MIRRORS OF MADNESS: A SEMIOTIC ANALYSIS OF PSYCHIATRIC PHOTOGRAPHY

A THESIS
Presented to the Visual and Critical Studies Program
Kendall College of Art and Design, Ferris State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Visual and Critical Studies

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March 2019
# TABLE OF CONTENTS

Abstract...........................................................................................................................................i

List of Figures...................................................................................................................................ii

Acknowledgements.......................................................................................................................iv

Chapter 1: Introduction.....................................................................................................................1

Chapter 2: Proposed Chronology of Madness...............................................................................8

Chapter 3: English Diagnostic Photography: Case Study I..............................................................12

Chapter 4: French Hysterical Photography: Case Study II...............................................................21

Chapter 5: Treatment Photography in the United States: Case Study III.......................................31

Chapter 6: Conclusion......................................................................................................................42

Bibliography....................................................................................................................................45

Figures...........................................................................................................................................47
ABSTRACT

At the surface, madness appears to be the quality of the mentally ill and is constructed by Western Society into a complex and nuanced ideology. Western culture reinforces the belief that madness and mental illness are synonymous, from the television we watch, the images we share endlessly on social media, to the very language we use when we confront someone whom we believe is mentally ill. All previous platforms of communication illustrate our constructed view of the mentally ill. The conflation of the terms madness and mental illness occurs mainly because the visual and non-visual culture of madness is riddled with misunderstandings. Misunderstandings that have spread themselves through both the visual and non-visual aspects of contemporary culture by way of psychiatric photography. This thesis examines the visual culture of psychiatric photography that was used in the diagnosis and treatment of mentally ill patients in English, French and North American asylums largely in the nineteenth and early twentieth centuries. Using Roland Barthes’ semiotic theory of mythology as a theoretical filter, paired with a historical context, this thesis will analyze three different case studies of psychiatric photography and will establish the “Who, what, when, where, why, how,” of the visual culture of madness, and how it has embedded negative myths into contemporary visual and non-visual western culture. Once the analysis is finished, a proposed visual timeline of the visual culture of madness and psychiatric photography and its effect on western society’s perceptions of people suffering from mental illness will be evident.
List of Figures

Figure 1. Ryan Murphy and Brad Falchuk, Still from *American Horror Story: Asylum* ep.2 (Found on Netflix), 2012. Still courtesy of the directors, reproduced under fair-use (*Section 107* of Copyright Act).

Figure 2. Mike Flanagan, Still from *The Haunting of Hill House* (Netflix Series), 2018. Still courtesy of the directors, reproduced under fair-use.

Figure 3. Scott Derickson, Still from *The Exorcism of Emily Rose* (Movie), 2005. Still courtesy of the directors, reproduced under fair-use.

Figure 4. Jacob Wiseheart, *Signs* (Power-point slide from THESIS defense), 2019.

Figure 5. Jacob Wiseheart, *Denotation and Connotation* (Power-point slide from THESIS defense), 2019.

Figure 6. Jacob Wiseheart, *Myth-making #1* (Power-point slide from THESIS defense), 2019.

Figure 7. Author Unknown, Woodcut-print of *Purifying the Possessed*, 1585. Image courtesy of CORBIS company Collection, reproduced under fair-use.

Figure 8. Johann Caspar Lavater, plate image of *Plate XXIX (Essays on Physiognomy)*, 1785. Reproduction courtesy of the Internet archives (archive.org), reproduced under fair-use.

Figure 9. Hugh Welch Diamond, photo of *Suicidal Mania* (Medical Gazzette), 1862. Reproduction courtesy of Medical Times & Gazzette: London, reproduced under fair-use.

Figure 10. Hugh Welch Diamond, Etching of *Suicidal Mania (Medical Gazette)*, 1862. Reproduction courtesy of Medical Times & Gazette: London, reproduced under fair-use.

Figure 11. Dr. Duchenne Du Boulogne, plate image of *Plate 7* (Mechanisms of Human Facial Expressions), Reproduction courtesy of Alamy Stock photos, reproduced under fair-use.

Figure 12. Jacob Wiseheart, *Myth-making #2* (Power-point slide from THESIS defense), 2019.

Figure 13. Jacob Wiseheart, *Myth-making #3* (Power-point slide from THESIS defense), 2019.

Figure 14. Paul Regnard, *4 Phases of the Hysterical Fit*, 1889. Image courtesy of The Paul J. Getty Museum Collection, Los Angeles, reproduced under fair-use.

Figure 15. Paul Marie Louis Pierre Richer, drawing of *Attitude passionales— Figures 74 and 75* (Etudes cliniques sur l’hystéro-épilepsie ou grande hystérie), 1881. Reproduction courtesy of Image courtesy of National Archives Museum, Bethesda, MD, reproduced under fair-use.

Figure 16. Pierre Aristide André Brouillet, painting of *A Clinical Lesson at the Salpêtrière*, 1881. Image courtesy of Descartes University, Paris, reproduced under fair-use.
Figure 17. Paul Regnard, *Iconografia Photographica del Grande Isterismo*, 1890. Image courtesy of The Paul J. Getty Museum Collection, Los Angeles, reproduced under *fair-use*.

Figure 18. Jacob Wiseheart, *Myth-making #4* (Power-point slide from THESIS defense), 2019.

Figure 19. Jacob Wiseheart, *Myth-making #5* (Power-point slide from THESIS defense), 2019.

Figure 20. Herbert Gehr and LIFE MAGAZINE, *Page from Chemistry of the Insane*, March 1949-50. Image courtesy of LIFE Magazine—Google Archives, reproduced under *fair-use*.

Figure 21. Herbert Gehr, Photo of *Patient Receiving Electro-shock Therapy* (LIFE Magazine), 1949-50. Image courtesy of LIFE Magazine—Google Archives, reproduced under *fair-use*.

Figure 22. Jacob Wiseheart, *Myth-making #6* (Power-point slide from THESIS defense), 2019.

Figure 23. Jacob Wiseheart, *Myth-making #7* (Power-point slide from THESIS defense), 2019.

Figure 24. Jacob Wiseheart, *Culturally Embedded Images* (figures 1 and 21, Power-point slide from THESIS defense), 2019.

Figure 25. Jacob Wiseheart, *Culturally Embedded Images* (figures 2, 9 and 10, Power-point slide from THESIS defense), 2019.

Figure 26. Jacob Wiseheart, *Myth-making #5* (figures 3 and 23, Power-point slide from THESIS defense), 2019.
ACKNOWLEDGEMENTS

The writing of this thesis has been one of the hardest yet most rewarding things I have done to date. As a visual artist I have never really been comfortable with expressing my ideas through writing. This uncomfortable position peeked my curiosity and sparked the passionate urge to investigate. I will never regret taking that risk.

First and foremost, I would like to thank Kendall College of Art and Design for their full support in my MAVCS endeavors. My graduate tenancy at KCAD has followed an unorthodox path and this thesis would not have been possible without the flexibility, funding and attentiveness, of the KCAD faculty and Ferris State University administration, namely, Diane Zeeuw, Susanna Engbers, Kara Peltier, Sandy Britton and Candace Henry-Schroder. The constant professional communication and transparency from the KCAD Faculty has certainly instilled a professional confidence in me that I hope to never lose. Whether it was giving me access to the resources to meet the requirements for funding and appeals, or simply adapting to my graduate or personal needs, the faculty at KCAD took a genuine interest in seeing me complete my MAVCS program. Secondly, I would like to individually and sincerely thank and recognize the endless well of support and knowledge that is Karen Carter. With all the triumphs and woes that come with the writing of a master’s thesis, Karen was always there to help me navigate. Whether it was just talking and decompressing, or editing, I always felt supported. In serious terms, words will never be able to describe how thankful I am to have had you as a Professor, but most importantly, as a colleague and a friend. Thirdly, I would like to thank my close friend, confidant, and editor, Christina Julie Anne Richards. Her patience, love, humor, friendship and well-versed knowledge of the English language has helped me more than I could ever describe. Lastly, I would like to thank my parents Dan and Martha, and my brothers, sisters, friends and family for the constant support, love, and understanding during the duration of my Graduate career. With the help, love, and support of all of you, I did it.
CHAPTER 1: INTRODUCTION

Overview of the Problem

At the surface, madness appears to be the quality of the mentally ill and is constructed by Western society into a complex and nuanced ideology. Western culture reinforces the belief that madness and mental illness are synonymous, from the television we watch, the images we share endlessly on social media, to the very language we use when we confront someone whom we believe is mentally ill. All previous platforms of communication illustrate our constructed view of the mentally ill. When encountering people society believes are mentally ill on these platforms, a few phrases come to mind; “Look at her, she looks crazy!” or “He’s acting like he needs to be sent to the looney bin.” We are utilizing conditioned responses when we react negatively or say negative things about mental illness causing us to keep ourselves from truly understanding mental illness and more closely aligning ourselves with construct of madness.

The conflation of the terms madness and mental illness occurs mainly because the visual and non-visual culture of madness is riddled with misunderstandings. Misunderstandings that have spread themselves through both the visual and non-visual aspects of contemporary culture by way of psychiatric photography. So, the goal of this thesis is to examine the visual culture of psychiatric photography that was used in the diagnosis and treatment of mentally ill patients in English, French and North American asylums largely in the nineteenth and early twentieth centuries. I have three isolated case studies from Surrey County Asylum in Hooley, Surrey, United Kingdom, La Salpêtrière Hospital, in Paris, France, and Worcester State Hospital in Massachusetts, United States. Diagnostic photography was invented in Surrey County Asylum and will be addressed in Chapter One. Hysterical photography was invented at La Salpêtrière and will be addressed in Chapter Two. Treatment photography was invented in Worcester State Hospital and will be addressed in Chapter Three. At that end of each chapter, I will show how these past photographs have shaped the negative misunderstandings and views of madness and mental illness in contemporary society.
Contemporary Images of Madness

Episodes of *American Horror Story: Asylum*, which aired in October 2012 (figure 1), contain vivid montages of madness, and patients suffering from mental illness, interspersed with the opening credits and throughout the episodes of the second season. Shortly into the second episode of the series, a character played by actress Sarah Paulson receives electroshock therapy (figure 1). In this charged scene viewers experience her pain, vulnerability and fear as she lies restrained awaiting “treatment.” Sarah Paulson’s character “Lana” was admitted against her will for attempting to investigate and divulge the dark secrets of the hospitals’ practice. She was held against her will under the guise of madness, despite her sanity. This aspect from the storyline is important to illustrate the workings of madness at play. For a grueling three minutes and 18 seconds, her body convulses as thousands of volts of electricity pass through her. This sensationalized imagery comes from a long chronology of images that create a sense of horror and dread among viewers. Sensationalization is a way to present information that provokes public interest and excitement at the expense of accuracy. Julia Kristeva writes about abjection in *Powers of Horror*: “Abjection preserves what existed in the archaism of pre-objectual relationship, in the immemorial violence with which a body becomes separated from another body in order to be.” So, in other words, we are separate from the violence, yet we feel for the individuals within these images, because of our own human frailty and mortality. This theory establishes the recognition of the feeling of horror we face as we view these images of madness.

These culture visuals of asylum horrors such as *The American Horror Story: Asylum* (figure 1), *Haunting of Hill House* (figure 2) and *The Exorcism of Emily Rose* (figure 3) are problematic. We make mental illness more palatable by depicting it within horror fiction, and with ignorant and false narratives. This allows for an over-abundance of these images which numbs viewers. As Gillian Rose writes, to gain

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1 The human reaction to things such as; blood, human excrement, horror that brings a breakdown in meaning caused by the loss of the distinction between subject and object or between self and other.
a “better understanding” of images, we “need to start taking images seriously.” I will show that the images under investigation in each case study (i.e., psychiatric photography) are evidence of the visual and non-visual culture of madness rather than mental illness. Each case study image has embedded it sensationalized version of mental illness, under the guise of madness, into the contemporary images of madness we see today (figures 1-3). All of these images have a rich history that dates back as early as the fifteenth century.

In the end, one could counter argue that the still photograph from *American Horror Story: Asylum* is simply a fictitious depiction. However, I will prove that madness is a social construct that influences the visual culture of contemporary society as well its views on mentally ill people through the semiotic analysis of three artifacts pertaining to madness. These images need to be framed in a way that allows a better understanding to be grasped.

To gain that better understanding of the asylum and the photographic images created within the walls of the specific asylum of each case study, I examine how these images relate to our understanding of the hard distinction between madness and mental illness, as well how they shape our western culture’s (both visual and non-visual) views of mental illness. To gain that understanding of the distinction between madness and mental illness, a historical and theoretical basis of madness (and its images) will be provided through the lens of Michel Foucault’s influential book, *Madness and Civilization*. The building of a timeline, as it pertains to madness, is dedicated in a majority of the second chapter of this thesis. However, photography was not established until the last two historical periods (1850-1950). I then integrate this proposed timeline of madness into each chapters’ subsection “Historical Perspective” as a framework to see why and how, through semiotic analysis, these photographs were invented and utilized, to understand the difference between mental illness and madness.

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I use Roland Barthes’s semiotic theory of myth to frame the images of madness, as well as the social construction of it, to make them more understandable. Semiotic theory is used to analyze psychiatric photography, the proposed myths of madness that have been constructed from them, how they influence the way we see and think about mental illness in contemporary visual culture. The three myths I propose being: *Madness as Diagnosable, Madness as The Hysterical Body* and *Madness as Treatable*. Through this thesis research, I aim to show that semiotic study is an invaluable frame for understanding these images, and to shed light on common misconceptions and stereotypes of mental illness that have permeated both medical and popular culture imagery throughout the last 200 years.

**Methodology**

Roland Barthes Semiotic Theory and the Building of the Myths of Madness.

Semiotics is the theory that pertains to the use of signs. A *sign* is anything that is used to communicate something. Signs take the form of words, images, sounds or objects, but as Barthes states, these things have no intrinsic meaning and become signs only when we give them meaning. In other words, nothing is a sign unless we interpret it as a sign (figure 4). Barthes also breaks down the two things necessary for signs to function: a *signifier* and *signified*. For illustrative purposes imagine a stop sign. The hexagonal, red metal, with the word “STOP” painted across is what Barthes would categorize as the vehicle for meaning, the signifier. The idea of the stop sign, “to stop,” is the concept that the signifier is attempting to communicate, the signified. Everything in the real world can communicate something, which means everything is a sign.

In Barthes’s version of semiotics (“myth making”), denotation and connotation are terms that describe the relationship between the signifier and its signified. A systematic distinction is made between the two types of signified: a *denotative* signified and a *connotative* signified (figure 5). Denotation is the

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5 Ibid.
“literal meaning” displayed by a sign through the relationship of its signifier and signified. Denotation, as Barthes states in *Myth Today*, is the *first order of signification* (figure 6); at this level, there is a sign consisting of a signifier and a signified. Connotation is a *second-order of signification* (figure 7) that uses the denotative sign as its signifier and attaches to it the ideology held by the myth maker, in this case the psychiatrists and doctors, thus creating myth (figure 8).\(^6\)

Myths are a collection of signs with similar themes and, as Barthes puts it, are extended metaphors. Myths help us to make sense of the world around us and our place and experience in it by helping us organize shared ways of hypothesizing an idea within a culture, both visual and non-visual. Myths also aid in the naturalization of ideologies when utilized by an elite class. These myths and ideologies allow people in power to shape history to their advantage and make their ideologies seem entirely commonplace and true. As Barthes writes, “Bourgeois ideology... turns culture into nature.”\(^7\)

Using the semiotics of mythology, I decode signifiers within each case study and establish the denotative and connotative aspect of each image that create its intended myth. Each chapter addresses its own proposed myth: Chapter 3: English Diagnostic Photography, Case Study I and the myth of *madness as diagnosable*, Chapter 4: French Hysterical Photography, Case Study II and the myth of *madness as the hysterical body*, Chapter 5: Treatment Photography in the United States, Case Study III and the myth of *madness as treatable*. By the end of each semiotic analysis I hope to reveal a better understanding of why there is such a social stigma and negative connotation on mental illness present within Western society’s visual culture.

**Literature Review**

In the case studies that are under analysis, I use a culmination of images from specific studies that have been previously discussed in the literature about the history of madness. The main authors of these

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\(^6\) Ibid.

\(^7\) Ibid., 206.
investigations include Georges Didi-Huberman, Sander L. Gilman, Jan Goldstein, Jennifer Green-Lewis and Asti Hustvedt.

Sander L. Gilman analyzes the work of Hugh W. Diamond (1809-1886) in *The Face of Madness: Hugh W. Diamond and the Origins of Psychiatric Photography* (1976) which includes the historical origins and significance of diagnostic photography. Although his analysis is full of great information and images on the culture of English diagnostic photography, he does not fully discuss the next phases of psychiatric photography: the invention of hysterical and treatment photography. I use this historical context and Barthes’s “myth” to influence the images that I analyze within Chapter 3.

Georges Didi-Huberman’s *The Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* (2003) disassembles the iconography that was collected by Charcot and his colleagues. Didi-Huberman’s main reason for investigating these collections of images is like my interest of exposing the truths of how the psychiatric profession in the nineteenth century used and abused power and dominance over people suffering from mental ailments. He investigates how certain aspects of nineteenth-century psychiatric science morphed because of questionable pseudo-scientific methods of investigation. I use three photos from this book for my case study, and although I use the findings of Didi-Huberman in my analysis, I look at these photos not only as isolated events but also to examine how they function in the greater scope of the history of psychiatric photography and treatment.

Jan Goldstein book, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (1987), investigates the intellectual, social and political foundations of the history of the French psychiatric profession, as well as, the methods and images that were utilized in that time. Goldstein's main objective is not as overarching as my thesis, but rather a very isolated specific subject. I use her studies of this rich history to inform the way in which Case Study II is analyzed.

I also look at the most recent study of psychiatric photography, Asti Hustvedt’s *Medical Muses* (2011). Her book investigates the subject of French hysteria but, unlike Didi-Huberman who looked at
hysteria in a broader sense, she selects three specific women confined to La Salpêtrière who were used in the pseudo-scientific investigations of hysteria. With this selection, she illustrates how these women became somewhat of celebrities during this period of inhumane spectacles. I look at these women as part of a whole scientific construction of hysteria, rather than isolated events. To my knowledge, there has not been a study utilizing semiotic theory to investigate the visual culture of psychiatric photography and its use in treatment over the last two centuries and its implications in contemporary life. I use this historical context from the last four authors as well as Barthes’s “myth” to analyze the images in Chapter 4: French Hysterical Photography, Case Study II.

Lastly, I look at researched writings on the history of American Psychiatry as well as utilize LIFE Magazine’s 1950 exposé on Worcester State Hospital. All sources provide a good basis for the historical context of the medical practices within American Psychiatry and the ideologies that drove the evasive paradigm of madness. Though most of the scholarly sources address the practices of the institution of American psychiatry in the 1950’s, few include a visual element. I use the historical context provided by the scholarly non-visual sources alongside Barthes’s “myth,” to analyze the images from the LIFE Magazine’s 1950 expose’ in Chapter 4: Treatment Photography in the United States, Case Study III.
CHAPTER 2: PROPOSED CHRONOLOGY OF MADNESS

Michel Foucault’s *Madness and Civilization*

Foucault proposes in *Madness and Civilization* that the origin of madness was established in four periods: *Stultifera Navis* (The Ship of Fools), The Great Fear, The New Division and The Birth of the Asylum. Each period is addressed here along with historical information on the practices of doctors and their attempts to visually depict madness.

*Stultifera Navis* (The Ship of Fools): 1450-1700

Michel Foucault asserts that although fifteenth-century Catholicism purified their lands of lepers and closed the last major lazar houses, the fearful image of the leper remained. This image of the leper as outcast and the ideologies of exclusion and dominance that propelled its creation and existence would impact the way the human mind was seen, understood and depicted in later centuries. This critical shift in ideology is the period in which Foucault defines *Stultifera Navis* or more commonly known as “The Ship of Fools.” The Ship of Fools was a literary device that had an actualized application in fifteenth century life that anyone seen as an outcast should be exiled, as their inability fit the rigid frame of society was a sign of impunity and sin that could easily spread itself. After a change in thought about the human mind and body—the purging of the disfigured and unholy leper from society—an enlightenment period began in which the Catholic Church shifted its ideological policy of exclusion and dominance to a new group of sufferers, “madmen.” It was seen through this enlightenment that The Ship of Fools had sailed away from being a legitimate sociological thought. But, as Foucault writes, the meaning of madness contracted to society by “The Ship of Fools” motif was simply a shifted notion that was repackaged. Madness was still closely linked to man’s weakness and immorality.

Over the next three centuries, a new collection of images as *Images of Madness* developed, according to Foucault. He states that these images of madness interest us because of their power to procure knowledge in the process of viewing them. That knowledge reveals to us the myths of madness,
as well as piques our curiosity to concretely visualize and conceptualize madness. With Foucault’s theory that each historical period of madness has its own images, applied to the visual artifacts under analysis, we can see that this investigation of curiosity with images of madness throughout history has had shifting definitions through the different time periods of Foucault’s proposed *Madness and Civilization* chronology.⁸

Some of the very first images of madness came in the form of etchings.⁹ Most of the etchings were filled with gruesome depictions of demons and horrific biblical references. These early images reflected society’s view of madness at the start of the early modern era (sixteenth century). Much of what was understood about the human mind and madness was explained by religious authorities as an affliction of demonic possession or witchcraft or a manifestation of sin through leprosy. This new distinction of morality and immorality as it pertains to the soul of the man suffering from madness was the defining sentiment of this proposed period. Images such as the anonymous *Purifying the Possessed* (figure 7), were imbued with many different meanings, religious as well as political. These images were created during a period when religion and politics were often controlled by the same group of elites. This is one of many early depictions that, as Foucault says, contribute to the shaping of the discourse as well as the visual culture of madness.

The Great Fear: 1700-1800

This corresponds to later in the modern era during the post-Enlightenment, when Christianity could no longer continue to rationalize mental illness as an issue of morality. This was due in part to the secularization of the Enlightenment. Early pseudo-scientific methods, such as *physiognomy*,¹⁰ were utilized to understand the workings of the human mind. These pseudo-sciences operated on the Romantic

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⁹ Etching is the traditional the process of using strong acid or mordant to cut into the unprotected parts of a metal surface to create a design in intaglio in the metal. The intaglio is then rolled with ink and printed onto paper, leaving a printed version.
¹⁰ Physiognomy will be used throughout this thesis and its definition is; the practice of assessing a person's character or personality from their outer appearance—especially the face, as it relates to the traits and outward appearance of certain animals.
notion that the eyes, face and anatomical structure were direct windows into the soul and mind and could be diagramed and analyzed to tell us something about the patient to which these attributes belonged. Foucault labels this Romantic period as a product of The Great Fear. This was a time in which the discourse and ideology of madness was concerned with the psychology and safety of sane ordinary society. On a nuclear level, families were concerned with their economic standings and the hardships faced while attempting to care for those suffering from madness. This distinction of separating the madman from the society changed the way in which humans, now assuming the role of “patients,” were treated and understood. Treatment during this period was developed mainly to confine, document, categorize and diagnose anyone who was going against the social norms of society. It is important to note, as Foucault states, that the confinement was a result the liberation of understanding of the madman and madness. The madman was free from the shackles of society’s direct gaze and religious authority but was thrust into the shackles of the doctors at the asylum. To quote Foucault, “Yet madmen were still considered social pariahs, acknowledged but kept away from the rest of society on grounds of protecting society from the madman.” This new application of thinking about the origins of man’s suffering, as it pertains to madness, stemmed from the enlightened belief that not all questions can be answered through religious means and texts or the warehousing of the mad.

This imprisonment was not exclusively for the mad, but rather a mixing of criminals and the mentally ill. There was no sociological distinction made between the two. For most of the eighteenth century both groups of people were essentially treated like animals. This inhumane treatment was a result of the actions of those who were given power to investigate their maladies. These elite doctors saw the confined madman’s disposition to non-conformity, abnormal behavior as well as other social inadequacies that went against the status quo (i.e. marital status and economic status) as a reason to justify them as less-than-human.

11 Ibid., 200.
12 Ibid., 199-221.
The study of physiognomy, given its name by the pseudoscientific doctors Johann Kaspar Lavater (1741-1801) and Jean-Étienne Dominique Esquirol (1772-1840), compared the physical attributes of humans with animals (figure 8) that seemed to share similar character traits, personalities and mental capacities. During this fear-driven time, these studies began to reflect a social paradigm constructed on the notion of irrationality and savageness as being attributed to patients of madness, thus stripping the humanity from the suffering human beings. In the early nineteenth century, physiognomy began to gain recognition. This new endeavor was concerned with gaining visual empirical knowledge of the human body through etchings instead of verbal folklore and myths.
CHAPTER 3:

ENGLISH DIAGNOSTIC PHOTOGRAPHY: CASE STUDY I

Historical Perspective

The New Division: 1800-1850

The next historical shift in considering madness in the mid nineteenth century was described by Foucault in *Madness and Civilization* as “The New Division”. According to Foucault, a subtle change in dominance over madmen by naming them patients. The mission of psychiatric care at the time was less about diagnosing and classifying madness, and more about separating those who were mentally ill from those who weren’t. Foucault states that this shift was a time of great importance when it was no longer useful to mix the insane and the criminal in institutions outside of society and that the voices of the madman must be separated. This gave the madman the position of a social being and brought them one step closer to being seen as human again. Doctors’ new interest in separating the insane from the criminal and diagnosing mentally ill people brought the mid nineteenth-century practice of positivism. Positivism is an ideology that puts sensory and logical data at the center of authoritative knowledge. The movement of positivism also invented what is called, in contemporary times, the practice of psychiatry. Sigmund Freud, a prominent psychoanalyst at the time, coined the term positivism within the new school of psychiatry and asserted that nineteenth-century doctors were certain of the fact that they, equipped with science and authority, were the only suitable ones to treat the mentally ill. Within the positivist paradigm of the asylum, the dichotomy of the doctor/patient relationship was established. At first application of this new ideology, the doctor has no idea what establishes his power or the patient's part in it. These doctors began to utilize their position as the all-powerful to integrate photography into the practice of diagnosing patients, which would inadvertently contribute to the visual culture of madness.

13 Ibid., 221-24.
The New Division as it Pertains to Psychiatric Photography

As stated in Chapter 2: Foucault’s Proposed Chronology of Madness, around the same period as Doctor Duchenne Du Boulogne’s Mechanisms of Human Facial Expressions, photography was developing its presence in the medical community by way of diagnostic photography by the prominent doctor H. W. Diamond. According to Sander L. Gilman, Diamond was a part of a new movement in the nineteenth century that was interested in the realistic depictions of life and science. The movement used photography for medical documentative and diagnostic purposes, more specifically, evidence of empirical scientific proof of mental illness, or so they thought. Though not the first to use photography14 in a scientific sense, Dr. Diamond, who was later dubbed the Father of Psychiatric Photography, was the first to attempt to transgress the boundary between art and science through photography.15 Dr. Diamond began to photograph his patients at Surrey County Asylum in Hooley, Surrey, UK (figures 9 and 10).

Early in the nineteenth century, there was one major scientific critic of the attempts to visually categorize or classify the mad, Esquirol, who, as stated in Chapter 2: Proposed Chronology of Madness, was a man devoted to the study of physiognomy. He worked closely with Lavater, the pioneer of physiognomy, and even though he was a contributor to, the then images of physiognomy, he was a skeptic. Esquirol argued that that the study of human facial features of the insane is not an object of idle curiosity and that such a study can aid in the unraveling of the character and emotions of the mad.16 Esquirol was ahead of his time by questioning whether the ethical and moral ramifications of creating and disseminating the physiognomic image were negative. Diamond was the first to bring a positive ethical sentiment to helping the mad in England with the intent of recording individuals through photography for treatment and diagnostic purposes.

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14 In the late 1830’s The Rev. J.B. Reader recorded the images seen through the microscope on a photographic plate and thus the art of photo-microscopy was born. (Gilman,5)
16 Ibid, 8.
In 1858 at Surrey County Asylum, Dr. Diamond began photographing the mad, most of whom were women, given the then accepted theories that women were more unstable and hereditarily more susceptible to being mad. These women were suffering from ailments such as melancholia and mania and may very well have not been mentally ill at all. Carroll Smith-Rosenburg argues that doctors during the nineteenth century used medicine to control women’s behavior and that male doctors had definite ideas about how women ought to behave. Such ideas and institutions formed an understanding of what constituted abnormal behavior, and usually this was the refusal of traditional patriarchal gender roles.17 These women patients were considered privileged to sit for such photos. They were posed and dressed in fanciful garb, something almost costume-like and not typically what patients would wear on a day-to-day basis. This artistic element of diagnostic photography is illustrated by Sander L. Gilman who describes a small number of incidents in which some patients’ participation and reaction to their photo was a possible mental malady treatment tool. In the contemporary description of an incident with a patient by William Charles Hood at the Surrey County Asylum, it was not just the photos themselves that influenced the patients, but the process of taking these types of photos. Hood stated, that one incidental effect of these artistic amusements was to draw attention to the objective reality for the patients themselves: their costume, general appearance and face.18

This account of diagnostic photography inherently having an aesthetic-like composition sheds light on the process of H.W. Diamond, but also it rectifies the mass mis-interpretations of diagnostic photography and how it indeed created a discourse much different than was intended. This aspect of composing photographs created a false narrative of madness rather than mental illness. This artistic process is nowhere near the original attempt of photographically diagnosing the true essence and tangibility of mental illness. This participation by patients as well as the inauthentic aspect of the

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diagnostic photographic process led to the forced caricature of some patients. Women would often ask to be photographed so they could then write home and send a photo to show their families the improvement of their conditions. ¹⁹ Because the process of photographing was a form a treatment that had an expected outcome, the women patients would fake good behavior than was conducive to nineteenth century gender norms. ²⁰ These diagnostic photographs were helpful in treatment, but also played into the power structure of the doctor and patient relationship.

With these types of subjective, un-intentional and un-empirical ramifications taking place through the process and the dissemination of these photos, it began to be understood that these photographic diagnostic practices were more in the realm of art rather than medical illustration. Diamond’s original focused attempt to capture the essence of mental illness was not realized. As Gilman states, Dr. Diamond himself was pioneer at capturing the illusion of reality through photography, because of his access to existing models instead of relying on sketches and etchings. His photographs contained an aesthetic structure that gained importance through skillful patient manipulation to obtain the greatest effect of the proposed viewable nuances of insanity to the viewer. ²¹ This aesthetic feature is what encouraged criticism of Diamond’s work and is also of great importance to my research question: how does this historical information change our views of the visuality of mental illness throughout contemporary visual culture?

In the mid-nineteenth century, the use of diagnostic photography by doctors was abundant, but it was not easily reproduced. ²² This led doctors to create etchings ²³ of these diagnostic photographs (figure 10) to convey the sickness from which patients suffered. In a series of case studies by the Professor of Medicine at the University of London (1858), John Conolly, entitled: The Physiognomy of Insanity, was

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¹⁹ Ibid., 10-11.
²⁰ Ibid., 8.
²¹ Ibid., 8.
²² Photography at this point in history was produced via the wet-plate collodion process allowing for very little reproduction value. This process soon became outdated in the End nineteenth century with the invention of the calotype-process and image, which was very reproducible allowing, in theory, an unlimited number of copies to be made.
²³ Etching is traditionally the process of using strong acid or mordant to cut into the unprotected parts of a metal surface to create a design in intaglio in the metal.
published in the *Medical Times and Gazette* (1858), 24 writings explained the very topic and techniques used to create these illustrations. The original idea of using etchings of photographs was to make the photographic image more reproducible, but there were quite a number of drawbacks to this process. Conolly illustrates these drawbacks in his *Medical Gazette* Case Studies, where he explicitly lists out the pros and cons of photography versus etchings.

In comparing etchings to photos, Dr. Conolly states that etchings are entirely destitute of all those minute points of expression which alone could give any value to such illustrations. 25 Gilman states that in etchings, the image lacks a true expressionistic reality through the absence of close detail and in the changes and demystifying of the visage of the patients. Etchings changed the value of the diagnostic image but did not destroy it. 26 By 1869 since photography was easier to reproduce 27 and circulate, etchings were no longer a reliable source of scientific information in the diagnosis of patients with mental illness. Diagnostic photography as a legitimate practice ended because of the over saturation of images being reproduced as well as criticisms of those images’ efficacy to diagnose mental illness.

**Semiotic Analysis of Case Study 1: Early Diagnostic Photography**

In the images (figures 9 and 10), a female patient is seen frowning downward into the distance with a delirious gaze slightly away from the gaze of the viewer. Her long gown, not normally worn by women in her position as a “lunatic” at Surrey County Asylum in 1858, is made of a black and white checkered cloth and contrasts heavily against the bleak, almost bed-sheet like cloth staged background that isolates her. The isolation allows the viewers to focus attention on her instability. Her gesture appears subdued with a closed body and clasped hands. Her framed and staged posture shows that this is an act of

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24 Ibid., 25.
25 Ibid. 11.
26 Ibid. 11.
27 H.W. Diamond Published more than a dozen essays on the process of the calotype and its simplicity to reproduce images- In 1853 he read one of his essays from *Notes and Queries*, named “The Simplicity of the Calotype Process”, in front of England Photographic Society. (Gilman, 6.)
forced spectacle and portraiture rather than diagnosis. This assertion can be backed not just based on the composed aesthetic quality of the photograph, but also because of its historical context. A patient receiving diagnoses she was not then viewed as a real person but as a medical object suffering from madness. Michel Foucault argues in *Madness and Civilization*, that the diagnoses stage of madness had become an issue of power. This power structure established the distinction that medical and scientific communities of the newly fresh institution of the asylum would name the doctor to patient relationship. Foucault states that in the proposed history of madness, psychiatric photography existed at a time in which the keys to understand and cure madness were Consolidation (Classification), Purification, Immersion, Regulation and Movement. Foucault states that this power relationship began between doctors and patients began at the linguistic level.

This formulation of power is, as Foucault puts it, of the knowledgeable kind that is in constant flux and change, as knowledge and the truth change constantly. He also asserts that power is everywhere and not just held by few groups of people. In this case, Doctor Diamond used his power to create English society’s own regime of truth designating power to doctors. And through this culmination of power, doctors used their status in society and procedures of diagnostic photography and medical science as tools to create an acquisition of truth. Though this regime of truth may bring about a negative change in relation to how society treats people, it may be considered progressive and helpful in the original sentiment of constantly thinking critically about how mental illness exists in reality, rather than just how mental illness is visually depicted.

In the photograph, nothing in the background emerges in the form of relatable objects or patterns. The stage-like backdrop creates a sense of anxiety, dread and mystery, leading the viewer to ask is this authentic or is it for theatrical purposes? The background and indirect gaze of the woman puts the viewer

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into the position of the doctors’ diagnosing and treating this woman. In the image (figure 9) the patient is trying to cope with her sadness as well as the visual restraints of being gazed and gawked at in the diagnostic process of her ailment. Next to the pairing of the etching and the original photograph (figures 9 and 10), as it appeared in the Medical Gazette, there is text that reads Suicidal Melancholia, indicating that she is a patient treated by doctors. The simple black background only serves to emphasize the turmoil of the photo. The blank background in the etching is white and nothing emerges from it, serving as a conduit of negative space to reduce this woman to her insanity.

The first denotative sign present within the photo and etching (figures 9 and 10), that creates our literal understanding of the image, based on Dr. Duchenne de Boulogne’s anatomical facial research (figure 11), is the downward gaze and frown as it appears photograph, signifier. This expression conveys that the woman is experiencing melancholy or sadness, the signified. This combination of signifier and signified constitutes the process of the images first-order signification (figure 12). We relate to this visual sign of sadness because of our empathy as humans. This visual sign of sadness becomes problematic at its second order signification (figure 13), where the image gets its cultural connotative sign, because it represents a distortion of reality. The woman in the photo is paired with the textual Suicidal Melancholia and, she is stripped of her story, name and context.

The second denotative sign of the photograph is the combination of the signifier and the signified. The signifier is the clothes the patient wears and the signified is the concept of these clothes as a show of conformity to society’s standard of dressing/presenting oneself. This observation is the second denotative sign’s first-order signification. The way in which her clothes are represented in proximity to the photographs first denotative sign of a sad woman, is the most important factor in reading the image. The stark contrast between her, supposed abnormal, sad behavior in contrast to the ordinary common-place garb is fueled by the notion of separation and isolation, sane versus insane, pure and impure. Her

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melancholic gaze doesn’t seem to fit into the social, gender conforming way of how it is “normal” to dress. People who dress “normal,” should appear to be “happy” and “normal.” The photograph of a woman in a normal dress deployed next to the textual *Suicidal Melancholia* (figure 9 and 10) creates the cultural connotative notion that madness is easily visually diagnosable and recognizable in contrast to society’s rules of conformity.

When looking at Barthes’s mythical framework, we can see it suggests that accredited nineteenth-century doctors were situated into the position of the “bourgeoisie” because of their high socio-economic status. This hierarchal societal distinction is a major contributing factor to reading of this image, because it illustrates the cultural behavior that established a clear division of power between the sane and the insane by masking it as the doctor and patient relationship. Doctors utilized recognizable signs within their photographs to get viewers to recognize certain mental ailments by the visual aspects of a person’s physical attributes. Because of this one-to-one correlation, the relationship one has to the sad woman in the photo is lost and is reduced to a linguistic sign, which Barthes states is the final process that creates the myth. When deployed next to the original sign, the sad woman in a dress is signified with the concept of *suicidal melancholia*. Therefore, on a literal cultural reading, the woman is Suicidal Melancholia.

In the end, the attempts by, Dr. Hugh. W. Diamond and his contemporaries to visually diagnose madness became much more influential in the negative connotations of mental illness than was originally intended. The distortion of reality within the parameters of diagnostic photography, as it pertains to the myth of madness as diagnosable, realized the exact opposite effect of helping science and society understand mental illness Mental illness is an intangible disease, one not visually classifiable as it pertains to visual characteristics of humans. This behavior of reducing humans to a visual sign further

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32 Michel Foucault, “The Great Fear,” *Madness and Civilization*, (Psychology Press, 2001) 191. It was believed that one who was suffering from madness was weak: “If in madness the spirits are subjected to abnormal movements and thoughts, it is because they have not enough strength or weight to follow the gravity of their natural course.”
dehumanized those suffering from mental illness. It also naturalized the behavior that judgment on physical attributes is completely rational and appropriate in the institution of psychiatry and society. It is in the process of this diagnostic photograph’s (figure 6) myth building, that the idea that people who are mad or possibly mentally ill are isolated, not just in their mind but also by the ideologies of the science and medicine used to treat them. With Foucault’s chronology of madness and the theories of power embedded within it, as well as the theory of semiotics, we can see that diagnostic photography is more than a collection of visual historical artifacts. The photographs tell us about the past of our culture (both visual and non-visual) because they illustrate human interactions with mental illness and shed light on many of the seemingly natural notions about mental illness that take place within today’s Western society.
CHAPTER 4: FRENCH HYSTERICAL PHOTOGRAPHY: CASE STUDY II

Historical Perspective

Birth of The Asylum: 1850-1950

Michel Foucault states that last stage in the chronology of madness is, the “Birth of the Asylum.” With there being hospitals full of so many criminals, the mentally ill and others, there was a need to establish a separate place to treat those who needed it. This need for a separate facility dedicated to just the mentally ill came out of the struggles of the division and diagnoses stage of madness. The overflowing of warehouses of the mad had become an issue of power. So, doctors developed an institution in which they could have complete power of the mentally ill: the asylum. This consolidated power began to introduce itself into the newly fresh institution of the asylum by way of the doctor-to-patient relationship. Foucault states that the photos that came out of France at this time were a reflection of the beliefs that the key to mental illness was to understand its roots in the physical body and, when its cause was found, cure it.33 Foucault states that this power relationship between doctors and patients began at a linguistic level. This formulation of power is, as Foucault puts it, of the knowledgeable kind and one that is in constant flux and change, as knowledge and truth changes constantly. In this case, doctors are the ones who held the knowledge and keys to madness and were seen as the guardians of its discourse. He also asserts that power is everywhere, not just held by few groups of people, and does not originate from a desire to dominate and control, but rather to create its own regime of truth. In this case, European society’s regime of truth was to create and designate power to a select group of people, doctors and psychiatrists. Through this elevation of doctors and psychiatrists into the elite class of ‘thinkers,’ they then used their status in society and procedures of diagnostic photography and medical science as tools to create an acquisition of truth.34

34 Ibid.
Birth of the Asylum as it pertains to Psychiatric Photography

The discourse following the notion of madness as an empirical reality gave way to the ideologies of Foucault’s last period in the *Madness and Civilization* timeline, *The Birth of the Asylum*. As a fresh institution, the asylum’s goal was much different than the warehouses that came before it. Instead of focusing on isolated sociologically labeled “mad” patients, the asylum doctors shifted their attention to the study of the human mind, both healthy and pathological. This was the beginning of doctors seeing and experiencing the reality that not all people who are considered mad were actually mentally ill. Jean-Martin Charcot (1825-1893), Paul-Marie-Leon Regnard (1850-1927) and Paul Marie Louis Pierre Richer (1849-1933) were three doctors at La Salpêtrière, Paris’s most prominent asylum in the late nineteenth century. Instead of relying on the static physiognomic-like analyses of human facial expression to depict madness, as his predecessors did, Charcot started to shift beliefs into Investigating this ideology of the moving body. He still used photography as a medium to empirically capture and categorize the concept and actions of, as Charcot would ultimately name it, “hysteria.” Hysteria, according to Charcot, was a pathological neurosis or nervous illness associated exclusively with women. Late in his career, he stated that hysteria, though unprovable, was a distinct universal pathology without gender. Hysteria would later prove to present a case of confusion of real illness and imagined illness.\(^5\) Charcot was influenced by Duchenne de Boulogne, who also had worked at La Salpêtrière. He mimicked much of Duchenne’s aesthetic medical approach in his photography of hysteria. Whereas Duchenne had focused on the scientific process of pure facial stimulation for medical purposes, not how it pertained to emotions, Charcot’s brilliant work on hysteria centered on making clinical diagnoses and treatment in a different direction of uncharted territory.\(^6\)

Charcot, much to his own hypocrisy, continued to illustrate the pathology of the hysterical as being female, simply because of his location and hard studies at a hospital populated by a majority of women.\(^7\)

\(^5\) Ibid., 5.
\(^6\) Ibid., 157.
\(^7\) Ibid., 25.
La Salpêtrière was full of women, especially prostitutes, who were among the most vulnerable of society having no family or home. Many scientific writings at this time had been written about mental illness and madness using male pronouns which is odd because most testing was executed on women. This leads to suggest the dichotomous nature of not just the doctor patient power struggle, but man vs woman, which meant women’s autonomy was outside the patriarchy’s understandings and beliefs. Women were not only considered mad, but were believed to not have an identity in society as well as in experimentation. It was perceived by Charcot and many, that madness was an excess movement of dangerous passion, grief or trauma\footnote{Simon Boag, Psychoanalytic Psychology, 1st edition (Abingdon, UK: Rutledge, 2010), 164-181. Both “repression” and “suppression” are said to involve removing mental content from awareness. However, repression is generally said to be unconscious, whereas suppression is said to be conscious.} which led to delirious hysterical fits. The experiments at La Salpêtrière provided a language of madness, the language of hysteria. This language allowed women to fully articulate their distress. It is important to note that the victimhood of these woman at La Salpêtrière is fully realized in its veracity, both inside and outside the institution of the asylum. However, these women participated in a hospital culture that was in many ways less oppressive than the world beyond it. Women had mastered the language of hysteria and were undoubtedly rewarded.\footnote{Asti Hustvedt, Medical Muses, 1st edition, 4.}

Charcot believed that the capturing and analyzing of the “hysterical fits” could shed more light on the mental status of certain patients, in place of stagnant diagnostic photography. These hysterical fits were a series of hypnotically induced epileptic like events that progressed in four stages (figure 14): (1) the Epileptoid phase, which was categorized by mini seizures, preceded by an aura, (2) the Grand Movement phase, movements that closely simulated the contortions of circus/acrobatics performers, (3) the Attitudes Passionales phase was considered the passionate pose in which the hysteric on display and under hypnosis would act out emotional states such as terror or ecstasy, (4) Delirium phase (which was a...
sign that hypnotic state had ended faded), was an acutely disturbed state of mind characterized by restlessness, illusions, and incoherence of thought and speech.40

Charcot’s incentivized his patients to perform hysterical fits for audiences at his lectures. Corresponding photographs were shown together in tandem with the performances at his lectures, which were eventually called “The Great Emporium of Human Misery” (figure 15).41 These photographs appeared in dominant science periodicals and began to influence a new movement in French psychiatry as well as art and design that began shortly after Charcot’s tenure (1863).42 This new movement mimicked the political revolutionary efforts to subvert the status quo, and in Charcot’s case, the status quo of madness. Charcot, who was considered the “Sun King” or the “Caesar” of modern psychiatry, believed that the idea of mixing of the sane and the insane would never reap any acceptable results. Charcot believed that this outdated “great fear” thinking was holding his hospital and his country back from achieving greatness.43 The kind of greatness that La Salpêtrière and Paris deserved.

With great initial influence and reception of their hysterical photography, Charcot and his colleagues believed that they had developed a fully accurate and articulate science into deciphering the mad or hysterical mind. Charcot believed that these brash movements were the exact unchangeable steps in which the hysteric would take during her fit of madness. He believed that these images could shed light for any doctor trying to diagnose a patient, but he did state in later lectures that the underlying cause of hysteria was still ambiguously at large. The thing that baffled Charcot most about the “diagnoses” of hysteria was that he could not find any lesions internally within the body of the hysteric. At this point in history, it was believed that lesions on or inside the body, post-mortem, were a key indicator of medical abnormalities and diseases. Charcot coined this method as the “anato-clinical” procedure, and stated on

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40 Ibid., 21.
42 Ibid., 18.
43 Asti Hustvedt, Medical Muses, 1st edition, 7.
many occasions that it was only possible because of the sheer numbers of elderly and lifetime patients. 

Even though Charcot believed he had all the necessary hysterical bodies and resources due to his well-networked aristocratic reputation, he still had not figured out why or from where hysterical illness originated. Without a source or origin of the malady, there was no cure. Since Charcot had a feeling of defeat, he began to focus only on managing and artistically depicting this disease of hysteria. His visual disposition as an artist himself, as well as his rapport with high class French artists, led to this interest to focus only on how the hysteric would be visually depicted. Charcot delegated his work to two of his closest confidants for the sake of time because he was over-seeing a hospital, was in charge of medical classes and lectures and was seeing patients. Regnard was his photographer and Richer was his draughtsman. With this help Charcot was able to present multiple forms of visual evidence at his lectures. His goal was to have enough evidence to be able to sway the beliefs of others in his favor, and literally create the spectacle of hysteria.

When it came to Charcot’s empirical documentation of madness or hysteria, he began to experiment on a woman named Augustine who was confined within the walls of La Salpêtrière on October 21, 1875. She was born on August 21, 1861, to a family that was not wealthy and on the cusp of Parisian society. At a young age, Augustine was in and out of hospitals to seek treatment for what contemporary doctors would consider epilepsy. After being wet nursed as a child, it is suggested that she already had a traumatic developmental issue in regard to relationships with women. Around the age of thirteen, her mother sent her away to a boarding school in which she would later be the victim of mental, physical, emotional and sexual abuse during her most formative years. These traumatic events would have a lasting effect on her actions at La Salpêtrière.

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44 Ibid., 13.
46 Ibid., 21.
48 Ibid., 147-150.
During her time at the Paris hospital, Augustine began to have delusions of grand emotions; which in Charcot’s lexicon of hysteria most likely would have been a mix of epileptic delirium as well as suggested acting through hypnosis. Charcot took a great interest in her trauma and epilepsy. He found her to be an endless well of hysterical possibility. He took advantage of this by giving her better incentivized treatments. Charcot was not just creating hysteria by provoking its observation⁴⁹, but also by pushing his patients, especially Augustine, to give him, through hypnotic suggestion the empirical evidence of observed hysteria. Charcot and his colleagues then began to visually share these performances and analyze them in his “Great Emporium of Human Misery.” Richer translated the different aspects of the hysterical fit into drawings (figure 16). This performance, as Charcot believed, was the only sound way to visually indicate the signs of the hysteric. The previously stated figures are of the fourth visual step in a hysterical fit; *Attitudes Passionales*. With many of Charcot’s lecture-hall contemporaries un-perplexed and unsatisfied by the whole “circus” of hysteries, many began to criticize and discredit Charcot. Many stood to accuse Charcot of not just utilizing scientific, medicinal and diagnostic malpractice on his women patients, but that his lectures were fabricated spectacles of staged acting. These accusations were seen then as having a negative effect on the progress of diagnostic practices in France as well as the overall view of patients suffering from real mental illness. Thus, Charcot’s “Grand Emporium of Human Misery” had come to an end.

**Semiotic Analysis of Case Study II**

In the second case study image (figure 17), Augustine, is having seemingly involuntary trance like movements while being physically confined to a padded cell, and more than likely, constrained by the gaze of outside viewers. Her extreme formed gesture appears rampant and chaotic, with a wide mouth and head forcefully bent backward while her arms open and reach for the solid ground beneath her. She is

trying to escape her hypnotic mood driven delusion as well as the overpowering gaze of the viewer. This posture suggests, through the utilization of the iconography of Hysteria as well as the text presented underneath the photograph, that she is in a full blown hysterical fit. Her mind is vulnerable and seem have no control over her extremities. This sight is pure terror contrasted against the simple padded background.

The padded white background is devoid of emotion and evokes the suggestion of a laboratory. These feelings are amplified when you asses the only figure that is against it, Augustine. Her contorted posture amidst her padded confinement indicates that she is being forced to be the main attraction in this spectacle, emporium of misery.\textsuperscript{50} The background and upward gaze of the woman puts the viewer into the position of not just the doctors diagnosing and treating this woman, but as a spectator of this grand spectacle. The padded room suggests that she is a patient in a hospital being treated by doctors and is an important element that helps to tell the story of the photograph. It establishes her relationship with the world; she is a hysteric mad woman being treated for her madness.\textsuperscript{51} This illustrates the lengths Charcot would go to achieve his hysteria. Her photographically framed hysterical posture illustrates the assumption that this is an act of force and domination. She has lost her consent in the situation, as she is the medical object in this grand diagnosing spectacle.

During the social frenzy that Charcot’s conclusions of hysteria created, psychiatric professionals found a new way to confine and classify madmen; it was one that no longer took place in the asylums on the edges of society, but within the gaze of society. On a strictly visual level, figure 16 created a one-to-one correlation for those suffering from alleged madness (hysterical actions = madness). This new societal correlation, as Foucault puts it, was enacted because until 1856 the idea of madness had never been illustrated through live performance. Philosopher Lars Svendson states these live performances created a culture of fear\textsuperscript{52} among people, doctors, patients as well as those not suffering. Now madness was present as flesh and blood, no longer a monster that was inside of all of us, but a thing to gawk at and

\begin{itemize}
\item\textsuperscript{50} Ibid., 17.
\item\textsuperscript{51} Ibid., 113.
\item\textsuperscript{52} Lars Svendson, \textit{A Philosophy of Fear} (London, UK: Reaktion Books, 2011), 1-175.
\end{itemize}
to contain.\textsuperscript{53} At a visual and linguistic level the live performance of madness opened the once closed gap between the afflicted and non-afflicted. Svendson says this fear is not a bi-product of those suffering patients, but a product of the mass public not acknowledging that what they fear is the fact that the unknowable and un-representable mind is within all humans.\textsuperscript{54} With this fear, Charcot pioneered another institution that mirrored the bourgeois authoritarian order, the French psychiatric order.

Michel Foucault argues in \textit{Madness and Civilization} that the treatment stage of madness that closely overlapped the diagnostic phase pushed the same issue of power. Charcot in his tenure at La Salpêtrière continued to facilitate the distinction of the doctor to patient relationship. To exemplify Foucault’s ideas of power from earlier in this chapter, Charcot’s high position in French society as well as his ideologies of scientific knowledge gave way to his formulation of power. Charcot used his ideologies of scientific know-how, his status, as well as his reputation with the elite of France to create his own regime of truth, designating power to himself and his colleagues. Though Charcot’s influence may have brought about a negative change in relation to how society treats mentally ill people, it was forward thinking and helpful in its original idea of constantly thinking critically about what mental illness is, and not just how it is visually depicted.

The first denotative sign present within the image (figure 18) is Augustine’s dramatic thrusting gaze. The woman, Augustine, is the signifier. The physical contortion and turmoil she experiences is the signified. The combination of this signifier and signified establishes the image’s first-order signification. This new sign created through the image’s first order signification is then paired with a new signifier, the title, \textit{Iconografia Fotographica del Grande Isterisom}. Adding this new signifier constitutes the second-order signification of the image which establishes its connotation (figure 19). Remember from the \textit{Methodology} section, a connotation is a social understanding of a sign. The pairing of the text and image is problematic because the new connotative sign represents a distortion of reality. Augustine is stripped of

\textsuperscript{53} Ibid.. 113.
\textsuperscript{54} Ibid.
her story and her context. Paired with the text, she then exists as something so monstrous that she requires confinement. The title of Iconografia Fotografica del Grande Hysteric translated as “Photographic Iconography of the Grand Hysteric,” suggests that she is just another, among many, documented hysterical fits in the visual library of doctors Charcot, Regnard and Richer. With this historical information, it is seen that she is, by Charcot’s definition, one of the many faces of hysteria. His definition was influenced by the patriarchal ideological norms of mid-nineteenth century French society. It placed mainly women as the inherent specimens of madness and hysteria. Even today women and sometimes men not following orders within the patriarchal order of Western culture are considered hysterics.

The second denotative sign of the image is broken down into the padded room, the signifier, and idea of it protecting here from self-harm, the signified. This observation creates the second denotative sign’s first order signification. The padded room and her solo contorted form the notion of separation and isolation from society as well as from the doctors treating her. We are forced to witness her suffering due to the contrast of her contorted body against the visual organized padded walls. This is a visual contrast of structure and chaos, indicated by an intentional choice to aesthetically compose the photograph to show the viewers what was important to understanding madness at the time, the moving body of the hysteric. This focus on the body could prove some insight into the mind of the Hysteric since the body is controlled by the mind. When the image’s second denotative sign is deployed next to the text, Debut de l’attaque, the image’s connotative sign is established through its second order signification. Which is that madness is easily recognizable in contrast to society’s rules of conformity.

When applying Barthes mythical framework as well the historical information applied to Charcot and his Hysterical photography, specifically (figure 17), it would suggest that Charcot is in the position of the “bourgeoisie” because of his aristocratic status and reputation. This hierarchal societal distinction illustrates, through the visual artifact, the cultural behavior that propelled the creation of the hysterical

image; its goal was to establish a clear division of power between the sane and insane as well male/female by disguising it as the doctor/patient dichotomy. Charcot utilized his scientific yet fabricated recognizable hysterical signs to get viewers to relate to the notion that madness is a completely natural reality, recognizable by the visual aspects of her bodily movements, Hysteria. This is most definitely not the case. The intention of Charcot and his colleagues was to use their authority to create the second-order connotative signs: the woman who IS the hysteric as opposed to the images first-order denotative sign, a woman in distress. The relationship one has to the distressed woman in the photo is lost and is reduced to a linguistic sign, which as Barthes states is the final process that creates the myth. When Augustine’s image is deployed with the title “Iconografia Fotographica del Gande Isterismo” she is turned into a hysteric. This second-order signification establishes the myth of Madness as the Hysteric.

In conclusion, the attempts by Charcot and his colleagues to visually depict hysteria became much more influential in the negative connotations of mental illness then was originally intended. The distortion of reality within the guidelines and aesthetic process of hysterical photography, as it relates to the myth of Madness as the Hysteric, made the effort to diagnose and help women suffering in La Salpêtrière into a reductive spectacle.56 Once again we see humans being reduced to a visual sign as well as an attempt to naturalize the behavior that judgment on physical attributes and physical agency are completely normal. To echo myself from Chapter 3: English Diagnostic Photography: Case Study 1, we can see that these [hysterical fit] images of madness tell a lot more about our culture’s notions of mental illness, and are more than just historical artifacts; they speak about human interactions with power and each other within our culture and shed light on many of the basic behaviors that take place within it.
CHAPTER 5:
TREATMENT PHOTOGRAPHY IN THE UNITED STATES (WORCESTER STATE HOSPITAL)

Historical Perspective

Birth of The Asylum (USA-Institutionalized care-model) 1900-1950.

In the early formation of Worcester state hospital (ca.1830), as well as into the twentieth century, treatment for the newly socially and medically recognized mentally ill in the United States was based on the institutional inpatient care model, most commonly known as the asylum. The model consisted of patients living in the hospital while they were treated by professional doctors, who at this point in American history were referred to as “psychiatrist”, and staff, which was the most sure and effective way to care for patients suffering from mental illness. Inpatient care was the ideal method of treatment in which families and members of communities who struggled to care for mentally ill family members. Institutionalized care in its main sentiment allowed many more people suffering from mental illness to the resources of recovery, but the lack of state funding as well as little available staff to facilitate the care and treatment of the mentally ill marked the decline of the institutionalization model. The institutionalized model began to draw severe disapproval amongst the public after reports of poor living conditions and inhumane treatment of patients. I will reinforce this historical moment through the photograph(s) that I will be analyzing in last section of this chapter (figure 20 and 21). By the mid-1950’s there was a large movement against the institutionalized care model leading to deinstitutionalization, more commonly known as “out-patient” recovery programs. The movement away from institutionalizing the mentally ill was aided by the growth of anti-psychotic drugs like Imipramine and Chlorpromazine which were used to

treat illnesses such as Bi-polar and Schizophrenia. The efforts to encourage a deinstitutionalized care model for the mentally ill reflected an international movement to change care from asylum to more community-based recovery. The perceptions held by American psychiatric professionals as well as the general public reflected a notion that the mentally ill would live a much healthier and successful life within the communities they hailed from rather than “large, undifferentiated and isolated Asylums.”

Even though asylums were a staple of the style of psychiatric care in early twentieth century United States, the new sweeping movement of deinstitutionalization completely changed the way American psychiatry was understood. The widespread shut down of asylums in the United States was a result of the Community Mental Health Act of 1963. The legislation set forth strict standards on who could be committed to state-run asylums. The act stated the that only those individuals “who pose an imminent danger to themselves or to others” may be committed into inpatient psychiatric care. By the mid 60’s, the United States moved many of its extremely mentally ill patients into community mental health facilities. Studies suggest that Institutional psychiatric care had dropped significantly— from 560,000 patients, nationally, in the 1950’s to around 130,000 in 1980. In 2000, the number of beds occupied by mentally ill patients in state psychiatric hospitals per 100,000 beds was 22, as opposed to 339 beds in the 1950s. Alternatively, local mental health facilities were established to comprise of a large range of treatment options and facilities, from locally based psychiatric teams to local community mental health centers.

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The United States in the 1950s, in terms of how the public characterized mental illness, had a much slimmer and extreme vision than did psychiatry itself. Many people in the public had appalling and rejecting attitudes towards people suffering from mental illness. Several studies suggest that perceptions of mental illness may have expanded and that the exclusion and negative stigmas may have decreased since then. Nevertheless, a lack of comparable and distinct evidence over the last few decades prevents us from gaining legitimate conclusions to these often dis-heartening questions. To somewhat reconcile this issue of time, the Mental Health Structure of a 1996 General Sociological Survey repeated a question from its 1950’s survey regarding what the public defined as mental illness. The data found between both surveys suggests that different public perceptions of mental illness have grown to a certain degree to embrace a larger amount of non-psychotic illness, but the perception that all mentally ill people are somehow inherently violent or scary severely increased. The increase of such characterizations was limited to participants who characterized mental illness in terms of a psychotic episode. Among the participants, the individuals who characterized a mentally ill person as being violent or scary increased two-fold between the 1950’s and 1990’s. Studies do suggest the possibility of tangible move toward accepting many different forms of mental illness that can happen to any one of us. People who do suffer from psychotic illnesses remain an “other” and are more feared and misunderstood than they were decades ago.

I will analyze my last case study to argue that this growing number of mi-representation of people suffering from mental illness is supported by the sensationalized image of psychiatric treatment. Such extreme visual depictions of treatment cast a very intense view of people suffering. Though electroshock therapy has been renamed and actually used for its efficacy today in its low voltage form, its violent imagery has influenced not only the care of the mentally ill, but the public’s perception of it, creating a myth that the mentally ill are violently inhumane and should, nonetheless, be treated as such.

The Birth of the Asylum as it pertains to psychiatric photography.

Worcester State Hospital in LIFE Magazine (1949)
In the mid-1940s, much of what was known about mental illness was established by the idea that mental illness could be treated by affecting the chemistry of the brain, through both chemical and non-chemical means, though antipsychotics at this time were in their early developmental stages. During this treatment era of institutionalization, not much content had been written or disseminated by doctors or mass culture in a way that illustrated how mental illness ought to be treated. Our view of most treatment mental illness treatment options that still stick with us today in our views of how we treat mental illness were done experimentally behind closed doors for a majority of the twentieth century. These are contemporary sensationalized images of hydrotherapy, insulin shock therapy and high voltage electro-shock therapy. The hidden practices of American treatment options for the mentally ill —and why they remained hidden— can be seen through the historical information presented in Historical Perspective section of this chapter. The crass conditions of overcrowding and the inability of state-run institutions to give quality treatment can be seen as a key factor to the “hiding” of those conditions from mass culture. Photographing such conditions of the mentally ill in American asylums would have proved negative for the doctors and their reputations. It was not until the chemical-imbalance theory began to lead to “breakthrough” treatment, of the use of psychotropic drugs and other chemical balancing treatments. Doctors believed these treatments could be photographed and could provide a new way in which the mentally ill could be positively viewed and treated. Unfortunately, society’s negative perceptions undermined the contextually positive treatment images.

The efficacy of these newly pioneered psychotropic and chemical stabilizing treatments of the mentally ill led to the creation of the category of psychiatric photography known as: treatment photography. The confident prowess assumed by psychiatrists at Worcester State
Hospital in 1949, as it pertains to their newly developed treatment, created the necessity for the creation of the images to be disseminated to the masses. In 1949, The administration at Worcester State Hospital allowed famed *LIFE* magazine photographer, Herbert Gehr, inside its institution to photograph the state of the patients as well as the, new top-of-the-line treatments. With this new confidence in their practices of treatments, doctors were not too worried anymore about people seeing “temporary” inhumane conditions of the mentally ill. They believed that with these new treatment options mental illness would be greatly diminished and possibly cured, making the scenes of overcrowding a thing of the past.

The case study image (figure 21), appeared in the March 30, 1950 issue of *LIFE* magazine. The highly influential *LIFE* magazine is a very heavily image-based collection of information. This visual aspect meant that it had many readers who would be the vehicles for pushing the narratives of the myths of madness that this article and more importantly, (figure 20) would inevitably create. The name of the article “Chemistry of the Insane: the Study of Glandular Differences Between normal and unbalanced people is Basis for New Treatments,” appeared on a page with lots of advertisements as well as very little description. Within the pages, there are photographs of people in spinning chairs, and sweat treatments, all that seem to not to have much to do with chemicals. The absurdity as well as the vulnerability of the patients being treated this way is deeply disturbing. It is also deeply disturbing that *LIFE* magazine refers to the mentally ill as the insane as well as to treatments as experiments. These observations in tandem with the non-chemical treatment photographs leads to a loss of meaning. They are talking about glandular (chemical) imbalances, yet, a photo of a man being severely electrically shocked stands in the middle. This image is gruesome in its viewing but bear in mind this type of extreme electro-shock therapy has since been rebranded, at low voltage stimulation, as a viable
option for certain mental illnesses, Transcranial Magnetic Stimulation (TMS). The article’s use of the words Insane and Chemical-treatment in tandem with the photos within the article illustrate a visual contradiction in the beliefs between twentieth-century psychiatry vs. society. This is a direct example of visual conflation of madness and mentally ill. This contradiction is only visible with historical information on the subject. This visual attempt by *LIFE* Magazine and Psychiatrists to legitimize the treatment methods of the mentally ill at state-funded asylums, both shocked the public and legitimized the sensationalized contradiction. The photographs also stand out among different ads for things like cough drops, candy and shaving razors (figure 20). The advertisements make the viewer think, “If you can trust doctor’s assertions about physical and chemical treatments for everyday ailments, then you should trust them on their assertions about how to physically and chemically treat the mentally ill.” The placement of these images of madness were not by accident, they all help to build the myth of madness as treatable. Which will be addressed in the semiotic analysis of this chapter.

**Semiotic Analysis of Case Study III: Treatment Photography**

In the image (figure 21), we see a patient in pure terror. Salivating and sweating, he deliriously strains his eyes and body into the distance biting down on a uncomfortable plastic stick as he is shocked with more voltage than a human should ever have to bear. He looks as if he is ready to snap into an almost Charcotian hysterical pose, one not by his choice. His unclothed contorted torso is chaotic in comparison to the fully clothed medical professionals. This dichotomy makes him the most vulnerable in the image against the sterile white walls, the dichromatic floor tiles and the barred windows, all which isolates him completely. His arm gestures are subdued by restraints that leave him unable to clasp or mobilize his arms or hands.
His framed and restrained posture within both the structure of the asylum as well as the photograph shows that this is a meta act of forced restraint. This idea can be inferred, not just based on the visual aspect of the photograph, but also because of its historical context. He, a patient at Worcester state hospital receiving electro-shock therapy, is visually depicted as not human but rather someone reduced to a medical oddity, suffering from mental illness.

As Michel Foucault states in his “Birth of the Asylum” section of *Madness and Civilization*, the treatment phase of madness in America had become like the diagnosis and classification stages of madness in nineteenth-century Europe. This inevitably led to an issue of power that began to introduce itself into the newly-built institution of the asylum, Worcester State Hospital. As stated in earlier chapters, this scientific gaze on the mentally ill was established on the dichotomic distinction of the doctor to patient relationship. This image *Worcester State Hospital Patient Receiving Electro-Shock Therapy* (figure 21), as also stated about each case study image (figures 9, 10, and 17), illustrates and addresses a problematic formulation of power. This power, as it pertains to mental illness and the study of the ambiguous and intangible parts of the human mind, is in constant flux and change. Historically, through these photographic attempts to document and treat mental illness, we see empirical knowledge and regime of truth adapt constantly. This is especially true when you see the nuanced societal path to sanity that Americans held in opposition to more scientifically centered European societies. American psychiatry used state given authority to treat and cure mentally ill patients within a building distinctly designed to house them. Having difficulties treating and holding more patients than it could handle, Worcester State Hospital, became overcrowded, leading to the deterioration of care. The most vulnerable and suffering people were considered a burden on society in terms of the time and money it took to cure, re-stabilize and re-assimilate them back
into society. This idea of legitimately helping the mentally ill (which is tied to America’s attempt at the *New Division*) was tied to the entirety of the hospital’s existence, until about the 1940s and 1950s. Around this time it seemed that doctors had really hit their stride in finding what they considered to be legitimate treatments for the mentally ill. This period is when psychiatry pioneered a brand-new type of therapy: anti-psychotic drug therapy. It was seen before this period of psychotropic drugs that some chemicals did lead to the betterment of patients with mental illness, as in this case study. Insulin or lithium shock therapy, a treatment in which they would give a detrimental amount of insulin or lithium to the unruliest patients which would restrain them in a type of chemical straight-jacket.

This breakthrough in therapy for the mentally ill led to the beginning of the process to simultaneously stop the “outwardly” physical and restrictive abusive treatments and give doctors the sedated experimental guinea pigs they needed. The division between physical and mental restraints and their long-term effects on the mind and body, is most definitely still debated in contemporary society. For the first time, doctors were able to accurately assess mental illness and start to de-conflate it from the dark guise of madness within western culture. American and European psychiatry had different paths to their understanding of madness and mental illness; Nonetheless, their regime of truth was the same, to learn more about the human mind and its workings at all costs.

The first denotative sign present within the photo is the man being restrained, the signifier, which leads the viewer to the signified concept that the man needs to be restraint because he is mentally ill or quite possibly mad; which constitutes as the image’s first-order signification (figure 22). We relate to this terror because, as stated in the *Introduction* section of this thesis, theorist Julia Kristeva asserts in her book *Powers of Horror*, “Abjection preserves what existed in the archaism of pre-objectual relationship,
in the immemorial violence with which a body becomes separated from another body in order to be."63

The terror of the vulnerable man we observe establishes the feeling of horror we face as we view this image. We are separate from the violence, but we feel for the individuals within this image because of our own human frailty and mortality. This horror of human suffering that we observe is problematic because it represents a reality of our vulnerability and frailty as humans and it creates and re-imprints, yet again, a distortion of reality which is where the image’s first denotative sign its second-order signification (figure 23). A distortion of reality is realized when the restrained man is paired with the literal charges of the electro-shock therapy machine; this man is stripped of his story, name and context. With this form of extreme treatment imposed on him, he no longer represents a man, but a sensationalized madman or a fictional character like in the TV series or movies addressed in the introduction (figures 1-3).

The second denotative sign of the image is the contrast between the patient’s nakedness and the medical garb the medical staff wears which is also the signifier. This juxtaposition between the naked patient and the colorless white lab coats illustrates the notion of the legitimacy of the American psychiatric institution and the power they had over their patients, which is the signified. The first order signification of the image’s (figure 20) second denotative sign (patient being treated by doctors) alludes to the idea, backed by psychiatric positivism, that asylums like Worcester State Hospital are the only true place to treat mental illness. The patient receiving treatment in the image is in proximity with the image’s first denotative sign, the restrained man and the medical-garb wearing hospital staff, and this creates its second-order signification. The notion the case study image (figure 21) pushed is that extreme electro-shock therapy is one of the paramount and trusted ways in which we treat mental illness. This could be seen as a distorted reality, because they used such extreme ways to treat mental illness at the time

63 Abjection is the human reaction (horror, vomit) to a threatened breakdown. Quote is from Julia Kristeva, *Powers of Horror*, 10.
of this photo (figure 21). In order to fully understand this observation of a distorted reality we look at the place in which the image was originally found, LIFE magazine. The way LIFE magazine presents this image is a juxtaposed set of visual ideas, (figure 20) as seen in the clothes of the doctor and the half-naked patient. Among the photographs there are very light-hearted and un-assuming advertisements for things such as cough drops and candy exists to normalize the way in which doctors believed their treatment options are to be trusted and accepted. The illustration of this form of treatment on humans, as it exists within its original context in LIFE Magazine, further pushes the narrative that if one does not fit the qualifications of society they will certainly stand out amongst society cough drops and candy — but at least there is a way to treat it now.

By referring to Barthes’s concept of myth, it would suggest that nineteenth- and twentieth -century psychiatrists were part of the “bourgeoisie” because of their high socio-economic status, as well as their state-appointed positions. This hierarchal societal distinction contributes to the reading of this image (figure 21) because it illustrates the cultural behavior that propelled the creation of treatment images, or myths of the mentally ill. American doctors utilized recognizable signs to get viewers to normalize the notion that they can recognize certain mental ailments by the visual aspects of a person’s treatment within Asylums. The intention of elite nineteenth- and twentieth-century psychiatry was, according to this analysis, to use their power to create the second-order connotative signs which destroys our connection to the first-order denotative making it is unrecognizable. This leads the viewer to see a mentally ill man who can only be treated with legitimized science instead of a terrified and vulnerable mentally ill man. The relationship one has to the man in the photo is lost and is reduced to a linguistic sign, which Barthes states is final process that creates the myth. When sign of the mentally ill man is signified with the concept of

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64 To find full article in which the case study image (figure 20 and 21) appeared, look at LIFE MAGAZINE March 30,1950. Also found on Google’s archives.

electroshock-therapy, on a literal cultural reading, the mentally ill man needs to be sedated. This establishes the myth of Madness as treatable.

The attempts by doctors at Worcester State Hospital to treat mental illness in the 1950s became much more influential in the negative connotations of treatment of the mentally ill then was originally intended. These passionate and sensationalized treatment photographs have been used in the visual culture of movies and art, over and over in western societies’ gaze. This could be the answer to the spike in negative perceptions of the public of the mentally ill being violent and dangerous or even criminal, and on a smaller level it effects societies view of people who don’t meet is rigid standards. Films such as One Flew Over The Cuckoos-Nest or made for T.V. series such as American Horror Story: Asylum, push the narrative, visually, that the mentally ill have an extreme disposition and should be given extreme treatment. This behavior of treating already societally reduced humans with extreme inhumane therapies further dehumanized those suffering from mental illness and naturalized the behavior as completely appropriate in the institution of psychiatry and Western culture in general. It was during this treatment images’ second order significations and myth building, that the precedent was established that people who are mad or possibly mentally ill are abused and taken advantage of by the doctors, not just in their mind but also by the power ideologies of the science and medicine used to treat them. With Foucault’s proposed chronology of madness and the theories of power embedded within it, as well as the theory of semiotics, we can see that most all psychiatric photography is more than just a collection of visual historical artifacts. They tell us more about our culture and shed light on many of the seemingly natural notions about mental illness that take place within our Western society.
CHAPTER 6: CONCLUSION

Throughout history we have seen the conflation of the terms madness and mental illness used to describe the “other.” We have seen multiple modes in which madness has been attempted to be visually illustrated, and those modes of madness have undoubtedly influenced the contemporary images of mental illness that we see today. Madness has been represented by diagnostic photography, hysterical photography, as well as treatment photography from the nineteenth and the twentieth century. Through each of these modes of how photography was used as a diagnostic and treatment tool for mental illness, we can see their shortcomings and their dated brilliance. In most of these photographs we can see that “Madness” in every sense of the word is a social construct. Madness at the beginning of the nineteenth century, in Western society, had been conflated with the criminal, the mentally ill and the hysterical woman. The photographic attempts to capture the essence inadvertently created the social construct of madness—what most people at those times saw as mental illness— which was not just people with mental illness, but also anyone who dared to operate or go against the social paradigms of society’s rules. In a new era in which science and the dissemination of science became the language of Western society and its structure, doctors rose to power. Doctors’ trust in science as well as their trust in photography situated societies most vulnerable within the center of the construct of the madness. This trust led to the exiling of, minorities, woman, criminals and the mentally ill from the rest of society. These attempts to understand the human mind created three myths that are perpetuated within our visual culture today. Because of this we believe that madness is diagnosable. madness manifests itself physically, and madness is curable. In the historical context in which these myths were created, one can see madness as a social construct, which means it doesn’t quantifiably exist. The stark contrast between the current common
perceptions of mental illness against the explicit historical context have created a type of bubble that suspends the moral treatment of mental illness within its place of rational science.

Maybe the doctors did what they set out to do, in terms of visually depicting madness, but I hope that this thesis helps one to be able critically distinguish that madness and mental illness are to very different things. Madness is a socially constructed and socially driven metaphor and illustration for our humanly curious attempt to make sense out of the happenings of the mind. Mental illness on the other hand is a very complex web of diagnosable diseases. We don’t have to agree with something to see its benefits and shortcomings. In the case of visual representations of madness, these representations may have negatively affected societies perceptions of mental illness, while simultaneously pioneering revolutionary medical knowledge.

A critical understanding of the way visual images impacts our lives as well as the lives of others can teach us that we all have our part that we play in the narratives of life. This thesis is not meant to scrutinize the medical field or the practices of medicine, that is beside the point. This study aims to show how the behavior of visual culture surrounding madness was created by doctors whose attempts ultimately created the social narrative. The show American Horror Story wouldn’t have been able to employ the pure sensationalized horror of a view of mental illness being treated with electroshock therapy, without the creation and dissemination of treatment photography into society (figure 24). The still image from the *Haunting of Hill House*, a show whose major themes of madness are indicated through the plot and dialogue and more importantly are pushed through the similar visual myths as Case Study One—diagnostic photography (figure 25) Finally, the visual imagery presented within the still from *The Exorcism of Emily Rose* is imagery that is straight out of Charcot’s nightmare-like photographs (figure 26). It is my deepest concern that this trial of images has offered at least a framework for one to
critically look at any set of images — which in the end translates to the final goal in the
*Introduction*, getting a viewer(s) to look at images and take them “seriously.” Without the visual
culture created by psychiatric professionals, the culture of reducing someone to their outward
appearance and actions and judging those suffering with mental illness might have very well
have been impossible.
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Figure 1. Ryan Murphy and Brad Falchuk, Still from *American Horror Story: Asylum ep.2* (Found on Netflix), 2012. Still courtesy of the directors, reproduced under *fair-use* (*Section 107* of Copyright Act).
Figure 2. Mike Flanagan, Still from *The Haunting of Hill House* (Netflix Series), 2018. Still courtesy of the directors, reproduced under *fair-use*. 
Figure 3. Scott Derickson, Still from *The Exorcism of Emily Rose* (Movie), 2005. Still courtesy of the directors, reproduced under fair-use.
Figure 4. Jacob Wiseheart, *Signs* (Power-point slide from THESIS defense), 2019.
Figure 5. Jacob Wiseheart, *Denotation and Connotation* (Power-point slide from THESIS defense), 2019.
Figure 6. Jacob Wiseheart, *Myth-making #1* (Power-point slide from THESIS defense), 2019.

After the second-order signification is reached, the Myth will emerge.
Figure 7. Author Unknown, Woodcut-print of *Purifying the Possessed*, 1585. Image courtesy of CORBIS company Collection, reproduced under fair-use.
Figure 8. Johann Caspar Lavater, plate image of *Plate XXIX (Essays on Physiognomy)*, 1785. Reproduction courtesy of the Internet archives (archive.org), reproduced under fair-use.
Figure 9 and 10. Hugh Welch Diamond, photo of *Suicidal Mania* (Medical Gazzette), 1862. Reproduction courtesy of Medical Times & Gazzette: London, reproduced under *fair-use*.
Figure 11. Dr. Duchenne Du Boulogne, plate image of *Plate 7* (Mechanisms of Human Facial Expressions), Reproduction courtesy of Alamy Stock photos, reproduced under *fair-use*.
Figure 12. Jacob Wiseheart, *Myth-making #2* (Power-point slide from THESIS defense), 2019.
Figure 13. Jacob Wiseheart, *Myth-making #3* (Power-point slide from THESIS defense), 2019.
Figure 14. Paul Regnard, 4 Phases of the Hysterical Fit, 1889. Image courtesy of The Paul J. Getty Museum Collection, Los Angeles, reproduced under fair-use.
Figure 15. Paul Marie Louis Pierre Richer, drawing of *Attitude passionales— Figures 74 and 75* (Etudes cliniques sur l'hystéro-épilepsie ou grande hystérie), 1881. Reproduction courtesy of Image courtesy of National Archives Museum, Bethesda, MD, reproduced under *fair-use.*
Figure 16. Pierre Aristide André Brouillet, painting of *A Clinical Lesson at the Salpêtrière*, 1881. Image courtesy of Descartes University, Paris, reproduced under *fair-use*.
Figure 17. Paul Regnard, *Iconografia Photografica del Grande Isterismo*, 1890. Image courtesy of The Paul J. Getty Museum Collection, Los Angeles, reproduced under *fair-use*. 
Figure 18. Jacob Wiseheart, *Myth-making #4* (Power-point slide from THESIS defense), 2019.
Figure 19. Jacob Wiseheart, *Myth-making #5* (Power-point slide from THESIS defense), 2019.
Figure 20. Herbert Gehr and LIFE MAGAZINE, *Page from Chemistry of the Insane*, March 1949-50. Image courtesy of LIFE Magazine—Google Archives, reproduced under *fair-use*.
Figure 21. Herbert Gehr, Photo of *Patient Receiving Electro-shock Therapy* (LIFE Magazine), 1949-50. Image courtesy of *LIFE Magazine*—Google Archives, reproduced under *fair-use*. 
Figure 22. Jacob Wiseheart, *Myth-making #6* (Power-point slide from THESIS defense), 2019.
Figure 23. Jacob Wiseheart, *Myth-making #7* (Power-point slide from THESIS defense), 2019.
Figure 24. Jacob Wiseheart, *Culturally Embedded Images* (figures 1 and 21, Power-point slide from THESIS defense), 2019.
Figure 25. Jacob Wiseheart, *Culturally Embedded Images* (figures 2, 9 and 10, Power-point slide from THESIS defense), 2019.
Figure 26. Jacob Wiseheart, *Myth-making #5* (figures 3 and 23, Power-point slide from THESIS defense), 2019.