REPRESENTATIONS OF INSANITY IN ART AND SCIENCE OF NINETEENTH-CENTURY FRANCE: FROM THE DEMONIC TO THE DEGENERATE

A THESIS IN
Art History

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

MASTER OF ARTS

By

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B.F.A., Art History, University of Kansas, 2013

KANSAS CITY, MISSOURI
2016
This thesis seeks to analyze depictions of insanity in the nineteenth century, especially in France. Through research into the history of psychiatry and the history of image culture, I intend to explain the changing views of madness. Varying genres of art are used to explore these ideological shifts. At the beginning of the century, the impact of the Enlightenment and the Revolution brought about a newfound humanitarian view and treatment of the insane. These views are exemplified in the evolution of medical drawings that correspond with contemporaneous scientific treatises. The sympathetic treatment in Géricault’s portraits of the insane in the 1820s was part of a movement that also led to changes in legal status, as seen in the development of an insanity defense. In this same era, Romanticism marked a shift from sympathy towards the mentally ill to a fascination with non-rational experiences by artists such as Henry Fuseli, Francisco Goya, and Eugène Delacroix. These artists were the first to utilize the depiction of the insane as an aesthetic counter to the classical ideal. By the fin-de-siècle, the rise of social Darwinism led to theories of degeneracy, in which the insane were grouped with criminals and prostitutes as biologically deficient. The insane,
through the lens of depictions of degeneracy, existed mainly in “scientific” studies and popular imagery. There was, however, a counter offensive in the arts, in which cabaret culture embodied this demeaning ideology as a subversive gesture against the bourgeoisie. Thus, I will demonstrate that the view and representations of the insane in nineteenth-century image culture corresponds to the manifestation of social, political, and economic factors.
The faculty listed below, appointed by the Dean of the College of Arts and Sciences have examined this thesis titled “Representations of Insanity in Art and Science of Nineteenth-Century France: From the Demonic to the Degenerate,” presented by Tara Karaim, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

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ACKNOWLEDGEMENTS

There are so many people that have directly and indirectly contributed to my success as a graduate student at the University of Missouri-Kansas City and who have helped me complete this project. I would like to thank my professors, friends, and family for supporting me throughout this journey. First of all, thank you to my thesis advisor Dr. Frances Connelly who has introduced me to so many new and exciting facets of art history and who has been an inspiration to me throughout this process. Also, thank you to Dr. Rochelle Ziskin who has encouraged me every step of the way to step outside of my box and pursue new opportunities. Thank you as well to Dr. Burton Dunbar for being an excellent advisor and source of wisdom. I only hope someday I will be able to inspire and encourage students as much as you three have inspired and encouraged me.

I would also like to thank my friends and family for supporting me, without you I would not still have my sanity today. I owe so much to my graduate student friends Ashley Lindeman, Meghan Dohogne, and CJ Charbonneau who have made these past two years so great. I am so grateful that I was able to make life-long connections with you ladies, and cannot wait to continue our friendship into our careers as Future Leaders of Art History. Also, a special thanks goes out to my boyfriend and best friend John Duncan, who now knows more about art and art history than he ever cared to. Finally, my parents, who have been there by my side through thick and thin my entire life, and graduate school was no different. Thank you all so much for bringing a smile to my face on the most stressful of days and supporting me no matter what. I could not have done this without you.
CHAPTER 1
INTRODUCTION

Often grouped with the criminals, the prostitutes, and the addicts throughout history, the insane are considered among the most abject and marginalized members of society. While the definitions, symptoms, pathologies, and diagnoses of madness change over time, this marginalization and repulsion remain constant. The way the mentally ill are viewed and treated is particularly revealing at specific moments in time because it exposes the ideological constructs of the period. If and how a civilization cares for its ill and downtrodden conveys a great deal about its established value system. Through the investigation of art and visual culture, I intend to explore the ideological constructs that affected views of the insane in nineteenth-century Europe, and particularly in nineteenth-century France. A shift in ideologies caused a more sympathetic view of the insane to emerge in the first half of the century, but in the second half a schism occurred, causing elite circles to again marginalize the insane as the “other,” while the lower rungs of society embraced the stigma of insanity as part of their new, modern identity. I do not intend to assess the validity of the treatment of the insane throughout the nineteenth century, nor do I intend to argue that the insane have been wrongly or fairly viewed at any given point. I rather intend to use the representation and treatment of insanity as a vehicle to uncover and connect a myriad of philosophies, values and cultural constructs in this period.

The shift in attitude toward the insane, from marginalized, to object of sympathy, and the consequential schism is of particular interest to me. What happened ideologically, socially, and politically for these changes to occur? And how are they revealed in the art and visual culture? To answer these questions, I will explore the history of both art and
psychiatry. The historiography of psychiatry in nineteenth-century France has been both romanticized and denigrated in modern scholarship. Michel Foucault represented the latter view, focusing mainly on the human urge to confine the mentally ill, and thus refusing to acknowledge that the progressive steps towards their care were taken out of a newfound sympathy for their plight. He instead believed it was out of repulsion that the population further separated the insane, until to study them and improve their care was the most productive way to confine them.¹ In other words, studying them was done out of necessity to further justify their separation. Separation from the general populace was certainly a major way in which the insane were dealt with up until the nineteenth century, which I will expand upon in chapter two. I will align Foucault’s theories of confinement with Sander Gilman’s argument about how this manifests itself in art. However, my argument about the more humanistic view of the insane that emerged at the turn of the nineteenth century draws upon Jan Goldstein’s work, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Goldstein’s approach employs a more holistic approach to the historiography of psychiatry as an emerging profession and effect of the Enlightenment.²

The current literature on the intersection between art and psychiatry often focuses on certain isolated incidents, for example Hogarth’s depiction of an asylum in his series the *Rake’s Progress*, Gericault’s portraits of the insane, or how hysteria manifested itself in Montmartre cabarets in the *fin-de-siècle*. My study attempts to unify these instances through an explanation of the changing ideologies concerning insanity and its treatment across the nineteenth century. Because of the multidisciplinary nature of the study, I will include a


wide range of imagery from medical drawings and illustrations, to fine art, to the
performances of cabaret. I will provide an analysis of how social and political factors caused
ideologies to shift and morph over this time and the ways in which it is reflected in the
imagery. The insane are the object of the shifting ideologies, and the art I have chosen to
include acts as proof of these changes. I will also incorporate analyses of period sources,
especially the major scientific treatises of the time. These treatises, by scientists such as
Philippe Pinel, Jean-Étienne Dominique Esquirol, Étienne-Jean Georget, and Jean-Martin
Charcot, provided a direct empirical connection to how insanity was thought of and studied.
I utilize these resources to illustrate the connections between art, science, and ideology.

I will first analyze the depictions of the insane prior to the nineteenth century, and
identify patterns in art that will remain and patterns that will be abandoned in the years to
come. In particular, I will focus on how the democratic optimism of the Enlightenment
altered the perception of the mentally ill. This also affected the legal treatment of the insane;
specifically, the beginnings of the insanity defense reflected an egalitarian and humanitarian
view of the insane never before seen. The Romantic artists, who turned sympathy into
fascination and who explored the furthest reaches of the human mind, also expressed this
newfound sympathy for the plight of humanity in a completely different way. Romanticism
marks the beginning of the schism between the classical ideal and the formation of a counter-
culture which rejected this ideal. The humanitarian efforts of the first half of the century
were reversed in fin-de-siècle France, when the emergence of social Darwinism and theories
of degeneracy once again placed the mentally ill at the lowest position of society. However,
this view was not universal; in fact, it deepened the fissure begun by Romanticism. The
lower members of society embraced these pejorative views and used them to form a new
identity outside of the classical ideal. This schism had implications in art that reached beyond the nineteenth century, with especially important consequences in twentieth-century Modernism.
CHAPTER 2

INSANITY IN THE ENLIGHTENMENT:
EMERGENCE OF POSITIVISTIC SYMPATHY AND HOPE

For a brief moment in the nineteenth century, a more humane approach to insanity emerged in France, one that can be attributed to many factors including the democratic fervor, humanitarianism, and scientific progress of the Enlightenment.\(^1\) The Enlightenment marked the beginning of considering human existence outside of the theology of the church, and studies relied on the analysis of collected data rather than metaphysical explanations or traditional prejudices.\(^2\) Therefore, over the course of the eighteenth century, research into mental illness gained independence from ingrained superstitions and became more humanitarian and empirical in nature. This combination of democracy and positivism allowed for the idea that it was possible to cure the insane and return them to society to be seriously considered by the scientific community. All of these factors manifest themselves in the medical drawings of the time, which supplemented new research conducted on types of insanity. In this chapter I will first discuss the depictions of insanity prior to the eighteenth century, which manifested themselves in the utilization of tropes and schemata that emphasized the need to separate those suffering from madness from the rest of society. The culmination of these tropes along with a shift towards a more sympathetic view of insanity is

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represented in William Hogarth’s *A Rake’s Progress*. Finally, I will discuss the beginnings of psychiatry and how they were connected to the ideological backdrop of the Enlightenment.

**Insanity Prior to the Enlightenment**

Before the Enlightenment and the emergence of a new positivist psychiatric profession, insanity was viewed primarily as a moral failing. Viewed within a religious framework, insanity was often understood as demonic possession and associated with pagan rituals and violent excitement.³ It was widely accepted that man was susceptible to disease because of original sin, and disease was often considered punishment for sin. In the medieval era, insanity was considered among the worst of all diseases because it deprived man of reason, the quality that separated him from beasts and made him closer to God.⁴ The insane criminal was imprisoned in the medieval era to protect society. They were not considered as being at fault due to their absence of free will (“For they know not what they do”), but they had to be contained for the safety of the community.⁵

The leading scholars on representations of insanity agrees that the depiction of madness in art from the medieval era onward utilized tropes or “conventional schemata” to illustrate states of insanity.⁶ In *Disease and Representation: Images of Illness from Madness to Aids*


⁴ George Mora, “Mental Disturbances, Unusual Mental States, and Their Interpretation during the Middle Ages,” in *History of Psychiatry and Medical Psychology*, ed. Wallace and Gach, 202.

⁵ Laura Bossi, “L’anthropologie criminelle: la médicalisation du mal” in *Crime & Châtiment* ed. Jean Clair (Paris: Gallimard, 2010), 215-216. *All translations, unless otherwise noted, are the author’s.*

(1988), Sander Gilman postulates that the reasoning behind depictions of diseases in the medieval era was a method for society to control its fear of mental disintegration through labeling the diseased as ‘other’. Gilman states, “In placing such images within culturally accepted categories of representation, within ‘art,’ we present them as a social reality, bounded by a parallel fantasy of the validity of ‘art’ to present a controlled image of the world.” The fact that the images of insanity are separate from us lessens insanity’s potential threat. These images reveal how society viewed disease, as a threat that deserved expulsion from the communal body. This argument draws upon the groundbreaking work of Michel Foucault, who begun his book *Madness and Civilization: A History of Insanity in the Age of Reason* with a description of vast efforts to separate lepers from society in the medieval era. He uses this as a point of comparison for what the mad became in the times that followed. Foucault argued that not only did many of the institutions created to confine and treat leprosy later become hospitals for insanity, but also that after leprosy diminished, the repulsion toward the leper was replaced by the repulsion toward the madman.

In his earlier study *Seeing the Insane* (1982) Gilman provided extensive examples of the portrayal of madness in the form of fools, mania, melancholy, and demonic possession. The contemporary viewer was able to recognize the madness in these depictions due to the specific context and attributes of the portrayed individuals, whether behavioral or physical. For example, fools are correlated with the insane and are often shown disheveled with a

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8 Ibid, 2.

“staff of madness,” as seen in “Madness” from Cesare Ripa’s *Iconologia* (figure 1) of 1645.\(^{10}\) The melancholic is often shown sitting with head in hands, or with hands hidden so as to show contemplation in the former and sloth in the latter. This can be seen most famously in Albrecht Dürer’s *Melancholia I* of 1514 (fig. 2).\(^{11}\) The dichotomy of melancholy and mania can be seen in Caius Gabriel Cibber’s statues *Melancholy* and *Raving Madness*, created in 1676, in which the former figure is relaxed with hidden hands and the latter tense and in chains (fig. 3 and 4). The desire to classify, even if only by visual tropes, represents the need to control the position of the insane within society, in order to diminish the fear of not only each insane individual’s unpredictability, but also the fear of insanity itself and the unpredictability of whom it might affect next.

Gilman identifies works that literally separate the insane from society as especially illustrating the need for the public to distance itself from individuals suffering from madness. This segregation further labels mad individuals as the ‘other’. For example, Hieronymus Bosch in his *Ship of Fools* (fig. 5) from the end of the fifteenth century, represented the containment of the fool and showed that the space in which the madman exists is defined and separate from the sane. It is clear that the figures in this work are mad, firstly because of the man sitting on a stick in the classic melancholic pose, holding the staff of madness. The religious garb and musical acts would have also constituted insanity at this time.\(^{12}\) Foucault argued that the ship of fools was a literal practice as well; many medieval towns would drive

\(^{10}\) Gilman, *Seeing the Insane*, 7-11.

\(^{11}\) Ibid, 12-15.

\(^{12}\) Ibid, 47.
out their madmen and pass them on to sailors who promised to take them far away. These motifs represent the human urge to characterize the diseased ‘other’ and to put them at a safe and recognizable distance. For centuries, all of these motifs were used in varying degrees in the depiction of the insane.

The iconography of the insane culminated with William Hogarth and his work *The Rake’s Progress* of 1732-33 (fig. 6), in which he depicted a scene at the Bethlam Mental Asylum or “Bedlam” in London. The series includes eight different depictions of mad men, all of which would have been recognizable to the contemporary viewer. Hogarth’s painting is the last of eight, and depicts the ultimate fall of the protagonist Tom Rakewell. In the first seven, Hogarth shows Tom’s journey from discovering his inheritance and then spiraling into the dark side of a life of luxury step by step. This last scene, in which Tom has been committed to Bedlam, represents the ultimate fall from Grace.

In this work, contemporary viewers would have recognized the various types of patients. For example, the patient exhibiting religious melancholy (in cell 54), the megalomaniac with delusions of grandeur (cell 55), and the megalomaniac with delusions of religious grandeur (top of the stairs) could all be easily identified. These maladies are shown by the gestures, expressions and props of each figure. The man in cell 54, similar to Cibber’s melancholy, cowers in front of a cross. The man in cell 55 wears a crown and holds a scepter, while the man at the top of the stairs, on the left, clutches a paper miter and cross.

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The book on the head of the man playing the violin is symbolic of false learning, and is also a trope representing insanity. This has a precedent in Bosch’s *The Extracting the Stone of Madness* (fig. 7) of 1500-1510. It has been suggested that the nun overseeing the removal of the stone of folly is, ironically, considered mad as well, due to the book on her head. In Hogarth’s madhouse, it could also be inferred that the music of the violin player adds to the chaos of the scene, for music and dance were often associated with insanity.

Next to Tom Rakewell kneels an insane tailor, who represents either imbecility or dementia. This can be inferred by his inability to properly handle his tape measure, as well as the fact that he seems to be making strange noises with his mouth. A melancholic who is tormented by love—revealed by the picture of a woman around his neck (far left, bottom of the stairs)—is shown in the typical contemplative pose. This is exaggerated by the fact that he is so lost in misery; he does not even notice the barking dog at his feet. Finally, there are two insane scholars, who appear to have been driven mad by their scientific pursuits. Tom Rakewell himself is in the foreground, unclothed and chained. By the seventeenth century, nakedness in this context was a symbol of madness as well. There is also a striking resemblance in Rakewell’s pose to Cibber’s *Raving Madness* (fig. 3) statue, which decorated the entrance to Bedlam at this time and still does to this day.

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19 Ibid, 11.
20 Ibid, 15.
Hogarth’s satirical view of the members of Bedlam not only perfectly captures the tropes of the insane that populated the representations and literature of the times, but it also includes another important aspect of the contemporary view of the insane: contemporary viewership itself. Hogarth’s inclusion of the women in the scene is telling, and reveals the varying degrees of opinion of the insane that existed at this time. The way Hogarth depicts these men, confined in the asylum and so clearly embodying the various tropes, is in line with Gilman’s theory about separating the insane from society as well as classifying them in order to diminish their potential threat. Comedy and ridicule reduces their threat even further. However, the inclusion of the two women who have been identified as visitors to the institution highlights another aspect of viewership, that of entertainment. These two women represent the popular pastime of visiting the institution to wander among the less dangerous patients and gawk at their conditions.\(^{22}\) The insane, once confined and no longer a threat were shocking and hilarious to the sane individual; they were reduced to a spectacle.

This gawking was not the intention of Bedlam’s organizers. They opened the gates for visitation in order to encourage visitors to reflect on the plight of their people. Then, perhaps out of sympathy, visitors might feel compelled to donate to the institution as a result of their reflections.\(^{23}\) Yet, these good intentions fell short of the actual result: individuals visiting the asylum did so more out of curiosity and a desire for entertainment. Hogarth, well aware of these conditions, chose to include the insane members’ reaction to the visitors as well. By showing the megalomaniac with delusions of grandeur either urinating or ejaculating,\(^{24}\)

\(^{22}\) Christine Stevenson, “Hogarth’s Mad King and His Audiences,” *History Workshop Journal*, no. 49 (Spring 2001): 27, JSTOR.

\(^{23}\) Ibid.

\(^{24}\) Ibid, 24-43.
Hogarth suggests that patients are exaggerating their illnesses, or performing for their visitors. Finally, the inclusion of Tom’s love interest, Sarah - who stayed by his side through the entirety of his fall from grace - represents the good of humanity. Her sympathy is pure and heartfelt. Thus, Hogarth presents not one view of the insane, but rather a myriad of reactions and outcomes. The main theme of Hogarth’s work is a satirical representation of the insane, created by the use of tropes and their gawking visitors. However, there is also an undertone of sympathy represented by Sarah that must not be overlooked.

Prior to the Enlightenment, depictions of the mentally ill were created mainly out of fear. The main source of medieval ideology, the Church, believed madness to be caused by Sin and the devil. The only treatment was expulsion, exorcism, jail, or family care. Because it was not understood, it was feared. This fear manifested itself in the creation of tropes and schemata that succeeded in classifying the mentally ill and separating them from the sane. Humor and satire were also used to distance the insane, and lessen their threat. These themes can be seen in Hogarth’s *The Rake’s Progress* (fig. 6). However, Hogarth’s work also shows a sympathetic response in Sarah’s character by calling attention to the cruelty of society in his inclusion of the mocking visitors. This marks the beginning of a shift towards a more humanistic view of insanity. In the years to come, insanity was studied more and more within in a scientific framework. The fear surrounding mental illness diminished and the artists transformed these representations and broke free from traditional tropes.

**Impact of the Enlightenment**

The eighteenth century marked the beginning of a new ideology toward the insane, seeing them as members of society temporarily afflicted with disease rather than permanently damned. By the nineteenth century, the medical representations conveyed the idea that
individuals were attempting to understand and categorize the insane. However this categorization was different than the medieval tropes due to a more empirical approach. Categorizing types of insanity drifted away from stereotypes and towards nosology. Enlightenment thinkers such as Francois Boissier Sauvages de la Croix of Montpellier, Linnaeus, and William Cullen were inspired by the developments in natural sciences to organize data and specimens into coherent systems of categorization. Cullen’s Synopsis Nosologiae Methodicae of 1769 was the first work to organize and define diseases of the nervous system, and represents a shift towards a more empirical classification of insanity.\textsuperscript{25} The tropes from the past were not abandoned completely, but rather were combined with scientific and medical approaches in an attempt to better understand and cure mental illness.

An important example of the more humane approaches to the treatment of the mentally ill can be found in the work of Philippe Pinel (1745-1826), a physician who worked at the turn of the nineteenth century. Pinel was concerned with the classification of the mentally ill as well; in fact, Pinel translated works by Cullen and brought the latter’s concepts and definitions to France at the end of the eighteenth century.\textsuperscript{26} However he is more famously credited with the “freeing” of the insane from their chains. This idea became very popular as shown in Unchaining the Insane at the Hospital of Salpêtrière by Tony Robert Fleury (fig. 8) completed in 1876. Here, Fleury depicted the women of Salpêtrière in varying gestures of madness including the dichotomies of melancholia and mania. They are literally being de-chained by Pinel, which we know now to be an exaggeration. While Pinel did greatly reduce the use of chains, he did not completely eliminate restraints. Straitjackets, seen as more


\textsuperscript{26} Ibid, 269.
humane, replaced many of the chains when necessary. Gilman argues that the freedom of the figures in Fleury’s scene is further emphasized by their placement outdoors in a courtyard, rather than in indoor confinement. Charles Louis Lucien Muller uses this same iconography in his work of 1849 by showing the removal of the chains of the men at Bicêtre (fig. 9). While this view of his life and work is romanticized, Pinel’s career did take the first steps toward a more humane treatment of the insane and represents the first step of a transition from a medieval approach to a more empirical method.

Even up to the nineteenth century, the theories about treating the mentally ill remained very close to those of Hippocrates and Galen, who had hypothesized that the body was made up of humors, and disease was caused when these humors fell out of balance. The humor of black bile was seen as especially harmful and a cause of madness. In terms of curing mental illness, the goal was to restore balance. Thus the accepted process was a routine of bleedings, purgings, luke-warm baths, and cold showers to regulate the humors. By the late eighteenth and early nineteenth centuries, the effectiveness of these treatments began to be questioned.

In her book *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*, Jan Goldstein traces the development of the professionalization of psychiatry from


trade to distinguished practice. This professionalization, combined with the newfound ideas of individual liberty and the search for a cure for insanity, all led to the development of the “moral treatment” by Pinel, which revolutionized the care of the insane. A major aspect of Goldstein’s argument is that Pinel enriched his medical practice with the controversial methods of charlatans, or unlicensed medical professionals. She argues that Pinel scientized many of the charlatan practices to create a completely new approach.32

The new method was outlined in Pinel’s *Traité médico-philosophique sur l’aliénation mentale, ou la manie*, published in 1801. Pinel took the position that while some mental illnesses could be caused by “lesions” of the brain, and were therefore inherent and incurable, more often they were an outcome of “moral affections” that reached negative and positive extremes.33 In this context “moral” refers to the ideas and passions of a patient. The moral treatment, then, applies to the balancing of the emotional and mental state of a patient, or the passions, as opposed to bleedings and purgings, which only balanced the bodily state. Goldstein argues that the emphasis Pinel placed on balancing the passions has roots in the Enlightenment ideals.34 In Rousseau’s second *Discourse* (1754), he defined passion as not in conflict with reason, as previously believed, but rather as reason’s counterpart: “It is by the activity of our passions, that our reason improves: we covet knowledge merely because we covet enjoyment, and it is impossible to conceive why a man exempt from fears and desires

32 Ibid, 65-78.
34 Goldstein, *Console and Classify*, 97.
should take the trouble to reason.”\textsuperscript{35} This would explain why Pinel did not want to destroy a patient’s passions, but rather counter-balance them. However, contrary to the myth that surrounds Pinel, the moral treatment was recommended in conjunction with the normal routine of regulating humors, not in place of it.\textsuperscript{36}

Goldstein explains that although the moral treatment varied widely due to the uniqueness of each patient, it generally applied these four major characteristics: theatricality; gentleness (douceur); doctor-patient rapport (or repression when necessary); addressing and abolishing the delirious idea that characterizes the insanity through diversion, distraction, or surprise; and providing balance to passions rather than fully destroying delusions.\textsuperscript{37} This method required personal interaction with the patients, respecting them as human beings, analysis of their thoughts and symptoms, and then action that could counterbalance their delusions.\textsuperscript{38} Pinel’s work exemplifies the new humanitarian and democratic views of his time and represents some of the first attempts to analyze and cure the mentally ill based on their minds and behaviors rather than their bodies. Also, in order to elevate his new practice


\textsuperscript{36} Goldstein, \textit{Console and Classify}, 65.

\textsuperscript{37} Ibid, 84-87.

\textsuperscript{38} One example of this can be found in a case study of a tailor, who believed that he was being persecuted for having anti-revolutionary sentiments. Pinel first ordered that the tailor return to work within the asylum, tailoring his fellow inmate’s garments. This calmed and distracted him but did not abolish his symptoms and thus the patient required further action. Pinel then ordered that a trial be staged. The patient was interrogated, evidence was presented from both sides, and eventually, the patient was acquitted. This was said to have cured him of his symptoms. Philippe Pinel, \textit{Traité médico-philosophique sur l’aliénation mentale, ou la manie}, 1st ed. (Paris: Chez Richard, Caille, et Ravier, 1801), 233-239, Gallica.
to a higher level of empiricism, Pinel placed an emphasis on the application of statistics and collected data to record and improve his method.\textsuperscript{39}

Pinel’s humanitarianism and use of statistics can be traced back to ideologies of the Enlightenment. In the eighteenth century, the political doctrine of the “rights of man” advocated for equal right to health care for every citizen and inspired a more secular, philanthropic concern for those afflicted with mental illness. Pinel’s moral treatment grew out of this democratic obligation for the welfare of the sick and downtrodden.\textsuperscript{40} Goldstein points out that Pinel’s use of statistics to scientize his moral treatment was based on mathematical theories that were very prominent in the Enlightenment as well. Pinel referred to his method as the “calculus of probabilities,” which refers to the theory of probability. Goldstein states, “the thinkers of the late Enlightenment had come to regard probability theory as the essential building block of a science of man,” and that Pinel saw himself as a disciple to these thinkers.\textsuperscript{41}

Goldstein also points out that the gentleness, or douceur, that Pinel advocated had direct ties to contemporary Revolutionary ideals. In 1790, the National Assembly decided to reanalyze the cases of victims of the lettre de cachet and to free some accordingly.\textsuperscript{42} The rapporteur of the committee spoke of those that were determined undeniably insane,

\textsuperscript{39} Ibid, 101-105.


\textsuperscript{41} Goldstein, \textit{Console and Classify}, 103-104.

\textsuperscript{42} A \textit{Lettre de cachet} was a warrant signed by the king in the \textit{ancien regime} used primarily to imprison but also to summon or hospitalize without a trial or explanation. There was no legal means for appeal against a \textit{lettre de cachet}, it was entirely up to the king. In 1790, during the Revolution, the system was promptly abolished. \textit{Encyclopædia Britannica Online},
You will still, gentlemen, have to improve the condition of the unfortunates who, in need of daily surveillance, cannot enjoy liberty. They almost always have, until the present, been treated in the different maisons de force of the realm, with inhumanity which, far from curing their illness, only aggravated it. Persuaded that it is through douceur, not the ferocity of a barbarous regime, that it is possible to heal these unfortunates.\footnote{\textit{le comte de Castellane, “Rapport sur les lettres de cachet,” Archives Parlementaires de 1787 à 1860 vol. 9 (Paris: Paul Dupont, 1880), 661, Gallica.}}

It is important to acknowledge that authorities recognized the insane were ill (not damned), they had been previously mistreated, and although they could not be granted full liberty due to their conditions, they should be treated with gentleness as compensation for this lack of liberty.\footnote{Goldstein, \textit{Console and Classify}, 107-108. It is also important to acknowledge that Pinel was not the only doctor at this time revolutionizing the field of psychiatry and that he did not work alone. Psychiatric scholars in Germany and Great Britain were pursuing humanitarian efforts to improve the treatment of the mentally ill in their respective countries as well. Weiner, \textit{“The Madman in the Light of Reason, Part II”} 282.} The moral treatment was thus a result of the combination of older beliefs and practices with new ideologies and empirical methods. Sander Gilman acknowledges in \textit{Seeing the Insane} that this positivistic environment generated very few medical illustrations of the insane. This is surprising considering the number of representations that existed in popular culture up to this time.\footnote{Gilman, \textit{Seeing the Insane}, 72.} The medical illustrations that did exist, however, represented intersections of old and new ideologies: of the old science of physiognomy, the old tropes of depicting insanity and the newfound goals of unbiased, empirical, classification. Parallel to Pinel’s use of older charlatan practices with relatively newer methods of applying statistical data, the medical illustrations also show a

transition from old to new. They utilize older methods of analyzing the insane, such as physiognomy and the tropes present in Hogarth’s work, but progress is shown in the empirical way that they were created and utilized.

Physiognomy, which had existed prior to the medieval era, had a resurgence in the Enlightenment. The work of Johann Kaspar Lavater in the late 1700s represented a revival of the old ideas about revealing a person’s character based on his or her facial features. Although many of his contemporaries had their doubts, Lavater was active in the academic community and widely influential, publishing numerous books and essays on the subject.\(^\text{46}\) He drew on the tradition of comparisons with animal features established by Giambattista della Porta.\(^\text{47}\) Like della Porta of the sixteenth century, Lavater was widely popular in his own time and his name became synonymous with physiognomy.\(^\text{48}\) His facial analyses of a range of character types, including sane and insane individuals, can be seen in figures 10 and 11.

Pinel carried out this physiognomic tradition as shown in the one illustration in his *Traité* (fig. 12). In this image, the facial features and cranial shape of both a maniac, at the top, and an idiot, at the bottom, are depicted. His description explains the vast differences in the idiot from the ideal Apollo Belvedere. This is apparent in not only the proportions of the face, but also in the cranial capacity and the ratio between these numbers and the patient’s


body size as well. Here, Pinel meant to prove that the maniac, whose episodes of madness are sporadic, would be closer to the classical ideal than the idiot, whose disability is constant. While Pinel drew upon old traditions of connecting mental character with facial features, he combined it with empirical data (measurements and ratios) and scientific theory.

Pinel’s student, Jean-Étienne Dominique Esquirol, also influenced by Lavater, commissioned a series of portraits in order to illustrate his Dictionary of Medical Sciences (1812-1822). These works also concentrate on the faces of a myriad of mentally disturbed patients. The incorporation of physiognomy is evident by the emphasis placed on the expressions and facial features of the patients. Also evident is the continuation of certain tropes from the medieval era, such as the disheveled hair in the maniac of figure 13 and the hidden hands of the melancholic in figure 14. Yet, like Pinel, Esquirol intended these drawings to be scientific, and based on observation.

In the plates that accompany Alexander Morison’s Outlines of Lectures on Mental Diseases of 1829, we see a growing emphasis on the changeability of facial features (figs. 15 and 16). Not only does Morison include multiple prints of the same patient, but he also commissioned prints, which represent a more ephemeral state by using a softer style. The hard lines of Esquirol’s illustrations suggest a permanent facial expression, while the softer, subtler treatment of Morison’s prints evoke the potential for variability. This represents a progression towards a more open-ended view of the insane. The treatment of these figures can be seen as more humane than previous illustrations as well, due to the fact that they no longer show the insane in a satirical light, nor do they emphasize the need for confinement and separation. These drawings were made as part of an effort to better understand the

50 Gilman, Seeing the Insane, 92.
insane, with hopes of curing them. They show an attempt at an unbiased, scientific
depiction. The humanism of the era is shown in the humanism of these portraits, in which
the sitters are free from satire and ridicule. When figure 16 is compared to any of the figures
from Hogarth’s *The Rake’s Progress*, the improvement toward a more positivistic,
sympathetic view of the insane is evident.

Because of the effects of the Enlightenment, the science which developed can be
understood as mostly positive and democratic as a result of the time out of which it grew.
The developments toward the end of the nineteenth century, however, reveal that science
does not always progress towards such an aim. Like a plant that needs healthy soil to grow,
so too does science require a healthy ideological environment in order to create humanitarian
results.
Théodore Géricault’s five portraits of monomaniacs are significant works in the history of art and the history of medicine. They are also shrouded in mystery and speculation due to the unconventional history of their provenance. Critic Louis Viardot found the works in 1863 in the attic of a house in Baden-Baden, Germany about forty years after Géricault’s death. According to a letter written by Viardot to Charles Blanc, a fellow art critic, the series was painted between 1821-1828 and was meant for a Dr Étienne-Jean Georget. Viardot claimed that the series originally consisted of ten paintings and that the other five had disappeared. Additionally, Viardot identified the mental disturbance of each figure. He labeled the works as a kidnapper (fig. 17), a man with military delusions (fig. 18), a kleptomaniac (fig. 19), a gambler (fig. 20), and a woman sick with envy (fig. 21).\(^1\) Due to the speculative historical context and the mystery around the circumstances and purpose of these works, they have been popular subject matter for scholars.

Many explanations have been offered, ranging from placing them within the Romantic fascination with morbid terror, to labeling them as a consequence of Gericault’s own struggles with mental illness as well as identifying their relationship to the progression of a humanitarian treatment of the insane. I believe all of these theories could have pertained to Géricault, however, I intend to investigate these works in relation to the interest of Dr. Georget (the intended receiver of the paintings) in homicidal monomania in the courtroom.

and the insanity defense in nineteenth-century France. These works present an overtly sympathetic view of the insane, and represent the consequences of Enlightenment ideologies. This is evident not only from the formal characteristics of the portraits, but also from the historical context of Georget’s career in relation to the law.

Formally, these works show the culmination of the gradual progression to a humanitarian portrayal of the insane. Each portrait focuses on an individual and places him or her in a neutral setting with a plain background. Compared to *The Rake’s Progress*, where the figures are clearly placed in an asylum, Géricault’s sitters are removed from the institutional context of insanity. Hogarth, like his predecessors, used exaggerated gestures and stereotyped expressions in order to clearly show the mental affliction of his figures. Géricault, on the other hand, chose to depict his subjects in a standard portrait format with their individual body language and natural facial expressions. Géricault provided little evidence that these sitters were afflicted with mental illness, and instead portrayed them like he might any sane individual.

The clues he does supply are subtle but profound. For example, none of the sitters, except for the gambler, make direct eye contact with the viewer. This speaks to their mental alienation, showing an inability to focus on the task at hand, and that the mind is elsewhere. In the case of the sitter afflicted with “Monomanie du commandement militaire” (fig. 19), Géricault did adorn him with the props similar to Hogarth’s sitter with delusions of military grandeur, in that he wears a medal and military cap, yet the natural pose and subtle expression do not over-exaggerate his ailment as seen in Hogarth’s work. This is also true with the portrayal of the kleptomaniac (fig. 18). He is shown with a disheveled appearance, much like the trope that dates back to medieval times. However, again, Géricault’s works do
not emphasize these traits; instead they emphasize the humanity of the sitters. Their humanity is shown further by his naturalistic treatment of the subjects along with his neutral color palette. They stand in direct contrast to the caricatured and satiric tropes that characterized the depiction of the insane prior to the Enlightenment and instead represent a humanitarian, sympathetic view.

Each of Géricault’s sitters was said to suffer from a different type of monomania, a type of diagnosis created by Dr. Esquirol around 1810. Dr. Esquirol, like his predecessor Pinel, was interested in further classifying and curing mental illness. He strayed from Pinel’s teachings by showing a deeper interest in the use of physiognomy for diagnostic purposes, which can be seen in the drawings he commissioned, mentioned in chapter two. Esquirol defined monomania as a person with an idée fixe or délire partiel. In other words, monomania was constituted as the existence of one obsessional belief or behavior in an otherwise sane person. Viardot claimed each of Géricault’s portraits was labeled as a specific type of monomania, for example “monomanie du vol des enfants,” for the kidnapper, and “monomanie du jeu,” for the gambler. The theory that a person could appear sane, while at the same time suffer from one obsessional delusion, had profound social consequences in nineteenth-century France. By the 1820s, during the time it is speculated that Géricault created the portraits, the term was widely used and wildly fashionable not only

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5 Athanssoglou-Kallmyer, Théodore Géricault, 186.
as a diagnosis at the asylums but in popular culture and literature as well. By the 1870s it had all but disappeared.\textsuperscript{6} Esquirol himself argued that monomania had ties to the structure of a civilization, arguing specifically that the overthrowing of traditional monarchical structures was why so many of the afflicted had delusions of grandeur, for example.\textsuperscript{7}

The drawings that Esquirol commissioned to illustrate his own writings have been seen as an influence or precursor to Géricault’s portraits. For example, Géricault’s “Monomanie de l’envie” (fig. 21) has been compared to an engraving of a madwoman done for Esquirol’s \textit{Maladies Mentales} (fig. 22) of 1838.\textsuperscript{8} The format of both portraits is similar due to the central placement of both figures and the emphasis on subtle facial expression; however, Géricault’s naturalistic treatment stands in contrast to the engraving, which still has a slight hint of caricature. The engravings done for Esquirol have the specific purpose of identifying physiognomic codifiers of mental illness. I will argue that Géricault’s portraits have a similar intention, with a slightly different context outside of the asylum.

In discerning the meaning to Géricault’s portraits, it is important to keep in mind the context. Viardot wrote that the paintings were intended for a Dr. Georget, who was a pupil of Esquirol. Georget, who adopted Esquirol’s theories on monomania, showed a particular interest in applying those theories to the courtroom. At the time of Georget’s career, the courts operated under Article 64 of the Napoleonic penal code, which stated that perpetrators who committed crimes in a state of insanity were not to be considered responsible for such acts. It also stated that medical experts could be utilized for their professional opinions (articles 43 and 44). However this usually applied to examination of cadavers and not

\textsuperscript{6} Goldstein, \textit{Console and Classify}, 153-159.

\textsuperscript{7} Esquirol, “Melancholie,” 148-149.

\textsuperscript{8} Miller, “Géricault’s Portraits,” 37.
necessarily the examination of mental patients. In the courtroom, any layman was considered qualified to identify a person as insane, based on the accepted notion that insanity was an obvious trait, expressed by actions motivated by thoughts that were outside the general norm.\footnote{Goldstein, \textit{Console and Classify}, 162-163.} Georget saw this as a flaw in the justice system that needed to be adhered.

In 1825 and 1826, Georget published two brochures, which identified a number of recent cases as wrongfully sending the perpetrators to the scaffold when they belonged in an asylum. For example, of one accused man, Georget wrote he was not a “great criminal,” “monster,” or “cannibal” like people claimed. Rather, he was just an “unhappy imbecile” and “madman” who belonged at Bicêtre.”\footnote{Étienne-Jean Georget, \textit{Examen médicale des procès criminels des nommés Léger, Feldmann, Lecouffe, Jean-Pierre et Papvoine, dans lesquels l’aliénation mentale a été alléguée comme moyen de défense, suivi de quelques considérations médico-légales sur la liberté morale} (Paris: Chez Migneret, 1825), 15, Gallica.} Georget boldly claimed that only doctors specializing in the treatment of the mentally ill could determine whether a person was insane and whether they were criminally liable.\footnote{Ibid, 66.} Goldstein argues that one reason Georget might have been motivated to make such a claim was an attempt to raise psychiatrists to the social level of lawyers, who at this time were viewed as higher than doctors in terms of prestige.\footnote{Goldstein, \textit{Console and Classify}, 167-168.} Goldstein also states that the motives behind this diagnosis might have been to legitimize the psychiatric profession. By promoting the idea that a sane person could have a hidden insane malady, psychiatrists like Esquirol and Georget basically claimed that anyone could be insane and therefore increased the need for psychiatry.\footnote{Ibid, 195.} According to Albert Boime, these
motives tie in directly with the purpose of Géricault’s portraits of the insane. Boime argues that the portraits were painted to show that monomaniacs could not be detected by the layman, that in many cases they appear completely normal. By accurately representing their physiognomic traits, Géricault was aiding in Georget’s claim by suggesting that a specialist would be able to diagnose their specific malady. These portraits can be understood as a case in point of Georget’s theories.14

Géricault’s portraits of the insane stand at a unique intersection between psychiatry, art, and crime. Georget’s ideas about applying medical treatment to insane criminals, rather than imposing a standard punishment, shows a newfound sympathy for their conditions and a hope for rehabilitation. These ideas were, however, highly controversial. Goldstein points out that homicidal monomania and monomania as a form of insanity defense in general became a topic of political debate in nineteenth-century France. Georget’s views were assigned to the Leftists, while Royalists argued that it was misguided pity or philanthropy.15 While liberals argued for their humanistic motives, their right wing counterparts argued that stingy punishments threatened the safety of society. Another element of this debate can be seen in Honoré Daumier’s cartoon (fig. 23) from Les Gens de Justice published in Le Charivari in 1846. The caption, quoting the plaintiff, states “What bothers me is I was accused of twelve robberies!” to which the lawyer responds, “There were twelve… all the better… I will plead monomania.” Daumier effectively showed what the public feared might be the consequences of such a defense, that someone seemingly sane could possibly be acquitted on the basis of insanity.


15 Goldstein, Console and Classify, 181.
Thus while Esquirol’s and Georget’s claims were not universally validated, they demonstrate a growing debate about the humanitarian treatment of the insane. Géricault’s portraits not only represent the Romantic fascination with the depths of psychological experience of the insane, which will be discussed further in the next chapter, but also the strides taken towards their humanitarian treatment and classification. While these portraits by Géricault align more with Enlightenment and humanistic ideologies in my opinion, his other works and many works by Romantic artists begin to break away from the empirical nature of the Enlightenment and form a counter-culture that celebrated irrationality.
CHAPTER 4

THE ROMANTIC FASCINATION WITH MADNESS

While Géricault and Georget worked toward the goals of medicine, which sought to classify and cure the mentally ill, a counter-discourse existed in art, literature, and philosophy that romanticized and even idealized the insane. While psychiatry developed in order to cure the mentally ill and return them to reason, Romanticism celebrated irrationality. This Romantic attitude correlated madness with genius, as well as a more creative, deeper experience of being.\(^1\) Being a counter-movement to the narrow classical ideal, Romanticism exhibited an all-inclusive, egalitarian standard. In its attempt to include and represent all kinds of experiences, subject matter often depicted the marginalized “other,” such as criminals, the sick and the mad.\(^2\) As Victor Hugo stated in his *Préface de Cromwell* (1827), “the modern muse… feels that everything in creation is not humanly beautiful, that the ugly exists next to the beautiful, the deformed beside the graceful, the grotesque on the reverse of the sublime.”\(^3\) Hugo questioned whether it is the artist’s position to correct God and stated rather that true harmony is created when the grotesque is combined with the sublime.\(^4\) Hugo also pointed out that in an age when liberty belonged to all, should it not belong to the artists

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\(^2\) Nina Athanassoglou-Kallmyer, “Romanticism: Breaking the Canon,” *Art Journal* 52, no. 2 (Summer 1993): 19, JSTOR.


\(^4\) Ibid, 195.
and philosophers as well? Classical ideals, systems, and rules should be abandoned.\(^5\) In this way, Romanticism may be understood as incorporating the democratic ideas of the Revolution, but manipulating them to rebel against the classical ideal. While the insane were previously depicted in ways that emphasized the separation between them and the rest of humanity, as the ‘other’, the Romantics were the first to embrace this label of the other, and attempt to embody it themselves or at least explore its newfound possibilities. This was the first stage of the schism that divided the opinion on the insane in the years to come between those that demeaned it and those that embraced it.

The Romantic depiction of the mentally ill varied across Europe and among individual artists. A unifying theme these artists had in common was their acceptance of the correlation between the artist and the madman, as well as a fascination with the irrational. This stands in opposition to the Enlightenment ideal that values reason as the most important quality of man, the quality that separates him from animals and aligns him with God. The Swiss, Romantic artist Henry Fuseli (1741-1825) emphasized his unconventionality as part of his work and persona.\(^6\) He promoted a self-image of a wild genius with an imagination that the average citizen could not fathom.\(^7\) Fuseli was also fascinated by violence caused by extreme emotional states.\(^8\) This is evident in Fuseli’s *The Escapee* (fig. 24) of 1772, in which he depicted the interior of an asylum in an unconventional way. Fuseli claims that he

\(^5\) Ibid, 252.


witnessed this scene while visiting an asylum in Rome. The Escapee depicts a patient trying to escape in order to refuse the last sacrament, while other men (presumably the asylum workers) actively restrain him and force the cross upon him. The women and child cower in fright, overwhelmed by the emotion of the scene, as a brooding, hooded figure of the clergy looks upon the men with authoritative disdain.

Fuseli created an image that differs greatly from the typical iconography of the insane that we see exemplified in Hogarth’s work. Instead of depicting the insane figure through types and tropes, Fuseli implied the insanity through the setting and the actions of the men enforcing the restraint, and especially by the use of the cross. I would argue that this work, by placing the insane man as the victim and focus of the scene, transforms him into the protagonist. As opposed to Hogarth’s work, in which satire is used to demean the insane, Fuseli’s work causes us to sympathize with him, and even to see him as heroic rather than ridiculous.

This heroic madman has literary precedents as well. Hugh Honour has claimed that one of the major sources of the Romantics’ fascination with the insane was Don Quixote. Miguel de Cervantes wrote this infamous work at the beginning of the seventeenth century, and yet countless Romantic artists represented it as late as the end of the nineteenth. For example, Daumier represented the main characters, Don Quixote and Sancho Panza (fig. 25), at the end of the 1860s. According to Honour, Don Quixote’s access to “eternal truths” due to

9 Ibid, 63.

10 Religion played a large role in the depiction of mental illness, as can be seen by the religious mania trope found in Hogarth’s work and many others. This could also be seen as an allusion to the removal of demons by way of religion from medieval times. Ibid 67.
his mental instability coincided with new opinions of the mentally ill.\textsuperscript{11} In other words, much like the correlation between madness and genius, a correlation between madness and imagination and the ability to think beyond the areas of consciousness of a ‘normal’ person began to emerge. This explains why these artists began to romanticize the insane, and explore their peripheral levels of experience.

Another Romantic artist known for embodying the mad-genius myth was Francisco Goya (1746-1828). He was even quoted saying that his head should never be separated from his body, unless it was to be studied for causes of genius and madness. Like Fuseli, Goya also continually represented forms of irrationality in his works. Goya, however, was more interested in depicting the irrational in order to promote rationality.\textsuperscript{12} For example in his \textit{Los Caprichos} series, he boldly claimed “the sleep of reason produces monsters.” This is, in part, a comment on the irrationality of the traditions of Spanish society, and any society in general. While Goya lived after the Enlightenment, and thus valued reason, he did not have the same optimism. Rather, in \textit{Los Caprichos}, Goya used satire and caricature to pessimistically critique the lack of reason in society.\textsuperscript{13} In his images of asylum interiors, however, he was more interested in depicting insanity as a terrifying experience than he was in making a social critique. While \textit{The Madhouse}, created between 1812-1819 (fig. 26), is more aligned with the traditional iconography of the insane, his earlier work \textit{Yard with Lunatics} of 1793-1794 (fig. 27) is strikingly different and represents a new and more terrifying way of depicting the mentally ill.


\textsuperscript{12} Brown, \textit{Romanticism}, 343.

The scene in *Yard with Lunatics* (fig. 27) takes place at the institution of Saragossa, a progressive institution that even Pinel commended and approved.\(^{14}\) The figures, ranging from naked to barely clothed, are visibly demented and deranged. The two central figures who are completely naked, engage in a physical confrontation. Peter K. Klein argues that this work represents Goya’s interest in the sublime and the urge to envelop viewers in a scene of pain, terror, and disgust. Klein argues that Goya’s own encounters with mental illness, and the atrocities of the French Revolution, led to a turning point in Goya’s career when he showed a more resounding interest in the ugly and the terrible.\(^{15}\) *Yard with Lunatics* was created at the same time as a series of cabinet paintings by Goya depicting robberies, fires, and other crimes and disasters; each one took advantage of the human fascination with terror.\(^{16}\)

Klein relates Goya’s work to the sublime, based on the writings of Edmund Burke and his followers. In 1757, Burke wrote *A Philosophical Enquiry into the Origin of our Ideas of the Sublime and Beautiful*, in which he sought to define the sublime. One definition he offered was “Whatever is fitted in any sort to excite the ideas of pain, and danger, that is to say, whatever is in any sort terrible, or is conversant about terrible objects, or operates in a manner analogous to terror, is a source of the sublime.” Burke theorized that pleasure as well as pain could be positive: “When danger or pain press too nearly, they are incapable of giving any delight, and are simply terrible; but at certain distances, and with certain

\(^{14}\) Klein, “Insanity and the Sublime,” 207.

\(^{15}\) Ibid, 239.

\(^{16}\) Ibid, 224.
modifications, they may be, and they are, delightful, as we every day experience.”

According to Klein, Goya emphasized the horror of his Yard with Lunatics by overlooking the fact that the Saragossa institution was actually renowned and progressive, and instead only depicted the most dangerous inhabitants, the furiosos, in a state of pure madness and aggression. Goya’s choice to confront the viewer with exaggerated aggressiveness of insanity, in order to satisfy the desire for fear and disgust, represents the Romantic fascination with the grotesqueness of the insane and the peripheries of experience.

While Klein’s linkage of Goya’s work to the sublime may seem problematic, it should be noted that Klein uses Burke’s definition of sublime rather than Immanuel Kant’s. Burke’s characterization of the sublime differs from that of Kant, who located the sublime in the abstract elements of force or vastness, which were typically manifested in the landscape. Burke’s sublime, however, could be expressed through the body. Fuseli, Gros, and Delacroix also utilized this figurative sublime, which enacted terror through the use of the human form.

In France, the Romantic artists were intrigued by a more sexualized manifestation of madness in the form of the insane woman. Many artists portrayed the insane female characters of myth and literature in a sympathetic light. This is especially true of Antoine-Jean Gros’ Sappho at Leucate (1801) and Eugène Delacroix’s Medea About to Kill her Children (1862)(fig. 28 and 29). In both paintings, the artists used mythical figures to explore the consequences of madness in women. Dorothy Johnson argues that Gros’ depiction of Sappho (fig. 28), the woman who was tormented by her love and passion for Phaon and consequently threw herself off the cliffs of Leucadia, fits perfectly into the

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17 Edmund Burke, Sublime and Beautiful (Hoboken, NJ: BiblioBytes, [199-?]), 6-9, eBook Collection, EBSCOhost.

18 Ibid, 208-211.
hysteria diagnosis. However, hysteria was not a common diagnosis until the 1880s. In my opinion, it is more likely these women were painted to fit into a general view of psychotic women. Women were seen as the weaker sex, and easily overcome by emotion. Sappho, for example, is overcome by her passion, imagination, and sexual desires to the point of insanity, rather than showing physical signs of hysteria, which I will consider in chapter five. This painting also represents the Romantic fascination with the state of the irrational woman, who breaks away from societal norms and expectations of feminine behavior.

This is also true of Eugène Delacroix’s Medea About to Kill her Children (fig. 29) of 1862, which depicts Medea, hiding from her pursuers, children held in her arms, visibly stressed and ready to kill. While Delacroix titled his painting after the story of Medea, Dorothy Johnson points out that this work was created after the famous trial of Henriette Cornier in 1825. Cornier, after leaving her own children and husband, became fond of a shopkeeper’s toddler. After taking the nineteen-month-old girl on a walk, Cornier proceeded to cut off the little girl’s head. Delacroix was fascinated by the idea of a woman, so overcome by delusion, anger, and passion that she went against not only society’s expectation of a mother, but also her biological instincts. It is evident from these works of insane women that the Romantics were the first to celebrate, or at least explore, experiences that existed outside of the traditional values of the Classical ideal. There is an element of the sublime in these French works as well, in that these women committed terrifying acts.

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21 Johnson, David to Delacroix, 183-186.

22 Ibid.
Medea participated in the murder of her own children, and Sappho jumped to her death. These works illustrate the tantalizing positive effects of pain and terror that Burke equated to pleasure.

All of these artists broke away from the traditional iconography of depicting the insane. Their work shows a fascination with the irrational and its consequences. They all shared an interest in depicting subject matter that is in some way sublime, in that the viewer is attracted to the horrible, the ugly, the titillating, and the terrifying. Romantic artists sought to depict the deepest, most intense emotional states and certainly found their manifestation in the asylum and the insane mind. They were the first to use insanity to counter the classical ideal. This breaking away from the empirical, positivistic, classical ideal continued and was expanded by *fin-de-siècle* artists such as Rodin and Toulouse-Lautrec. Meanwhile, a major swath of society continued to value the classical ideal and eventually converted to the theories of degeneration.
CHAPTER 5
DEGENERACY AND HYSTERIA: THE SCHISM

The reception of Edouard Manet’s *Olympia* (fig. 30) in 1865 is well known and documented. The shock, disgust, and ridicule that materialized in the many reviews and caricatures published at the time (fig. 31) has been analyzed thoroughly by such scholars as T.J. Clark. These studies have revealed a complex network of social beliefs surrounding the prostitute in nineteenth-century France. In *The Painting of Modern Life: Paris in the Art of Manet and His Followers*, Clark argued that the ambiguity of Olympia’s class and the social mobility of prostitutes in general threatened male viewers and their conception of society. The surge in cases of syphilis and tuberculosis caused prostitution to be closely aligned with disease. Clark stated, “the fear of vice invading everything was spliced with wider fears of insurrection and general social mixing.” The reviewers of *Olympia*, unable to completely comprehend what was so offensive, resorted to describing the prostitute’s body as a “dirty corpse,” for example one reviewer wrote that her body was the same color “of a cadaver exposed at the morgue.” These associations of the prostitute with disease and death were rampant in later nineteenth-century France.

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2 Ibid, 105.

3 Ibid, 96-97.

In 1877 when Manet painted *Nana*, named after Emile Zola’s protagonist in the novel of the same name, the work was not accepted to the Salon due to its perception as an “outrage to morality.” The painting depicts a well-known prostitute, Henriette Hauser, half dressed in front of a mirror (fig. 32). While she calmly returns the viewer’s gaze, her male patron stares at her body in nervous anticipation. The painting reflects the theme of Zola’s novel, that men overtaken by desire become powerless to this woman despite her narcissism, her class, or her contaminated body. In Zola’s *Nana*, there is a scene similar to Manet’s painting, in which she undresses in front of her patron while he reads an article in Le Figaro entitled “La Mouche d’or” or the golden fly. The article tells the story of a girl, “born from four or five generations of drunkards,” as an insect who infected the upper classes. Nana’s patron realizes the parallels between the story and his prostitute, but still cannot repress his urges, “He knew that she was stupid, ribald and deceitful, and he desired her all the same, even poisonous though she might be.” These works by Manet and Zola, along with society’s reaction to them, reveal a deep anxiety about society and disease. I agree with Clark’s interpretation of the reception of *Olympia* with respect to anxieties about class. Along with this I would like to elaborate on another aspect of these fears, that of degeneracy, and how it ties in with insanity in *fin-de-siècle* Paris.

In the *fin-de-siècle*, Parisians were increasingly aware of mounting social problems. Prostitution, alcoholism, crime, and a decreasing birthrate all became evident to the middle-class Parisian as symptoms of social decline. Contemporaneous scientists, influenced by

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5 Peter Brooks, “Storied Bodies, or Nana at Last Unveil’d,” *Critical Inquiry* 16, no. 1 (Autumn 1989): 23, JSTOR.


7 Ibid, 186.
Darwin’s theory of evolution, developed the theory of degeneracy. This theory legitimized and scientized this social decline, and correlated it with heredity. The theory of degeneracy acted as the knife that sliced society in two, and finalized the schism between upper and lower classes. For the bourgeoisie, it justified their fear of the “dangerous classes,” and for certain elements of the “dangerous classes,” it gave a new identity to embody and embrace. The beginnings of modernism in Montmartre may be closely correlated with society’s view of the mentally ill. Insanity, specifically hysteria, as a symptom of degeneracy, was used as a tool by which the Montmartre bohemians could embrace their marginalized status and attempt to counteract bourgeois values and form their own set of subversive morals.8 Many of the avant-garde art movements rejected bourgeois politics and allied with the working classes. Auguste Rodin, for example, utilized pathologies of insanity to inject modernity into his work. Through the investigation of ideology, scientific theory, and the visual culture of the fin-de-siècle in France, I intend to show that views of the mentally ill played a significant role in the division between culture and counterculture and the beginnings of modernism in Paris.

In order to understand the theory of degeneracy and comprehend how it permeated society, it is first useful to investigate the environment out of which it was born. Recent scholarship has identified many social and political factors that led to a Parisian society willing to identify and debate its own decline. For example, Michel Foucault and his followers have argued that Parisians in the nineteenth century viewed the city for the first time in its entirety as an ecological or organic milieu.9 In order for society to be successful,

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harmony between civilization and nature was essential. The health of the population was a
priority, and the city was the environment that could foster this vitality. Threats to the health
of the population, like prostitution and alcohol, were thus demonized and thought detrimental
to the progress of civilization. This corresponded with Darwinian and Lamarckian theories
in that the city became the environment for the evolution of mankind. But was France
evolving? Many glaring facts and statistics seemed to prove otherwise. The French army
was handily defeated by the German army in 1870-71. Tuberculosis and syphilis were
rampant, along with prostitution and alcoholism. Most troubling of all, the birthrate in
France was astonishingly low. While the populations of other nations like Great Britain and
Germany were increasing by 43% and 58% respectively, France’s only grew 10% between
1870 and 1914. Between 1891 and 1895 deaths exceeded birth rates. Was the nation
degenerating while others progressed?

In mid-century France, Bénédict-Auguste Morel (1809-1873) was one of the
physicians to first explore the correlation of heredity and insanity and was the leading man
behind the theory of degeneracy. In his *Traité des dégénérescences physiques,
intellectuelles, et morales de l’espèce humaine* (1857), he explained that the human species
was deviating from the ideal type, and that through heredity, certain members of civilization
passed on regressive traits that progressively worsened after each generation. Morel argued

10 Julian Brigstocke, *The Life of the City: Space, Humour, and the Experience of Truth in
Fin-de-siècle Montmartre* (Farnham, England: Ashgate, 2014), 16-17.

11 Richard Thomson, *The Troubled Republic: Visual Culture and Social Debate in France

12 Bénédict-Auguste Morel. *Traité des dégénérescences physiques, intellectuelles et morales
that certain inventions and institutions could negatively affect a person’s health, which then could be passed on to offspring, and then to their offspring, straying farther and farther from the ideal type.\textsuperscript{13} For example, certain “\textit{agents toxiques},” such as alcohol, narcotics and opium, all could negatively affect an individual’s physical state and in turn his or her lineage.\textsuperscript{14} Morel argued that families passed on their pathologies from generation to generation until eventually the offspring suffer from complete insanity, imbecility and sterility.\textsuperscript{15} This explanation filtered down into art and literature, as evident by the “La Mouche d’or” article in Zola’s \textit{Nana}, which described Nana as a victim of her breeding and lower class heredity.

Degeneration was thought to manifest in many forms, including multiple mental disorders such as hysteria, epilepsy, intermittent fevers, and general paralysis, to name a few.\textsuperscript{16} Because of these theories, the marginalized members of society were grouped together along with the mentally ill and stigmatized as the “dangerous classes.”\textsuperscript{17} Furthermore, marginalized figures such as prostitutes, alcoholics, homosexuals and anarchists were often assumed to suffer from hysteria and epilepsy as a means to further link them to degeneracy. For example, in the article about Nana, her long family ancestry of “misery and drink,” had manifested itself “into a nervous decay of her sex,”\textsuperscript{18} which could be

\begin{itemize}
  \item \textsuperscript{13} Ibid, 3.
  \item \textsuperscript{14} Ibid, 48.
  \item \textsuperscript{15} Ibid, 344.
  \item \textsuperscript{16} Ibid, 335.
  \item \textsuperscript{17} Daniel Pick, \textit{Faces of Degeneration: A European Disorder, c. 1848 - c. 1918} (Cambridge: Cambridge University Press, 1989), 52-53.
  \item \textsuperscript{18} Zola, \textit{Nana}, 184.
\end{itemize}
a reference to hysteria. Thus out of the dark shadows of such Enlightenment ideals as Liberty, Equality, and Fraternity - that stressed man’s egalitarianism, togetherness and potential for progress - emerged the damnation of the marginalized: the dark side of science. When Manet’s critics reacted to Olympia with words like disease and death, they were not just reacting to the way Olympia was painted and the yellowish tint of her skin, but also to the threat of the degenerate, dangerous classes literally and metaphorically infecting the bourgeoisie.

This theory had profound implications for the citizens of fin-de-siècle France. It became a tool to stigmatize those of the lower classes and anyone participating in unconventional values as mere degenerates, victims of their irresponsible choices and those of their ancestors. It aided in the development of a dichotomy between the healthy and the sick, the rational and the irrational, the classical ideal and the avant-garde embrace of decadence.¹⁹ It also reveals how society viewed insanity. Through association with the underbelly of society, it is evident that insanity was no longer viewed sympathetically and humanistically, but rather it was thought of as infectious and dangerous.

An example of this is the life of Toulouse-Lautrec. An aristocrat turned artist, Lautrec was known for his descent into the world of Montmartre, a section of Paris known for debauchery and prostitution. According to Reinhold Heller, many gossiped that Lautrec’s decadent lifestyle and his stay in an asylum for alcoholism before his death in 1901 caused his downfall and represented his degenerate lifestyle. Heller argues that because of this, Lautrec’s friend and executor of his estate, Maurice Joyant, went as far as removing a section from the famous work At the Moulin Rouge (fig. 33) of 1895. Recent conservation efforts

¹⁹ Thompson, The Troubled Republic, 29.
have proven that the lower and right-hand sections of the work, which show a dancer and rumored lesbian, May Milton, were at one point removed from the painting. Heller argues that Joyant did this in order to counteract these rumors of decadence immediately after Lautrec’s death. Without Miss Milton, the glowing face in the lower right section, the painting just depicts people at the Moulin Rouge enjoying drinks. However, with May Milton included, the work could be construed as proof of Lautrec’s participation in the unconventional lifestyles aligned with the dangerous decadents. Heller’s hypothesis is well aligned with how the bourgeoisie utilized degeneracy to shame the marginalized and dismiss any of their achievements as merely “decadent”.

A decadent in the fin-de-siècle was someone who, often associated with Baudelairian poetry or avant-garde art movements, lived against or outside of traditional values. The most famous account on or attack of decadent lifestyles was Max Nordau’s Entartung (1892). It was widely translated and remained in the top ten of bestselling books in Europe from 1890-1900. In this work, Nordau sought to align decadence with degeneracy through scientific evidence. He defined the decadent as someone who was perverted and impulsive; “vulgarly obscene,” and who had “inaptitude for regular functions and subordination to social aims” to which the consequence was “anarchy and the ruin of the community.” He boldly claims that these marginal characters, artists, and poets are victims of degeneracy:

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21 Hans-Peter Söder, “Disease and Health as Contexts of Modernity: Max Nordau as a Critic of Fin-de-Siècle Modernism,” *German Studies Review* 14, no. 3 (October 1991): 474, JSTOR.

The physician, especially if he have devoted himself to the special study of nervous and mental maladies, recognizes at a glance, in the fin-de-siècle disposition, in the tendencies of contemporary art and poetry, in the life and conduct of the men who write mystic, symbolic and 'decadent' works… the confluence of two well-defined conditions of disease, with which he is quite familiar … degeneration (degeneracy) and hysteria.\textsuperscript{23}

However, it was not just the unconventional artistic types that were associated with degeneracy and insanity. Anyone seen as a threat to the tradition of a regenerative, healthy, stable family was labeled a degenerate.\textsuperscript{24} Therefore homosexuals, feminists, anarchists, and prostitutes were all associated with the insane and criminal “other,” and their behaviors and arguments were interpreted through the theory of degeneracy. While homosexual men remained untrustworthy and marginalized,\textsuperscript{25} any woman not fulfilling her role as “household nun” was seen as going against nature and ending society as they knew it.\textsuperscript{26} It also led to the belief that society as a whole was declining. In \textit{Entartung}, Nordau comments on the view that society has a lifespan, and that the decadence and corruption of the fin-de-siècle proved that society was in its old age, and nearing the end.\textsuperscript{27} From this point of view, men and women afflicted with mental illness were no longer viewed in a humanitarian light. They were no longer believed to have the potential to be cured. Instead insanity became a sign of biological degeneracy and a threat to the health of the human race.

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\item \textsuperscript{23} Ibid, 15.\textsuperscript{23}
\item \textsuperscript{24} Thompson, \textit{The Troubled Republic}, 26.\textsuperscript{24}
\item \textsuperscript{25} Ibid, 35.\textsuperscript{25}
\item \textsuperscript{26} Bram Dijkstra, \textit{Idols of Perversity: Fantasies of Feminine Evil in Fin-de-Siècle Culture} (New York: Oxford University Press, 1986), 211-215.\textsuperscript{26}
\item \textsuperscript{27} Nordau, \textit{Degeneration}, 2.\textsuperscript{27}
\end{itemize}
This theory provided a useful means for the bourgeoisie to justify its separation from the dangerous lower classes. Meanwhile, avant-garde artists aligned with the working classes appropriated various aspects of “degenerate” behavior and turned them against the bourgeoisie. This has become apparent through recent scholarly investigation of the newly popular hysteria diagnosis in late nineteenth-century France and its mimicry in Rodin’s sculptures and the cabarets of Montmartre. In order to understand this mimicry, it is first useful to investigate the focus on hysteria in the scientific community.

While the concept of hysteria had existed since the fifth century BC, when it was hypothesized to be caused by a wandering womb, it gained significant attention in the nineteenth century. Traditionally, the hysteria diagnosis consisted of such symptoms as convulsions, seizures, and feelings of strangulation. In the eighteenth and nineteenth centuries, fainting, paralyses of the limbs, loss of sensation in the skin, and trancelike states were added to the pathological symptoms. Many of these symptoms were temporary and could migrate to and from different parts of the body. Because of this and the disparate nature of the symptoms, psychiatrists found it difficult to classify in a time when classification was of grave importance.28 Goldstein argues that the surge of diagnoses that occurred at the end of the nineteenth century (rising from 1% of the Salpetrière population in 1841-42 to 20.5% in 1882)29 was a result of Jean-Martin Charcot’s influential classification system as well as the infiltration of his theories into popular culture.30


29 Ibid, 322.

30 Ibid, 331.
Charcot theorized that the illness followed a predictable pattern in a series of stages. First, the patient suffered from an epileptic fit, which consisted of tonic rigidity, clonic seizures (violent jerking and spasms of the muscles) and then a resolution. Spasms, grand movements, or clownisme followed this. Next, strong emotional states, or *attitudes passionelles*, overcame the patient until they fell into the final stage of delirium, which then seemed to return them to reality.\(^{31}\) Figures 34-38 are some of the illustrations from Charcot’s work, done by Paul Richer, which show the outward signs of a hysterical episode. These outward signs were of grave importance to the diagnosis and the drawings and photographs of women’s bodies in these positions were widely viewed and replicated in popular culture. However, patients need not exhibit these stages exactly, if they showed major stages that were comparable to this “fundamental type,” then they were eligible for the diagnosis.\(^{32}\) Therefore Charcot made detection easier for the psychiatrists.

While Charcot did not write a grand treatise on hysteria, he did express many of his ideas in a series of lectures, which took place in the amphitheater of the Salpêtrière, along with bedside demonstrations. These lectures and demonstrations became known as the *leçons du mardi* and often featured a live demonstration of hysterical behavior from one of his patients.\(^{33}\) This practice is represented in André Brouillet’s *Un Leçon Clinique à la Salpêtrière* of 1887 (fig. 39). Here we see Charcot and one of his favorite patients, Blanche Wittman, presenting before Charcot’s peers. The main focus of the scene is the dichotomy,


\(^{32}\) Goldstein, *Console and Classify*, 327.

which is created between the stern and positivist attitude of Charcot and the erotic insanity of Wittman.\textsuperscript{34} This painting especially seems to emphasize the hypothesis, which began in Charcot’s own lifetime, that the doctor-patient relationship and power of suggestion, coupled with Charcot’s fame, was the actual reason behind the rising number of diagnosed cases of hysteria. By creating a diagnosis that was general enough for many different symptoms to fit into, and by popularizing it with tantalizing imagery in the form of both drawings and widely published photographs, Charcot made the hysteria diagnosis more accessible. This is believed to have caused psychiatrists to have the expectation of finding hysteria.\textsuperscript{35} Goldstein states: “A diagnostic preference or preoccupation, if shared by a sufficiently large number of doctors, can thus contribute powerfully to an epidemiological trend because certain equivocal pathological phenomena come to be labeled in a uniform manner.”\textsuperscript{36} This along with the widely publicized “iconography” that accompanied the diagnosis caused another preconception for future patients, of “how to act when insane.”\textsuperscript{37} Together these two constructed preconceptions were believed to be causal factors for the increase in cases of hysteria, and formed the basis of the hypothesis of the power of suggestion. Many of Charcot’s contemporaries accused him of creating this relationship or this “cultural hysteria,” which Charcot had to battle throughout his career.\textsuperscript{38}

\textsuperscript{34} Ibid, 144.

\textsuperscript{35} Goldstein, \textit{Console and Classify}, 329-330.

\textsuperscript{36} Ibid, 330.

\textsuperscript{37} Ibid.

\textsuperscript{38} Ibid, 330-331.
In Brouillet’s painting, the strong presence of Dr. Charcot, and the sexual presence of his patient, along with the similarity between her pose and the large representation of Richer’s drawing of a hysteric pose on the rear wall, all seem to point to the power of suggestion. It is as if Wittman could be performing to please the doctor. However, this did not stop hysteria from entering the common vernacular and being aligned with degeneracy.

Hysteria correlates with degeneration in that the former was considered a common symptom of the latter. Anyone acting “erratically” or outside of traditional values could be considered as exhibiting signs of hysteria. Hysteria was most often considered a female disease, and at this time aligning it with a man would have been considered pejorative. This correlation of a feminine, insane personality type was often used as an insult and was often used to undermine someone’s actions or arguments. For example in the case of anarchists, Brigstocke writes, “Yet dominant discursive regimes could easily undermine anarchism’s claim to a more authentic vitality, portraying anarchists instead as a symptom of degeneration, irrationality and feminine over-sensitivity.” However, to some artists like Auguste Rodin and the performers in the Paris district of Montmartre, hysteria and degeneracy were embraced and fully explored as a means to create a modern stylistic vocabulary.

In her article, “A Hysterical Reading of Rodin’s Gates of Hell,” Natasha Ruiz-Gómez argues that Rodin was inspired by the iconography of hysteria created by Charcot. Furthermore, she argues that Rodin utilized many of the distorted poses of Charcot’s patients.

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39 Brigstocke, The Life of the City, 186.
to inject his sculptures with psychological depth and evoke the modern condition.\textsuperscript{40} Ruiz-Gómez identifies that not only did these two men work at the same time, but that they knew each other intimately.\textsuperscript{41} It is no surprise then that there are many similarities between Rodin’s figures in his \textit{Gates of Hell} (fig. 40) and the drawings that accompany Charcot’s publications. For example, in \textit{Kneeling Man} (fig. 41) Rodin has recreated the \textit{arc-du-cercle} position of figure 38, the position that is also present in Brouillet’s painting of Charcot’s lectures (fig. 39). In addition, there is a woman in the upper right corner of the frieze in the Gates of Hell that mimics this position (fig. 42). Ruiz-Gómez also illustrates the similarity between Rodin’s \textit{Damned Woman} (ca. 1884) (fig. 43) and Richer’s drawing in figure 35. While these two poses are not identical, they both show a woman with bent knees pulled to her chest, contorted arms, and a facial expression of pain or terror. Finally, notice the commonalities between Rodin’s \textit{Ecclesiastes} (fig. 44) and figure 36.\textsuperscript{42} In these works, Rodin was inspired by the contorted and strained poses and their expressive potential and psychological depth. All of these works find their way into \textit{The Gates of Hell} (fig. 40). Rodin was clearly aware of Charcot’s pathology of hysteria and sought to transform it into physical expressions of psychological extremes like despair and anxiety.\textsuperscript{43}

According to Ruiz-Gómez, Rodin also sought to depict the modern condition and the contemporary theories of degeneracy and social decline. He used Charcot’s poses and society’s conception of hysteria to modernize Dante’s \textit{Inferno} of the fourteenth century. The

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\footnotesize\textsuperscript{40} Natasha Ruiz-Gómez, “A Hysterical Reading of Rodin’s \textit{Gates of Hell},” \textit{Art History: Journal of the Association of Art Historians} 36, no. 5 (November 2013): 994-1017.

\footnotesize\textsuperscript{41} Ibid, 998-999.

\footnotesize\textsuperscript{42} Ibid, 1002-1005.

\footnotesize\textsuperscript{43} Ibid, 1014.
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theme of a cacophony of bodies writhing in hellish despair not only has parallels in the contemporary perception of the Salpetrière but also the fin-de-siècle belief that society is in decline. It personifies the fears of the apocalypse popularized by Nordau. To modernize this ancient story, Rodin incorporated contemporary science as inspiration for his figures. Ruiz-Gómez states, “In order to portray the human condition in modern times - the inherent anxiety of the metropolis, the contagion of the crowd, the collective despair at perceived degeneration - Rodin needed to replace what he saw as the stale tropes of artistic convention, the tired themes of the Salon and the stock poses of its protagonists.” Rodin utilized these poses because of their physical embodiment of emotion and anxiety. As a result, his sculptures stand as opposition to classical ideals and embody a unique modernity.

Similarly, scholars have recently documented incorporation of hysteria into the cabaret culture of Montmartre. Beth Rae Gordon explores this relationship in her articles, “Le Caf’cone’ et l’hystérie,” and “From Charcot to Charlot: Unconscious Imitation and Spectatorship in French Cabaret and Early Cinema.” Gordon argues that the popularity of the hysteria diagnosis was directly correlated with the café-concert in that the performers often mimicked the symptoms laid out by Charcot and shown in his famous lectures. The hysterical body language can be seen in figures 45 and 46. Notice the similarity between some of the grimacing faces of Charcot’s drawings (fig. 37-41) and that of Paulus, a famous Montmartre performer, in figure 45. As Gordon states, “The most popular performers of the café-concert and cabaret between 1875 and 1900 jerked and twisted their bodies in bizarre

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44 Ibid, 997.

45 Rae Beth Gordon, “From Charcot to Charlot: Unconscious Imitation and Spectatorship in French Cabaret and Early Cinema,” Critical Inquiry 27, no. 3 (Spring 2001): 515-549, JSTOR.
contortions and dislocations, kicking, hopping, and gesticulating like a marionette or an epileptic, their faces alive with grimaces and mechanical tics. But instead of merely accepting the insult of degeneracy, the bohemians of Montmartre embraced this label by embodying symptoms of insanity.

Some of the performers of Montmartre had even previously been patients of Charcot. Jane Avril, the redhead turned away from the viewer in Lautrec’s *At the Moulin Rouge* (fig. 33), is a notable example. Avril spent some time in Charcot’s care being treated for chorea, which gave her ample opportunity to observe the hysterical patients. Her dancing style reflected these symptoms, as can be seen by Lautrec’s poster created of her (fig. 46) in 1899. The photograph on which this poster was based also shows the similarity more clearly (fig. 47). Notice the twisting of her torso, the contortion of her neck, and her raised arms. Also, her blank expression with eyes rolled back seems to evoke a trancelike state similar to the hysterical state shown in figure 48, of the hysteric phase *attitudes passionelles*. Avril utilized the pathological interests unique to *fin-de-siècle* Paris to enhance her dancing at the Moulin Rouge, making it distinctly modern.

Gordon argues that this in turn made the characteristics attributed to hysteria even more accessible to working class women, who made up the majority of those diagnosed as well as the majority of women in attendance at the café-concert. This is another explanation of why the diagnosis became so popular; it was literally advertised by these performers. But why did

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46 Ibid, 524.


48 Frank Kermode, “Poet and Dancer Before Diaghilev,” *Salmagundi*, no. 33/34 (Spring-Summer 1976): 30, JSTOR.

49 Gordon, “From Charcot to Charlot,” 515-517.
the performers such as the famous Paulus, Jane Avril, Emile Bécat, and Polaire, mimic the frantic, mechanical, gesticulating movements associated with hysteria and epilepsy?\(^{50}\) Gordon argues that this was done to upset the bourgeois members of the audience. She identifies the Cabaret’s hysteria imitation as an act of subversion from a frustrated proletariat.\(^{51}\) Much like the insane members of Hogarth’s work who exaggerated their condition for the visitors of Bedlam as an act of subversion, so too the performers of Montmartre were “sticking it to the man.”

Julian Brigstocke also comments on the cabaret’s use of hysteria and degeneracy as creative subject matter in his book, *The Life of the City: Space, Humour, and the Experience of Truth in Fin-de-siècle Montmartre*. Brigstocke argues that the performers of Montmartre experimented with humor and the imitation of insanity to parody the positivistic theories embraced by the bourgeoisie. By incorporating motifs of disease, madness, and degeneration into their performances, they took a stand against the hegemonic claims about the pathological effects of urban modernity. And in doing so they sought to create a new set of moral conventions and values outside of the ones set out by the bourgeoisie.\(^{52}\) Thus the expressions associated with insanity became a tool in their new art form, a means by which they could rebel against the classical ideal, and form their own avant-garde identity.

The theory of degeneracy, in grouping together the lower classes, the avant-garde, and the marginalized, incriminated a major swath of society and linked them with the mentally ill. The bourgeoisie and the aristocracy viewed them as dangerous and pathological, perverted and sick, and aligned them with femininity and madness. In this way, the ideas of

\(^{50}\) Ibid, 524.


\(^{52}\) Brigstocke, *The Life of the City*, 86-87.
the fin-de-siècle can be seen as completing an arc of the view of the insane across the nineteenth century. The insane were humanistically viewed, characterized as mentally ill and possibly curable at the beginning of the century, only to be demeaned again and relegated to the bottom rungs of society in the fin-de-siècle. However, also at the end of the century, we see the counter-discourse, which budded in Romanticism, come to fruition through the appropriations of Darwin’s theories of evolution. As scientific theories were used to reinforce class separation, the lower classes pushed back by mimicking and mocking these claims. The cabarets of Montmartre not only encouraged “decadent” behavior, but also actively embodied hysteric symptoms as part of their performances as an act of subversion.
CHAPTER 6
CONCLUSION

Analysis of psychiatry, ideology, and art in nineteenth-century France, from the Enlightenment to the beginnings of Modernism, reveals an ever-shifting view of insanity. These shifts directly correlated with socio-political factors, and manifested in many facets of the image culture of the era. From folly to madness, from madness to mentally ill, from the demonic to the degenerate, insanity was always marginalized, yet never in the same way. The interpretations of insanity have shifted countless times throughout Western history, and are still shifting today. The schemata, tropes, associations, idealizations, and consequences aligned with mental illness at any given point reveal not only how society viewed insanity, but also the idiosyncrasies of that society’s values and morals. Using the insane as a specific vehicle, I have sought to uncover connections to broader ideologies and how these ideologies shifted over time. Because the subject I have chosen is multidisciplinary, the works of art depicting these ideological shifts are multidisciplinary as well. I have attempted to show not only ways that depictions of insanity could reveal certain aspects of the times in which they were created, but also how artists might incorporate insanity to achieve a certain aim.

In attempting to connect psychiatry, art, and ideology, I draw upon a significant scholarly literature to outline a narrative of the ways that insanity was viewed in nineteenth-century France. The positivistic, democratic aims of the Enlightenment caused a more sympathetic view towards the previously demonized members of society. This humanistic outlook hypothesized that if properly implemented, the study of madness could lead to a cure. This outlook manifested itself in medical drawings, which over time, shifted from
concrete physiognomic representations, to more ephemeral images that showed the potential for a victim of insanity to change. Outside of the asylums, the mentally ill benefited from the impact of the Enlightenment in the courtroom as well. The potential for cure and the positivistic sympathy allowed for psychiatrists’ expertise to affect sentencing, which was spurred by the work of Dr. Georget. Géricault’s portraits are representative of this shift. The romantics, who established an aesthetic outside of the classical ideal, took a different approach. For the first time, madness was aligned with genius and extreme emotions in a positive way. The Romantics pursued the idea that the mentally ill person’s experience of life was extraordinary and that their knowledge and emotions could expand beyond the realm of reality. This idea is the beginning of a counter-culture that fully forms in the fin-de-siècle. The theory of degeneracy pushes this schism to its breaking point because it grouped the insane with the “lower” and undesirable members of society: the poor, criminals, prostitutes, as well as the artists and intellectuals. However, these ‘decadents’ pushed back by embracing the term and even mimicking it in their cabaret culture.

These ideas were taken further in the twentieth century, when the art of the insane was often grouped with “primitive” art. Like the art of “primitive” cultures, the art of the insane was appreciated and utilized by artists who sought to counter the classical ideal and challenge bourgeois values. The same language is used to describe their “primordial experience,” which involved a more evolved imagination and less evolved sense of reason. Artists like Paul Klee made reference to and mimicked the art of the insane, which is studied and
published by Hans Prinzhorn, in order to align themselves with this counter-experience. The myths that began in Romanticism evolved and expanded in Modernism.¹

Meanwhile, the scientific efforts used to demean the insane, which began in nineteenth-century France, also evolved and expanded in Third Reich Germany. Max Nordau’s book on degeneracy, which implicated poets and artists alike as victims of regressive heredity and hysteria, greatly influenced Adolf Hitler when he denounced all modern artists as degenerates. Hitler even supported an exhibit in 1937 entitled *Degenerate Art*, as a way to denounce modernism and promote classical ideals. Thus the schism that began in the nineteenth century continued to extreme ends in the twentieth.²

The mysterious and ambiguous nature of insanity has continually threatened man’s notion of selfhood and reason as solid and stable states. It has been represented in art throughout time as an important counter to the ideal notion of rationality. It may never cease to affect how we define normalcy and rationality, and thus will continually be explored and utilized in art.

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¹ This idea is expanded upon in Hal Foster, “Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill,” *October* 97 (Summer 2001): 3-30, JSTOR.

Fig. 1. Cesare Ripa, “Madness” from *Iconologia*, 1645
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EXTASE (1878).

Fig. 48. "Attitudes passionnelles-extase," Plate 23 from Iconographie photographique de la Salpetrière, vol. 2, 1878.


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VITA

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After teaching recreational painting classes at a studio in Kansas City for a year, Karaim began a master’s program in art history at the University of Missouri-Kansas City. She became a graduate teaching assistant to painting professor Ricky Allman as well as held the position of secretary on the board of the UMKC Graduate Art History Association. She interned at local museums such as the Kemper Museum of Contemporary Art and The Nelson-Atkins Museum of Art. Upon completion of her degree requirements, Karaim intends to pursue a career in museum registration or curatorial research and someday hopes to earn her Ph.D. and become an art history professor.