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Psychiatry and Photography: Visibility is a Trap

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Psychiatrie a fotografie: Viditelnost je past

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Prague, April 2023

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ABSTRACT

The intimate ties connecting photography and psychiatry date back to the late nineteenth century. Early adopting physicians such as British psychiatrist, Hugh Welch Diamond, and French neurologist, Jean-Martin Charcot believed that photography could aid in the diagnosis and treatment of psychiatric patients. They utilized the medium to record, catalog, and disseminate what they found to be insanity's phenotype, a set of observable and visual characteristics or traits. This thesis will explore the implications that photography as a diagnostic tool has had on the perception, and therefore, care and treatment of psychiatric patients. It will argue that the historically irresponsible use of photography and its acceptance as truth has perpetuated negative archetypes of mental illness. The paper will also recommend that medical professionals exercise caution when using the physical medium of photography as a means to reveal and interpret the less tangible causes of mental illness.

ABSTRAKT TEXTU

Vzájemné vazby mezi fotografií a psychiatrií sahají až do konce 19. století. První z praktikujících lékařů, jako britský psychiatr Hugh Welch Diamond a francouzský neurolog Jean-Martin Charcot, věřili, že fotografie může pomoci při diagnóze a léčbě psychiatrických pacientů. Využívali fotografické médium k zaznamenávání, katalogizaci a šíření toho, co považovali za fenotyp duševní choroby, tj. soubor pozorovatelných a vizuálních charakteristik nebo rysů. Tato práce se bude zabývat dopady, které má použití fotografie jako diagnostického nástroje na vnímání a tedy také na péči a léčbu psychiatrických pacientů. Jejím cílem je doložit, že historicky nezodpovědné použití fotografie a její akceptace jako pravdivé reprezentace udržují negativní archetypy duševní nemoci. Práce také doporučuje opatrnost a ohleduplnost při používání média fotografie jako prostředku k odhalování a interpretaci méně hmatatelných příčin duševní nemoci.

INTRODUCTION

In the early nineteenth century, the foundations of photography were laid by French inventor, Joseph Nicéphore Niépce, when he created some of the world's first permanent images with a technology known as a camera Obscura. Through his success, photography as a medium quickly progressed and towards the end of the 1800s, it eventually became accessible to everyday users (Eder, 1945). Along with photography this century also bore witness to the rise of psychiatry, the study, and treatment of mental illness (Oxford, n.d.), as a medical discipline. A shift towards modernity brought new stressors and illnesses, causing the need for psychiatric care to skyrocket. Families unable or unwilling to attend to the needs of their ailing loved ones demanded a response. To appease their constituents, politicians directed funds towards the mass-scale erection of custodial asylums, institutions used to house those deemed mentally insane, though little was known as to what kind of care to provide its future inhabitants. "The confining of patients to an asylum passed from an unusual procedure born of grave necessity to society's first response when dealing with psychotic illness." (Cookson, 2012) With ineffective treatments such as purgatives, enemas, and bloodletting as standard protocol, many patients continued to suffer.

Borrowing from the principles of more developed medical fields, psychiatrists scanned the physical body for indicators as to what may ail the mind. Through this phenomenological diagnostic approach, the ongoing dance between art and science flourished and the medical portrait was born. Led by British psychiatrist, Hugh Welch Diamond of the Surrey County Lunatic Asylum, and later French neurologist, Jean-Martin Charcot of the Salpêtrière Hospital in Paris, the two, among others, capitalized on the then-emerging technology of photography and used the medium to record, catalog, and disseminate what they believed to be the phenotype of insanity.

PHOTOGRAPHY THROUGH A BAUDRILLARDIAN LENS

"Photography is so essentially the Art of Truth — and the representative of Truth in Art — that it would seem to be the essential means of reproducing all forms and structures of which science seeks for the delineation...The great solar artist has no preconceived notions, and invariably represents things to us as they are. We were, therefore, surprised, in passing through the rooms of the Photographic Society lately, to find so few photographs which had any bearing of what kind soever upon surgery, medicine, and the allied sciences. It is much to be regretted that the great resources of the photographic art — seen here in a hundred beautiful forms — have not yet been fully applied to the purposes of our art." (O'Connor, 1999)

Photography has long been considered a purveyor of truth, its output an objective depiction of reality. Yet, throughout its history, many have called into question the technology's absolutism. French sociologist, Jean Baudrillard, argued that photography extracts an image from its reality with no regard to the context, noise, movement, smell, and color that surrounded it. This extraction allows the fabricated image to cut ties with any real notion of meaning. In other words, for Baudrillard, photography was more a consideration of that which was absent rather than what could easily be perceived. The image did not capture reality, identity, or truth, but the alterity or otherness of its focus. "It did not seek to be objective, as in offering scientific proof or a structural analysis of the subject photographed, but turned the subject into an object, illustrating the most foreign and inaccessible aspects of her subjectivity." (Iliopoulos, 2014) Gazing through this Baudrillardian lens, the connection between photography and proto psychiatry appears serendipitous.

To be considered a significant branch of medicine, proto psychiatry desperately needed to establish a means of representing and diagnosing illnesses of the mind. As reasoned by Baudrillard, the duality of photography and its innate ability to illustrate alterity or otherness would become the tool with which the absence of sanity could finally be seen. Unfortunately, at this time, the field of psychiatry lacked the epistemological background to truly use photography as a reliable diagnostic tool. Whereas other medical practices were "linked to a third dimension, an endoscopic space, which, with the aid of autopsies and microscopic analyses, supplemented diagnostic truth with an empirical and accurate knowledge and the power of objective reality," (Iliopoulos, 2014) psychiatry struggled to connect mental illnesses to the body's interior. So why

continue the use of medical photography? The burgeoning field of psychiatry longed for the authority fellow medical disciplines commanded, yet simply lacked the evidence-based research needed to do so. Photography, however, allowed physicians to study the irrational or inexplicable symptoms of patients through pragmatic means; when all else had failed, photography could permit one to not represent, but deduce the alterity of a patient, and at the time, it was this divergence that defined madness.

HUGH WELCH DIAMOND AND THE MEDICAL PORTRAIT

Photography was not the first medium to attempt an illustration of madness. Painters such as Pieter Bruegel, Hieronymus Bosch, and Edvard Munch skillfully captured the essence of insanity through their art, but their works “were inevitably permeated by elements of exaggeration, graphic description, and subjective interpretation. Madness, on the other hand, emerged as a problem for the doctors of the early nineteenth century precisely on account of its lack of expressionism, its meaninglessness, its absurdity, and its resistance to any causal or psychological explanations.” (Iliopoulos, 2014) These paintings, emotive and hyperbolic, could not provide proto psychiatry the heft and acumen required to be seen as a justifiable medical pursuit, but perhaps, in the right hands, photography could.



FIGURE 2 - BOSCH, H. (1494-1498). CUTTING THE STONE [OIL ON PANEL]. MUSEO DEL PRADO, MADRID, SPAIN.

Growing up near his father’s private asylum, the Weston House at St. Pancras Station in London, Hugh Welch Diamond was no stranger to the realities of mental illness and the institutions erected in its honor. Even with his proximity to the practice of psychiatry, Diamond would first train as a surgeon at the Royal College of Surgeons in 1824. He then went on to open his own private practice and play an active part in fighting the cholera epidemic of 1832. It wouldn’t be until more than a decade later that Diamond studied psychiatry at the now-infamous Bethlem Hospital (Bedlam).

From 1848 to 1858, Diamond was a superintendent at the Female Department of the Surrey County Lunatic Asylum. It was his work here that would later earn him the moniker “Father of Psychiatric Photography.” He was the first to systematically use photography as a diagnostic tool in psychiatry (Gilman, S. L. Ed.1976). He believed the medium could capture his patients in an unbiased light, ‘free altogether from the painful caricaturing which so disfigures almost all the published portraits of the Insane as to render them nearly valueless for purposes of art or of science.’ (Diamond & Smyth, 1997) The doctor found a passion for the new technology and became a prolific researcher in the field. From the calotype process to the use of collodion wet-plates, Diamond would make a name for himself in both the arts and the sciences. (Gilman, S. L. Ed.1976) Diamond was an editor, secretary, and eventually vice president of the Photographic Society, a juror of photography at the Paris Exhibition, and a recipient of the Photographic Society’s medal for excellence.

On May 22, 1856, Diamond would present his seminal work titled “On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity.” He believed this photographic documentation would create an indispensable guide for future psychiatrists to study and consult when diagnosing their patients. Diamond’s documentation was included in English psychiatrist John Connolly’s book, *The Physiognomy of Insanity*, and would become a cornerstone for the then-dominating schools of thought of phrenology and physiognomy. Both now deemed pseudo sciences studied the relationship between physical characteristics and personality traits. Phrenology, founded by German neuroanatomist, Franz Joseph Gall, claimed that one may use the bumps, grooves, and shape of one’s skull to determine matters of morality, physical faculties, and mental capacity. (Eling & Finger, 2019) This controversial idea would later inspire Italian physician and founder of the Italian School of Positivist Criminology, Cesare Lombroso¹, to use phrenology as a way to determine criminality (Montaldo, 2018). Similarly, physiognomy, made popular by Swiss poet, Johann Kaspar Lavater, deduced one’s mental fortitude by assessing his or her facial features (Shortland, 1986). This notion would also influence many in the field of psychology, including scientist Charles Darwin, who believed that physical features such as a prominent brow ridge, or superciliary arch, could lead to acts of aggression, whereas a small chin may make one sheepish. With the help of photography, these hypotheses could be more easily documented (Darwin, 1872, c, 12).

¹ See addendum for further information.

Beyond Diamond's physiognomic ideas, he also believed that photography could be a therapeutic interventionist tool. Photography could not only document the symptomology of his patients, but the visible stages of one's deterioration into madness.

"In the first stage we witness the forehead contracted, the eyebrows drawn up, the hair bristled, and the eye-balls prominent as if pushed out of their orbits. In the second stage nothing can be compared to the truly satanic expression of the countenance, and the phenomena of the loss of reason in their greatest intensity. And in the third stage, the violent paroxysms cease, the countenance is pallid and meagre, and the dis-ease subsides into a permanent fatuity. Photography, as is evident from the portraits which illustrate this paper, confirms and extends this description, and that to such a degree as warrants the conclusion that the permanent re-cords thus furnished are at once the most concise and the most comprehensive." (Diamond & Smyth, 1997)

Through a series of photographs, Diamond attempted to create an illustrative timelapse of his patients' opposing emotions. Paired with personal testimonies of their past history and behaviors, the withdrawn portraits were meant to illustrate the moment of newly found detachment and apathy towards their life, environment, and surroundings. Diamond would then give these self-portraits to his patients as an opportunity for self-reflection and hopefully, self-awareness. If a patient could perceive and acknowledge their illness while in a lucid state, they could perhaps then reconcile their internal dialogue with the external world. The creation of this heautoscopy, or out-of-body perspective, (Szczotka & Wierzchoń, 2022) would start the conversation around internality and would later be visited by none other than Austrian neurologist, Sigmund Freud and French psychiatrist, Jean-Martin Charcot.



FIGURE 3 - HUGH WELCH DIAMOND WOMAN HOLDING A DEAD BIRD, SURREY COUNTY ASYLUM CA. 1855 ALBUMEN PRINT FROM COLLODION NEGATIVE 6 1/4" X 4 3/4" NATIONAL GALLERY OF ART, WASHINGTON, D.C.

THE BEGINNINGS OF THE SALPÊTRIÈRE

Perhaps famously known as the place where Diana, Princess of Wales would draw her last breaths, the Salpêtrière Hospital in Paris, France was first established as a gunpowder factory built in the middle of the seventeenth century. Deriving its name from sulfur and saltpeter, gunpowder's main ingredients, the Salpêtrière factory was eventually repurposed into an asylum for the city's most destitute. King Louis XIV's reasoning behind this renovation was that housing the homeless and other social outcasts would offer



FIGURE 4 - LA SALPÊTRIÈRE TOWARD THE END OF THE 17TH CENTURY. FROM GOUDON DE GENOUILAC. PARIS A TRAVERS LES SIECLES. PARIS; 1882. COURTESY MUSÉE DE LA CIVILISATION, BIBLIOTHEQUE DU SÉMINAIRE DE QUÉBEC, FONDS ANCIEN.

greater social stability and safety to his more affluent citizens. As Parisian society's desire to spruce up the darker corners of the city continued, the King also deemed it prudent to address the seemingly growing problem of prostitution. To contain these "debauchorous women," the asylum added a prison to its compound. Throughout the next century, the fate of homeless women would continue to be decided by the state, meaning they would either be drafted and sent to the New World to mother a new North American lineage of French origins or be locked away in one of the many departments of the ever-expanding Salpêtrière complex.

After the French Revolution in 1789, the practice of medicine and the Salpêtrière would undergo yet another transformation. In name only, the new hospital would remove its prison from the premises, but the treatment of those experiencing psychosis would still find its authoritarian roots in chains and torture. Eventually, French physician, Dr. Philippe Pinel would usher in a new and slightly more empathetic medical approach, based on observation and statistics, (referred to today as Moral Therapy) to the Salpêtrière. This strictly nonviolent management of patients would garner respect and attention amongst medical professionals over the course of the next century with the Salpêtrière as the cradle of its development (Kushner, 2011).



FIGURE 5 - "DR. PHILIPPE PINEL AT THE SALPÊTRIÈRE, 1795 BY TONY ROBERT-FLEURY. PINEL ORDERING THE REMOVAL OF CHAINS FROM PATIENTS AT THE PARIS ASYLUM FOR INSANE WOMEN."

JEAN-MARTIN CHARCOT AND THE “VERSAILLES OF PAIN”

At the beginning of the nineteenth century, France’s hegemony of the medical field was largely displayed at the Salpêtrière. The Parisian hospital became known as a “feminine inferno” with over four thousand female “prostitutes, crazies, orphans, libertines, protestants, cripples, cretins, Jews, criminals, alcoholics, moribunds, witches, melancholics, the blind, girls born of adultery, lesbians, epileptics, thieves, sorcerers, seniles, idiots, depraved, intriguing minds, erotomaniacs, spoiled girls with suicidal tendencies, bohemians, fatties.” (*The Pitié-Salpêtrière Hospital*, 2013) The hospital’s numerous inhabitants created a museum of sorts and allowed the physicians of the time to observe and study a multitude of diseases and their indicators.

Among these physicians, the hospital's most famous was Jean-Martin Charcot, born in 1825. Charcot, regarded by most as the Father of Clinical Neurology, spent essentially the entirety of his career dedicated to the Salpêtrière. He, perhaps surprisingly, made great strides in the field of rheumatology, or the study of illnesses found in bones, muscles, joints, and internal organs. He also contributed to the understanding of diseases including Multiple Sclerosis, Charcot-Marie-Tooth’s disease, Parkinson’s, and Tourette’s syndrome, among others. His work, as well as clientele, transcended borders and was translated into several languages including English, Russian, Portuguese, and German (by Austrian neurologist, Sigmund Freud)². The notoriety Charcot gained as a neurologist would endear fellow physicians to his future ideas and theories.

In 1870, the closure of a psychiatric ward at the Salpêtrière brought a new group of patients into Charcot’s care. Those deemed insane were transferred to another psychiatric unit while those presenting with cases of epilepsy and hysteria would constitute a new ward called the “Division of Simple Epileptics.” (Faber, 1997) This administrative change would ultimately shift the course of Charcot’s career at the Salpêtrière as well as the discourse around the illness known as hysteria.

The oldest notions of hysteria date back to ancient Greece where they believed in the theory of the “roaming uteri.” It stated that a woman’s uterus could move around the body causing a wide array of health issues. Backed by philosopher, Plato, and the doctor, Aetateus, this unwanted

² *NOTE: The impression of Charcot’s work on Freud was so great that in Charcot’s eulogy, he would compare him to Adam, “before whom God paraded nosological entities for him to name.”

movement was thought to bring bouts of 'hysterical suffocation' and could only be remedied through scent therapy. This meant placing pleasant smells near the women's genitals and bad odors under her nose. Induced sneezing could also help ease the uterus back into the correct alignment. In a similar vein, Roman physician Galen theorized that it was in fact the retention of the womb rather than its movement that led to depression, anxiety, insomnia, and other various symptoms in women. Whatever the cause, regular intercourse with one's spouse was often prescribed as the antidote as semen was believed to carry healing properties (The History of Hysteria, 2017).

Although the ideas of hysteria would evolve over the following centuries and be explicated in a more scientific light, it would still in some ways be regarded as a "sexual thing," (Teive et al., 2014) even by Salpêtrière's Dr. Charcot. Hysteria, as explained during his famous Tuesday lectures, was a neurologic disorder with physical manifestations, and could be observed and documented through four phases - seizures, contortions, emotional outbursts, and lastly, delirium. During these lectures, Charcot and his female patients would put on live and voyeuristic demonstrations of hysteria for as many as four-hundred people. The doctor's diligent assistants would place the women into a hypnotic state before the lecture began so that Charcot could later use the power of hypnosis and suggestion to induce a hysterical attack. As one may suspect, this showy display was met with controversy as it appeared to some more a theatrical circus of exploitation than a reputable study of clinical medicine. Through criticism and doubts, Charcot continued his lectures and insisted that his method of working was the best way to study the disease in real-time. He would not be the only one convinced.

THE "QUEEN OF HYSTERICS": MARIE BLANCHE WITTMANN

Marie Blanche Wittmann, born in 1859, was one of nine children; five of whom would die prematurely due to seizures and epilepsy. Not much is known about her Swiss father aside from the fact that he was a carpenter who would often have violent outbursts; it is even said that he once threw Marie out of a window. Unfortunately, the death of her siblings and her father's brutal demeanor would only be the beginnings of the misfortune that followed Marie. Her mother, a linen maid, passed away when Marie was only 14 years old. Before her death, Marie would spend a lot of time with her mother, who often experienced what would now be considered panic attacks. Unable to cope with her stress, she would take out her frustrations on Marie through cruel and harsh punishments, such as throwing hot water on her.

Like many of her siblings, Marie also experienced seizures, leaving her unable to hear or speak by the time she was 2 years old. Though she would eventually regain her ability to hear and speak, Marie's language acquisition was severely delayed. She would never go on to read or write. At 13 years of age, she became a dressmaker but was constantly sexually and physically harassed by her employer. Thankfully, she escaped the furrier, only to, unfortunately, have a slew of abusive relationships with men, from which she would seek refuge at a convent. It wasn't long until one of her countless "attacks" would spell trouble for her at the nunnery, ending in her dismissal. With nowhere to go, Marie was accepted to a servant position at the Salpêtrière and to her delight, was eventually admitted as a patient (Giménez-Roldán, 2016).



FIGURE 6 - PIERRE ANDRE BROUILLET (1857-1914), FRENCH. COVER: A CLINICAL LESSON AT THE SALPÊTRIÈRE, 1887. OIL ON CANVAS. 300 × 125 CM. MUSÉE D'HISTOIRE DE LA MÉDECINE, PARIS, FRANCE.

Known for his academic portraiture, Pierre Andre Brouillet paints an unconscious Marie in the midst of a hysterical attack (Harris, 2005). She is held by one of Charcot's star pupils, Joseph Babinski, a French-Polish neurologist (who would, later, continue his mentor's work in hysteria, despite several differences of opinions). Charcot stands next to the pair while conducting his weekly lecture with a sense of authority and composure. Other medical professionals, scientists, researchers, and even the general public look on at the scene.

Illustrating all four stages of Charcot's definition of hysteria, Marie became one of his most notable subjects. Her attacks were usually long and frequent. During the stage of delirium, she would often reenact sexual scenes, while at other times she would hallucinate snakes and other frightening creatures escaping from a box. Treatments would include the inhalation of amyl nitrate, chloroform, or ether, which would now never be even considered viable courses of treatment. Her condition would at times deteriorate to the point that she required a feeding tube and could no longer feel sensations in her limbs. Using a pin, the name of the hospital, as well as her own name were carved deeply into her skin by her physicians, which resulted in horrendous skin infections. Occasionally she was also forced to wear an instrument known as

an ovary compressor, a metal device believed to prevent attacks of hysteria by applying pressure to the ovaries. Even under these harsh and questionable conditions, Marie continued to seek care on and off at the Salpêtrière Hospital from her beloved Charcot.

As she grew older, her attacks became less and less frequent. She would eventually return to the hospital not as a patient, but as an assistant to French physiologist and medical photographer Albert Londe, best known for his work on the physiology of movement and his use of chronophotography to capture it. Marie greatly enjoyed her work in Londe's laboratory and continued her career as an assistant in the newly formed radiology department. Unfortunately, the burgeoning field of radiology came with many harmful side effects which at the time were still unknown.

"As I said before, Blanche was one of the first radiology assistants; she was also one of the early victims of radiation-induced cancer, a disease that ravaged the pioneers of this new discipline, causing them to lose limbs. She stoically endured the last agonizing days of life. She suffered one amputation after another, beginning with one finger, soon followed by several others, then her hand, her forearm, and finally her entire arm; then it moved to the other side." (Giménez-Roldán, 2016)

In the end, hysteria would not be the direct cause of Marie's fate, but her life and death would be forever intertwined with the history of Salpêtrière and Dr. Charcot. During an interview in 1906, Marie maintained that Charcot was instrumental in helping her overcome her illness. She also rejected any ideas of exploitation or faked theatrics. Today, it is believed that Marie suffered from PNES or Psychogenic nonepileptic seizure (PNES) as many of her symptoms at the time aligned with today's understanding of the disease. PNES mimics the appearance of epilepsy but is caused by psychological distress rather than somatic factors. However, the contortions and spasms Marie displayed, as well as many others at Salpêtrière, are scarcely reported today. (Giménez-Roldán, 2016)

OTHER STARS OF HYSTERIA

Though Marie fully trusted Charcot's hypotheses until her death, others were not so sure. Born in 1861 on August 21, Louise Augustine Gleizes endured a childhood teeming with violence and sexual abuse. These horrifying experiences would later manifest themselves physically through periods of paralysis and convulsions, forcing Augustine's mother to admit her to the Salpêtrière in 1875. "Due to her youth, fair skin, expressive face, and theatrical attacks," (Walusinski, 2014) she would become the most photographed patient in the ward and the center of Regnard Paul Bourneville's attention (Hewitt, 2012). As Charcot's photography technician, Bourneville included over 22 photographs of Augustine in his 120 images of the *Iconographie photographique de la Salpêtrière* series. During their time together, Bourneville would listen to and carefully transcribe the details of Augustine's hallucinations, dreams, and past traumas and would acknowledge the role that sexual assault played in the hospital's hysterics. (Walusinski et al., 2013)

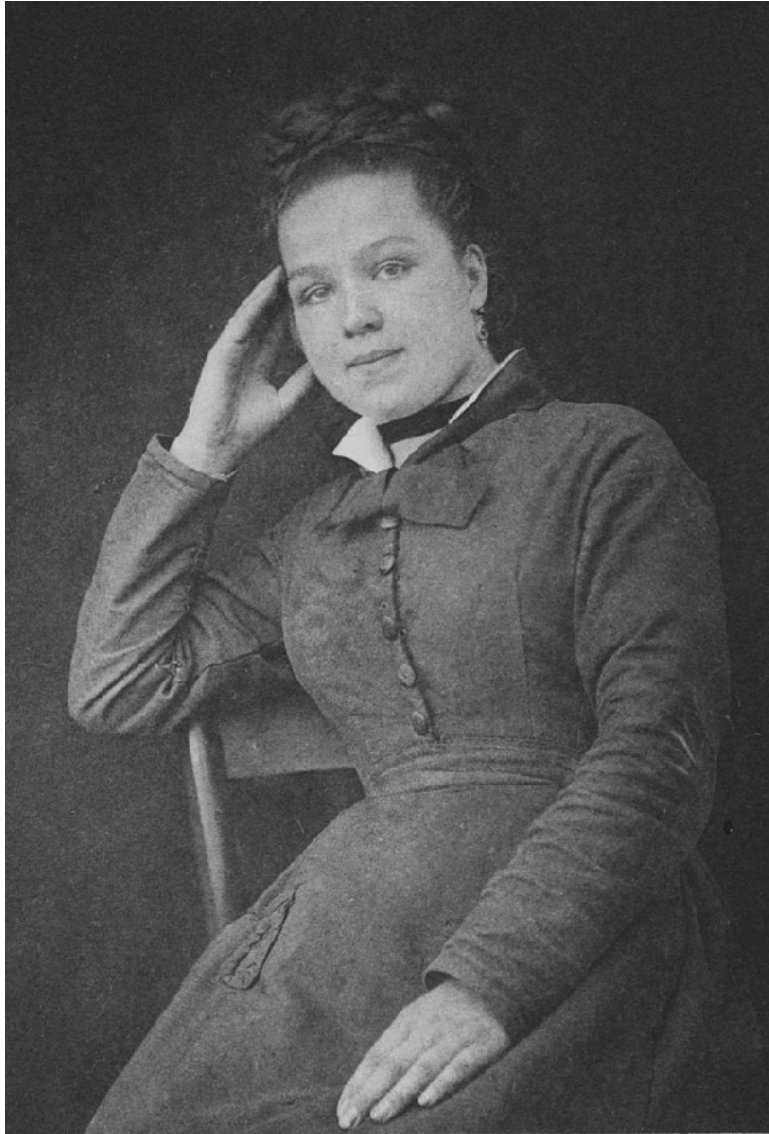


FIGURE 7 - 'HYSTERO-EPILEPSY: CONTRACTURE' , PHOTOGRAPH BY PAUL RÉGNARD. ICONOGRAPHIE PHOTOGRAPHIQUE DE LA SALPÊTRIÈRE, VOL 2, 1878. PHOTOGRAPH COURTESY OF THE WELLCOME COLLECTION. ATTRIBUTION 4.0 INTERNATIONAL (CC BY 4.0).

Figure 7 is believed to have been taken on Augustine's first day of admission to the Salpêtrière. With her head slightly tilted, she gently rests her hand on the side of her face, allowing the other to sit in her lap. Her eyes softly meet the camera's gaze, as she sits perfectly adorned and seemingly in good spirits. "In this image, plate 14 of the *Iconographie photographique de la Salpêtrière*, Augustine looks more or less like anyone" else. (Didi-Huberman & Charcot, 2003)

As the series continues, Augustine's up-kept, neutral "presentation," disintegrates as her images become progressively more haunting and kinetic. Her gaze intensifies as she appears to gain confidence in her own performance. Known for its long exposure times, the use of collodion wet-plate photography would also demand Gleizes' full attention and control. In Figure 8, Augustine coyly confronts her audience in an almost seductive manner. She would eventually take this learned assertiveness and theatrical skill to help her escape the gaze of the Salpêtrière for good. Her runaway appears as a footnote in the *Iconographie*, which states "Today Augustine ran away as a man." (Hewitt, 2012)



FIGURE 8 - 'HYSTERO-EPILEPSY: NORMAL STATE', PHOTOGRAPH BY PAUL RÉGNARD. *ICONOGRAPHIE PHOTOGRAPHIQUE DE LA SALPÊTRIÈRE*, VOL 2, 1878. PHOTOGRAPH COURTESY OF YALE UNIVERSITY, HARVEY CUSHING/JOHN HAY WHITNEY MEDICAL LIBRARY.

Little is known about Gleizes' life after Charcot, though it could be said that her time in the ward allowed her to build up an arsenal of rage and pain that would help her to claim her power and build a life outside the gaze of medical surveillance. She would also not be the only patient to find a path toward resistance.

Another of Charcot's notable patients, dancer Jane Avril, was admitted to the ward for epileptics and hysterics in 1882. Almost 50 years after her admission, she published a memoir detailing her experience at the well-known hospital. She was astonished by the number of serious medical professionals who came to witness and participate in the sanctimonious teachings of Charcot. Avril also revealed that many of the girls, who clearly craved the attention of their captive audience, could turn their hysterical fits off the moment the doctors left their bedsides. "What the hysterics of the Salpêtrière could exhibit with their bodies betokens an extraordinary complicity between patients and doctors, a relationship of desires, gazes, and knowledge." (Didi-Huberman, G. 2004)



Planche XXIII.

ATTITUDES PASSIONNELLES

EXTASE (1878).

FIGURE 9 - ATTITUDES PASSIONNELLES (EXTASE -1978). AUGUSTINE POR REGNARD. ICONOGRAPHIE, VOL. II.

THE IMPLICATIONS OF CHARCOT'S HYSTERICAL STUDIES

While Charcot's use of hypnosis and demonstrations of hysterical symptoms can be appreciated as innovative for its time, the conditions created by his work can also be seen as extremely exploitative. French philosopher, Michel Foucault, described hysteria as no more than a "catch-all for ignorant doctor[s] who feign[ed] comprehension." (Foucault, 2006). He suggests that the diagnosis and treatment of hysteria were simply a means of controlling vulnerable women who often carried trauma stemming from the abuse and abandonment that ravaged their childhoods. Understandably so, they would now do anything to finally find a safe and secure attachment. Their violent pasts allowed them to "develop survival strategies for bodily autonomy and modalities for feeling freedom within constraint." (Burstow, 2014) This willfulness to survive explained in Sara Ahmed's *Willful Subjects*, could be understood as a display of political art, while the hysterical performances illustrated how "willfulness can be deposited in our bodies," through past experiences (Ahmed, 2014).

Charcot's expectation of eagerness created a currency for the women of the Salpêtrière to "negotiate power within circumstances of great limitations," (McClintock 1995, p. 140) and whether consciously or subconsciously, drove them to perform for the brilliant Charcot in hopes of maintaining their special status in the ward. "... in fact, every hysteric had to make a regular show of her orthodox 'hysterical nature' ... to avoid being transferred to the severe 'division' of the quite simple and so-called incurable 'alienated women.'" This duty to perform undoubtedly fed into a noxious dynamic of hierarchies between the audience and actor, the doctor and patient.

The clinical gaze of the women of the Salpêtrière was then immortalized through Charcot's heavy documentation in the *Iconographie Photographique de la Salpêtrière* series. In these undeniably staged and aggrandized photographs, patients are depicted in the throes of a hysterical fit. Intended to illustrate the symptoms of hysteria, the images ultimately reduce their subjects to mere objects and reinforce the perpetual stereotypes of women as unruly, passive, and of course, hysterical. Though it was said that Charcot cared about the unique experience and upbringing of his patients, it would be impossible to capture the life of abuse and absolute torment that patients like Marie Wittman and Augustine Gleizes endured before entering the ward. Neglecting to represent the patient as more than a list of symptoms would, later, be recognized as one of Charcot's major downfalls in his approach to studying mental

health. In addition to the incomplete picture given by patient portraits, these images were often taken without the explicit consent of the patient, raising concerns about ethics in medical photography. Charcot's missteps would lead to a more empirical and scientifically rigorous approach to the study of psychiatry. His work on hysteria would also contribute to the development of Freud's psychoanalytic theory, which placed importance on bringing unconscious or subconscious thoughts and feelings to the surface.

THE BRIGHT LIGHT OF KIRKBRIDE AND HIS MAGIC LANTERN

While Charcot and Diamond would mainly use photography as a diagnostic tool, across the Atlantic, American neurologist and Quaker, Dr. Thomas Story Kirkbride utilized the medium perhaps more discerningly as an instrument of therapy. Unlike his peers, Kirkbride would protect his patients from the “medical gaze” and would not allow them to be photographed. He would instead use photography as a non-invasive tool to restructure the mind.

Kirkbride, born in 1809, received his medical degree from the University of Pennsylvania. Best known for his influence on the architecture of the psychiatric hospital³ and his support of “moral therapy,” Kirkbride also introduced the “magic lantern” to his patients at the Pennsylvania Hospital for the Insane, where he was made superintendent (Stuhler, 2013). The “magic lantern” closely resembled the slide projectors of today, except that they were lit by dozens of candles and needed to be manually loaded. Kirkbride employed this new technology as a kind of “direct treatment.” (Godbey, 2000) Although the intentions of the treatment cannot exactly be explained, researchers believed that through absorbing images of “normal” life, scenes from astronomy to travel, stability could be reintroduced into the patient’s lives and correct the brain’s irrational thought patterns. Perhaps a bit dubious of an approach, Kirkbride also acknowledged the tool’s more straightforward functions of instruction and entertainment.

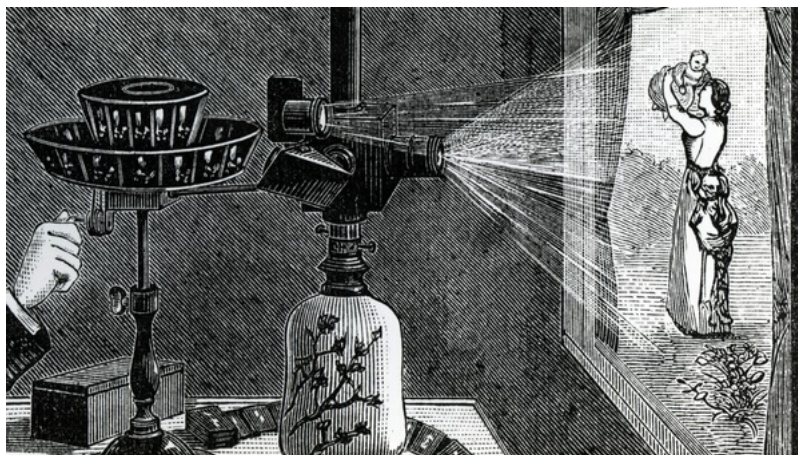


FIGURE 10 – LANATURE 1882 PRAXINOSCOPE PROJECTION REYNAUD

³ Though not an architect himself, Kirkbride was extremely influential on the design of psychiatric hospitals for the remainder of the 19th century. Tenets of the “Kirkbride Plan” emphasized stately buildings composed of long, wandering corridors with plenty of sunlight, fresh air, privacy and comfort for its wayfarers. The design was in and of itself, considered a cure for mental illness and was how Kirkbride would build empathy into the institution (Marshall, 2021).

This learning-through-looking approach supposed the eye to have a crucial role in mental wellness. "Long considered the window to the soul, the eye in this asylum was also the aperture to the brain," and at this time, mental illness was starting to be regarded as a cerebral matter (Godbey, 2000).

"Whatever the cause may be, physical or mental, or whether the brain is primarily or secondarily affected, the condition in insanity is cerebral disease. Disease is what we have to deal with. Not disease of mind, for the mind, the spiritual principle, the immortal being, cannot be the subject of disease. The manifestations of the mind are disturbed and disordered when the brain, which is its organ, suffers. How mind and body exist here together in harmony in health, is quite as inexplicable as their disturbed relations in disease." (Gray, 1871, p.12)

With this connection to biology, Kirkbride, and others like him, would no longer accept the archaic terms of "madness" or "madhouses" when describing the mentally ill and where they stayed. Instead, these physicians would advocate for the use of medical terms such as "insanity" and "hospital." However, it would take several more decades before the medical community acknowledged the importance of language in this context.

A genuine trailblazer of the 1800s, Kirkbride would go on to make strides in an iteration of psychiatry that promised to be kinder and more empathetic. He hoped to create a more humane environment where patients could be active, safe, and ultimately, get better. Unfortunately, the lack of financial and structural support spoiled his plans and the idea of the asylum as a safe haven would continue to deteriorate (Godbey, 2000)

PHOTOGRAPHY AND PSYCHIATRY IN THE EARLY 20TH CENTURY

With the rise of the German Empire in the late nineteenth and early twentieth centuries, the balance of power in Europe began to shift. Germany became increasingly influential in European affairs, challenging the traditional dominance of France and other European powers. At the turn of the century, Germany would also enter its “golden age” of medicine, and the use of photography in the field of psychiatry would expand, for better or worse.

One German doctor of note was psychiatrist Emil Kraepelin, born in 1856. Kraepelin advocated for a more scientific approach to psychiatry than his predecessors. He believed that illnesses of the mind had biological origins and that their symptoms necessitated close and precise observation and reportage. This kind of observation led to the emergence of nosological classifications, a branch of medicine dealing with the categorization of diseases. With the help of photography, Kraepelin was able to track the progression of various illnesses and the efficacy of new treatments with before-and-after photos. He would be credited with distinguishing two forms of psychosis now known as schizophrenia and bipolar disorder. This separation of affective or mood disorders would lay the foundation of psychiatry for the next century. It would be a large departure from the earliest explanations of mental illness as binary, sane versus insane, and would act as the mediator between black and white thinking and the present ideas of sliding spectrums. However, though Kraepelin believed that mental illnesses were caused by an amalgamation of social, environmental, and genetic factors, the absolute objectivity of the Kraepelin model would be twisted and perverted into supporting one of the darkest periods of modern-day history (Ebert & Bär, 2010).

EUGENICS AND PHOTOGRAPHY

Cousin of Charles Darwin, Francis Galton was born in 1822 in Birmingham, England. Academically gifted from an early age, Galton would go on to study medicine at The King's College London Medical School and subsequently mathematics at Cambridge University. Later in his life, he would become interested in the suitability of “noble” traits and would study their pattern of inheritance in the families of respected British statesmen. “He concluded that superior intelligence and abilities were inherited with an efficiency of about 20% among primary relatives in these families.” (The Eugenics Archive, n.d.) This research would foster his interest in anthropometry or the study of the human body's size and proportions.

To illustrate the most “average” physical traits, Galen pioneered a visual technique called composite photography. By layering multiple exposures of glass-mounted portrait negatives, Galton believed he could identify and visualize the shared physical and mental traits of different ethnic and racial populations all from the superimposed images. He could also determine, perhaps even more importantly to him, the “deviations.”



FIGURE 11 - FRANCIS GALTON, DIAGRAMS, "THE MAKING OF A COMPOSITE PORTRAIT," NATURE, 18 (1878), PP. 97–100.

Galton used composite photography to study a wide range of human characteristics, including facial features, body shape, and handwriting. He believed that by identifying and measuring these traits, it would be possible to improve the overall health and well-being of human society through selective breeding, or what would later be called eugenics. However, if one is to take a closer look at the rigor and supposed objectivity behind Galton’s composite technique, one can see an apparent selection bias when considering his collections of archival images. Galton even later admitted that he chose images that “were not greatly unlike, and were of the same size, as judged by measuring the vertical distance between the pupils of the eyes and the parting of the lips. (Galton & Sir, 1908)” His own selection of what he believed to be the ideal or optimal image undermined the foundation of objectivity in the future eugenics’ movement.

SPECIMENS OF COMPOSITE PORTRAITURE

PERSONAL AND FAMILY.



*Alexander the Great
From 6 Different
Medals.*



Two Sisters.



*From 6 Members
of same Family
Male & Female.*

HEALTH.



*23 Cases.
Royal Engineers,
12 Officers,
11 Privates*

DISEASE.



*6
Cases*



*9
Cases*

Tubercular Disease

CRIMINALITY.



*8
Cases*



*4
Cases*

*2 Of the many
Criminal Types*

CONSUMPTION AND OTHER MALADIES

I



*20
Cases*

II



*36
Cases*



56 Cases

Co-composite of I & II

Consumptive Cases.



*100
Cases*



*50
Cases*

Not Consumptive.

FIGURE 12 - DETAIL, FRANCIS GALTON, INQUIRIES INTO HUMAN FACULTY AND ITS DEVELOPMENT (FRONTISPIECE), 1883, ALBUMEN SILVER PRINT FROM GLASS NEGATIVE, 20 X 11/8 CM (THE METROPOLITAN MUSEUM OF ART)

In the early twentieth century, Galton's theory of eugenics would gain popularity around the world, especially in the superpowers of Britain, Germany, and the United States. Stemming from the Greek word, eugenes, meaning noble and wellborn, the drivers of this movement believed that traits such as intelligence, beauty, and strength were solely hereditary and could therefore be selectively bred to create the perfect human (National Human Genome Research Institute, 2021). This idea came at the time of the "Better Baby" and "Fitter Family" competitions held at state fairs around the United States. Masked as an innocuous public health campaign, child pageantry would be predicated on the idea of eugenics and its advantages for society at large. More than a concept, compulsory sterilization would become legal in over thirty states in America.

"Beginning in 1909 and continuing for 70 years, California led the country in the number of sterilization procedures performed on men and women, often without their full knowledge and consent. Approximately 20,000 sterilizations took place in state institutions, comprising one-third of the total number performed in the 32 states where such action was legal." (UCSB, 2015)




FIGURE 13 - EUGENICS PAVILLION AT TEXAS STATE FREE FAIR, 1920. DURING THE 1920S, THE AMERICAN EUGENICS SOCIETY USED STATE FAIRS AS VENUES FOR POPULAR EDUCATION. THE PLACARD ON TOP OF THE BUILDING TO THE LEFT ANNOUNCES 'FITTER FAMILIES FOR FUTURE FIRESIDES', A CONTEST

UNFIT HUMAN TRAITS

SUCH AS FEEBLEMINDEDNESS
EPILEPSY, CRIMINALITY,
INSANITY, ALCOHOLISM,
PAUPERISM AND MANY OTHERS,
RUN IN FAMILIES AND ARE
INHERITED IN EXACTLY THE
SAME WAY AS COLOR IN
GUINEA-PIGS. IF **ALL**
MARRIAGES WERE EUGENIC
WE COULD **BREED OUT**
MOST OF THIS UNFITNESS
IN **THREE GENERATIONS.**

THE TRIANGLE OF LIFE



YOU CAN IMPROVE YOUR *EDUCATION*,
AND EVEN CHANGE YOUR ENVIRONMENT;
BUT WHAT YOU REALLY **ARE** WAS ALL
SETTLED WHEN YOUR PARENTS WERE
BORN.
SELECTED PARENTS WILL HAVE
BETTER CHILDREN **THIS**
IS THE GREAT AIM OF EUGENICS

FIGURE 14 - "THE TRIANGLE OF LIFE" 1926 SUSQUI-CENTENNIAL EXHIBITION PHILADELPHIA, PA COURTESY OF THE AMERICAN PHILOSOPHICAL SOCIETY

In Germany, those rising to power would be galvanized by the US's commitment to creating a "better" society, so much so that eugenics would appear in its most heinous iteration. Recalling Kraepelin's theory on the heritability of mental illness, some German eugenicists cited his work as justification for their belief in the practice. They would also use his research to support the radical ideas of "racial hygiene" and the creation of the Aryan race in what would soon be Nazi Germany. Here, the relationship between eugenics, psychiatry, and photography was underscored.

The role of photography as the great and true documenter pushed the idea of eugenics and its agenda in several ways. First, the technology could be used to categorize people based on their physical appearance. Traits, including facial features, body type, and skin color, could be clearly logged through photographs, which were then used to interpret and determine one's genetic fitness. Secondly, these photographs could also be used as a means of surveillance and identification of seemingly "unfit" persons (Maxwell, 2010).

Finally, these images could additionally be used to propagate the message of eugenics. Displayed in newspapers, magazines, films, exhibitions, lecture halls, brochures, etc., propaganda promoting the eugenic philosophy was distributed far and wide by the Nazi party. The images portrayed differently abled individuals, as well as Jews and Romani people, as a burden on society and a threat to the purity of Germany. Through the Ministry of Propaganda, established by Joseph Goebbels, the Nazi regime could ensure that eugenic sentiments were pervasive and consistent. Similarly, to the US, Hitler also used the tactics of forced sterilization and even euthanasia to ultimately eliminate those living with mental illnesses and disabilities. Thankfully, after World War II, the eugenics movement lost a considerable majority of its disciples. The field of psychiatry would not be so eager to place the full brunt of mental illness on matters of biology, and the ethics of medical photography would begin to be more seriously considered.

POST-WAR PHOTOGRAPHY AND PSYCHIATRY

Following the great atrocities of World War II, people all around the world would return home only to realize the hypocrisy of fighting for democracy and freedom abroad while simultaneously denying rights to similarly marginalized groups in their own countries. Among those disenfranchised, of course, were those living with mental illnesses. The conditions of psychiatric hospitals only continued to worsen as many patients were subject to inhumane treatments, such as electroconvulsive therapy (ECT) and lobotomies, which were often performed without their consent. Desperate for change, the anti-psychiatry movement of the 1950s and 1960s planted roots in the United States and throughout Europe. Led by psychiatrists, such as Thomas Szasz and R.D. Laing, the movement challenged the status quo of care while arguing that mental illness was as much a social and cultural phenomenon as a biological one (Foot, 2014). This initiative would move in tandem with the American civil rights movement as both fought for equality as well as against the common enemy of institutionalization.

In psychiatry, institutionalization refers to the act by which individuals with mental illnesses or disabilities are placed in institutions such as hospitals, psychiatric wards, or residential treatment centers for long-term care (Yohanna, 2013). As the primary course of action for mental illness over the past two centuries, leaders of the civil rights and anti-psychiatry movements, and academic sociologists, such as Erving Goffman, would question the efficacy of institutionalization and its impact on society at large.

ERVING GOFFMAN

Erving Goffman, born in 1922 in Manville, Alberta, Canada received his graduate degrees in sociology at the University of Chicago. His dissertation entitled *The Presentation of Self in Everyday Life* asserted that social interactions, influenced by environment and audience, were akin to a performance where we, the actors, would present ourselves in a way that left desired impressions on our audience. Goffman's interest in social interactions and the environments they happened in would eventually bring him to Washington D.C.'s St. Elizabeth's Hospital for a year of field research. During his time at St. Elizabeth's, he conducted a series of ethnographic

studies and based on his findings, formed the concept of the “total institution.” (Manning, 1992, p. 27)

“Total institutions,” coined by Goffman himself, were extremely restrictive places where a high degree of control was exercised over the individuals who were confined to them (Gambino, 2013). In this way, Goffman equated psychiatric hospitals to prisons, though its inhabitants had often committed no crime. He also critiqued the isolated nature of the psychiatric institution and its metaphorical distance from everyday society. Patients had limited access to the outside world and a severe lack of privacy. This restriction on movement as well as closely watched and regimented routines would make it that much harder for patients to ever leave. As dependency on the hospital grew, so did its number of patients.

Overcrowded hospitals undoubtedly forged intense and grueling work environments for their employees and would perhaps be one of the triggers for physical and social abuse of patients by doctors, nurses, and other staff members. This abuse would lead to what Goffman described as “mortification of self” or the loss of one's identity. The ‘mortification of self’ was the process by which individuals were stripped of their past positions in order to take on a purely institutional role (Chow & Priebe, 2013). It became clear to Goffman, and others grappling for human rights, that the institution did not provide a sustainable model of care. This scrutiny, and perhaps even more so, the financial burden of in-patient facilities on the welfare economy would eventually reach a tipping point and demand a response.

The proposed answer was the deinstitutionalization of psychiatric hospitals or the movement of care from large-scale facilities to community-based treatment centers, such as outpatient clinics, community mental health centers, and group homes. To aid in this transition, psychotropic drugs, such as Thorazine and lithium, were also introduced at this time. Though not considered a cure-all, the innovation promised to alleviate some of the symptoms accompanying mental illnesses (Ban, 2007). It was believed that with the help of psychotropic drugs and community-based care, patients would be able to return to society after shorter periods of hospitalization, as opposed to living out the rest of their days in the psychiatric hospital. Therefore, as the attitude towards mental health care shifted worldwide, so would its relationship with photography.

MORIRE DI CLASSE (TO DIE BECAUSE OF YOUR CLASS)

"The first time I saw a psychiatric hospital on the inside was in Gorizia under Franco Basaglia's Directorship – where there were no longer any straitjackets, but there were still a sense of poverty and people who had been inside for fifty years or so who no longer noticed the presence of walls or bars. Basaglia told me that they were so institutionalized, that when they went out for walks they would turn back at the point where the wall used to be. Their lives had been destroyed by the hospital." (Foot, 2015) - Carla Cerati

In the 1960s, Franco Basaglia, the director of a small psychiatric hospital in Gorizia, Italy would call for the dissolution of large-scale psychiatric institutions that more closely resembled concentration camps or prisons rather than places of healing. Basaglia would literally and metaphorically tear down the walls and fences of the institution in order to rebuild its perception. He introduced patient-led meetings and unlocked all the wards so that his tenants were free to come and go as they pleased. With this newfound freedom, patients could finally experience a small sense of personal agency and their humanity.

To record Gorizia and his team's efforts, he asked photographers, Carla Cerati and Gianni Berengo Gardin to document the hospital and other asylums. To avoid appearing paternalistic, Gorizia specifically requested that his picture not be used. He also discussed best practices when working with vulnerable populations and made informed, patient consent paramount. After these long discussions with Cerati and Gardin, the images created were published in the celebrated photobook, *Morire di Classe (To Die Because of Your Class)*.

"That was the tough part of working in the mental institutions – managing to avoid portraying the illness, and instead showing the conditions in which, the patients were living. In order not to inflict indignity, when Carla Cerati and I went to the mental institutions, we used to hold meetings to ask for the patients' consent and to explain what we intended to do. And these so-called lunatics, who weren't that mad at all, understood us perfectly and helped us. And then there was the extraordinary Basaglia." (Foot, 2015) - Berengo Gardin

The book's contents were wrapped up in a purple-hued cover. For its time, it used a modern advertising approach and unique graphic design elements. The selected images came from three different hospitals although no descriptive captions or names were included, a choice that would place more importance on the images themselves. "This was a design object, a political and sociological photobook, a book to be looked at (or looked away from) as much as read." (Foot, 2015) Beyond revolutionizing mental health care in Italy, the Basaglia family also advanced the function of a book and its capacity to enact, or at least inspire change. However, *Morire di Classe* did not come without critique.

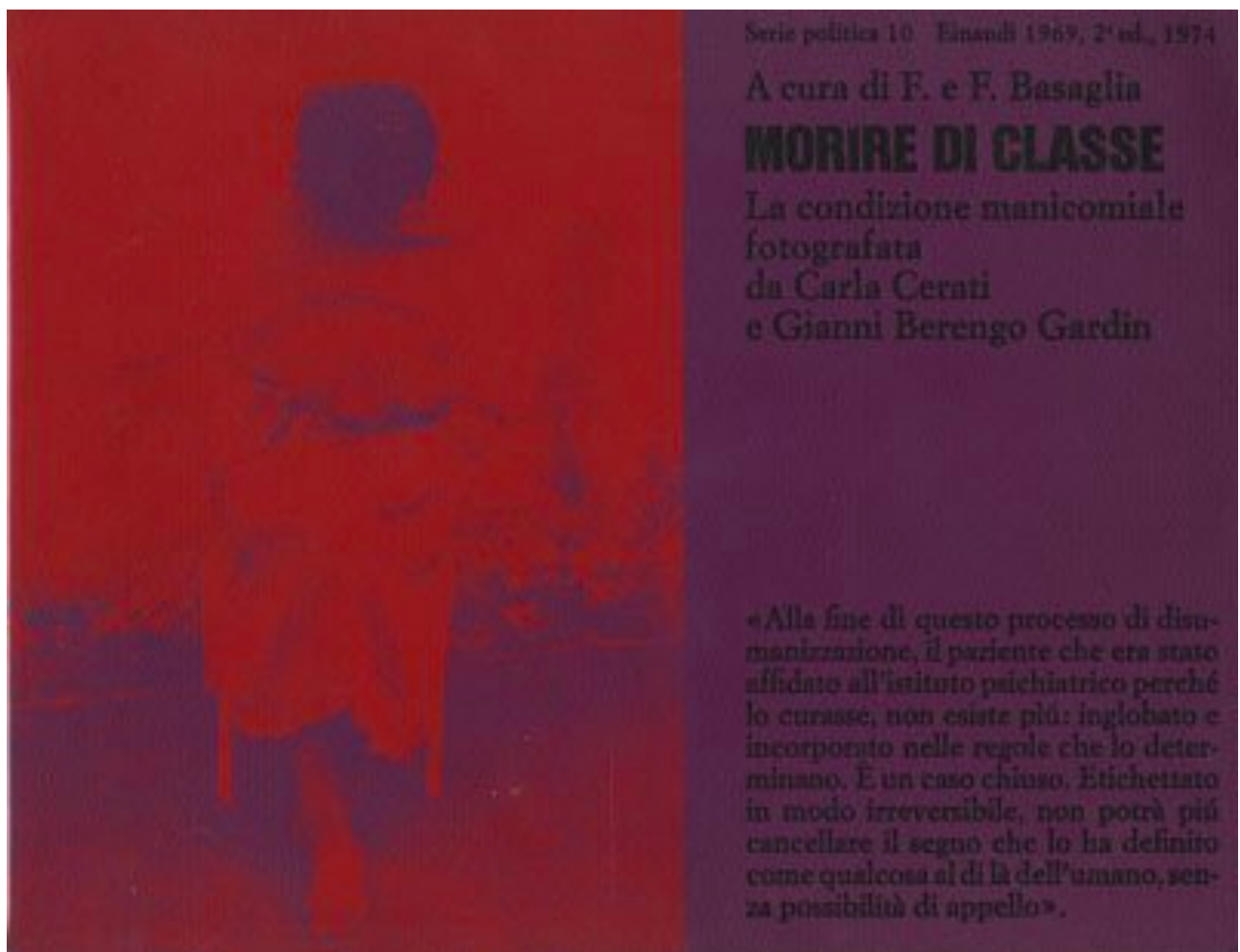


FIGURE 15 – MORIRE DI CLASSE COVER.
BASAGLIA F AND BASAGLIA F (EDS) (1969) MORIRE DI CLASSE. LA CONDIZIONE MANICOMIALE FOTOGRAFATA DA CARLA CERATI E GIANNI BERENGO GARDIN. TURIN: EINAUDI (UNPAGINATED); 2ND EDN 1974.

"During this work I felt the limits of the camera for the first time – it was impossible to capture in an effective way the obsessive repetition of gestures, the voices, the cries of the patients ... but at the same time the impact of a still photo is much greater than that of those moving images which we view every day without noticing it on the small screen." (Foot, 2015) - Bianchino

Though the images were certainly poignant, photography had and always will have its limits. The book provided a glimpse into the conditions lived in by patients, but just like the medical portraits previously discussed, it could not fully penetrate the experience or the mind of those institutionalized. "That book did not aim to underline that any change was going on within asylums. Its goal was, in part, to shock. This was a political book, a violent statement of a state of affairs that, for its authors, had been allowed to continue for far too long. In this sense, at least, and certainly in the case of Gorizia, the book was also part-fiction, a construction, a tool of propaganda." (Foot, 2015) In the end, it may not have been a true catalyst for institutional change; it did, however, introduce a whole new genre of photography and gave photographers pause when considering their role in it.



FIGURE 16 - UNTITLED PHOTOGRAPH FROM MORIRE DI CLASSE



FIGURE 17 - UNTITLED PHOTOGRAPH FROM MORIRE DI CLASSE



FIGURE 18 - UNTITLED PHOTOGRAPH FROM MORIRE DI CLASSE

LIVING WITH THE FALLOUT OF DEINSTITUTIONALIZATION

Though the deinstitutionalization of asylums continues around the world to this day, the mass exodus of patients in the late 20th century would leave the vast majority of these monumental and ornate buildings of old emptied and abandoned. Different complications soon arose as patients were released back into society. With a complete lack of infrastructure for society's newly returned citizens, cases of homelessness surged. As for psychotropic drugs, unfortunately, they did not experience as much success as anticipated. Though it helped in mitigating the severity of delusions and hallucinations, a sense of apathy and indifference would just replace it. Some patients also remained hesitant to take their medications as that meant their psychoses, which they had learned to live with, and even embrace, would be gone. This inability or unwillingness to adhere to the doctor's orders would soon result in readmission just a few weeks or months later.

By the 1990s, it was apparent that the idea of deinstitutionalizing psychiatric hospitals was a decision made in haste and without proper follow-up. Perhaps, it was not the erasure of the psychiatry hospital that would be its point of failure, but rather the shortage of emotional, social, and financial support from the community and its stakeholders who could have ensured a smoother transition back into society. The defunding of asylums ultimately resulted in the mentally ill being simply rerouted to prisons, halfway houses, and other overcrowded in-patient facilities, bringing about another process now called transinstitutionalization. Researchers, McGrew and his associates, tracked the phenomena in a 1999 study of patients released from long-term psychiatric confinement. "They found that after two years, 193 of the 303 (64%) original patients had been transinstitutionalized, ending up in facilities that provided intense monitoring or 24-hour care as well as extensive additional services. After discharge, 20.5% were moved to other state psychiatric hospitals, 1.3% were in penal institutions, 6.3% were in a nursing home facilities, 31.7% were living in supervised group homes, and 4% were in room-and-board facilities." (Primeau et al., 2013)

As for the buildings themselves, some asylums were even repurposed into prisons, no doubt to meet the growing demand. Researchers have argued that prisons and other correctional facilities have become the psychiatric institutions of the 21st century (White P. & Whiteford H., 2006, 302-303), and it is within this trend that we observe a cycle dating back to the beginnings of the Salpêtrière Hospital in France.

The remaining asylums were left abandoned and since then, several photographers would attempt to capture and remember the past lives of these buildings and their inhabitants (Sacks, 2009).

CONTEMPLATIONS WITH THE ABANDONED

From 2002 to 2008, New York-based photographer, Christopher Payne, visited over seventy abandoned psychiatric facilities in attempts to document the “far-away castles” as he calls them (Ozludil, 2010). Originally interested in the asylum as a utilitarian place of “institutional self-sufficiency,” Payne documents the farms, powerplants, gardens, slaughterhouses, and even cemeteries of the lost communities. In his photobook, *Asylum: Inside the Closed World of State Mental Hospital*, he chooses not to include information about the building’s architects or construction but allows the images to speak for themselves. He does not explicitly give his opinion on the value of these institutions, however, he does include an essay by Oliver Sacks, which sets the tone (Ozludil, 2010).

British neurologist, Dr. Sacks believed that the mass closure of psychiatric hospitals ultimately displaced millions of people, leaving them “the least supported, the most disenfranchised, and the most excluded people in our [American] society today.” (Sacks, 2009) He appreciated the feeling of place and refuge these nineteenth-century institutions provided their inhabitants, though it is clearly up for debate if their assets outweighed the disadvantages.

As for Payne, “the selection [of images] implies the emphasis [he] puts on the possible positive aspects of the asylum, reminding the viewer of “good intentions” evident in bowling alleys, auditoriums, beauty salons, bakery equipment, etc.” (Ozludil, 2010) Though the absence of patients invokes a particular kind of melancholy, Payne’s photos also showcase the beauty and undeniable craftsmanship found in the curves and grooves of its architecture. However, the portrayal of these institutions as abandoned and decrepit relics fossilizes the traces of abuse, squalor, and ultimately, failure. It can reinforce the hardened negative stereotypes of the asylum and play into the imagery found in contemporary tv shows and films such as *American Horror Story*, *The Ward*, and *A Cure for Wellness*.

Regardless of opinion, the two-hundred images give its reader permission to reminisce and consider the tremendously complex history of mental illness and its representation.

CONCLUSION: VISIBILITY IS A TRAP

Since its inception, photography has allowed us to remember. Public memory has been preserved, although one may argue perverted, through the use of endemic imagery. The question is, what precisely has it allowed us to remember? In Susan Sontag's "On Photography," she notes:

"Photographs really are experience captured, and the camera is the ideal arm of consciousness in its acquisitive mood. To photograph is to appropriate the thing photographed. It means putting oneself into a certain relation to the world that feels like knowledge — and, therefore, like power." (Sontag, 1977)

This desire for knowledge, and perhaps even power, perfectly underlines psychiatry's earliest attempts at understanding that which was incomprehensible. Mankind's first elucidations of mental illness were as incoherent as the madmen they feared, and it was this insecurity that fed a deep-seated need for control. In a way, photography was able to provide the field of psychiatry the sense of power it longed for as it, perhaps unbeknownst to them, gave them the ability to project their own thoughts and ideas of what they believed insanity looked like.

"Photographs, which cannot themselves explain anything, are inexhaustible invitations to deduction, speculation, and fantasy." (Sontag, 1977)

It was the absolute acceptance of the technology as cerebral truth and the ignorance of its subjectivity that fabricated the dangerous medical gaze. As a classification tool, the medium only added to what photographer, Allan Sekula, described as a "bureaucratic-clerical-statistical system of 'intelligence... in this way, individual noses, ears, patients, prisoners, and ordinary citizens could be photographed, measured, and classified.'" (Sekula, 1986, p. 7) The ramifications of this systematic use of photography would drag us back to the earliest definitions of mental illness as "other." In the case of Charcot and Diamond, photography acted as way to control the narrative, and highlighted the distance between the viewer and the viewed. When the patient became the passive object of the doctor's lens, visibility was no longer representation. Visibility became a trap (Foucault, 1977).

Although the definition of mental illness would evolve, the medium of photography continued to be warped into justification for classism, racism, sexism, and ableism. Techniques such as Francis Galton's composite photography would be the evidence conferred in committing extraordinary acts of violence. Its function as propaganda can still be observed to this day, and perhaps in a way, even more so.

Today, almost every single person has access to a camera. Once an activity reserved for the rich, has now become so commonplace that we are drowning in visual stimuli. Not only are we able to capture an image instantaneously, the dissemination and distribution of it is somehow even seemingly faster. Our current ability to edit, warp, and completely distort an image is unparalleled, so it becomes even more salient that we do not conflate visibility with representation. Beyond that, in a world marked by war, pandemic, climate change, and inequality, mental illness becomes more and more pervasive. In our attempts to address it, we must recognize that representation is simply not enough – especially when that representation has perpetually been one-sided, two-dimensional, sensationalized, and fabricated.

Even appreciating the earnest and benevolent attempts of Franco Basaglia's photobook, *Morire di Classe*, to document the need for a psychiatric revolution, we see the shortcomings of the photograph. Although the book exposed an uncomfortable reality, can we really say that it inspired far-reaching institutional change? As always with science and research, we must remember that correlation does not imply causation. There were a host of factors, one must not discount, including the establishment of national health services, rising costs of inpatient care, as well as new discoveries in psychiatry that would lead to the deinstitutionalization of the asylum. Considering this, we must ask ourselves, was the exposure of a vulnerable population worth it? Or in our own earnest, yet ignorant desire to help, did we just do the best we could with the information we were given?

If we are to see any improvement in our collective mental health status, we must not let photography remain an empty gesture of performative activism in the context of psychiatry. Instead, perhaps we should draw inspiration from those such as Thomas Kirkbride who did not use photography to classify or document, but rather activate the mind.

FUTURE USES OF PHOTOGRAPHY: REVERSING THE MEDICAL GAZE

From the patient portraiture of Hugh Welch Diamond and escaping the clutches of the Sapleire, to the documentation of places inhabited and endured, the past two centuries have witnessed the camera's slow turn outwards and a refocus of its gaze.

Rather than a tool of mere topical surveillance, photography can be used as an expression of the patient's most inner thoughts and reflections, rather than their physician's. Its influence, tone, and perspective are then directly derived from the source and are not painted on by curious bystanders. This shift can allow those experiencing mental health illnesses to reclaim their space and redefine their diagnosis in the way they comprehend it. As when working with any disenfranchised group, the party of privilege must allow those marginalized the support, space, and resources to solve their problems from within, and not attempt to advise from a hilltop vantage point.

In practice, photography can help those struggling with mental health issues by permitting them to explore the world of their unconscious. It was, of course, Sigmund Freud who would first investigate the more cavernous corners of the mind. He utilized photography as an analogue of the subconscious, but it would actually be German philosopher, Walter Benjamin, who would use the medium to further tap into the psyche and construct the theory of the "optical unconscious." The "optical unconscious" refers to the hidden aspects of the mind that claim a role in making us who we are. "By attending to this idea, one might become newly aware of previously unnoticed details and dynamics, as well as the material, social, and psychic structures that shape perception." (Smith & Sliwinski, 2017).

To reach this next level of self-awareness, Benjamin believed that photography could devise the route in which we may finally meet, as British psychoanalyst, Christopher Bollas also describes, "the 'unthought known' or the material that is either emotionally undigested or actively barred from consciousness." (Bollas, 1987) Once we have access to these raw materials, one can finally begin to build what has seemingly been missing or destroyed.

THERAPEUTIC PHOTOGRAPHY AND THE FEELING OF PLACE

While photography can allow us to go further in towards ourselves, it can also help us define our sense of place. Sense of place involves the emotional bonds and attachments we make with certain geographical locations. These locations often vary in size and can translate to something as intimate as your house to as large as your country. It “can refer to positive bonds of comfort, safety, and well-being engendered by place, home, and dwelling, as well as negative feelings of fear, dysphoria, and placelessness.” (Foote & Azaryahu, 2009)

As a practice-based approach, one uses photography to engage with their environment to either establish or consider the relationship he or she has with that specific geographical location. This self-directed therapeutic approach can give its users a sense of power or control, like previously discussed, over environments that may usually bring feelings of helplessness, shame, and even terror. In the positive, the technique can also be used to capture and appreciate the geographies that bring you immense comfort and later serve as a tangible reminder of where your happiness is found.

In any respect, it is not just the image itself, but also the act of navigating your environments of comfort and discomfort. By taking a picture, one creates what psychologist, Judith Weiser describes as ‘representational objects.’ (Foote & Azaryahu, 2009) These ‘representational objects’ are conceived from brave acts of discovery and a willingness to define your own boundaries between danger and safety, distance and intimacy, sadness and joy. When you are able to do this and reflect on it, photography can provide the guidance necessary to navigate wherever and however you may find yourself in this world.

FINAL THOUGHTS

The relationship between photography and psychiatry has an extensive and complicated past. For better or for worse, both disciplines would not be where they are today without the other. As our understanding of the mind continues to expand, as well as our philosophies surrounding the institution of the psychiatric hospital, so will photography's role in depicting it. However, one should always exercise caution when observing or portraying any one view of psychiatry and its patients. "Equating it with the horrific conditions in the mid-20th century is historically inaccurate and leads to the excesses of the anti-psychiatry movement. Romanticizing is equally misguided but is tempting as one encounters images and writings from a more optimistic time." (Harris & Stevens, 2010)

From mental illness to photography, to gender and identity, we have entered an era where it is imperative to appreciate the sliding scales of humanity rather than the concrete absolutism of black-and-white thinking.

"Instead of recording the difference between 'normal' and 'abnormal', photography is now called upon to witness that, visually, 'normal' and 'abnormal' are indistinguishable."

– (A.S. Tarabochia, personal communication, October 15, 2022)

ADDENDUM

THE “MUG SHOT” AND CESARE LOMBROSO

As witnessed throughout the course of this thesis, one perhaps would be remiss to not acknowledge the deep associations between psychiatry, photography, and crime. The advent of the “mug shot,” as described by the Oxford dictionary, is “a photograph of a person’s face made for an official purpose, especially police records.” (Oxford, n.d.) This is another instance of which photography was used to classify and document individuals through the creation of a criminal registry.

The photographs of these registries were usually taken by commercial photographers, however, in some cases, the responsibility would fall into the hands of untrained policemen. This would mean the photograph’s style would lack consistency or the ability to meet a basic list of criteria. Prisons also struggled to organize the thousands of photographs that were now being produced. Realizing the obstacles facing this endeavor, French policeman, Alphonse Bertillon, invented a systematic method of which suspected criminals and reoffenders would have their picture taken. The ‘mug shot’ required “convicts to pose for a portrait and profile photograph against a plain backdrop with controlled lighting.” (Lovell, 2018) Along with the mug shot, police would also record five bodily measurements: the length and width of the head, the length of the middle finger, left foot, and the arm (from the elbow down to the tip of the middle finger.) Eventually, these measurements would become obsolete with the invention of fingerprinting, but the “mug shot” and its principles are still used widely to this day.

The ever-growing collection of mug shots in the late 1800s could have provided someone like physician and Italian criminologist, Cesare Lombroso, with an extensive archive to test his theories of anthropological criminality.

Born November 6, 1835, in Verona, Italy, Cesare Lombroso, is considered the Father of Criminology. He studied medicine and psychiatry at various universities throughout Europe and served as a military doctor during the Italian unification. Later, he worked as a professor of forensic medicine at the University of Turin. His interest in criminology arose from his earlier work on cretinism and pellagra, now known as congenital hypothyroidism and niacin deficiency. Lombroso found that these conditions stunted not only physical growth, but also reduced one’s

mental abilities. With these deficiencies, he believed an individual would be more likely to commit acts of violence, including homicide.

Additionally, Lombroso would use the popular concepts of phrenology and physiognomy to further support his theories. He conjectured that criminals were born, rather than created through acts of free will, making criminality a matter of biology (Wolfgang, 1961). He suggested that people with 'atavistic' or primitive-seeming features made up a whole separate class of people more likely to commit a crime due to their stunted level of evolution.

Along with his work in criminology, Lombroso was also interested in psychiatry and the study of mental illness. He was one of the first psychiatrists to study the relationship between mental illness and criminal behavior and would forever link the two in an endlessly controversial pairing. In 1876, Lombroso published his work and philosophies of criminology and psychiatry in his most famous book, "L'uomo delinquente" which translates to The Criminal Man. It became a bestseller, marking his influence in the world of crime and criminal behavior (Wolfgang, 1961).

FUTURE WORK

Some of the earliest versions of medical spaces were derived from religious sites such as basilicas and monasteries. The open design of these spaces would easily accommodate the sick and ailing, allowing the church to expand its claim from not only spiritual salvation but to earthly salvation as well. Bed-ridden, the sick were an apt target for mass indoctrination, but as the need for care grew, so did the spatial and auditory demands of the church. A cross-ward design would situate the altar in the middle of the room so that all patients could be within earshot of the daily mass. The altar's placement would also facilitate easier observation of the now quadrupled number of patients. Perhaps seemingly benign, this kind of surveillance would make the hospital a precursor to Jeremy Bentham's Panopticon - a disciplinary concept personified as a central observation tower within a circle of prison cells (Murphy, 2021,p. 3 - 12). In the Panopticon, prisoners are under constant surveillance, and as French philosopher, Michel Foucault summarizes, one "is seen, but he does not see; he is an object of information, never a subject in communication." (Foucault, 1977). When this philosophy is applied to both the prison and the hospital, the prisoner and the patient, their autonomy and humanity are unmistakably denied.

Using this Foucauldian lens, the author's future academic endeavors will analyze the asylum through documentary film and photography to illustrate the institution of the psychiatric hospital and its design's incompatibility with personal agency. Collected photographs and video will highlight the lives and spaces in which innate hierarchies and forced conformity compete with the need for individuality, humanity and survival.

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