina J. *Fallen Women, Problem Girls,* 140.
[21] Kunzel, Regina J. *Fallen Women, Problem Girls,* 30.
[22] Solinger, Rickie. *Wake Up Little Suzy,* 24.

the same underlying message that administrators had the power to enforce new harsh eligibility rules and controlled who were able to get a psychiatric referrals by basing their logic on racialized views of reproductive control.

Eventually more and more black communities had begun to create their own health systems such as small volunteer ran clinics that were carefully incorporated into governmental structures but once involved within the framework of the government, many of the clinics faced the hierarchy of the medical system that prioritized other patients' miniscule needs over the actual treatment of black mothers. In the mid-1930s, state medical boards began a period of regulating the practices of midwives by commanding that they had to follow new requirements for the process of childbirth. Many of these requirements were targeted specifically at black midwives who were now facing hygiene requirements and the restriction of their responsibilities to be whittled down to "normal delivery," and their skills being diminished by state regulations viewing them as unclean and uninformed about childbirth.[23] The requirements that were put in place did help with improving infant and maternal health but it had also increased the mass monitoring of black women's private environments. By increasing the monitoring of black women, the more restrictive reproductive control occurred under the cover of public health. Due to this change in reproductive control, black women were now continued subjects of scrutiny, exclusion, and disciplinary intervention than ever before. White women though were viewed with the same scrutinization, but they were offered therapeutic pathways instead. Institutional administrators brought along rehabilitation as a cover for treating mental illness but supported the idea of institutions being important structures that helped control social order. In many different institutions, such as asylums and maternity homes, black women were experiencing

[23] Smith, Susan L. *Sick and Tired of Being Sick and Tired,* 124.

how institutions were protecting the racial order and gender hierarchies from within by using their power of authority to punish sexuality, labor, and ideas of motherhood.[24]

From the late nineteenth century to the late twentieth, mental institutions served as laboratories and trial testing for medical experimentation and reproductive control. Black women navigated through these institutions within the pattern of racial discrimination, gendered assumptions, and coercive medical regimes. This kind of treatment reflected the broader belief that pathologized black motherhood and normalized racism as a valid argument to science.[25]

Between WWI and WWII, even after WWII, eugenics had become carefully inserted into psychiatric state power and primarily focused on women's reproduction. Institutions began to collaborate with county medical boards to prevent "unfit" mothers from reproducing with little to no evidence that proved a connection between medical care, morality policing, and social hygiene. In the 1930s, California state hospitals were responsible for mass sterilization in California, especially at institutions like Stockton. For example, 588 women were sterilized between 1930 and 1950, outnumbering men for the first time.[26] When queer black women were brought into the conversation there were many medical stereotypes that were spread around them. Medical professionals within institutions labeled black lesbians as 'invert' through genital "signs" that provided the "proof" that queer black women needed surgical intervention.[27] any doctors within asylums began to support the idea that through female sterilization, they were preventing women from experiencing "psychological and social strains" of motherhood and many members of the women's family supported this idea as well.[28] Though black women were

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[24] Ryan, Hugh. *The Women's House of Detention.* 34.
[25] Feldstein, Ruth. *Motherhood in Black and White,* 42.
[26] Braslow, Joel T. *Mental Ills and Bodily Cures,* 65.
[27] Somerville, Siobhan B. *Queering the Color Line, 28-29.*
[28] Braslow, Joel T. *Mental Ills and Bodily Cures,* 66.

sterilized with lower numbers, many black women's records of being sterilized were through coercive means. When black women were not singled out, they were subjected to violence of white medical paternalism, with their motherhood being dismissed as valueless and queer black women being labeled a threat to social and moral order.[29]

Sterilization represented how eugenics had an obsession with the children of the future during the 1940s through the 1950s. There was a rise of psychosurgery, particularly EST revealing how psychiatry highlighted the obsession with controlling the body. At Stockton in California, physicians had decided to move away from using restraints like straitjackets and move on to more "modern" treatments such as lobotomies, EST, drug sedation, and hydrotherapy.[30] ESTs were deployed not primarily to relieve suffering but as disciplinary suppression of behavior deemed resistant or "unfeminine" and return women back to the role of being "amiable drones" within the home.[31] In August 1943, a woman referred to as "Peggy" received 14 grand-mal seizures in two weeks purely to quell "noisy" and "violent" ward behavior.[32] Black women were overrepresented among such patients nationally.[33] Doctors defined post-treatment success not by restored selfhood, but by the creation of docile, childlike, housekeeping-oriented subjects to create the traits of "a good girl." The first state-hospital lobotomy in Stockton, California in 1947 was performed on a woman who had endured over 450 prior ESTs.[34] The operative record listed "interest in housekeeping" as a desired outcome.

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[29] Solinger, Rickie. *Wake Up Little Suzy,* 30.
[30] Braslow, Joel T. *Mental Ills and Bodily Cures,* 38.
[31] Wailoo, Keith. *Drawing Blood,* 19.
[32] Braslow, Joel T. *Mental Ills and Bodily Cures,* 108.
[33] Braslow, Joel T. *Mental Ills and Bodily Cures,* 158.
[34] Braslow, Joel T. *Mental Ills and Bodily Cures,* 125.

Psychiatry had become a way to enforce domestic femininity via surgical intervention of state authority of reshaping women into gendered obedience.

During the late 1800s, many physicians had perfected tubal ligations as well as vasectomies which led to a new era of sterilization being used as a tool of control rather than as an actual medical need. Many medical authorities had argued that surgical sterilization was inexpensive and safe. Many institutions validated sterilization's use as they were in the best interest of "improving the biological character of the American population" and targeted individuals whose genetics were considered "undesirable."[35] This ideology continued to support the ideals that black women were defective and were degenerative mothers based off of their race.[36] When the height of the eugenics movement was in full swing sterilization was fully viewed as a practical measure to make sure that "undesirable groups" would not and could not reproduce by grouping mentally ill individuals and those considered "defective" under the control of the state.[37] By 1907, there was a rise in state-passed sterilization laws that placed the foundation for institutions intervening in issues regarding minority women. The policies connected to the increasing numbers of black women being institutionalized within asylums and medical wards.[38] Many middle-class moral reformers had viewed black working women as deviant and that they were socially dangers because of the heavily supported view that black women's institutionalization was necessary based off of a racialized lens.

When psychiatric authority began to evolve in the 1920s and had continued through the 1930s many institutions began to formalize coercive treatments. Psychiatrists at the time began

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[35] Braslow, Joel T. *Mental Ills and Bodily Cures,* 173.
[36] Kunzel, Regina. *Fallen Women, Problem Girls,* 132.
[37] Braslow, Joel T. *Mental Ills and Bodily Cures,* 173.
[38] Wailoo, Keith. *Drawing Blood,* 29.

to label black women as "unrehabilitable" because in the view of society black women were seen as culturally pathological. Within welfare agencies, social workers had often reasoned that the oppression of black mothers was supported by the evidence that black communities accepted illegitimacy and could survive with fewer resources.[39] Many psychiatric spaces banned black women or restricted their access to allow more space for white women by pushing racial segregation within medicine. Within institutions white women were always labeled with psychological term, while black women were labeled as oversexualized and deficient which supported normalized discipline over actual treatment and therapeutic response.[40] With such racism being medicalized began to put black women at the center of public welfare, psychiatric discipline, and reproductive policing. More treatments such as lobotomies, insulin-induced comas, and ECT within institutions started becoming more mainstream within asylums.[41] More diffusion therapies were being pushed as effective and efficient by state administrators. During this time black women were institutionalized and subjected to experimentations with radical medical practices which devalued black patients as worthy of therapeutic attention. Black women's symptoms were racialized by psychiatrists reasoning that placing them into chronic illness wards because they were unruly, which continued more aggressive control measures.

Throughout the 1940s, psychosurgery expanded rapidly due to lead figures like Walter Freeman.[42] When it came to lobotomies, women were often the target as they were often to be more likely to be emotionally unstable or resistant to authorities within institutions. Many existing case records had documented white female patients, while black women's resistance was

[39] Kunzel, Regina. *Fallen Women, Problem Girls,* 158.
[40] Solinger, Rickie. *Wake Up Little Suzy,* 24.
[41] Braslow, Joel T. *Mental Ills and Bodily Cures,* 98-100.
[42] Braslow, Joel T. *Mental Ills and Bodily Cures*, 130-135.

pathologized within institutions where their treatment was often minimized or erased. ECT had become more routine and could be used repeatedly when doctors wanted to control the behavior of their patients. The most practiced treatment at this time though was coercive sterilization of black women. In North Carolina, laws on sterilization had unfairly targeted black women, especially those that were labeled as "feebleminded" or "promiscuous."[43] More often than not, physicians had waited until black women were having extreme reproductive problems before they approved operating and many black mothers didn't receive sterilization until they had more than ten pregnancies.[44] When black women actually sought out birth control out of their own choice, their petitions to receive it was reframed by social workers pathologizing black women's "issues" rather than black women making decisions about their own autonomy.

The appearance of psychopharmacology in the mid-1950s was popularized with drugs like Thorazine which acted as an antipsychotic. Thorazine's positive results when treating patients in institutions had begun to make big impacts on patients' deinstitutionalization as well as shortening patient stays within institutions, allowing for a higher turnover rate. By shifting from psychosurgery operations to psychopharmacology was seen as progress in the eyes of psychiatry but it had actually created a system based on controlling black autonomy. Psychiatrists and state administration boards resisted considerations of racial bias even though intellectual testing and behavioral assessments were constantly being discussed within practice.

The introduction of psychopharmacological treatments within institutions had begun almost a century earlier than when the usage of psychopharmacological treatments had become heavily popularized in the 1950s. Drugs used within mental institutions started on a path of being

[43] Schoen, Johanna. *Choice and Coercion,* 112.
[44] Schoen, Johanna. *Choice and Coercion,* 95.

disciplinary tools during the 1920s with the introduction of antipsychotics and antidepressants that were promised to reshape how institutions ran. A German pharmacologist, Oskar Liebreich, had begun to publish studies on a drug called chloral hydrate, which was an oral form of chloroform, that became increasingly popular inside institutions due to the prolonged sleep sedation it had on unruly patients.[45] Many physicians welcomed the use of chloral hydrate because it silenced unruly patients. By the early 1870s, American superintendents had reported that the use of bromides, scopolamine, paraldehyde, sulfonal, and narcotics were useful when being used alongside chloral hydrate. In 1875, the Massachusetts legislature was told that medications within asylums had become "a very important agent," but when looking at the money that institutions were spending, it showed that drugs were simply a means to an end when it came to actually helping patients.[46] Then in 1895, an English psychiatrist, Henry Maudsley, had voiced his skepticism of sedatives and that they were actually celebrated for "silencing the patient," and not for curing the patient of their ailment.[47] While at Utica, John P. Gray had popularized using hyoscyamine along with chloral hydrate and potassium bromide and replacing opiates, but the use of the two together was still frowned upon due to the toxicity exposure that patients would face. Clinical notes from many psychiatrists highlighted how drugging, along with the usual nursing routines of force-feeding patients with chloroform, with nurses consistently omitting how much medication was administered, displayed the control over bodily autonomy.[48]

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[45] Braslow, Joel T. *Mental Ills and Bodily Cures,* 36.
[46] Grob, Gerald N. *Mental Illness and American Society,* 13.
[47] Braslow, Joel T. *Mental Ills and Bodily Cures,* 36.
[48] Dwyer, Ellen. *Homes for the Mad,* 121.

In 1903, administrators had begun to declare that the use of old cuffs and straitjackets was "barbarous," and wanted to pursue new avenues of treatments for patients by turning more to ECT, lobotomies, and later on psychopharmaceuticals. Records show how that the continued physical restraint of patients had been a "necessary partner," for the effectiveness of other treatments as they were often judged for the lack of controlling patient behavior.[49] Between the 1920s to the late 1930s, psychiatry began to layer new sedatives such as barbiturates by experimenting with prolonged sleep.

Before major psychopharmaceuticals, the 1930s through the 1940s saw insulin coma therapy, convulsive therapy, electroconvulsive therapy (ECT), and psychosurgery as a means to treat mental ailments. Although not “medications,” these processes shaped the way therapeutic methods would develop later on. When medications were introduced into psychiatry, they went through an extensive testing process and are eventually evaluated for how well they could suppress or rather silence resistive patients. Stockton State Hospital in the 1940s had documented how ECT was used to reduce patient "resistiveness." Sometimes when ECT was used in high-frequency series, it was aimed at controlling behavior rather than decreasing symptoms. When ECT failed, many psychosurgeons often turned to lobotomies, and they noted that "improvement" for women was recorded as an interest in docility and housekeeping.[50]

The introduction of chlorpromazine, a version of chloroform was introduced into American state hospitals in the mid-1950s. Chlorpromazine was hailed as a new drug that was able to reduce psychosis and agitation without having to deeply sedate patients for prolonged periods. A combination process started to occur in hospitals by starting out with reserpine and

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[49] Braslow, Joel T. *Mental Ills and Bodily Cures.* 38.
[50] Braslow, Joel T. *Mental Ills and Bodily Cures,* 125.

later on using trifluoperazine or haloperidol. Administrators began to rapidly associate antipsychotics with improved patient turnover rates and shortening patient stays.[51] The antidepressant era gained more popularity when imipramine and ipronazid demonstrated mood-elevating symptoms. Institutions were using these medications in order to treat "involutional depression," and in more severe cases using ECT as an option. To treat anxiety, benzodiazepines were introduced in the 1960s because they were a safer choice as there were only minor side effects.[52]

Black women's treatment within institutions along with the loss of control being able to control their bodies left many deep scars for black when they were released from institutions. ECT highlighted how "resistiveness" or how noise was generalized into gender ideals. In notes from post-lobotomy records, it noted that a "housekeeping interest" was the ideal cure, leading to institutions labeling domestic compliance as a positive case of success. Antipsychotics were helpful to many and were eventually incorporated into psychiatric rotations, which helped with patient turnover. From the 1910s through the 1940s, some groups of black women created community health support and were able to raise enough financial aid to send mutual aid to neighborhood clinics.[53] Thus allowing black communities have safer spaces to get treated for their ailments but it was still few and far between.

Serena is an example of the pain and horrid treatment that she had to suffer at the hands of medical professionals, she stands as a testament to why today the black community has a mistrust in medical and mental health professionals. From the constant ideology that if a woman was black and gay then they must be deviant which creates a stereotype that will continue to

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[51] Braslow, Joel T. *Mental Ills and Bodily Cures,* 138.
[52] Braslow, Joel T. *Mental Ills and Bodily Cures,* 139.
[53] Smith, Susan L. *Sick and Tired,* 31.

persist unless recognized. The use of ECT to make women more docile to the use of lobotomies to rid women of complex brain functions truly shows how black women were viewed as less than and as a means to an end when it came to "science." Psychosurgeries were not only performed on just black women, but they were also performed on children as a way to control their "erratic behavior," which would be later diagnosed as ADHD or Autism. The eugenics of sterilization within the US was legalized to the point of using it as a valid reason to sterilize queer black women for the simple fact that they were considered "other" in society and if they were institutionalized no one would miss them. Serena once had trust for institutions because she believed that they could help her, but that trust was soon lost as she spent more time institutionalized and was treated poorly due to her being a queer black woman. We claim to be more understanding about mental health than in the past, the question is how can a community be expected to trust institutions that once used medicine as a means of control? If we are to truly end the stigma around the treatment of mental health, then we need to acknowledge stories like Serena's as a way to move forward together.

Bibliography:

Alexander, Ruth M. *The "Girl Problem": Female Sexual Delinquency in New York, 1900-1930.* Ithaca: Cornell University Press. 1995.

Braslow, Joel. *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century.* Berkeley: University of California Press, 1997.

Dwyer, Ellen. *Homes for the Mad: Life inside Two Nineteenth-Century Asylums.* New Brunswick, NJ: Rutgers University Press, 1987.

Feldstein, Ruth. *Motherhood in Black and White: Race and Sex in American Liberalism, 1930-1965*. Cornell University Press, 2000.

Grob, Gerald, N. *Mental Illness and American Society, 1875-1940.* Princeton University Press. 1983.

Hodes, Martha*. e.d. Sex, Love, Race: Crossing Boundaries in North American History.* United Kingdom: NYU Press, 1999.

Kunzel, Regina J. *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work*, *1890-1945*. New Haven: Yale University Press. 1993.

Ryan, Hugh. *The Women's House of Detention: A Queer History of a Forgotten Prison.* New York, NY: Bold Type Books. 2023.

Schoen, Johanna*. Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare.* Chapel Hill: University of North Carolina Press, 2005.

Smith, Susan L. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890–1950.* Philadelphia: University of Pennsylvania Press, 1995.

Solinger, Rickie. *Wake Up Little Suzie: Single Pregnancy and Race before Roe v. Wade. (2nd Routledge pbk. ed.).* Routledge. 2000.

Somerville, Siobhan B. *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*. Duke University Press, 2000.

Wailoo, Keith. *Drawing Blood: Technology and Disease Identity in Twentieth Century America*. Baltimore, MD: Johns Hopkins University Press, 1997.