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# Tensions Between Word and Image in Amalie Skram's Professor Hieronimus

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Tensions Between Word and Image in Amalie Skram's

*Professor Hieronimus*

Benjamin A. Bigelow

A thesis submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirement for the degree of

Master of Arts

Department of Humanities, Classics, and Comparative Literature

Brigham Young University

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## ABSTRACT

Tensions Between Word and Image in Amalie Skram's

*Professor Hieronimus*

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Master of Arts

In her 1895 novel, *Professor Hieronimus*, Amalie Skram describes the struggle of Else Kant, a young mother and artist, against a tyrannical and apparently unfeeling doctor who keeps her at a Copenhagen asylum for more than a month against her will. Else feels terrorized by the constant surveillance to which she is subjected. This voyeuristic tendency in psychiatry is not only a reflection of Amalie Skram's own experience at a Copenhagen asylum, but is also indicative of a new psychiatric epistemology that understood visual observation as the key to ascertaining objective truth. Skram's novel is thus read against the backdrop of Jean-Martin Charcot's intensely visual treatment practices at the Salpêtrière hospital in Paris, with a specific focus on the photographs of hysterical women Charcot commissioned and published.

This voyeuristic/exhibitionistic dynamic between doctor and patient is also cast in semiotic terms, showing how arguments made as early as Lessing's *Laokoon* provide a useful way of understanding the essential differences between verbal and visual art, and for understanding the tensions between doctor and the patient. W.J.T. Mitchell's notion of "ekphrastic fear" proves a useful concept for demonstrating how anxieties about the breaking down of the strict boundaries between visual and verbal art correspond neatly to similar anxieties that the

doctor had about the transgressive potential of a patient who takes up language and describes her condition.

These tensions between word and image also highlight the particular historical context in which Skram's novel appeared. *Professor Hieronimus* was published the same year as Freud and Breuer's *Studies on Hysteria*, which many consider the founding document of Freudian psychoanalysis. Although writing for completely different audiences, both Freud and Skram argue for the value of the patient's verbal utterances at a time when the patient was seen as little more than a visual specimen whose disorders could only be accurately ascertained by the acute vision of a doctor. In his promotion of the "talking cure," Freud diverged sharply with his mentor, Charcot, and this turning point in psychiatric history from a visual to a verbal epistemological model highlights the timeliness and importance of Skram's novel.

## A C K N O W L E D G E M E N T S

I am indebted to many individuals who have helped me see this thesis through to its completion. Certainly nobody has exerted greater influence on my thinking throughout this project than the chair of my thesis committee, Christopher Oscarson. He has consistently made himself available at the most inopportune of times so that I could run ideas by him, ask him to read and respond to a new section of writing, or to solicit encouragement as the project dragged on. He has been a helpful advocate and soundboard, and his invaluable advice at key points in the thesis-writing process helped me to reign in my tendency toward focusing on fascinating (but ultimately tangential) questions and to get to the heart of the matter. He also contributed to this project in a much more concrete way; his help in securing a Loftur Bjarnasson scholarship for the last three years of my stay at BYU ensured that I could work toward my MA degree with relatively few financial worries.

Nathaniel Kramer also helped nourish this thesis from its inception as a final paper for his undergraduate survey course on the Art of Memory. The germ of this thesis reflects key suggestions and help that he offered when I wrote that first paper. His periodic insistence on the merits of that original paper, and that I ought to develop it into something more substantial served as a springboard for this project.

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I am also grateful to V. Stanley Benfell, who graciously agreed to serve as a reader on a committee dominated by scholars of Scandinavian literature, and who thus offered a fresh perspective and helpful suggestions toward the end of the writing process.

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T A B L E O F C O N T E N T S

*Introduction*

vii

*Chapter 1*

Voilà la vérité:  
Hysteria as Spectacle in Paris and Copenhagen  
17

Voilà la vérité	23	
Shady Commerce: Photography and Truth	37	
Hysteria as Theater: The Fantasy of Photographic Reference	40	
“Forskende blikk”: Amalie Skram and <i>Professor Hieronimus</i>	47	
Conclusion	57	

*Chapter 2*

Pictures of Insanity:  
Tensions between Word and Image in *Professor Hieronimus*  
59

Crises of Representation	65	
Ekphrasis and Alterity	70	
Hysteria as Silent Spectacle: Ekphrastic Fear at Ward Six	75	
Conclusion	81	

*Chapter 3*

Looking and Listening:  
*Professor Hieronimus* and the Debate over Clinical Practice  
85

Charcot to Freud: From <i>Bavardage</i> to the Talking Cure	88	
Looking and Listening in <i>Professor Hieronimus</i>	94	
Conclusion	101	

*Conclusion*

103

*Works Cited*

107

## I N T R O D U C T I O N

In describing the impact of Amalie Skram's two *asylromaner* [asylum novels] that appeared in 1895, *Professor Hieronimus* and *Paa St. Jørgen*, scholars such as Vagn Lyhne, Irene Engelstad, and Mogens Gradenwitz have provided excellent and well-documented studies of the novels' origins and impact in and around Copenhagen.<sup>1</sup> The present study owes a great deal to this scholarship, which tells the fascinating story of Amalie Skram's confinement in the Copenhagen City Hospital, her treatment under the auspices of the foremost Danish psychiatrist, Knud Pontoppidan, and the public outcry against the injustices of Danish mental health care system that the novels incited.

My aim with this thesis is to fill a gap in the extent scholarship by considering turn-of-the-century debates about psychiatric epistemology and care taking place outside of the confines of Scandinavia. Such an oversight is unfortunate, especially considering the fact that most scholars of psychiatric history consider hysteria, the disorder Skram's protagonist Else Kant is diagnosed with in *Professor Hieronimus*, to have virtually been a "Parisian disease" in the latter part of the nineteenth century (Evans 10). Indeed, Jean-Martin Charcot, the eminent neurologist and head of the sprawling Salpêtrière

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<sup>1</sup> See Lyhne's discussion of the novels in his fascinating book about the controversies that erupted surrounding Pontoppidan and the treatment of mental patients in Copenhagen in the 1890s, *Eksperimentere som en gal: Psykiatriens sidste krise (74–102)*; see also Gradenwitz's *Knud Pontoppidan og patienterne*, in which the author has collected a number of contemporary documents centrally related to the high-profile clashes between Pontoppidan and some of his patients.



asylum for women in Paris, exerted an overwhelming influence over both public and scientific understandings of hysteria. His *Leçons du Mardi* [Tuesday Lectures] had been drawing huge weekly audiences composed of both medical professionals and public onlookers, and helped to popularize the mystique that surrounded not only hysteria as a disease, but also the doctor as a kind of god-like figure who solved the visual puzzles presented by his patients' hysterical symptoms. A vivid contemporary account published soon after Charcot's death in 1893 describes the solemnity associated with the eminent doctor's lectures:

*Charcot fut un professeur incomparable. Quel silence lorsque, impénétrable, autoritaire et dominateur, le maître à la face glabre et au profil d'un César romain, le front dénudé, l'œil brillant d'un feu sombre, la lèvre dédaigneuse, se levait et prenait la parole dans sa clinique de la Salpêtrière ... ou il avait su grouper une légion de jeunes savants dont il était l'inspirateur ! (Charlier 63).*

Charcot was an incomparable professor. What silence reigned as, impenetrable, authoritarian, and domineering, the master with his smooth face, the profile of a Roman Caesar, his high brow, his eyes shining with a somber fire, and his mouth marked with disdain, rose and began to speak in his clinic at the Salpêtrière... where he had succeeded in drawing a legion of young scientists for whom he was an inspiration!<sup>2</sup>

Amalie Skram's doctor in Copenhagen, Knud Pontoppidan, traveled to Paris to attend Charcot's lectures, and as we shall see, he demonstrates a conspicuous reliance on the conception of mental illness and psychiatric treatment that Charcot advocated. For the purposes of understanding Skram's novels, Charcot's most important ideas are about the somatic manifestations of mental disorders and the role of the doctor as a neutral visual observer. Both of

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<sup>2</sup> Unless otherwise noted, all translations are my own.

these aspects of his thought were part of a larger agenda to help legitimize the study of mental illness by establishing psychiatry as a natural science. Vagn

Lyhne describes similar movements afoot in Denmark:

*Psykiatriens fremtid ligger i dens udvikling til eksperimentel videnskab, hvor forskningens genstand, mennesket, kan indgå i en eksperimentel situation som enhver anden genstand, og hvor forskeren er i stand til at udvikle sin videnskab gennem empiriske iagttagelser, der på ingen måde influeres af forskerens videnskabelige eller sociale baggrund (Lyhne 63).*

The future of psychiatry lay in its development as an experimental science in which the object of research, the human being, could enter into an experimental situation like any other object, and in which the researcher was able to broaden his science through empirical observations, which in no way have been influenced by the researcher's scientific or social background.

Because of his intense desire to remove the obstacles of human bias and subjectivity (or as Lyhne puts it here, "the researcher's scientific or social background") from the process of diagnosis, Charcot became one of the chief promoters of the use of photography in a clinical setting. For Charcot, photography provided not only a handy way of recording and storing the visual evidence of hysterical symptoms in patients, but also had the potential to overcome the biases inherent in more traditional forms of visual representation. In order to promote clinical photography as a useful means of arriving at scientifically sound diagnoses, Charcot sponsored the publication of a periodical entitled *Iconographie photographique de la Salpêtrière*, in which case studies of hysterics at the hospital, extensively illustrated with photographic plates, were published.

Contextualizing Skram's novels within the larger cultural discourse surrounding hysteria in *fin-de-siècle* Europe, the conspicuous and almost voyeuristic clinical observation to which the protagonist Else Kant is subjected is understood not as the idiosyncratic practice of an isolated Danish psychiatrist, but as part of a larger clinical movement that has its origins in Paris at the Salpêtrière. Even though Pontoppidan had visited the Salpêtrière and demonstrated a strong indebtedness to Charcot's ideas, this connection between the voyeuristic gaze of Hieronimus in Skram's novel and Charcot's spectacularization of hysteria is very rarely highlighted.<sup>3</sup>

In chapter one, Amalie Skram's novel *Professor Hieronimus* is situated against the backdrop of an increasing tendency toward visual observation that characterized psychiatric care in the late nineteenth century in Copenhagen as well as in Paris. Skram decries the dehumanizing and objectifying effect of clinical observation, who also suggests that the clinical gaze is ultimately ineffective since it does not achieve its professed aspirations of neutral and passive observation, but rather distorts and alters reality by its very presence. But Skram is responding to a tendency in clinical practice that extends far

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<sup>3</sup>One notable exception to this rule is Langås, who writes about this connection in the concluding chapter of her book *Kroppens betydning i norsk litteratur*. She does not, however, focus on the centrality of visual observation and visibility in Skram's novels, but is instead interested in the ways in which Skram validates the woman's voice over and against the domineering pronouncements of the medical establishment. With this in mind, Langås describes the connections between Skram and Anna O., Freud and Breuer's patient whose case history is given in *Studies on Hysteria*. Anna O.'s great contribution to psychoanalysis was that she coined the term "talking cure" to describe the conversational therapeutic approach Breuer used with her. For Langås, Skram's alter-ego Else Kant plays a similar role to Anna O. in validating the verbally-expressed subjective experiences of female psychiatric patients.

beyond the psychiatric care system in Copenhagen. Thus I go on to describe the influence of Jean-Martin Charcot on the increasingly voyeuristic tendencies in psychiatric practice. Charcot's talents as both a clinician and a performer are highlighted by tracing Freud's impressions of Charcot when he arrived at the Salpêtrière to study under the great master. Above all, Freud describes Charcot as a talented observer, and calls him a *visuel*: one who sees, rather than one who interprets. Charcot's trust in the clinical gaze and his belief that dispassionate observation would uncover scientific truth manifested itself in the extensive use of clinical photography at the Salpêtrière. The basis for this increasingly voyeuristic clinical gaze is interrogated, showing how the inconsistencies or shortcomings of Charcot's as well as Pontoppidan's ideas about visualizing mental illness left room for Skram's polemical novels to attack the very epistemological foundations of the burgeoning science of psychiatry. I argue that far from passively observing hysteria, the clinical gaze actively constructed hysteria and constituted the disorder as spectacle. Under the watchful gaze of the clinical establishment, patients were treated as images of mental illness rather than as human beings. In the first chapter of my thesis, then, I show how the clinical gaze is compromised as a legitimate scientific tool, not only as evidenced in the photographs of Charcot's volumes of the *Iconographie*, but also by Skram's novel.

In the second chapter, I cast the voyeuristic/exhibitionistic dynamic between doctor and patient in semiotic terms, showing how arguments made as

early as Lessing's *Laokoon* provide a useful way of understanding the essential differences between verbal and visual art, and by extension, understanding the tensions between doctor (who was free to make diagnoses and write case studies, so is here aligned with verbal art) and the patient (who is understood as an object for visual observation). Building upon Mitchell's notion of "ekphrastic fear," I demonstrate how the anxieties of thinkers like Lessing about the breaking down of the strict boundaries between visual and verbal art correspond neatly to similar anxieties that the doctor had about the transgressive potential of a patient who takes up language and describes her condition. Thus when Skram's protagonist, Else Kant, begins to disobey Hieronimus's injunctions against speech and to describe her own subjective experience verbally, her protest is understood not only as a personal attack on Hieronimus, but as an unnatural transgression similar to ekphrasis. Just as more conservative aestheticians decry the violation of artistic boundaries that occurs when a mute art object is given a voice through ekphrasis, many in the medical establishment were wary of the patient having access to language to describe her condition, fearing she would thereby encroach on the privileged domain of the doctor. Hieronimus's anxiety and animosity toward Else Kant's vitriolic missives is thus seen as an expression of "ekphrastic fear," conveying as it does the fear of the mute art object taking up language and thus subsuming its semiotic "other," verbal art.

The third chapter of this thesis describes the ways in which Freud's conception of hysteria and his method of treatment diverged sharply from that of

Charcot that he had been exposed to at the Salpêtrière. This divergence is signaled most strongly by the publication by Freud and Breuer of *Studies on Hysteria* in 1895, a series of narrative case studies that were to become the foundation of Freudian psychoanalysis. I describe the role of Anna O. as a patient in contributing to the conception of the “talking cure” that would become such an important feature of psychoanalysis, and would signal Freud’s divergence from his mentor, Charcot. This divergence is characterized as a movement away from visual paradigm of Charcot and toward a verbal paradigm in which the patient’s verbally-expressed subjective experience became the key to understanding her hysterical symptoms. Similarities between Anna O. and Skram are noted, and the shift of Else Skram in *Professor Hieronimus* from visual to verbal artist helps to cast the novel in a new light, as an active participant in this transition from visual to verbal art, from image to word, from looking to listening.

Skram published her two “asylum novels” in 1895, a year that turned out to be one of psychiatric history’s greatest watersheds because of the publication of *Studies on Hysteria*. Skram’s novels caused a firestorm of public debate in Copenhagen about psychiatric treatment methods, led other patients to come forward with similar stories of abuse at the hands of Knud Pontoppidan, and ultimately resulted in Pontoppidan’s self-imposed exile to Jutland to escape the controversy. That these very public debates about psychiatric care occurred in Copenhagen during the same year that psychoanalysis was born in the form of

Freud and Breuer's *Studies* and their conceptualization of the "talking cure," seems too fortunate to be a coincidence. The voyeurism of the clinical gaze is so central to Skram's novels that these novels must be seen as an effort to legitimize the voice of the female patient over and against the authoritative voice of the male doctor. Tensions between word and image in the novels mirror Freud's departure from Charcot, and make it clear that Skram's novels have value beyond their capacity to stir up public opinion against Knud Pontoppidan. *Professor Hieronimus* is a striking contribution to this turning point from the visual to the verbal in psychiatric history, and, by exploiting the transgressive potential of ekphrasis, to an ongoing aesthetic debate about word/image dynamics in art.

## CHAPTER ONE

### Voilà la vérité: Hysteria as Spectacle in Paris and Copenhagen

“Hvorfor står disse her og glør på meg?” (257) [“Why are they staring at me?” (29)] asks Else Kant just after being admitted to the psychiatric ward. The immediate subject of her question is a group of fellow patients that have gathered outside her door and are eagerly watching the new arrival. But her query implies so much more about the assumptions that underlay the treatment of hysteria and other mental illnesses in *fin de siècle* Europe. Specifically, it indicates the degree to which hysteria was turned into a spectacle by medical positivists eager to establish the somatic roots of mental illness. It also demonstrates the centrality of the clinical gaze, and visuality more generally, in contemporary psychiatric care.

Else Kant, the protagonist of Amalie Skram’s *Professor Hieronimus*, willingly submits herself to the watchful care of the eponymous character, a highly-regarded doctor who is the head of a psychiatric ward at a local hospital. Hieronimus is described as “den beste” (242) [“the best” (14)] and we read that Else holds him in high regard because of his esteemed reputation. Else Kant’s symptoms, including visual hallucinations, insomnia, and thoughts of suicide,



have become unbearable for both her and her husband, Knut, and she thinks “Det skal bli godt å få tale med en mann som Hieronimus. Forklare ham, hvordan jeg har det i ett og alt” (244) [“It will be good to talk to a man like Hieronimus. To explain all my thoughts and feelings to him” (15-16)].

When she arrives at the hospital, however, her expectations are frustrated as she is immediately rendered an object for the visual perusal of Hieronimus, the hospital staff, and her fellow patients. Rather than being afforded the opportunity to “explain all [her] thoughts and feelings,” as she had supposed, Else is subjected to the voyeuristic and invasive clinical gaze. This is most vividly described in a scene in which a pair of nurses named Thorgren and Stenberg demand that Fru Kant disrobe immediately after her arrival:

*Med et fast tak la [Frøken Stenberg] sin arm på Elses skulder og sa myndig: --De må øieblikkelig klæ Dem av i mitt påsyn. Øieblikkelig!*

*Thorgren knappet op Elses kåpe, som hun febrilsk rev av henne, men hun hvisket noe til frk. Stenberg, som ivrig beføende klemte sine hender allevegne rundt på Elses klær. Else... så forferdet fra den ene til den annen, mens hun med rykk og bevegelser søkte å verge for sig. --Hvorfor gjør dere sådan med meg? sa hun indignert. (256)*

[Nurse Stenberg] clamped her arm firmly around Else’s shoulder and said authoritatively, “You must get undressed immediately, in my presence. Immediately!”

Thorgren unbuttoned Else’s coat and feverishly stripped it off. She whispered something to Nurse Stenberg, whose inquisitive fingers were probing every part of Else’s clothing. Else... stared in terror from one woman to the other, while she made jerky motions to protect herself. “Why are you treating me like this?” she asked indignantly. (28)

The Norwegian phrase *i mitt påsyn*, translated here as “in my presence,” implies much more than physical proximity. It might be more precisely rendered as

“within my field of vision” or “under my visual supervision.” Thus, at the outset of Else’s stay at the hospital, Skram depicts the psychiatric staff as voyeurs, exerting their authority over the patient not only through physical force, but even more insidiously through the dominance of their gaze. The nurses’ insistence that Else strip in front of them may, then, be read not simply as a gross invasion of privacy, but as one of many instances in the book in which the clinical staff seek to establish dominance and control over Else through the normalizing power of the clinical gaze.

The commotion of Else pleading with the nurses draws a crowd of patients to the door of her room who watch inquisitively as the nurses compel Else to undress. She asks one of the nurses if her door may be closed so that the gallery may be dispersed, but is informed that “Det er imot reglementet” (257) [“That’s against the rules” (29)].

This injunction against closed doors is a source of anxiety for Else throughout the novel, not only because of the lack of privacy it affords her, but also because she is forced to listen to the screams of the more maniacal patients at all hours of the night. Hieronimus’s psychiatric ward is thus a space where the patient is expected to remain visually available to the clinical gaze at all times, so much so that closed doors are forbidden.

In this chapter, Skram’s novel is contextualized within the constellation of real-life clinical practices advocated by Jean-Martin Charcot in Paris and Knud Pontoppidan in Copenhagen. I hope to demonstrate that the invasive and

voyeuristic visual observation to which Else Kant is subjected in *Professor Hieronimus* does not just reflect the isolated experience of Amalie Skram, but is instead indicative of the degree to which psychiatry had become preoccupied – even obsessed – with the visual detection of hysteria. The extreme efforts of Charcot to visually detect and record pathological symptoms at the Salpêtrière hospital for women in Paris provide a striking real-life parallel to the indignities Else Kant is subjected to in the novel. Through gaining a sense of the ambitious nature of Charcot’s efforts to observe and visually represent hysteria, the reader can understand that Skram’s novel is not merely a personal attack on a heavy-handed Copenhagen psychiatrist, but is an active participant in an ongoing debate about the visual model of psychiatric epistemology advocated by the likes of Charcot and Pontoppidan.

The ties between the action of the novel and the voyeuristic clinical practices in Copenhagen and Paris are established in part by Skram’s prominent description of the rule that patients’ doors must remain open at all times. This policy was in effect at Ward Six of the Copenhagen City Hospital when Skram was treated there in February of 1894 by the well-known psychiatrist Knud Pontoppidan. It was, in fact, one of the innovations Pontoppidan was most famous for: the so-called “open-door principle”<sup>4</sup> that he introduced to Ward Six. The policy effectively did away with the physical confinement or isolation of

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<sup>4</sup> For a brief discussion of Pontoppidan’s progressive reforms at Ward Six, including his establishment of the “open-door principle,” see Lyhne 58–59.

patients in favor of requiring that the doors to the patients' rooms remain open day and night; thus, rather than physically restraining patients, it was thought that the visual surveillance that the open doors allowed would help keep patients on their best behavior while improving the perception of mental health institutions in the eyes of the public. By instituting the open-door principle as hospital policy, Pontoppidan moved away from the public image of psychiatric care as a particularly retrograde (even medieval) form of treatment, and also further established the importance of visual observation and surveillance to the burgeoning field of psychiatry. The open-door principle is prominently featured in *Professor Hieronimus*, where the narrator describes how vexed Else Kant is by the permanently open door of her room, which allows not only the medical staff to have complete and immediate visual access to her as a patient, but also allows the wailing and screaming of the more frantic patients to encroach on her private space and keep her from ever getting any sleep.

It is important to note that, just as there is certainly a humane dimension to Pontoppidan's open-door principle (since patients could be freed from physical restraints), there is also a panoptic ambition underlying this reform that ties Pontoppidan (and his fictional counterpart, Professor Hieronimus) to trends in psychiatric care in Paris, especially the clinical practice of Jean-Martin Charcot, who insisted that mental illness should be isolated and observed visually. Both Pontoppidan and Charcot pushed psychiatric care to voyeuristic extremes, fetishizing of the clinical gaze as an unbiased mainline to objective truth.

Seen in light of these efforts, *Professor Hieronimus* is understood not simply as a feminist exposé of the Danish psychiatric care system. Skram's novel is also an effort to overcome the hegemony of clinical vision by restoring a narrative voice to psychiatric patients who had become mute visual objects. In nineteenth century clinical practice, vision was not only intimately connected with knowledge, but also with power – the power to diagnose, to restrain, and to make pronouncements on questions of sanity. Although images like Charcot's photographs of hysterics had the air of clinical authority and were accepted as scientific documents, Skram's novel counteracts this tendency to turn mental illness into spectacle and suggests instead that the clinical gaze cannot possibly attain the objective truth it seeks. The psychiatric-historical context that I describe in this chapter is not meant to simply give the reader important background information for reading Skram's novel. Rather, understanding the way vision and visuality were fetishized by the clinical establishment at the time that Skram was writing helps us realize the nature of the novel's protest – it suggested that clinical observation and photography were caught up in the same semiotic entanglements as any other text.

In order to describe the historical context adequately, we must first turn our attention to Charcot's great "image factory" in Paris – the Salpêtrière hospital. Understanding the degree to which hysteria was turned into a clinical and public spectacle in Paris, we can then examine similar trends in psychiatric treatment in Copenhagen, where Charcot's ideas exerted a great deal of influence

over Knud Pontoppidan, who had come to listen to Charcot's lectures and enthusiastically endorsed similar ideas about the role of vision in psychiatric practice. This historical context is not intended as an end in itself or merely as a way of "setting the stage" for my reading of Skram's novel. Rather, understanding the centrality of vision and visuality to clinical practice is a necessary prerequisite to understanding Skram's attack on the epistemological foundations of psychiatric care in *Professor Hieronimus*.

### *Voilà la vérité*

In October 1885, a twenty-nine year-old Sigmund Freud arrived in Paris to study under Jean-Martin Charcot, the preeminent neurologist and acknowledged leader in the study of nervous diseases in Europe. As his interest in disorders like hysteria grew, Freud was compelled to look toward Paris for the training he needed, not only because the study of nervous diseases was such a marginal field in Vienna, but also because the asylum for women over which Charcot presided, the famous Salpêtrière, was widely considered the hysteria capital of the world. Freud began his study during what some scholars have called the "golden age" of hysteria, and admissions statistics at the Salpêtrière during this period bear out this assertion. During the two-year period from 1841-42, only about one percent of the 648 women admitted to the hospital were designated as hysterical; however, forty years later, during the period from 1882-83, in the middle of

Charcot's tenure and some two years prior to Freud's arrival, around twenty percent of the 500 women admitted were classified as hysterics (Goldstein 209).

Indeed, the rise in the hysteria diagnosis at the Salpêtrière was so pronounced that Charcot would feel compelled to defend himself against charges that hysteria "n'existe qu'en France et je pourrais même dire et on l'adieu quelquefois, qu'à la Salpêtrière, comme si je l'avais forgée par la puissance de ma volonté" ["exists only in France and only, I might say, as has sometimes been said, at the Salpêtrière, as if I had forged it through the power of my will"] (*Leçons du Mardi* 178).

Freud wrote enthusiastic letters home about his training in Paris, saying that Charcot was "one of the greatest physicians and a man whose common sense is touched by genius," and that he left Charcot's lectures "as though I were coming out of Notre Dame, with a new idea of perfection" (Freud, "Charcot" 9). It is evident, then, that Freud's excitement after his arrival at the Salpêtrière attests not only to the abundance of clinical experience he was receiving, but also to the personal charm and intellectual presence of the great Charcot. Perhaps more than anything, it was the sense of the theatrical that permeated Charcot's pedagogical style that captured Freud's imagination.

Charcot had become famous not only for his many neurological discoveries, but also for the popularity of his *Leçons du Mardi* [Tuesday Lectures], which were attended in droves not only by students and colleagues, but also by the general Parisian public. Freud wrote during his stay in Paris that each of

these lectures was “a little work of art in construction and composition” (“Charcot” 17). Freud’s personal and professional enthusiasm for Charcot spurred him to make a shift in his own professional ambitions, which at first had been almost exclusively focused on neurology, but after his stay in Paris, would be decidedly centered upon the study of psychological disorders. As Freud’s biographer Peter Gay notes, “the powerful presence of Charcot propelled him away from the microscope in a direction in which he had already shown some telling signs of going: psychology” (48).

Many of Freud’s greatest contributions to psychiatric epistemology and practice may be traced to his four-month stay at the Salpêtrière, although some of his nascent ideas seem to be reactions against weaknesses he saw in Charcot’s clinical paradigm. For example, Freud departed from Charcot’s conspicuously visual diagnostic method, and vigorously embraced the notion that patients should verbally express their own subjective experience rather than simply being rendered objects of clinical observation. Also, Freud’s concept of transference could be seen as stemming from his days in Paris; while Charcot did his best to systematically deny and contain any attachment patients felt for their doctor, Freud recognized that this attachment was inevitable, and thought that, once acknowledged, it could be productively used in psychoanalysis to better understand a patient’s recollections. Nevertheless, the intellectual impact Charcot had on Freud is undeniable, and he would maintain a strong (if complicated) sense of admiration for his mentor throughout his life. As Peter



Gay writes, Freud “kept his memories of Charcot very much alive” and “made him into... an intellectual father he could look up to and try to emulate” (52). Indeed, Freud would pay tribute to Charcot in a variety of ways: he named his first son Jean Martin after Charcot in 1889, he translated Charcot’s lectures into German, and he wrote an affectionate obituary for Charcot in *Wiener Medizinische Wochenschrift* following his untimely death in 1893 (see Freud, “Charcot”).

It may be productive at this point to tease out some of the main points of Freud’s candid and incisive obituary for Charcot. What emerges in this rather lengthy tribute is the portrait of a doctor whose gift for visual observation and classification of disorders was unparalleled. Freud writes,

He was not a reflective man, not a thinker: he had the nature of an artist—he was, as he himself said, a ‘*visuel*’, a man who sees. Here is what he himself told us about his method of working. He used to look again and again at the things he did not understand, to deepen his impression of them day by day, till suddenly an understanding of them dawned on him (12).

Not only does Freud point out the central importance of keen visual observation to Charcot’s method, he also describes the curious confluence between art and science that occurred at the Salpêtrière, when he writes that Charcot had “the nature of an artist.” But this is not only a useful metaphor for Charcot’s scientific method; Charcot actually *was* a talented artist, and evidently faced a tough dilemma as a young man between choosing to become a painter or a doctor.<sup>5</sup> It is precisely Charcot’s artistic eye that Freud seizes upon as the key to his success as

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<sup>5</sup> See Gilman, *Seeing the Insane* 194–195 for a brief discussion of Charcot’s artistic gifts as well as a pair of reproductions of his work.

a clinician, and as we shall see later in this chapter, created a unique atmosphere in which visual aesthetics and scientific epistemology went hand-in-hand at the Salpêtrière. Indeed, Freud goes on to describe the hospital as a “museum of clinical facts” (13), a metaphor that Charcot himself employed when he called the Salpêtrière “une sorte de *musée pathologique vivant*” [a kind of *living pathological museum*] (*Œuvres complètes* III:4, emphasis in the original).

Another side of Charcot’s style that Freud chooses to highlight in the obituary is his theatrical flair for public demonstrations of hysterical symptoms in his patients. Freud’s description of Charcot’s *Leçons du Mardi* emphasizes the almost scripted quality of the lectures:

Each of his lectures was a little work of art in construction and composition; it was perfect in form and made such an impression that for the rest of the day one could not get the sound of what he had said out of one’s ears or the thought of what he had demonstrated out of one’s mind. He seldom demonstrated a single patient, but mostly a series of similar or contrasting cases which he compared with one another.... At such lectures Maître Charcot himself made a curious impression. He, who at other times bubbled over with vivacity and cheerfulness and who always had a little joke on his lips, now looked serious and solemn under his little velvet cap; indeed, he even seemed to have grown older. His voice sounded subdued. We could almost understand how ill-disposed strangers could reproach the whole lecture as being theatrical. Those who spoke like this were doubtless accustomed to the formlessness of German clinical lectures, or else forgot that Charcot gave only *one* lecture in the week and could therefore prepare it carefully (17–18).

Although Freud simultaneously acknowledges and rejects the commonly-held notion that Charcot’s lectures were theatrical, the rest of his comments seem to support that characterization. Freud writes that, during his lectures, Charcot adopts a more academic and sober voice, parades out a veritable *tableau vivant* of

hysterical patients, and holds forth on the patients' symptoms and diagnoses, all of which, as Freud describes, has been carefully constructed and composed prior to delivery. Reading such a description helps one to understand the ostensibly rather extreme thesis forwarded by Didi-Huberman, who is astounded by the fact that "s'agissant de l'hystérie, un médecin est à peine capable de ne pas assister en Artiste à la douleur comme luxueuse d'un corps livré à ses symptômes" ["in the context of hysteria, a physician finds it next to impossible not to observe, as an artist, the luxurious pain of a body in the throes of its symptoms"] and writes that he is "presque contraint de considérer l'hystérie, telle qu'elle fut mise en fabrique à la Salpêtrière, dans le dernier tiers du XIX<sup>e</sup> siècle, comme un chapitre de l'histoire de l'Art" (10) ["nearly compelled to consider hysteria, insofar as it was fabricated at the Salpêtrière in the last third of the nineteenth century, as a chapter in the history of art" (4)]. This accusation that hysteria was "fabricated" by Charcot at the Salpêtrière is not solely an ex post facto assertion made only by modern scholars, but was a common complaint in Charcot's own day, as is indicated by the quote from Charcot given earlier, in which he scoffs at the idea that he could have "forged" hysteria "through the power of my will" (*Leçons du Mardi* 178).

Although Freud vehemently rejects the notion that hysteria was a contrived illness fabricated by Charcot, he was nevertheless clearly affected by the sense of spectacle that surrounded hysteria at the Salpêtrière. The reasons why Charcot describes the hospital as a "living pathological museum" are

numerous – not only were there the *Leçons du Mardi*, in which the hysterical symptoms of his patients became public spectacle, but also numerous sculptures, plaster casts, paintings, drawings, and, most famously, photographs of hysterics were produced at the hospital. Indeed, hysteria, as understood by Charcot, was a disease that practically begged to be seen, and could only be understood and analyzed properly through careful visual observation, using whichever artistic technologies proved effective in isolating and displaying the pathological symptoms of its sufferers.

This helps explain in part why there occurred at the Salpêtrière such a unique confluence of art and science – a medium like photography could not only isolate and record the visual signs of hysteria, but it could also help to overcome the bias and subjectivity of unaided visual perception, helping the doctor to achieve *le regard pur* [the pure gaze] of objective science. Describing the role of the doctor as a neutral observer, Charcot writes,

*Voilà la vérité. Je n'ai jamais dû autre chose; je n'ai pas l'habitude d'avancer des choses qui ne soient pas expérimentalement démontrables. Vous savez que j'ai pour principe de ne pas tenir compte de la théorie et de laisser de côté tous les préjugés : si vous voulez voir clair, il faut prendre les choses comme elles sont.... À la vérité, je ne suis absolument là que le photographe ; j'inscris ce que je vois (Leçons du Mardi 178).*

Behold the truth. I've never said anything else. I'm not in the habit of advancing things that aren't experimentally demonstrable. You know that my principle is to give no weight to theory, and leave aside all prejudice: if you want to see clearly, you must take things as they are.... In truth, I am nothing more than a photographer: I inscribe what I see.

Charcot reveals here a positivist distrust of theory and biased subjectivity; conversely, he also demonstrates a belief that the doctor can become a neutral observer of his subject. His command “Behold the truth” springs from this same assumption, equating ultimate truth with that which can be perceived by the well-trained observer. He balks at the notion that he could have forged hysteria “through the power of [his] will,” discounting the idea that observation was anything but a passive act of recording, like photography. Further, Charcot relies on visual metaphors to describe the observational role of the doctor. A good doctor would be able to “see clearly” in order to assess a patient’s condition. The epistemology of medical positivism posited this important connection between seeing and knowing, a connection which Foucault would later elucidate.

In *Naissance de la clinique*,<sup>6</sup> Michel Foucault dedicates an entire chapter to the epistemological consequences of this focus on the act of seeing, entitled appropriately “Voir, savoir” [Seeing and Knowing]. Foucault asserts that the medical establishment, or *la clinique* [the clinic], sought to diagnose disease by achieving a *regard pur*: a “pure gaze.” Purity here connotes the neutral, unbiased observational position that medical positivists sought to occupy. But Foucault is careful not to dismiss the attitudes of medical positivism as simply naïve:

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<sup>6</sup> The standard English translation of this title is *The Birth of the Clinic*, although the translation of the French *la clinique* to *the clinic* can be somewhat misleading. As a recent translator has noted, when Foucault refers to *la clinique*, “he is thinking of both the medical clinic and the teaching hospital” (“Translator’s Note” in Foucault, *The Birth of the Clinic*, vii). By extension, Foucault often uses *la clinique* to refer to the medical community at large.

*les privilèges que la clinique vient de reconnaître à l'observation sont bien plus nombreux et de tout autre nature que les prestiges qu'on lui prêtait dans la tradition. Ce sont à la fois les privilèges d'un regard pur, antérieur à toute intervention, fidèle à l'immédiat qu'il reprend sans le modifier, et ceux d'un regard équipé de toute une armature logique qui exorcise d'entrée de jeu la naïveté d'un empirisme non préparé (107).*

the privileges that the clinic had recently recognized in observation were much more numerous than the prestige accorded it by tradition and of a quite different nature. They were at the same time the privileges of a pure gaze, prior to all intervention and faithful to the immediate, which it took up without modifying it, and those of a gaze equipped with a whole logical armature, which exorcized from the outset the naivety of an unprepared empiricism. (107)

What the clinic sought, then, was not only an *a priori* position – one that freed itself from theories and systems – but also a vantage point that favored the immediacy of the senses over more mediated forms of evidence. As Foucault explains, the “regard qui observe se garde d’intervenir” [“observing gaze refrains from intervening”] and has “écartés les obstacles que suscitent à la raison les theories, aux sens l’imagination” (107) [“removed the obstacles erected to reason by theory and to the senses by the imagination” (107)]. For many doctors (including Charcot), the physical equivalent of the gaze that did not intervene<sup>7</sup> and was supposedly free of theory<sup>8</sup> was embodied in one fairly novel device: the camera.

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<sup>7</sup> Susan Sontag has commented on the non-interventional role of the photographer: “Photographing is essentially an act of non-intervention. Part of the horror of such memorable coups of contemporary photojournalism as the pictures of a Vietnamese bonze reaching for the gasoline can, of a Bengali guerrilla in the act of bayoneting a trussed-up collaborator, comes from the awareness of how plausible it has become, in a situation where the photographer has the choice between a photograph and a life, to choose the photograph. The person who intervenes cannot record; the person who is recording cannot intervene.” As if to answer any concerns about the rather narrow sense in which she uses the concept of intervention here, she goes on to say

It is significant that Charcot makes the connection to photography in the quote given earlier. He sees the camera as an indispensable tool in the doctor's repertoire, precisely because he believes it "inscribes" what enters through its lens. The camera, he believes, is capable of delivering the Foucauldian "pure gaze" because it is ostensibly an unmediated form of recording, and therefore does not modify what is before its lens. Of course, these assumptions regarding the immediacy of the photographic image might well be called into question. Nevertheless, when Charcot makes statements like "I am nothing more than a photographer," he portrays the doctor as a surrogate for inscriptive devices such as the camera. For Charcot, the camera was the epitome of what a doctor should be – it was capable of capturing, without prejudice and without interpretation, the physical reality before it. For Charcot, it achieved the "pure gaze" that could detect the subtle signs of pathology even better than the naked eye. With even a basic understanding of the tenets of medical positivism, then, it is not surprising

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"Even if incompatible with intervention in a physical sense, using a camera is still a form of participation. Although the camera is an observation station, the act of photographing is *more than passive observing*. Like sexual voyeurism, it is a way of at least tacitly, often explicitly, encouraging whatever is going on to keep on happening" (Sontag 11 – 12, emphasis added).

<sup>8</sup> Walter Benjamin claims that the early days of photography were characterized by a pronounced lack of any self-examination or self-awareness on the part of the photographers. He writes that the invention of photography "waren die Bedingungen einer fortdauernd beschleunigten Entwicklung gegeben, die für lange Zeit jeden Rückblick ausschloß. So kommt es, daß die historischen oder, wenn man will, philosophischen Fragen, die Aufstieg und Verfall der Photographie nahelegen, jahrzehntelang unbeachtet geblieben sind" (229) ["paved the way for rapid ongoing development which long precluded any backward glance. Thus it is that the historical or, if you like, philosophical questions suggested by the rise and fall of photography have gone unheeded for decades" (507)]. These unanswered historical and philosophical questions Benjamin refers to constitute a general lack of "theory" guiding the efforts of early photographers.

to hear that Charcot was one of the first medical practitioners to recognize the potential of photography as a diagnostic tool.<sup>9</sup>

Although this notion that scientific truth could be detected visually was a central tenet of medical positivism, it is important to note that clinical gaze was an inherently gendered and sexually charged one, a point that is well illustrated by a contemporary sculpture by Louis-Ernest Barrias. Entitled *La Nature se dévoilant devant la science* [Nature Reveals Herself before Science], this two-toned marble sculpture depicts nature (i.e. absolute scientific truth) as a nude woman seductively unveiling herself to the insatiable, and by implication inherently male, gaze of the scientist. Barrias's sculpture implicates the clinical gaze as one that was driven not purely by the desire to uncover scientific truth, but also by a sexual desire to establish the female patient as an alluring image. For the purposes of this chapter, Barrias's piece, sculpted only four years after Skram's novels were written, reveal how the male desire to imbue woman with the qualities of visual art – an aesthetic object that should be seen but not heard – masqueraded as a quest for scientific truth.

Accompanying the advent of medical positivism was the promotion of the somatic nature of psychological disorder.<sup>10</sup> For the doctors who imbibed

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<sup>9</sup> Evans sums up Charcot's innovative use of photography: "One way that Charcot achieved cognitive control over the unruliness of hysterical fits was by the ingenious method of recording the attacks in photographs. Careful observation was indeed one of the touchstones of the positivist creed, and Charcot brought new meaning to the dictum. An inventive exploitation of a new technology, Charcot's use of photography simultaneously raised scientific observation to a new level of voyeurism" (10).



positivistic rhetoric, diseases attained legitimacy only if they could be perceived by the neutral doctor-observer, and this perception took place ultimately at the physical level. A Danish contemporary of Charcot and predecessor to Knud Pontoppidan at Copenhagen City Hospital explained this notion:

*Det maa almindeligt erkjendes, at Sindssygdom er en legemlig Sygdom og intet andet, en Sygdom, der angriber Hjernen og forstyrrer dens Funktioner, men tillige en Sygdom, der fuldkomment kan helbredes, naar man blot strax søger Raad mod den... Man bør indsee, at Lægen er den eneste, der kjender og kan afgøre, om Patienten er sindssyg og bør fjernes fra sit Hjem (Gædeken 3).*

It must be generally recognized that mental illness is a bodily disease and nothing else, a disease that attacks the brain and disrupts its functions, but also a disease that can be completely healed when one immediately seeks treatment for it... One ought to realize that the doctor is the only one who is familiar with and can decide if the patient has a mental disorder and should be removed from his home.

These comments not only bespeak the prestige the medical community enjoyed in the late nineteenth century (with its claim that the doctor enjoys the exclusive right of deciding who is fit to live freely in society), but also the notion that psychological disorders ultimately had somatic roots. It is not difficult to see how these twin factors – the prestige of doctors and the belief that psychological disorders were really bodily ones – contributed to the advent of photography as a medical diagnostic tool. The ideal of the panoptic “clinical eye” was, it seemed, on the verge of being realized.

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<sup>10</sup> A recent scholar has noted, for instance, the natural affinity Comte’s positivism had for somatic diagnoses: “[Auguste Comte] powerfully influenced the directions psychology – particularly ‘physical psychology’ and physiological psychology – were to take in subsequent decades” (Comte xv).

This ideal reached its extreme in figures like Étienne-Jules Marey, the French scientist and photographer who was a contemporary of Charcot. Besides capturing stunning “chronophotographs” to unlock the secrets of human and animal locomotion, Marey was also a proponent of the “graphic method,” an organized set of procedures and implements meant to capture and record the secrets of nature in a more objective way than human observers were naturally capable of. The goal of the “graphic method” was to overcome the two obstacles of science: the mediated nature of language on the one hand, and the distracting and misleading nature of our senses on the other (Didi-Huberman 32). Like Charcot, Marey appropriated photography as a way of achieving the ideals of medical positivism. He wrote:

*Quand le corps en mouvement est inaccessible, comme un astre, dont on veut suivre le déplacement ; quand il exécute des mouvements en sens divers, ou d'une étendue si grande qu'ils ne puissent être inscrits directement sur une feuille de papier, la photographie supplée aux procédés mécaniques avec une très grande facilité : elle réduit l'amplitude du mouvement, ou bien elle l'amplifie à l'échelle la plus convenable (2).*

When the moving body is inaccessible, like a star whose movements one wishes to follow; when the body executes movements in various ways, or of such great extension that they cannot be directly inscribed on a piece of paper, photography compensates for mechanical procedures with great ease: it reduces the amplitude of movement, or else it amplifies it to a more suitable scale (Didi-Huberman 32).

The camera, in other words, is a more capable instrument for dispassionate and accurate observation of nature than the human eye is. Marey's preference for the immediacy photographic image over mediated nature of language signaled a broader shift taking place in the scientific and medical communities.

This apparent immediacy of the photographic image is what drove Charcot to sponsor a clinical publication in 1876 featuring some of the many photographs of hysterics at the Salpêtrière that had been taken by the photographer Paul Régnard the previous year. This first volume of the *Iconographie photographique de la Salpêtrière* was followed up by two new volumes in 1877 and 1880. Then, when a new photographer, Albert Londe, was hired at the hospital later in the next decade, a new publication, the *Nouvelle Iconographie de la Salpêtrière* appeared in 1888. These prominent and widely-circulated publications helped establish the Salpêtrière as “la grande manufacture d’images” (Didi-Huberman 47) [“the great image factory” (44)] among psychiatric care institutions in Europe, and inspired copy-cat publications at similar institutions elsewhere. Photography became such a prominent element in Charcot’s practice that a whole annex of the hospital was created to house the photography service. Set apart from the rest of the hospital, the photography service was a domain unto itself, featuring a glass-walled studio to allow for an abundance of natural light, dark and light rooms, and was outfitted with its own equipment and props, including platforms, beds, screens, backdrops in black and various shades of gray, and eventually an array of cameras, lenses, and artificial lighting apparatuses.

What conceptions of photography drove this investment in time, personnel, and space at a psychiatric hospital? In order to understand why Charcot employed photography as a prominent feature of his clinical method, it

will be necessary step back and take a closer look at the way the photographic image and its special relationship with reality has been understood since photography's inception.

### *Shady Commerce: Photography and Truth*

It was apparent almost immediately after photography was introduced to the world in 1839 that the images it produced were fundamentally different from other, more artisanal forms of visual representation. The feature that most early observers seized upon to explain this difference was the uncanny and apparently unmediated connection between the photographic image and the physical reality before the camera's lens. Writing within a year of the new technology's unveiling, for example, Poe commented that the Daguerreotype was "the most important, and perhaps the most extraordinary triumph of modern science," because it "is *infinitely* more accurate in its representation than any painting by human hands" (37-38, emphasis in original). The camera's mechanical mode of representation, according to Poe, made it a substantially superior tool for representing visual reality than previous art forms.<sup>11</sup>

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<sup>11</sup> It is telling that even those who were less enthusiastic than Poe about photography still underscored its indexical, referential quality as its salient feature. Baudelaire, for example, lamented in 1859 that photography had come to be seen as superior to more traditional forms of visual representation. He writes that photography should be regarded as the "handmaid of the arts and sciences, but their very humble handmaid." Baudelaire is quick to add that there was a place for photography, however: "Let photography quickly enrich the traveller's [*sic*] album, and restore to his eyes the precision his memory may lack; let it adorn the library of the naturalist, magnify microscopic insects, even strengthen, with a few facts, the hypotheses of the astronomer; let it, in short, bet the secretary and record-keeper of whomsoever needs *absolute material accuracy* for professional reasons. Let it save crumbling ruins from oblivion, books, engravings, and

As evidence of this unprecedented connection to reality that the photographic image attained, early promoters of the technology highlighted its apparent independence from the artisanal skill of the draftsman. As Alan Trachtenberg notes, Daguerre made use of a magnifying glass to disclose to the public “the astonishing truth that the machine-made image does not dissolve into brushstrokes or pencil lines, that it continues intact, mirror-like, to the limits of its metal base.” Equally astounding, however, was the “revolutionary irrelevance of manual skill in producing the illusion of reality” (5). With photography, the artist was ostensibly bypassed in the mimetic process, giving way to an uncannily lifelike, mechanically-produced image. As Daguerre’s tactics indicate, the referential exactitude of the photographic image was exploited even in the earliest efforts at marketing and promoting the new technology to an astonished public.

The indexical, referential capacity of the photographic image—its superior ability not only to “point to” a reality outside of itself, but also to carry a trace of that physical reality with it—is the source of its authority as documentary proof. Photography has been seen as authoritative because the unreliable artistic hand has been removed from the mimetic process, and it has therefore often been considered a mainline to objective truth. As Susan Sontag writes, “Photographs

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manuscripts, the prey of time, all those precious things, vowed to dissolution, which crave a place in the archives of our memories; in all these things, photography will deserve our thanks and applause” (88, emphasis added). Photography, for Baudelaire, was a valuable mnemonic aid and scientific tool by virtue of its “absolute material accuracy,” but because of the same feature was not to be regarded as art. For Baudelaire, one of the defining features of art appears to be the license it has to deviate from “absolute material accuracy.”

furnish evidence. Something we hear about, but doubt, seems proven when we're shown a photograph of it" (5). Thus the photograph is called upon in a host of juridical and bureaucratic settings (in courtrooms, on official documents, etc.) to bear witness to the truth.

Sontag goes on to complicate the photographic image's relationship to reality, however. While photographs "do not seem to be statements about the world so much as pieces of it" (4), she claims that their status as "pieces" of reality is in fact dubious, and that the "work that photographs do is no generic exception to the usually shady commerce between art and truth" (6). She questions the alleged immediacy of the photographic image (which seems to lack authorship by virtue of the mechanical nature of the technology), and writes that "photographs are as much an interpretation of the world as paintings and drawings are" (6 - 7). This shift that is implicit in Sontag's essay from trusting to questioning photographic veracity inaugurates a significant body of critical work that underscores the rhetorical role of photography. And this recognition that photographs are "as much an interpretation" as more artisanal forms of visual representation hints at the problematic assumptions underlying Charcot's efforts to photograph mental illness. If a photograph can be as interpretive as other arts, then its status as a reliable scientific document is undermined. As we shall see in the rest of this chapter, photography at the Salpêtrière was far from an innocent and transparent document of physical reality, but was actively engaged in

constructing hysteria and distorting reality in its highly theatrical process of observation.

### *Hysteria as Theater: The Fantasy of Photographic Reference*

It is with this unmitigated enthusiasm for the veracity of the photographic image that Charcot and his photographers Régnard and Londe embarked on a long-term project aimed at capturing the “reality” of hysteric fits through photography. And their inflated rhetoric reflects this pro-photography zeal. Albert Londe, for example, wrote, “Ces documents impartiaux et rapidement recueillis donnent aux observations médicales une valeur considérable en ce sens qu’ils mettent sous les yeux de tous l’image fidèle du sujet étudié” (*La photographie médicale* 64) [These impartial and rapidly collected documents add a considerable value to medical observations insofar as they place a faithful image of the subject under study before everyone’s eyes].

But even Barthes, as enthusiastic as he is about the immediacy of the photographic image, recognizes that the very presence of a camera alters and distorts the reality it seeks to capture:

*Il puet arriver que je sois regardé sans le savoir, et de cela je ne peux encore parler, puisque j’ai décidé prendre pour guide la conscience de mon émoi. Mais très souvent (trop souvent, à mon gré) j’ai été photographié en le sachant. Or, dès que je me sens regardé par l’objectif, tout change : je me constitue en train de « poser », je me fabrique intantanimant un autre corps, je me métamorphose à l’avance en image (24–25).*

It can happen that I am observed without knowing it, and again I cannot speak of this experience, since I have determined to be guided by the

consciousness of my feelings. But very often (too often, to my taste) I have been photographed and knew it. Now, once I feel myself observed by the lens, everything changes; I constitute myself in the process of “posing,” I instantaneously make another body for myself, I transform myself in advance into an image (10).

Barthes’s simple recognition here that the presence of the observing camera lens distorts the photographic subject—that photography immediately transforms the photographic subject to the point that he, consciously or unconsciously, begins posing for the camera—casts aspersions upon Charcot’s entire clinical-photographic project, which depended upon an unwavering faith in the veracity of the photographic image. Charcot and others bought into what I would call the *fantasy of photographic reference*: the delusion that the clinician can dispassionately “inscribe” what he sees through the mechanical aid of the camera, without compromising the scientific value of the image by the camera’s very presence. What happened, however, was closer to what Barthes describes—through a subtle complicity between doctor and patient, hysteria was constituted before the camera’s lens, and by virtue of its being photographed, transformed itself “à l’avance en image” (25) [“in advance into an image” (10)].

As already noted, the photography service of the Salpêtrière was set apart from the rest of the hospital. This photographic domain was a theatrical space—a stage upon which patients could “act out” their hysterical symptoms. This theatricality is not merely a function of the insulation of the photography service from the rest of the hospital, however, but is implicit in the very process of taking



a photograph, particularly in the technology's early days. One historical sketch of early photographic portraits reads:

The portrait was the earliest application of photography. As soon as Daguerre's procedures were made public, fragile glass constructions resembling hothouses began to appear on the top floor of buildings, where the public would come to pose with commendable patience under the burning rays of the sun. At the time, one had to pose for up to five minutes, and even then one had, in principle, to cover one's face with whiting to obtain a satisfactory image (Didi-Huberman 61-62).

Thus, for early photographic portraits, subjects had to hold a pose for several minutes at a time, and were even required to apply a facial cosmetic to make the picture turn out right. There were a number of other apparatuses required to create the impression that the photograph was capturing reality, such as braces for the head or other parts of the body to prevent blurriness.

It becomes clear why Barthes characterizes photographic portraits not as transparent pieces of reality, but rather as life-like (14) such as a corpse that has been carefully embalmed and made up so as to appear to be merely sleeping. Barthes goes on to say that posing for a camera is like a performance, and points out that Louis Daguerre, the great pioneer of photography, had been "exploitait Place du Château. . . un théâtre de panoramas animés par des mouvements et des jeux de lumière" (55-56) ["running a panorama theater animated by light shows and movements in the Place du Château" (31)] just prior to becoming involved with photography. Thus Barthes concludes that "la Photo me paraît plus proche du Théâtre" (56) ["Photography seems to me closer to the Theater" than to other visual arts (31)]. Didi-Huberman likewise observes that, by virtue

of photography, “an existence was authenticated, but through theatrical means,” and that “photography showed bodies, it solemnized them, assigning them to a familial and social rite – and thus *refuted* them through a certain kind of theatricality” (62). The photographic image is always already compromised as a document of truth in part because of the techniques of staging, cosmetics, and posing that accompanied it, particularly in its early days. Even more fundamental than the theatrical staging practices that early photographs required, however, was the very conspicuousness of the camera itself, which by its very presence altered the reality before it. When Barthes describes the curious effect of having a camera pointed at him, it is not the artificial studio environment or any cosmetics he has to wear that undermine the veracity of the image – it is simply the fact that he is being photographed and is aware of it. The photographic subject thus strikes a pose, perhaps to make for a more flattering picture, perhaps because the subject is aware of the expectations of the photographer. As illustrations of the picture-making process at the Salpêtrière indicate, even though the subject of the picture appears to be quite alone and isolated in the photographs that we see, in fact the photographer was standing quite near to the subject, just outside of the frame. As we can see in this engraving, the gaze of the photographer appears to be aggressive, perhaps even actively suggesting to the patient how she should pose for the camera.

A pair of photographs of one of Charcot’s most famous patients, a young woman named Augustine, help to underscore the subtle ways in which reality

could be distorted and aestheticized by the gaze of the doctor or photographer. In these images, published as plates XXIX and XXX of the second volume of the *Iconographie*, the pain of hysterical contracture – a condition in which joints became stiff and rigid, accompanied by intense muscle pain – is subverted by the “ineffable charm of the pose, skillfully draped, indiscreet, but not too indiscreet, a chair on the verge of tipping over, as if your very gaze flustered the bearing of the body” (Didi-Huberman 246). Indeed, it is not difficult to see how these images have been constructed by a male gaze, resembling as they do some of the more tame examples of Victorian-era erotica, presenting an image of “a body saturated with sexuality” (Didi-Huberman 246). The conspicuous posing and theatrical construction of these images, along with the alluring quality of the double-gaze they form when published together, and the troubling hint of sexual arousal they imply, lead Didi-Huberman to conclude that they are nothing more than a contrivance, not the transparent scientific documents Charcot made them out to be.

The clinical and the photographic gaze, at the Salpêtrière as elsewhere, is thus a restricting and repressive force that compels its subjects to “strike a pose” and to adapt themselves to the desires of the gaze. In the case of Charcot’s patients, Didi-Huberman suggests that their supposed hysteria was the result of a silent complicity between doctor and patient.

The patients who could most successfully and consistently “perform” the correct symptoms were rewarded with the attention and privileges doled out by the

doctor, and became more regularly featured subjects in his *Leçons du Mardi* and in the photographs of the *Iconographie*. Thus Didi-Huberman writes, “Charming Augustine – the charmed and the charmer: this charm took the form of a contract,” and suggests that, when she was given the outfit of a nurse’s aide to replace her standard-issue hospital clothing, “this uniform was granted to her in exchange for the ‘regularity’ of her hysteria; she would go into contortions and hallucinations at fixed times, as it were, the times fixed for hypnotic sessions or lectures in the amphitheater” (250).

Those patients who did not assent to the implicit contract of hysteria, instead of being rewarded with privileges like a special uniform, were subjected to the full wrath of clinic. This is precisely the kind of case that Amalie Skram describes in her novel *Professor Hieronimus* – a woman who enters treatment expecting a chance for therapeutic discussion, but is instead immediately compelled to become the very image of a hysterical patient. When subjected to the pressures of the clinical gaze, Skram’s protagonist Else Kant is singled out and harassed by the hospital’s capricious head, Professor Hieronimus.

An examination of Skram’s experiences under Knud Pontoppidan’s care, as well as her novelistic account of these experiences, reveals that the clinical gaze operated in Copenhagen in much the same way as it did in Paris. Although not outfitted with a state-of-the-art clinical photography annex, Pontoppidan’s Ward Six was very much a theatrical space, featuring medical personnel who naively assumed that their gaze could capture reality without altering it. As we

shall see, Pontoppidan is a clinician who is cut from the same cloth as Charcot, aiming to isolate and visually observe the physical manifestations of psychiatric pathology. Skram attacks the professed purity and neutrality of Pontoppidan's gaze, claiming that he imposed his desires upon the patients rather than recording or passively observing their symptoms in an unbiased and disinterested fashion.

### *"Forskende blikk": Amalie Skram and Professor Hieronimus*

Amalie Skram found herself subject to the clinical gaze when she was admitted to the Copenhagen City Hospital for psychiatric observation on 14 February 1894. After nearly a month in the psychiatric ward – Ward Six – she was transferred to another local hospital to recover from her confinement at the previous institution. Skram explained her experience in Ward Six in a letter to her son:

*Du aner ikke hvad det vil sige at bli anse't og behandlet som et galt menneske uden at være det. Jeg faldt i et brutalt og tarveligt menneskes hænder, der med liv og magt vilde, jeg skulde være gal, og holdt Skram fuldstændig borte fra mig, og fik ham overtalt til at sende mig til St. Hans. Der sa imidlertid overlægen, at han ikke engang ikke kunde finde nogen sindssyge hos mig, men heller ikke kunde indse at jeg havde andet end skade af at være på St. Hans (Mellom slagene 146–147).*

You have no idea what it's like to be looked at and treated like a crazy person without being one. I fell into the hands of a brutal and wretched person, who with his life and powers wanted me to be crazy, and kept Skram completely away from me, and got him convinced to send me to St. Han's. The doctor there said, however, that he couldn't find any mental illness in me, and couldn't see that my stay at St. Hans could cause anything but further injury

The “brutal and wretched person” who Skram claims *wanted* her to be crazy was none other than the Danish psychiatric luminary Knud Pontoppidan, who was then the head of the Ward Six. Like Charcot, Pontoppidan had been the beneficiary of the steady increase in the prestige of the doctor initiated by the recent advent of positivism. Also like Charcot, Pontoppidan was accused of imposing his own interpretations upon the supposedly neutral observations he was undertaking; he is accused here by Skram, in essence, of not achieving Foucault’s “pure gaze” because he imposed his own desire that Skram should be “crazy” onto his observations of her.

Skram was furious at the treatment she had been subjected to at the hands of Pontoppidan, and she shared her story to friends and family. While many of her associates discouraged Skram from confronting Pontoppidan head-on, countryman and fellow writer Bjørnstjerne Bjørnson encouraged her to tell the world her account. Bjørnson told Skram in a letter:

*Det du skildrer der, har jeg tænkt mig som det forfærdeligste jeg visste næst efter å begravnes skindød... Ubetinget skal du skildre det. Nøjagtig som det er. Men det som førte dig derhen, må du også skildre (æller i alle fald nævne) som det er. Ellers faller de over dig med det. Du må vise grejt og sannt, hvad som blev dig for meget. Hvorfor du selv bad om å komme under Pontoppidans observasjon. Lov mig det. Og skriv så! (Lyhne 9).*

What you describe, I have thought of as the most horrible thing I could imagine, except for being buried alive... You should describe it without prevarication. Exactly as it is. But you must also describe (or at least mention) what led you there, just as it is. Or else they will attack you with it. You must show truly what was too much for you, why you yourself asked to come under Pontoppidan’s observation. Promise me that. Then write it!

Skram took Bjørnson's advice, and published two novels based on her experiences. *Professor Hieronomous*, the first of the pair, focuses on a woman's treatment in the hands of the doctor who is the novel's eponymous character. It was no secret that *Hieronomous* was based primarily upon Pontoppidan, and that the book described Skram's own experiences. The muckraking novel struck a chord with the public, in part because of its contemporary relevance. As one recent scholar has pointed out, "Stærkt medvirkende til romanernes gennemslagskraft var, at de kom til at ingå som et indlæg i en heftig offentlig debat omkring psykiatrien og specielt forholdene på Kommunehospitalets 6. Afdeling" (Lyhne 9) [A strong contributor to the novel's power was that it entered a heated public debate about psychiatry and especially the conditions at Ward Six of the Community Hospital...].

Although the City Hospital was much more modest in size when compared with the Salpêtrière, Pontoppidan had serious progressive ambitions for Ward Six of hospital, where psychiatric cases were treated.<sup>12</sup> Indeed, Pontoppidan fit nicely into the ideological molds of his time: like Charcot, he was convinced that mental illness ultimately had somatic roots, and that

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<sup>12</sup> Indeed, the history of psychiatry in Denmark and that of Ward Six are so intertwined, that Lyhne has observed, "Oprettelsen af 6. afdeling som en del af et hospital til behandling af legemlige sygdomme og påbegyndelsen af en universitetsundervisning i psykiatri markerer anerkendelsen af psykiatrien herhjemme" (57) [The establishment of Ward Six as a part of a hospital that treated physical diseases and the beginning of a university curriculum in psychiatry mark the recognition of psychiatry here at home (in Denmark)].

dispassionate and precise observation was the key to diagnosis. Revealing the conspicuous influences of medical positivism, Pontoppidan wrote:

*Psykiatrien er en Erfaringsvidenskab og arbejder som saadan med den same Methode som de øvrige medicinske Fag; for os som Klinikere have de abnorme psychiske Phænomener kun Interesse, for saa vidt vi kunne faa Syn paa dem som Udtryk for en sygelig Tilstand af Hjernen... Vi maa altsaa anlægge den samme Grundbetragtning over for Sindssygdommene som over for de øvrige Hjernesygdomme... Derfor maa vi bestræbe os for at se dem under Et; vi maa søge at gøre vore Erfaringer fra Nervepathologien gældende paa den tilsyneladende paradoksale Paastand, som i sin tid blev fremsat herhjemme, nemlig at det er Studiet af de ikke-psychiske symptomer, der skal bringe Psykiatrien fremad (Fire psykiatriske Foredrag 3-4).*

Psychiatry is an experiential science, and thus uses the same method as the other medical fields. For us as clinicians, the abnormal psychological phenomena only have interest to the degree that we can catch sight of them as an expression of the ill condition of the brain... We must therefore use the same thorough observation for the mental illnesses as for other diseases of the brain... Therefore we must strain ourselves to see them as being one. We must seek to make our experiences in neuropathology valid for the ostensibly paradoxical claim, which in its time was advanced here at home, that the study of non-psychological symptoms will lead psychiatry forward.

The paradox he mentions is a key to understanding the dilemmas psychiatric clinicians like Charcot and Pontoppidan faced. In keeping with commonly accepted positivistic principles, they must emphasize the singular role of neutral observation. In order for a psychological disorder to be *observed*, strictly speaking, it must express itself somatically. If a disease is somatic, then it would seem contradictory to describe it as *psychological*. Although it easily blended with the aims of more obviously physical sciences, positivism thus made a particularly awkward fit for psychiatry.



While it seems counterintuitive to claim that psychological disorders are ultimately always somatic in nature, psychiatrists like Pontoppidan were forced to make such paradoxical ideological concessions in order to legitimize their chosen field. As if to complicate the already awkward relationship he had described between psychiatry and positivism, Pontoppidan added, “Sindssygdomme kan ikke gøres til genstand for samme direkte iagttagelse som de øvrige sygdomme (Lyhne 61) [Mental illness cannot be made the object of the same direct observation as other illnesses]. Pontoppidan goes on to describe the way in which the ephemeral signs of mental illness can be detected by a diagnosing doctor:

*Saaledes bliver det ikke det enkelte sygelige Phænomen, der gælder at iagttage, men den hele Personlighed, saavel den sjælelige, som den legemlige. Og det er ikke blot den øjeblikkelige Tilstand, der bliver Genstand for Deres Undersøgelse, men ogsaa hele Patientens Forhistorie, ja De maa gaa saa langt tilbage som til hans Afstamning for at faa Øje paa den mulige Virkning af en nedarvet Disposition (Lyhne 61).*

Thus it is not the individual phenomenon of sickness that must be observed, but *the whole personality*: the soul as well as the body. And it is not just the immediate condition that is the object of your investigation, but also the entire history of the patient; indeed you must go as far back as his ancestors to catch a glimpse of the possible effects of an inherited disposition.

In these comments, Pontoppidan reveals something of the very insatiability of the clinical gaze: it is not content with observing the “øjeblikkelige Tilstand” [immediate condition] of the patient in question, but encompasses the entire history of a patient and her ancestors — “saavel den sjælelige, som den

legemlige" [the soul as well as the body]. Positivism demanded nothing less than panoptic medical practitioners.

It is important that "thorough observation" was one of Pontoppidan's central diagnostic principles, not only because it fit in with the ideas of positivism, but also because visual observation became a central theme of Skram's *Professor Hieronomus*.<sup>13</sup> Indeed, it may be said that Skram's novel is primarily concerned with the clinical gaze, and the social implications of the increasingly powerful role the doctor had come to play in society.

*Professor Hieronomus* is, as has been mentioned, a thinly veiled adaptation of Skram's own experiences under the watchful eye of Pontoppidan in Copenhagen Community Hospital's Ward Six. Skram's surrogate is Else Kant, an artist of some renown who is having difficulty juggling the demands of a family life and her career as an artist. She has become an emotional wreck who is incapable of succeeding in either of her spheres – her little son Tage refuses to eat when she tries to feed him, and she is unable to find any inspiration for her latest attempts at painting. Her concerned husband, Knut, suggests that Else be admitted to a local hospital under the prolific Hieronomus. Else's condition is, from the beginning, couched in pathological terms by Knut. When little Tage asks his father "Hvorfor gråter mamma?" ["Why is Mama crying?"] Knut responds by saying, "Jo, for mamma er syk. Stakkars lille mamma" (236) ["Well,

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<sup>13</sup> Accordingly, a recent English translation of *Professor Hieronomus* and *Paa St. Jørgen* brings the two novels under one title: *Under Observation*. Although the translators, Katherine Hanson and Judith Messick, do not overtly reveal their reasons for choosing this single title, they are presumably responding to the prominent place that the clinical gaze is given in both novels.

Mama is sick. Poor little Mama" (8)]. This is the first overt suggestion in the book that Else's anxieties are pathological in nature.

During Else's first meeting with Hieronimus, what first captures her imagination is the doctor's curious *blikk*: his "glance" or "gaze". As it turns out, Hieronimus' cold gaze will follow Else through a hellish month at the hospital. Accordingly, visual metaphors and language dominate the novel, especially in passages which deal with Else's sickness. A nurse gives Else "et forskende blikk" (252) ["a searching look" (24)]. Else has thus been rendered, even in the first few hours of her stay in Ward Six, to a mere object of visual observation – a spectacle. She doesn't even escape the watchful gaze of her fellow patients, who carefully follow the argument Else is having with the nurse. Tired of all the spectators, Else asks the question we suspect she has been wondering all along: "Hvorfor står disse her og glør på meg?" (257) [Why are they staring at me?" (29)].

Else's confrontations with Hieronimus are even more curious. The eminent doctor is conspicuously absent during the early part of Skram's narrative – he is felt rather than seen, and the reader suspects that his "observations" of Else are being done vicariously by the heavy-handed nurses and assistants that populate Ward Six. When Hieronimus does make appearances in the narrative, he is incredibly tight-lipped and elusive, sharing few of his thoughts with Else or the reader. Hieronimus' elusiveness is often displayed by his sudden departures from conversations he is having with Else.

At the end of one of his first meetings with Else, for instance, Hieronimus answers Else's queries about when her husband will come visit with the ambiguous "Vi får å se" ["We shall see"]. And with that, "Hieronimus var borte" (271) ["Hieronimus was gone" (44)].

Despite Hieronimus' elusive quality, however, Else is keenly aware of the observation she is being subjected to. However, for much of the narrative, Hieronimus achieves the subtlety that a good positivist observer should. But no matter how discreet his watchful eye is, Hieronimus' constant monitoring cannot help but affect the behavior of his subject. One example is the correspondence that goes on between Else and Knut. Hieronimus thoroughly reads every letter Knut sends; since Knut knows this, he is careful not to reveal too much of his thoughts or feelings in the letters; since Else is aware that she is only receiving letters corrupted by the Hieronimus' gaze, she is unwilling to even read them. When Else registers shock at learning that the doctor is reading Knut's letters, a kindhearted nurse tells her, "Professoren åpner alle pasientenes brev" (356) ["The professor opens all the patients' letters" (135)]. The nurse's response is delivered in a self-evident way, as if it were simply taken for granted that Hieronimus monitored *everything* within the hospital. Skram thus portrays the clinical gaze as insatiable – not content merely to observe *physical* reality before it, but aspiring to observe everything it can. Part of the subtle way in which Skram imbues Hieronimus with a sinister quality is by this implication that he actually *is* achieving his panoptic goals – that he truly becomes the all-seeing eye

in Ward Six. When the nurse prods her to read Knut's letter, Else responds, "Nei, jeg kan ikke, og jeg vil ikke! Hvad kan der stå i det, når det bare er sånt, som professoren har skullet lese" (357) ["No, I can't, I won't! What could he possibly say if he knew the professor was going to read it?" (135)]. No matter how subtle and inconspicuous (or how expansive) Hieronimus' gaze is, it cannot help but affect Else's behavior.

As the narrative continues, the reader comes to realize just how expansive Hieronimus' field of vision is. During a discussion with Else focusing on Hieronimus, a nurse describes her feelings toward her superior:

*Han er så streng, så streng. Jeg skjelver av angst når han viser sig på gangen, ja, jeg skjelver en hel time i forveien, for jeg er så bange for, at ikke alt er, som det skal være. Engang mens han gikk stuegang, oppdaget jeg, at der om sepestykket derute i kroken på vaskeservanten hadde viklet sig et hår. Ja sådan som jeg rystet fra øverst til nederst. Jeg torde ikke gå hen og ta håret bort, ikke røre mig av pletten, og jeg er viss på, han så det. Han ser alt. Hvis jeg hadde et hull på spissen av strømpefoten, er jeg viss på, han kunne se tvers gjennom skoen (291–292).*

He's very strict, oh very, very strict. I tremble with fear when he comes into the corridor, yes, I tremble an hour before, because I'm so afraid that everything won't be exactly as it should be. One time during his rounds, I spied a hair twisted around the soap in the corner of the washstand. I was trembling from head to foot. I didn't dare go over and take the hair away, didn't dare move from the spot, and I'm sure he saw it. He sees everything. If I had a hole in the toe of my stocking I'm sure he could see it right through the shoe (66).

The nurse's description of the all-seeing Hieronimus is a terrifying moment in the novel. The reader at once realizes the kind of power the doctor's panoptic aspirations have amassed. Even more importantly, however, one gets a sense for how ineffective his gaze is as a scientific tool – rather than passively collecting

data, Hieronimus's observation is actually affecting the behavior of his staff and patients, to the point that they are terrified and tremble from head to toe when he walks into a room.

While Hieronimus' vision seems to increase in breadth, Else becomes more and more desperate in her desire to see her husband and son. Hieronimus sees and is privy to everything in his hospital, while Else is confined to the degree that she no longer trusts what she hears and sees. During the early part of her confinement in Ward Six, Else wonders how her son is feeling. Else realizes quickly, of course, that she is in no position to know how her son is, and the narrator comments, "Akk, om hun kunne fått et glimt av ham å se, om det skulle vært langt borte fra det fjerneste fjerne" (270) ["Oh, if she could just have a glimpse of him, even from a distance" (43)]. The tragedy of the novel is that the more Hieronimus sees, the less Else does. It is significant, however, that Else has bought into the positivist rhetoric that equated seeing with knowing – in the absence of the sight of her family, she begins to doubt their very existence.

### *Conclusion*

From the outset of her stay at Ward Six under the care of Professor Hieronimus, Else Kant is subjected to visual observation that Amalie Skram describes as unnecessarily invasive and ultimately ineffective. Else is expected to remain visually available to the medical staff at all hours of the day. Much of the early

part of *Professor Hieronimus* is a detailed description of the alienating effects of the clinical gaze upon Else Kant. The gaze is portrayed by Skram as being ineffective in accurately identifying mental illness, and also as a force that actively constructs pathology and fosters psychotic symptoms in patients.

Although the visual epistemological model that Skram describes is often used to discuss the controversies surrounding Skram's doctor, Knud Pontoppidan, the clinical gaze in her "asylum novels" reveals just how pervasive the influence of Charcot was upon clinical practice and public discussions of psychiatry in Copenhagen. The questions that she raises about the efficacy of the clinical gaze are similar to concerns that have been expressed about Charcot's efforts to visualize and visually depict mental illness. Although the photographs of hysterics profess to be objective documents of mental illness, their veracity has been questioned here for a number of reasons. Not only is photography's status as a mainline to objective truth dubious from the start, but Charcot's photographs are particularly theatrical, and therefore compromised in their desired role as scientific documents. Furthermore, they reflect a complicity between doctor and patient to "act out" and thus actively construct hysteria as a visual spectacle.

The troubled doctor/patient relationship that is the central conflict of Skram's novel is, however, more than simply the clash of two individuals who disagree about the role of vision in medical epistemology. The conflict between Else and Hieronimus also reveals the gender dynamics at work in the

construction of hysteria. These gender dynamics have far-reaching implications for clinical authority, since they impose certain roles upon doctor and patient with regard to who has access to unblemished vision and authoritative language.



## CHAPTER TWO

### Pictures of Insanity: Tensions between Word and Image in *Professor Hieronimus*

When, several weeks into her hospital stay, Else Kant asks her doctor, Professor Hieronimus, if he thinks she is insane, he bluntly answers in the affirmative. But the “absolute proof” that he cites to support his diagnosis is not the kind of medical data that we would expect. Instead, Hieronimus’s diagnosis is based on his familiarity with Else’s paintings:

*– Jeg har i disse dager gjort bekjentskap med Deres produksjon, sa Hieronimus. – Den interesse for det abnorme, som Deres bilder viser, er ikke tiltalende.*

*Interesse for det abnorme, tenkte Else. Var det da ikke professorens interesse for det abnorme, som hadde skapt hans autoritet og stillet ham på denne plass?*

*– Deres bilder er for mig et absolutt bevis på, at De er abnorm. Ja, jeg går altså ut fra, at De i Deres arbeider har søkt å gjengi Deres eget sjeleliv? Else svarte ikke. Bare så på ham (373).*

“I have recently become acquainted with your work,” Hieronimus said. “Your paintings reflect an interest in the abnormal that is very unpleasant.”

Interest in the abnormal, Else reflected. Wasn’t it the professor’s interest in the abnormal that had given him his authority and placed him in this position?

“Your paintings seem to me absolute proof that you are abnormal. I assume that you have tried in your work to represent your own inner life.”

Else did not reply. She just stared at him (155).

Hieronimus's assessment depends upon a curious metonymy in which Else's paintings are equated with her mental state. In making this metonymic leap from the *objects d'art* he has inspected to his patient's psyche, Hieronimus betrays his indebtedness as a doctor in the late nineteenth century to an epistemological model in which visual detection of pathology was the central goal. It is Hieronimus's clear and unencumbered vision as a doctor that grants him the authority to pronounce a patient insane, not his keen ability to connect a constellation of symptoms into a cohesive diagnosis or a special aptitude for listening to patients report on their illness. It is equally clear that Hieronimus's clinical method conflates the mentally ill woman with a mute art object, signaling an aestheticizing tendency in clinical practice that is driven by desires similar to Charcot's in his photographs of Augustine we saw in the previous chapter. In equating Else with her paintings Hieronimus reveals the qualities that the female psychiatric patient should embody within this clinical-epistemological framework: silent, static, alluring, ready to be viewed, and cryptic enough in its communication to require some kind of interpretive effort on the part of the doctor, but certainly not inscrutable, if one is equipped with the right faculties.

This excerpt is also telling in that it reveals that verbal expression is limited to the doctor, who freely expresses his medical opinion while Else listens silently, her feelings only expressed through inner monologue. The ideal qualities of the doctor, then, are acute vision, subjectivity, the freedom to

verbally express opinions that have been informed by clinical observation, and the ability to impose narrative cohesion (with its properties of sequentiality, causality, and temporality) upon the disorders that his patients present.

As her salvation is dependent on the whims of her capricious and tyrannical caretaker, Else alternately ingratiates herself to and rails against Hieronimus's authority. In the end, she has disavowed not only medical authority but also all pretense of assenting to the dominance of the patriarchal order. She is resentful of her husband (who has evidently been conspiring with Hieronimus behind her back) and vows to tell her story to the world as a way of bringing down a medical establishment that held her captive. Although *Professor Hieronimus* is usually read as a compelling but straightforward exposé of the Danish psychiatric care system, I argue instead that what emerges in the novel is a sophisticated attack not only on the structures of clinical authority, but also on the very epistemological foundations of medical science—its interestedness, its bias, and its metaphoric blindness.

Through the course of the novel, it becomes apparent that the clash between Else and Hieronimus goes beyond a simple misunderstanding or even a deep-seated personal antipathy, but instead represents a clash of competing notions of psychiatric epistemology. Else's ideas about medical knowledge and treatment are based on the fantasy of a congenial relationship between doctor and patient centered on a conversational form of therapy. Else enters treatment under Hieronimus's care because, she thinks, "Det skal bli godt å få tale med en

mann som Hieronimus. Forklare ham, hvordan jeg har det i ett og alt" (244) ["It will be good to talk to a man like Hieronimus. To explain all my thoughts and feelings to him" (15-16)].

I use the word "fantasy" here precisely because that is what it turns out to be in Else's case; her desire for the healing effects of verbal self-expression is met with immediate resistance as she enters treatment. Throughout her twenty-five day stay in the hospital, Else is constantly thwarted in her efforts to express her subjective psychological experience through language, and is often expressly forbidden from addressing Hieronimus or offering any of her own thoughts on her condition. Rather than being invited to speak, Else is expected to make herself available as a mute visual object for the eyes of Hieronimus and the other medical personnel that attend to her condition. By the end of the novel, desperate to express herself verbally, Else has given up any concerns for her career as a painter and has shifted all her efforts to verbal communication, penning vitriolic missives to Hieronimus just before her departure, and vowing to "fortelle og advare og kanskje redde om det blott var et eneste medmenneske fra det, hun her hadde opplevet" (327) ["tell her story – warn, and perhaps save, even one fellow being from the things she had experienced" (103)].

Thus the central conflict of the novel is between competing notions of medical epistemology and treatment. On the one hand, Else's ideal of medical treatment is one in which the verbally expressed subjective experience of the patient herself should take center stage. On the other hand, Hieronimus and his

staff are clearly centrally concerned with the visible signs of pathology, and value the doctor as one who can visually detect mental disorder clearly and free of bias. In this model, excessive verbal interaction between doctor and patient is seen as not only a needless distraction, but also as a liability to the treatment, since it could interfere with the neutrality of the doctor. This conflict could be seen in its most general sense as a clash between word and image.

The essential qualities of the doctor and the patient in Skram's novel correspond quite closely with Gotthold Ephraim Lessing's distinctions between verbal and visual representation in his famous study *Laokoon* (1766). In his book, Lessing draws a distinct line between verbal and visual representation, claiming that the definitive qualities of each mode of representation lend themselves to different types of communication. Since visual art, he argues, communicates simultaneity and spatiality, it is more suited to representing physical objects such as the human body. Since literary art can form narratives, and is defined by sequentiality, it is most suited for depicting action. Lessing clearly has a hierarchy in mind, however, and warns poets against regarding the limitations of the visual arts as beautiful and desirable in their own poems. When poetry arrests the flow of language and takes on the spatial quality of visual art it transgresses this strict boundary between verbal and visual art that Lessing has in mind. This kind of semiotic exchange is viewed by Lessing as "a dangerous promiscuity" between rival modes of representation (Mitchell 155). Just as Lessing posits these fundamental differences between verbal and visual art,

similar distinctions between word and image underlie the clinical methods of Charcot and Professor Hieronimus, both of whom rely on a system in which the patient is meant to be seen and not heard, is understood as a mute object for visual perusal, while the doctor is seen as just the opposite – exercising his rights to verbal expression in order to pronounce judgments on questions of psychiatric pathology.

With this realization in mind, I propose that *Professor Hieronimus* should be reassessed in light of W.J.T. Mitchell's concept of "ekphrastic fear," which he describes as "the moment of resistance or counterdesire when we sense that the difference between the verbal and visual representation might collapse and the figurative, imaginary desire of ekphrasis might be realized literally and figuratively" (151). One of Mitchell's most significant contributions to the study of ekphrasis is that he sees this tension between word and image not merely in aesthetic or semiotic terms, but insists that ekphrastic fear is "grounded in our ambivalence about other people" and expresses "our anxieties about merging with others" (163). Since ekphrasis is, in its most basic sense, the giving of a voice to a mute art object, ekphrastic fear may be seen not only as an aesthetic anxiety about the breakdown of the barriers between the arts, but also as a gender-based anxiety that (feminine) mute objects will attain subjectivity by adopting a (masculine) voice, and that well-established gender boundaries will thereby be transgressed. This fear is seen throughout the novel when Else Kant is told

repeatedly to remain quiet and submit her body willingly to the visual perusal of the doctors.

This connection I am positing between what is ostensibly the purely aesthetic concerns of word-and-image studies and Skram's gender-political concerns may seem tenuous. However, Skram clearly correlates the aesthetic dynamics of the novel with her protagonist's struggle against a clinical establishment that will not listen to her: Else Kant's increasingly bitter struggle to overcome her status as a mute visual object available for the clinical gaze and assert her subjectivity through verbal expression runs parallel to her transition from a frustrated visual artist to a crusading writer (i.e. her shift from visual to verbal representation, from image to word).

### *Crises of Representation*

The clash in the novel between Else and Hieronimus's competing notions of medical epistemology may also profitably be read in terms of an aesthetic or mimetic crisis: while Else thinks she can accurately represent her illness verbally, Hieronimus refutes the validity of her written letters and verbal utterances, and claims exclusive privilege to accurately visualize and detect Else's pathological condition, either through physical examinations, or through interpreting the meaning of her paintings. But the first clue that *Professor Hieronimus* is concerned with issues of representation and visualization comes in the very first lines of the novel, in which the narrator (in the form of free indirect discourse) commiserates

with the frustrated artist, Else Kant, saying, “Å Gud nei – hun fikk det ikke til – hun *fikk* det ikke til!” (231) [“Oh God – she couldn’t get it right – she couldn’t get it right!” (3)]. We learn that Else has been waging battle with her “grått bemalte lerret” (231) [“gloomy paint-streaked canvas” (3)] for over a year, attempting to paint an apparently allegorical scene that includes a “skikkelse der i hjørnet, som skulle være livsangstens symbol” (231) [“figure in the corner who was supposed to symbolize the agony of life” (3)]. But the more effort Else puts into her painting, the worse it becomes, and the further away it gets from the picture in her mind’s eye. As the narrator notes, “Denne kamp mellom det, hun *ville* male, og det hun malte, skapte et sammensurium av elende, som grov sig inn i hennes hjerne” (232) [“This battle between what she wanted to paint and what she actually painted left her in a confused state of misery that gnawed at her brain” (4)].

This notion of misrepresentation that opens the novel leads the reader into the pathological symptoms that have plagued Else throughout her year-long ordeal. She is anxious about her waning artistic reputation; she feels guilty about firing a domestic employee; she is distracted by the needs of her young son, Tage; and she has a strained relationship with her husband, Knut. But the most troubling aspects of her symptoms stem from problems that are conspicuously visual in nature. Along with the shortcomings of her painting, Else’s anxiety is also triggered by troubling visual hallucinations. The first of these hallucinations comes in the early pages of the novel, when Else is abruptly awakened by a fit of



coughing, and is bombarded with the vision of a herd of infernal horses stampeding into her bedroom, their “hoder og overkropper var stive og livløse, og istedetfor øine var der store sorte hull” (241) [“heads and upper bodies were stiff and lifeless, and instead of eyes they had large black holes” (12)]. After the phantom horses disappear again down the stairs, Else’s sensible husband comes into the room and suggests she take a dose of opium to calm down, saying “Dette er verrre enn det verste” (241) [“This is getting worse and worse” (12)]. When Else asks if Knut has seen the horses, he doesn’t reply.

The inability to see clearly is thus coded, from the beginning of the novel, as a pathological symptom. Else’s anxiety stems, in other words, from problems with her vision. Knut, in contrast, is a calm and discerning observer. When asked what he thinks of Else’s canvas, Knut “gikk... hen og betraktet billedet med mysende øine” (238) [“went over and scrutinized the painting with narrowed eyes” (10)]. Here the privilege to see and to scrutinize is in fact the power to judge and deem fit, which in this case is coded as a male privilege. Seeing is thus synonymous with knowledge or judgment, as it is in Foucault’s history of medical perception, *Naissance de la clinique*. After an uncomfortable silence, Knut claims he “ikke kan se på denne tid av natten. Det er visst godt det, du nu har malt” (239) [“really can’t see it at this time of night. What you’ve painted is good, I suppose” (10)]. In order to escape the responsibility of casting judgment, Knut implies that the obstacles to his vision preclude an accurate assessment. The marital dynamic here mirrors the doctor/patient relationship that will take shape

later in the novel; it is Else's responsibility to stand silently and display her artwork – here a metonymy for her pathological body – as it is Knut's (and later Hieronimus's) duty to render judgment. It is important to note that these roles are inherently gendered, just as many theorists have pointed out the feminine role of silent embodiment in visual art and the male role of willfulness and subjectivity in verbal art. Women are thus meant to be silent spectacles and men to be critical observers. Else is, like her canvas, a disordered and diseased visual specimen whose defects can only be assessed by male/clinical observation, not through any form of self-expression.

Skram's novel consistently implies that the medical establishment supports the hegemony of the patriarchal order by establishing clear vision as an exclusively male trait. Female behavior is rendered pathological because of claims that female vision (and therefore the judgments that are based on that vision) is not to be trusted. That medical authorities (at this time exclusively male) were uniquely qualified to *see clearly* was a common claim that was touted by Skram's contemporary practitioners. Indeed, when Skram's polemical novels attacking her real-life doctor Knud Pontoppidan were published, Pontoppidan defended himself by claiming that Skram was unqualified to give a trustworthy account of her stay at the Copenhagen City Hospital because she (as a woman? as a patient?) was operating with jaundiced vision. In an analysis of Else Kant that is intended as an indictment of Amalie Skram, Pontoppidan writes,

*Hun er ude af Stand til at give en objektiv Fremstilling. For at forstaa Fru Kants Tilstand maa man sammenligne hende med den, der har et ikke blot farvet, men tilmed bulet Glas for Øjnene; hun gør ikke en Iagttagelse, hun former ikke en Dom uden at Resultatet forfalskes for hende. Hos Patienter af hendes Art bliver den aandelige Virksomhed overhodet stærkt uregulret paa Grund af den labile Stemningsligevægt og de lunefulde Følelsesreaktioner. Hertil kommer nu den løbske Fantasiivirksomhed, der til Tider helt tager Magten fra hende. Man faar gennem Forfatterindens Skildring et levende Indtryk af, hvor usikker og upaalidelig Reproduktionen af Erindringene under disse Omstændigheder maa blive, saa at hun næsten ikke kan undgaa at sammenblende Digtning og Sandhed. (6te afdelings jammersminde 26–27)*

(She is incapable of giving an objective account. To understand Mrs. Kant's condition, one must compare her with somebody who is looking not only through colored but also distorted spectacles. She cannot make an observation or form a judgment without the result being distorted for her. In patients of her type the intellectual activity becomes extremely irregular because of the labile balance of moods and the whimsical emotional reactions. In addition there is the uncontrollable activity of the imagination, which at times leaves her powerless. From the author's narration, one gets a vivid impression of how unsure and undependable the reproduction of memories under these conditions may be, and that she almost cannot avoid mixing up poetry and truth.)

The implication of this statement is, of course, not only that Skram and her protagonist are unable to give reliable accounts of reality, but also conversely that medical professionals are uniquely reliable witnesses by virtue of their clear-sightedness. Pontoppidan has thus inadvertently described the “world of constant visibility” that Foucault claims the medical establishment has become. Medical professionals are not valued because of their caring demeanors, their professionalism, or even their erudition; instead, value is now placed on doctors as discerning *observers* whose training and native scientific acumen render their gaze more objective and their judgments more reliable. Because of their

apparently trustworthy visual faculties, doctors were afforded a new level of professional prestige in the nineteenth century; and this rise in prestige for the doctors themselves went hand-in-hand with the new status of medicine as a science fueled by the empirical standards of Enlightenment epistemology. Prestige ultimately bestows privilege, and medical professionals were increasingly granted more and more latitude to conduct surveillance and observation of the most voyeuristic variety.

### *Ekphrasis and Alterity*

Although the description of Else's painting is spare, the very fact that Skram chooses to open her novel with reference to a piece of visual art is striking. Skram's novel begins not only with a mimetic crisis, but also with a reference to a rival mode of representation – verbal representation (i.e. the novel) thus encounters its semiotic "other" in the visual representation that is described. The rest of the novel is punctuated with these references not only to visual art, but also to visual spectacle and visuality in general. It is thus a novel that is concerned with problems of vision and representation. But this concern is not merely a tangential diversion; on the contrary, these references to visuality are indicative of a conflict that is central to the novel, namely the tension between image and text, between the visual and the verbal, between looking and listening.

These opening lines of *Professor Hieronimus* represent an ekphrastic moment in the narrative. Ekphrasis may seem to be a rather minor literary device of little critical importance. The prodigious body of recent critical scholarship that has amassed addressing issues of verbal and visual representation attests to the importance of ekphrasis to literary and visual studies scholars.

A compelling argument for the relevance of ekphrasis is offered by W.J.T. Mitchell in his essay “Ekphrasis and the Other.” Ekphrasis is a hot topic in recent literary criticism in part because it confronts issues surrounding interdisciplinarity and transmedial art. Ekphrasis gains its importance because of its transgressive nature – through denying and attempting to overcome Lessing’s restrictive boundaries between the arts. By describing visual art, ekphrasis arrests the temporal flow of verbal narrative, and thus verbal representation takes on characteristics that Lessing attributed to visual art – that is to say, it becomes spatial in nature, embracing the simultaneity that is supposedly impossible in literature.

Mitchell describes three possible reactions to ekphrasis: ekphrastic hope, ekphrastic indifference, and ekphrastic fear. *Ekphrastic hope* is best exemplified by the desire to be able to “show” somebody a picture or conjure up a mental image even when communication is limited to the restrictions of the verbal and rhetorical. *Ekphrastic indifference* is reached with the realization that ekphrasis is impossible – that no matter how hard a writer tries, he cannot get the reader to see what he has seen. As Mitchell writes, “Words can ‘cite,’ but never ‘sight’ their

objects" (152). *Ekphrastic fear* comes about when one realizes the deconstructive potential of ekphrasis, which, as Mitchell notes, aims to overcome otherness by collapsing the boundaries between the arts. No matter where in this spectrum one happens to find oneself, the importance of ekphrasis is evident – it devolves from the moment in ekphrastic poetry "in which texts encounter their own semiotic 'others,' those rival, alien modes of representation called the visual, graphic, plastic, or 'spatial' arts" (Mitchell 156).

The importance of ekphrasis to my reading of *Professor Hieronimus* lies in its often implicitly gendered nature. Discussing the ekphrastic description of a jar in Wallace Stevens's poem "Anecdote of a Jar," Mitchell writes, "...there is just a hint of the feminine in Stevens's jar, and the treatment of the ekphrastic image as a female other is a commonplace in the genre.... Ekphrastic poetry as a verbal conjuring up of the female image has overtones, then, of pornographic writing and masturbatory fantasy" (168). The "otherness" of the ekphrastic image implied in the title of Mitchell's article is demonstrated in part by the claim that the text/image relationship mirrors the self/other or subject/object distinction. Verbal representation presents a disembodied voice – the speaker or writer makes judgments, exercises volition, and enjoys all the freedom of subjectivity and selfhood. The ekphrastic image, on the other hand, is fully embodied, as it were, and may be seen as a subaltern other in an unequal relationship with the text. The image is silent and makes itself available to the gaze of the subjective spectator. As Mitchell notes, this uneven relationship may be coded as a

male/female, white/black, or adult/child relationship, depending on context. But the uneven distribution of power is always in effect when the text confronts the image, its semiotic “other.” As in the old adage regarding the behavior of children, the image should be *seen* but not *heard*; when the image takes up language, it naturally threatens the dominance of the text, just as the child threatens the hegemony of the parent when he talks back. In *Professor Hieronimus*, it is not only the ekphrastic image of Else’s unfinished painting that becomes an objectified other; by metonymic extension, it is Else herself that is objectified, silenced, rendered docile and available for visual observation by the panoptic surveillance efforts of Hieronimus and the rest of his staff. When the patient, who is supposed to remain only a visual specimen, takes up language and seeks to describe her plight, her symptoms, or her opinions, she (who is metaphorically only an *image*) threatens the dominance of the medical establishment by usurping its exclusive proprietary claims upon language.

Thus I would like to suggest that the attitude of Hieronimus and his staff toward Else is not just misogyny or the sense of superiority that comes with being such a highly respected medical authority; rather, in Mitchell’s terms, Hieronimus exhibits “ekphrastic fear” in his persistent efforts to equate Else with a visual object and to rob her of her voice. Since patients are seen as visual riddles that must be puzzled out, when these visual objects take up language and begin speaking, they challenge not only the psychiatric epistemology clinicians

like Hieronimus are working with, but they also transgress boundaries between word and image that are well-established in Western culture.

This aesthetic concern for the boundaries between the arts quite significantly mirrors the troubled doctor-patient relationship that Skram describes in her novel. But as Mitchell indicates, ekphrastic fear encompasses a great number of aesthetic and ideological anxieties:

Ekphrastic fear is not some minor curiosity of German idealist aesthetics. It would be easy to show its place in a wide range of literary theorizing, from the Marxist hostility to modernist experiments with literary space, to deconstructionist efforts to overcome “formalism” and “closure,” to the anxieties of Protestant poetics with the temptations of “imagery,” to the romantic tradition’s obsession with a poetics of voice, invisibility, and blindness. All the goals of “ekphrastic hope,” of achieving vision, iconicity, or a “still moment” of plastic presence through language become, from this point of view, sinister and dangerous. All the utopian aspirations of ekphrasis – that the mute image be endowed with a voice... begin to look idolatrous and fetishistic. (155–156)

The “ekphrastic hope” of patients like Else Kant, who hope to overcome their status as mute art objects and take up language to describe their subjective experience verbally, is met with hostility by Hieronimus precisely because it is viewed as “sinister and dangerous,” as Mitchell puts it. Seen in this light, the repeated insistence of the medical staff that Else silence herself is understood not merely as a social injustice, but as an effort to maintain the boundaries between word and image (coded in the novel as, respectively, male and female domains) that Lessing advocated.

This point is more fully elucidated by tracing instances during Else’s stay in the asylum in which she is rendered a silent visual specimen – that is to say,



instances in which she is deprived of language and subjectivity and turned into an image to be perused the clinical gaze.

### *Hysteria as Silent Spectacle: Ekphrastic Fear at Ward Six*

As soon as Else is admitted to the hospital under the watchful care of Professor Hieronimus, she immediately assumes the role of a visual specimen available for the gaze of the medical personnel and her fellow patients. Immediately after being admitted, one of the hospital staff gives Else “et forskende blick” (252) [“a searching look” (24)], and one of the other patients “stirret Else nysgjerrig og uvillig i møte” (252) [stared at Else inquisitively and unwillingly].<sup>14</sup> Her uneasiness with her fellow patients increases as a shy, diminutive patient “fulgte henne med et utslukt blick” (253) [“follow(ed) her with her dull eyes” (25)] and a nurse “oppmerksomt iakttok henne” (253) [“observ(ed) her attentively” (25)]. An elderly patient sits quietly in a chair and “fryktsomt skjelet til Else” (253) [“cast frightened, sidelong glances at Else” (26)].

At this early point in the novel, it has already become apparent that one of Skram’s major points of contention with the clinical establishment in Copenhagen is the lack of privacy it affords its female patients, and the

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<sup>14</sup> Although all other English quotations will be taken from Hanson and Messick’s translation of *Professor Hieronimus and Paa Sct. Jørgens* (collected in one volume entitled *Under Observation*), this particular translation is my own. The published translation is less direct but perhaps more naturally rendered, and says that the patient “gave Else an inquisitive, sullen look” (24).

objectification that this lack of privacy implies. Although not as efficiently designed as Bentham's *Panopticon* prison, the hospital in which Else has ended up is clearly set up as a space not only for clinical observation, but one might even say institutionalized surveillance. The panoptic ambitions of the clinicians tending Else are obvious not only from the constant stares she receives from the staff or the insistence on disrobing in front of an audience, but especially in this insistence that doors to private rooms remain open at all hours. This complete lack of private space and the total visual availability of each patient that the open-door rule affords are certainly reminiscent of Bentham's prison. Rather than the cells surrounding a circular oculus (a tower in which guards kept watch over prisoners theoretically at all hours of the day, without the prisoners being able to see them), it might be said that in Skram's novel, Hieronimus functions as a kind of metaphoric oculus—a surveying presence who always manages to collect visual data about his patients even though they do not know that he is watching. All possible connections to the *Panopticon* aside, it is clear, based on Skram's descriptions of Else's admittance to the hospital, that the author wants to portray a medical establishment that demands complete visual access to its patients. The patient and her symptoms are regarded, as Charcot once described the hysterics at the Salpêtrière, as sphinxes—visual riddles that can only be solved through thorough observation. The clinical gaze at Else's hospital, as at the Salpêtrière, is ambitious in its scope precisely because visual observation is

regarded as the key to unlocking the mysteries of hysteria at this particular point in psychiatric history, an idea promoted most famously by Charcot.

Despite Else's dismay at the complete lack of privacy she is afforded upon admittance, she continues to try to express herself verbally to her caretakers. In one representative example near the beginning of the novel, Hieronimus enters Else's room for a routine examination, followed by a retinue of white-clad assistants. Verbal exchanges are limited to the perfunctory conveyance of relevant medical information, rather than the therapeutic conversations between doctor and patient Else had had in mind. Skram writes that "Hieronimus følte Elses puls og gjorde henne noen almindelige sykespørsmål, som hun besvarte med enstavelsesord, mens hun led under de hvite fyrers nysgjerrige stirren" (268) ["Hieronimus felt Else's pulse and asked some routine questions about her health, which she answered in pained monosyllables under the curious stares of the white-clad men" (40)]. The presence of Hieronimus's assistants at the examination is reminiscent of the gallery of onlookers that watched Else as she undressed upon her admittance. It is clear that Else feels uncomfortable being stared at by a group of anonymous clinicians, and when she asks Hieronimus why all these other men are with him, he only answers "De er leger" (268) ["They're doctors" (41)], as if their professional designation automatically grants them equal visual access to Else, and continues with his line of questioning about her digestion and sleeping habits. When Hieronimus and his retinue begin to leave the room after the routine examination, Else cries out "Får jeg ikke lov til å

tale med Dem?" (268) ["I'm not permitted to speak to you?" (41)]. Hieronimus responds "Ikke like straks" (268) ["Not right now" (41)] with a dismissive wave of his hand before exiting the room unceremoniously. This type of deferral is typical of Hieronimus; rather than simply denying Else's request (whether it be to talk with the doctor or to be allowed to see her husband), Hieronimus often simply tells her "Not now" and slips out of the room. Else waits expectantly for several hours for Hieronimus to return, hoping to receive the treatment she had expected when she was admitted. When Hieronimus does not return, a nurse comes in and tries to comfort Else, telling her "Det blir ikke så slemt lille fru Kant. Bare De er rolig. Vi skal nok bli gode venner, skal De se. Nu må De spise" (268) ["It won't be so bad, dear Mrs. Kant. As long as you're quiet. We'll be good friends, you'll see. Now you must eat something" (41)].

Later that night, Else is despondent that Hieronimus has not returned to hear what she has to say, a nurse comes into her room to comfort her, saying "Jo tålmodigere og stillere De er, jo snarere får De det bedre" (269) ["The more patient and quiet you are, the sooner you'll get better" (42)]. On several occasions throughout the novel, members of the medical staff connect Else's pathological condition to her insistence upon speaking, and conversely, her chances of healing are said to be dependent on her willingness to silence herself. Later in the novel, Else incredulously speculates whether the physicians were interpreting her "berettigede klager som et tegn på sinnsforvirring" (290) ["justifiable complaints as a sign of mental disturbance" (65)]. This repeated implication that, according

to the epistemology accepted by the doctors at Else's hospital, verbal expression is a sign of mental illness, is reminiscent of Charcot's attitude. In the *Iconographie*, the patients' verbal utterances are meticulously transcribed not for the sake of analyzing their content, but instead as a record of the patients' pathological effusiveness.

Because effusiveness is regarded as a display of pathology, the doctors and nurses in Skram's novel give repeated injunctions against verbal utterances from the patients. One of Else's fellow patients slips into Else's room and bemoans her own troubling first impressions of Hieronimus. "Han er en moteprest, tror De ikke?" (299) ["He's all the rage these days, isn't he?" (74)] the patient says. She continues, "Alle synes, de skal snakke med Hieronimus... men vi får jo ikke snakke med ham. Bu, bæ, øh, døh, sier han, og så er han borte" (299) ["Everybody thinks they are going to talk to Hieronimus... but we don't get to talk to him, you know. Bla bla bla bla – he says, then he's off" (74)]. Despite the horrific conditions that prevail in the hospital, and despite the miserable screams of fellow patients that keep Else awake night after night, it is this insistence upon silence, more than anything, that awakens Else's ire and effects the gradual transition she makes from frustrated visual artist to crusading writer.

Further evidence for the discord between Else and Hieronimus's competing views of psychiatric epistemology is provided throughout the novel. When Else complains about coughing fits, one of the resident physicians arrives at her bedside and insists that Else is imagining things, but decides to examine

her anyway. After listening to her breathing through his stethoscope, the doctor insists “De har fortrinlige lunger. Ingenting iveien. Kom nu bort fra det påfunn med hosten” (274) [“You have excellent lungs. Absolutely nothing the matter. Now, no more of this nonsense about the cough” (47)]. Despite her repeated attempts to describe her condition verbally, Else’s utterances are repeatedly contradicted by the medical staff because of the lack of objective evidence backing up her claims.

It might seem like a given that Else should be rendered a spectacle for thorough visual observation once she is admitted to Hieronimus’s hospital. After all, it is taken for granted that, in order to carry out the demands of his profession, the doctor needs visual access to the entire body of the patient. Indeed, depending on the ailment, patients often expect to be seen in various stages of undress or in any number of unflattering positions; what in another context would seem a voyeuristic and invasive gaze is accepted without question when wielded by the medical professional. The clinical gaze that is such an intrinsic part of modern medicine creates, according to Foucault, new modes of subjectivity and new opportunities for objectification and subjugation. As Foucault writes, “Le regard qui voit est un regard qui domine ” (39) [“The gaze that sees is a gaze that dominates” (39)].

In light of Mitchell’s description of the ekphrastic image as a silent subaltern that is available for the gaze of the verbal subject, it is important to note that Else, as a patient, is treated precisely as such an image. Indeed, one might

make the case that in modern medicine (as described by Foucault), the doctor/patient binary echoes that of the subject/object, self/other, man/woman, and text/image. Once Else has been admitted, she is scrutinized closely by members of the staff, and is repeatedly told to be silent while she is being observed.

One may argue that this is simply meant as a way of preventing distraction on the part of the doctor by the idle chit-chat of the patient, but there is something more fundamentally objectifying (and even humiliating) in this injunction. If modern clinical practice depends upon an uneven subject/object relationship between doctor and patient, then the speaking patient represents a radical usurpation of normal power hierarchies. If the patient is allowed to speak her mind or describe her symptoms, then the epistemological foundations of medicine would be shaken, because disease would no longer be the object of visual scrutiny, but something that the patient herself can give voice to. Doctors would thereby lose their privileged position as the sole possessors of language in the clinical establishment. Thus we see a hint of the “ekphrastic fear” that Mitchell describes in the comments of Pontoppidan quoted earlier – he seeks to delegitimize Skram’s ability to speak about her experience by saying that her vision (and therefore her version of the story) is unreliable. The transgressive value of Skram’s exposé, then, derives from the fact that she is disobeying the injunction against speech by *telling her story*.

## *Conclusion*

Else Kant's paintings play a central role in *Professor Hieronimus*, not just as the immediate cause of her psychiatric symptoms at the outset of the novel, but also as evidence that Hieronimus uses to support his diagnosis. By making her protagonist a visual artist, Skram demonstrates that the clinical gaze is not content to just make pronouncements of a scientific nature, but also seeks to police aesthetic boundaries between verbal and visual art. In equating Kant with her paintings, Hieronimus connects the power structures at work in the psychiatric establishment with aesthetic anxieties that go back at least as far as Lessing. Hieronimus's fear that Else will usurp his authority and deploy language as a means of describing her situation or refuting Hieronimus's claims mirrors the anxieties that Mitchell describes as "ekphrastic fear" that visual aesthetic objects can transgress aesthetic boundaries and be endowed with language through ekphrasis. In *Professor Hieronimus*, aesthetic tensions between word and image correspond to the more conspicuous gender conflicts in the novel.

That the clash between Hieronimus and Kant comes down, in many instances, to who has the access to language – with the doctor and his staff on numerous occasions insisting that Kant remain silent – *Professor Hieronimus* also contributed to contemporary movements within psychiatry that revolved around the role of language in psychiatric practice. Should effusiveness be viewed as a sign of mental illness, and should the patient's utterances therefore be dismissed immediately as meaningless babble? Or should the content of such utterances be



taken as a valid, if distorted, statement on the origins of the patient's pathological symptoms? Although both Charcot and Hieronimus certainly subscribed to the former view, Skram's novels advocated for the latter during the very same year that one of the most important founding texts of Freudian psychoanalysis was published. Else Kant's efforts to express her subjective experience through language can thus be understood as a kind of psychoanalytic "verbal unburdening" that Freud would immortalize in the novel practice of the "talking cure."



## CHAPTER THREE

### Looking and Listening: *Professor Hieronimus and the Debate over Clinical Practice*

In 1895, the same year that Amalie Skram's *asylromaner* appeared in Copenhagen, a series of case studies on hysterical patients was collected and published under the title *Studies on Hysteria* by Sigmund Freud and Joseph Breuer. The collection is of interest today primarily because it features the famous case of "Anna O.," which many regard, despite the fact that she had actually been Breuer's and not Freud's patient, as the founding case of Freudian psychoanalysis. Part of what makes Anna O.'s case so ground-breaking in the history of psychology, particularly when seen in the context of contemporary clinicians' reliance on visual observation, was that "she did much of the imaginative work herself" (Gay 64). Rather than attempting to detect and photographically record visible signs of pathology, Breuer, and later Freud, engaged Anna O. in conversation, allowing her to make many of the discoveries about her disorder on her own, with only minimal intervention on the part of the doctor.

This kind of treatment, in which the patient was given ample opportunity to express her subjective experience and feelings verbally, and in which the doctor assiduously recorded these expressions and reminiscences, came to be

known as the “talking cure,” a term coined by Anna O. herself. This treatment in which verbal expression played a central role was carried out over a number of years in Anna O.’s case (Breuer had been working with her since 1880), and the patient found it both cathartic and enlightening, since it awakened important memories that helped explain the etiology of her symptoms.

The Freud that enthusiastically advocates this “talking cure,” and who observed famously that “Hysterics suffer mainly from reminiscences” (*Standard Edition* II:7), hardly seems to be the intellectual product of Charcot and the great “image factory” of the Salpêtrière. Yet we know from his recollections of Charcot quoted in chapter one of this thesis that the young Freud was enthralled with his Parisian mentor, and retained a long-standing admiration for Charcot throughout his life. But Freud’s understanding of the etiology of hysteria, as well as his clinical style and his diagnostic and treatment model, diverged sharply from that of Charcot in the decade that followed his training in Paris.

Freud’s departure from a visual method in favor of a verbal one provides a useful point of reference for discussing the psychiatric-historical context in which Skram’s novels appeared, particularly since they were published during the same years as Freud and Breuer’s *Studies*. Rather than just seeing Skram’s novels as a pugnacious protest against the validity of the clinical gaze, they may be productively understood as active participants in a larger clinical discourse that advocated for the usefulness of verbal expression in psychiatric treatment. Both *Studies on Hysteria* and *Professor Hieronimus*, then, signal a significant shift in

psychiatric practice away from a paradigm that valued the patient simply as an object that could be looked at, toward a new paradigm in which the patient should actually be listened to.

What Anna O. called the “talking cure” (or, in her more playful moments, “chimney sweeping”) is precisely the kind of treatment that Skram’s protagonist Else Kant has in mind when she enters the hospital, and her clashes with Hieronimus stem from the disparity between her desire for verbal self-expression and the doctor’s reliance on a Charcot-esque visual method. A question that Daphne de Marneffe poses in her article comparing the methods of Charcot and Freud seems to get to the heart of this central conflict of the novel: “When women cannot speak, or speak and are not heard, how is their subjectivity distorted or obscured?” (72). Seen against the backdrop of contemporary psychiatric history, and specifically with this shift from Charcot’s visual to Freud’s verbal method in mind, *Professor Hieronimus* is understood as a novel that is centrally concerned with how clinical practice distorted and obscured the subjectivity of female patients. Since *Professor Hieronimus* advocates for treatment methods centered on verbal self-expression at this crucial juncture in psychiatric history, a critical reassessment of Skram’s novel is in order, one that takes into account not only the questions of gender politics that are raised by the novel, but also how Skram addresses questions of psychiatric epistemology. Skram’s so-called “asylum novels” have not been contextualized within this debate between

the visual method of Charcot and the verbal method of Freud.<sup>15</sup> However, by tracing the conflict between Else's desire for verbal self-expression and Hieronimus's constant efforts to access his patient visually and render her mute, the connections between the novel and the debates on psychiatric epistemology raging in contemporary clinical circles are thrown into sharp relief.

### *Charcot to Freud: From Bavardage to the Talking Cure*

The centrality of clinical vision to Charcot's treatment of hysteria at the Salpêtrière is discussed extensively in chapter one of this thesis, but a further elaboration of his attitude toward the verbal expression of his patients provides a useful starting point for our discussion here. Charcot had access to the same kind of information about the traumatic memories of his patients as Freud would later have, though his treatment of their verbal utterances is strikingly different. An excerpt from a transcription of one of Charcot's Tuesday Lectures, in which he is examining a woman diagnosed with hysteria, helps to elucidate this point:

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<sup>15</sup> One recent article on *Professor Hieronimus*, for example, notes that "Amalie Skram's novels do not have many – perhaps no – parallels anywhere in world literature, and her account of a stay in an asylum and her study of a hysteric from her own point of view are valuable supplements to the medical literature of the time on the subject, such as Breuer and Freud's *Studies on Hysteria*, which was published the same year" (Langås, "The Struggle" 57). This attitude that views Skram's asylum novels merely as "valuable supplements" to *Studies on Hysteria* or *Iconographie photographique de la Salpêtrière* is typical of recent scholarship. Rather than viewing the novels merely as supplements or counterpoints to the clinical literature in the ongoing debate on the nature of hysteria and how best to treat it, I view Skram's novels as participating actively in that debate and reflecting a general trend in psychiatric practice away from the visual epistemology of Charcot and toward the verbal epistemology of Freud and Breuer.

Let us press again on the hysterogenic point. Here we go again. Occasionally subjects even bite their tongue, but this would be rare. Look at the arched back, which is so well described in the textbooks.

*Patient:* Mother, I am frightened.

*Charcot:* Note the emotional outburst. If we let things go unabated, we will soon return to the epileptoid behavior. Now we have a bit of tranquility, of resolution, followed by a type of static contracted posture. I consider this latter deformity as an accessory phenomenon to the basic attack. (*The patient cries again: "Oh! Mother."*)

*Charcot:* Again, note these screams. You could say it is a lot of noise over nothing. True epilepsy is much more serious and also much more quiet (Goetz 105-106).

His notion that epilepsy (a disorder he saw as coterminous with hysteria) was a disease that was characterized by silence, is easily understood when seen as part of his overall treatment strategy. As demonstrated in the first chapter, Charcot relied on clinical photography as a primary method of understanding hysteria, and this medium certainly promotes the notion that patients are mute objects to be studied by the discerning eye of the clinician. Charcot's desire for the patient to remain silent even as she makes "a lot of noise over nothing" echoes the insistence of Hieronimus and the other medical staff that Else Kant encounters that she must remain quiet if she is to have any hope of recovering.

Charcot's insistence on silence is also a product of his understanding of the etiology of hysteria, which he imagined to be a heritable, physical disorder accompanied by lesions on the brain. And as Marneffe notes, "In his clinical demonstrations with patients, Charcot regularly overruled his patients' pronouncements about actual predisposing experiences in favor of his own hereditary explanations" (75). This attitude is the direct product of Charcot's

visual paradigm, which had important consequences for the doctor-patient dynamic. Because Charcot was so focused on how hysteria manifested itself to the doctor, namely as an enigmatic visual spectacle, rather than on how it arose or was understood by the patient, the verbal utterances of the patient are seen not only as needless distractions but as threatening usurpations of the clinical gaze. With Charcot, hysteria was reduced to only its visually observable signs as he sought to trace the “universal stages” of the hysterical attack. Thus Meige writes of Charcot’s method, “Regarder, regarder encore, regarder toujours: c’est ainsi seulement que l’on arrive à *voir*. . . . Le regard pénétrant de Charcot . . . résultait souvent une découverte précieuse, parfois même la révélation d’une maladie inconnue jusqu’ici” (15, emphasis in original) [To look, to look again, to keep looking, always: thus only one comes to *see*. . . . Charcot’s penetrating observation. . . often resulted in precious discoveries, revelations of illness unknown until then]. But what is interesting to me about Charcot’s visual method is not the “precious discoveries” or the “revelations of illness” that it accomplished, but the discoveries it failed to make about hysteria, and the way in which it distorted female subjectivity through its insistence on silence. Rather than seeking to understand the patient’s worried cries for her mother in the quote given earlier, Charcot disregarded the verbal expression as meaningless *bavardage* [babbling, nonsense].

Another telling description of Charcot’s visual method shows the clear connections between that method and the treatment that Else Kant receives in



*Professor Hieronimus.* Two of Charcot's students describe his way of working with patients:

He would seat himself near a table and immediately call for the patient who was to be studied. The patient was completely undressed. The intern would read a clinical summary of the case, while the master listened attentively. Then there was a long silence, during which Charcot looked, kept looking at the patient while tapping his hand on the table. His assistants, standing close together, waited anxiously for a word of enlightenment. Charcot continued to remain silent. After a while he would request the patient to make a movement; he would induce him to speak; he would ask that his reflexes be examined and that his sensory responses be tested. And then again silence, the mysterious silence of Charcot. Finally he would call for a second patient, examine him like the first one, call for a third patient, always without a word, silently making comparisons between them (Guillan 52).

This cryptic silence of Charcot represents a key feature of his understanding of the doctor-patient relationship. As Marneffe notes, "Charcot's method of diagnosing his patients often came at the expense of direct interaction" (78).

Always seeking visual signs of pathology, Charcot created a gulf between doctor and patient, endeavoring to remain aloof and unbiased in his quest to embody the impartiality of the camera's lens.

Because Freud understood hysteria to be the result of toxic and traumatic recollections, the verbally-expressed subjective experience of the patients described in *Studies on Hysteria* takes center stage in Freudian psychoanalysis, and he diverges sharply from the visual method of his mentor. Betraying his new understanding of the disorder, Freud wrote:

The core of a hysterical attack, in whatever form it may appear, is a memory, the hallucinatory reliving of a scene which is significant for the onset of the illness. It is this even which manifests itself in a perceptible

manner in the phase of '*attitudes passionelles*'; but it is also present when the attack appears to consist only of motor phenomena (*Standard Edition* I:137).

What Charcot saw only as the contortions of "motor phenomena," then, Freud sees as part of a larger performance recreating a memory. Thus unlocking the mystery of this recollection is the key to understanding the hysterical attack, and verbal expression would become key to the Freudian "talking cure." Indeed, as Freud continued in his career, the visual method of Charcot seemed a foolish and misguided way of understanding hysteria, which he had come to understand as a purely psychological phenomenon.

Freud's style of treatment thus becomes different in every way from Charcot's. He is willing to interact with the patient on a fairly personal level, and he takes the time to understand and listen to the content of their verbal utterances, which Charcot would often see simply as a sign of pathological effusiveness. In describing his treatment of Frau von N., Freud wrote:

Each time, even while I am massaging her, my influence has already begun to affect her; she grows quieter and clearer in the head, and even without questioning under hypnosis can discover the cause of her ill-humor on that day. Nor is her conversation during the massage so aimless as it would appear. On the contrary, it contains a fairly complete reproduction of the memories and new impressions which have affected her since our last talk, and it often leads on, in a quite unexpected way, to pathogenic reminiscences of which she unburdens herself without being asked to (*Standard Edition* II:56).

This "verbal unburdening" of the patient is the key difference between Charcot and Freud's treatment styles, and is clearly what Else Kant had in mind when she entered treatment under Hieronimus and expects to be able to discuss her

problems with him in a therapeutic fashion. With Freud, then, the verbal expression of the patient has ceased to be meaningless *bavardage*, as it is with Charcot, and has assumed a central place in his method of treatment.

As Langås has demonstrated (*Kroppens Betydning* 269), there are a number of interesting parallels between Anna O., Freud and Breuer's star patient and the originator of the "talking cure," and Amalie Skram. Years before her treatment under Knud Pontoppidan in 1894, Skram had entered treatment at the famous Gaustad asylum near Oslo. Just as one of Anna O.'s most perplexing symptoms had been her inability to speak her mother tongue at one point during her treatment, instead speaking English, French, or Italian, Skram also displayed similar, linguistically based symptoms at Gaustad. Her doctor wrote of Skram at one point, "Taler kun fransk, svarer på norsk tiltale, men benytter selv kun fransk, og bliver vred fordi diakonissen ei kan forstå hende og give hende hvad hun ønsker" (Køltzow 185) [speaks only French, responds to Norwegian speech, but only speaks French herself, and becomes angry because the clinician cannot understand her or give her what she wants]. Thus Langås writes that "Amalie Skram er en norsk Bertha" (270) [Amalie Skram is a Norwegian Bertha], referring to Anna O.'s real name, Bertha Poppenheim. But Skram's similarities to Anna O. go beyond these simple biographical similarities. In many ways Skram is engaged in the same kind of effort that Anna O. is at a critical juncture in psychiatric history – both women are making the radical move of asserting the

validity of female speech over and against the coerced silence that had been demanded by the clinical gaze.

### *Looking and Listening in Professor Hieronimus*

Else's expectation that she will be able to express herself verbally while under Hieronimus's care is frustrated from the very moment she enters treatment. Her condition, after all, is characterized by strikingly subjective symptoms, especially the many vivid and frightening visual hallucinations Else experiences. With this in mind, it seems reasonable to expect that the doctor would be interested in Else's subjective experience, which may of course only be accessed through the verbal expression of the patient herself. But, on the contrary, Hieronimus, in true positivist fashion, is only interested in objective evidence that can be collected through visual observation. Indeed, one of the foremost injustices Skram hopes to address with the novel is the degree to which female patients are objectified as soon as they step foot into the clinic; rather than being asked how they feel, patients are (as Else is at the beginning of her stay) stripped to their undergarments and expected to make themselves available to the insatiable gaze of the doctor.

It is therefore appropriate that the first contact between Else and Hieronimus, benign as it may seem on the surface, is described as a conspicuously visual encounter, hinting that her interactions with the illustrious

doctor will not live up to her expectations. As Else and her husband Knut wait to be seen by the doctor, Hieronimus emerges from an adjacent room and “så et øieblikk skarpt på Else” (248) [“directed a quick, sharp glance at Else” (21)], a glance that reminds Else of a young theology student she met years earlier whom she describes as a “fromme fanatiske menneske, hvis øine hadde et uttrykk, som om han gikk og sørget over verdens synd” (249) [“pious, fanatical being, whose eyes seemed filled with lamentation at the sins of the world” (21)]. After he meets with her husband privately, Hieronimus tells Else that she can be admitted to the hospital immediately, and Knut departs, promising to return the next day for a visit.

As Else’s stay in the hospital stretches longer and longer, her anxiety and frustration reach a fever pitch. She has not been able to sleep since being admitted, is tired of the institutional blandness of the meals, angry at her husband for not visiting as he had promised, and frustrated at her inability to express herself to Hieronimus. The type of treatment she receives is not at all what she had expected, and Hieronimus proves completely inaccessible for Else. On the verge of taking her own life, Else resolves instead to survive the hospital stay and finds purpose in the idea that she will be able to tell her story to others: “Hvis hun slapp levende herfra, så hun kunne fortelle og advare og kanskje redde om det blott var et eneste medmenneske fra det, hun her hadde opplevet” (327) [“If she could escape alive, she could tell her story – warn, and perhaps

save, even one fellow being from the things she had experienced" (103)]. Else's gradual transition from frustrated painter to crusading writer has thus begun.

Else's last-ditch effort to express herself to Hieronimus comes at the encouragement of one of the nurses. The nurse suggests that Else has simply gotten off on the wrong foot with Hieronimus. Else protests, "Jeg har jo sagt, at det er mig *umulig* å tale med den mann" (366) ["I've told you, it's impossible for me to talk to that man" (147)]. The nurse then suggests that Else write to the professor, because "Når De skriver, så er det Dem selv, som fører ordet" (366) ["When you write, you're the one who decides what to say" (147)]. This statement seems to sink in with Else, and I would argue that it is the key to understanding Else's transition from painter to writer. A verbal utterance, as Else has learned, can easily be ignored or contradicted by the doctor when she is in his presence. Because she has on multiple occasions been forbidden from speaking, and because a number of hospital staff have suggested that her healing depended on her willingness to silence herself and submit herself humbly to the doctor's care, the idea that writing her feelings to the doctor will give her a way around this injunction is incredibly appealing to Else.

I would also suggest that at this moment in the novel, the importance of Daphne de Marneffe's question quoted in the introduction to this chapter becomes clear: "When women cannot speak, or speak and are not heard, how is their subjectivity distorted or obscured?" (72). Else has been prevented from speaking, her subjective experience has been ignored in favor of objective data,

and so she seizes upon this opportunity to express herself verbally to the doctor as a way of restoring her sense of subjectivity.

In her first letter to Hieronimus, Else attempts to strike an agreeable tone. She writes to the professor that it is “nesten umulig muntlig å få frem, hvad som ligger mig på hjertet” (366) [“nearly impossible for me to find words for what is in my heart” (148)]. But Else apparently decides that the best way to patch up her troubled relationship with Hieronimus is to withhold some of her strongest feelings. Skram writes, “Hun gikk dernest over til å skildre tilstanden, ikke som det virkelig var, men som hun håpet, at professoren kunne tåle å høre den skildret uten å geråde i raseri” (366–367) [“She began to describe her condition, not as it really was, but as she hoped the professor could bear to hear it described without flying into a rage” (148)]. Else does describe some of her symptoms and desires however – she tells Hieronimus of her insomnia and the impossibility of sleeping around such noisy patients, and requests that her husband be informed of her desire to leave the hospital as soon as possible. A nurse delivers her letter to Hieronimus at once, but Else must wait some time for his reply. At length Hieronimus visits Else in her room and requests a meeting. In that meeting, he tells Else he has read her letter carefully, and delivered it to her personal physician and her husband. Else is relieved, and suspects that her initial assessment of Hieronimus may have been inaccurate.

Else’s amiability toward the doctor is short lived, however, because the next evening, Hieronimus tells her that her husband and physician have read the

letter, and agree with Hieronimus that Else should remain in the hospital for treatment. Else abruptly asks the doctor, “Det er altså professorens mening, at jeg er sinnssyk” (372) [“Then in your opinion, I am insane?” (154)] to which the doctor immediately replies in the affirmative. We read that his answer was “uttalt på denne skånselsløst glade måte (og) virket som piskeslag” (372) [“uttered with such ruthless pleasure, [and] struck her like the blow of a whip” (154)].

At this point, Else’s low regard for Hieronimus’s clinical method comes to the fore. She sarcastically says, “Ja... Når professoren og min mann og dr. Tvede sier, at jeg er sinnssyk, så *er* jeg sinnssyk... Men så har jeg vært sinnssyk hele mitt liv” (372) [“Well... when Professor Hieronimus and my husband and Dr. Tvede say that I’m insane, then I must be insane.... But then I’ve been insane my whole life” (155)]. Her answer implies that mental pathology is arbitrarily identified by male authority figures. She then claims “Hos de fleste mennesker kan man vel finne et eller annet, som, når det endelig *skal* være, kan stemples som sinnssyke” (373) [“In most people one can probably find something or other that can be labeled insanity, if one has a mind to” (155)]. With this statement, Else attacks the epistemological legitimacy of the positivistic medical establishment. Positivism valued an impartial and disinterested clinician whose method was not clouded by personal or theoretical bias. But Else claims here that Hieronimus had been interested in declaring her insane, and so sought out only that evidence that supported his assessment. Interestingly, Else’s pathology is linked by the



professor to her paintings, which Hieronimus claims reflect an interest in the abnormal, leading to his emphatic statement, “Deres billeder er for mig et absolutt bevis på, at De er abnorm. Ja, jeg går altså ut fra, at De i Deres arbeider har søkt å gjengi Deres eget sjeleliv” (373) [“Your paintings seem to me absolute proof that you are abnormal. I assume that you have tried in your work to represent your own inner life” (155)].

Hieronimus’s linking of Else’s pathological condition with her abnormal paintings is important for many reasons. For one, it implies a connection between mental illness and aesthetic expression that fits in with Mitchell’s notion of “ekphrastic fear” described earlier. Hieronimus expresses his fear that Else will transgress the boundaries of her role as a mute visual object, and take up language, thereby asserting her own subjectivity. So in his attempt to link Else to her paintings and claim that he can “see” her pathology in her paintings, Hieronimus asserts his authority to police the boundaries not only between the arts but also between the sane and the insane. If Else is equated with a mute art object, Hieronimus interprets her abnormality, but, importantly, refuses to let her have a voice.

Another important feature of Hieronimus’s insistence that Else’s pathology is evident in her paintings is that it links Hieronimus (and by extension, Skram’s real-life doctor Knud Pontoppidan) with the visual method of Charcot. The evidence that Hieronimus gathers to back up his claim that Else is insane is conspicuously visual in nature, gathered by simply looking at and

assessing the abnormality of his patient's paintings. Rather than letting his patient express herself verbally, as Freud and Breuer would, he downplays the significances of her verbal utterances (i.e. her first letter to Hieronimus), and instead, like Charcot, builds a case based on data gathered by visual observation.

In a subsequent chapter, Skram lets the reader know that Hieronimus has not been honest with either Else or her husband, Knut. Although Else believes that Knut has stayed away from the hospital either out of cruelty or out of a sincere belief that his wife is insane, the reader is told that Hieronimus misinforms Knut about his wife's condition and does his best to prevent communication between the two. But despite this, Knut is able to see the letter that Else had written, and is deeply troubled by its contents. We read that he is sympathetic with Else's misery, but, trusting as he does in medical authority, he takes the letter immediately to Else's physician, Dr. Tvede, and asks for his advice. Knut correctly assumes that Else and Hieronimus have been waging a battle, and suggests that perhaps she might be well suited to be transferred to another's care: "Jeg begynner å tro, at der har stått en kamp mellem ham og Else, og at Hieronimus i den er blitt den lille. Nu holder han henne tilbake for å knekke henne" (400) ["I'm starting to think that he and Else have been fighting a battle of some kind, and that Hieronimus has been getting the worst of it. He's keeping her in there to break her" (184)]. Eventually else is granted a transfer to a nearby hospital, St. Jørgens, so that she may receive treatment from a new doctor.

Her most vicious letter to Hieronimus is written on the day of Else's transfer to St. Jørgens. On her final morning under his care, Else "skrev. . . i rasende fart et brev til Hieronimus, hvori hun gav all sin forakt og uvilje luft, og punkt for punkt stillet op sine anklager. Tilsist lovet hun, at professoren, så snart hun kom ut fra St. Jørgen, skulle bli dratt til ansvar for sin ferd mot henne" (402) ["wrote a hurried letter to Hieronimus in which she vented her contempt and indignation, making her accusations point by point. Finally, she promised the professor that as soon as she was released from St. Jørgen's she would hold him accountable for the way he had treated her" (187)] and signed her letter "Deres opriktige fiende, Else Kant" (402) ["Your sincere enemy, Else Kant" (187)]. These words are taken directly from the letter Skram wrote to Pontoppidan before she was discharged from Copenhagen City Hospital. In both the fictional and real-life realms, Skram's confrontation and protest against the clinical establishment is an effort to make the patient's voice heard.

### *Conclusion*

In this chapter, I have sought to bring my analysis of Skram's novel *Professor Hieronimus* full-circle. While in the first chapter I aimed to show how the influences upon Skram's novel went far beyond her immediate experiences with the Danish psychiatric system, and demonstrated a conspicuous indebtedness to a visual paradigm advocated by Charcot, in this final chapter I sought to demonstrate that the impact of Skram's novel also extended beyond the narrow

confines of Copenhagen. It is remarkable that *Professor Hieronimus* was published during the same year as *Studies on Hysteria*, not because it is simply a historical coincidence, but because both texts contribute to one of the great watershed moments in the history of psychiatry, when the clinician's exclusive access to language was being called into question and the content of the patient's verbal self-expression was being celebrated. By understanding Skram's text as, at least to a certain extent, a novelistic counterpart to Freud and Breuer's groundbreaking publication, one can grasp the far-reaching impact of this little-known Scandinavian novel.

## C O N C L U S I O N

The antipathy that develops between Else Kant and Professor Hieronimus is much more than an isolated struggle of wills between a fiercely independent psychiatric patient and her authoritarian doctor. *Professor Hieronimus* is simultaneously a compelling contribution to the shift in psychiatric practice from a visual to a verbal paradigm, and a literary text in which verbal art interacts with its semiotic other, visual art, in subtle and nuanced ways.

The fact that the tensions between word and image in the novel can be read in both aesthetic and psychiatric-historical terms highlights the fascinating confluence of art and science that occurred in the late nineteenth century. Charcot relied on the artistic medium of photography in his clinical practice. And although he denied that his photographs were anything but transparent visual documentations of insanity, his use of photography imbued psychiatric care with a sense of theatricality: patients acted out their symptoms for an eager audience of onlookers. Even though Freud departed from his mentor by emphasizing the importance of the patient's verbal utterances, Freudian psychoanalysis is no less permeated by theatricality. Indeed, Freud acknowledged the theatrical nature of

the re-enactment of repressed memories on the part of hysterics. Furthermore, the fact that Freud encouraged his patients to speak in order to recall past events shows what a central role verbal narrative played in psychoanalysis. Thus this shift in psychiatric practice from photography to narrative is not a move toward greater scientific validity, or an effort to purge the contagion of aesthetics from Charcot's methods. Instead, it is simply a change from one mode of artistic representation to another – visual to verbal art.

I am not arguing that science was “contaminated” with art or delegitimized because of its reliance on artistic representation. Instead, I am arguing that art is so intimately bound with human experience that one cannot hope to practice an experiential or empirical science without recourse to artistic representation. Thus, when I write about ekphrasis in chapter two, I focus not only on the theoretical implications of the confrontation between word and image, but instead highlight how ekphrastic fear has real-life consequences when male clinicians confront female patients. Ekphrasis appears to be merely the preoccupation of aesthetic theorists, but in reality it has real-life consequences. And if real life cannot be depicted without recourse to art, then science itself is engaged in artistic representation much more than it would like to admit.

This thesis is therefore conceived as a reading of two “texts”: Amalie Skram's novel *Professor Hieronimus* on the one hand, and a particular development in psychiatric history in the 1890s on the other. Understanding psychiatric history as a text that can be read and interpreted just like any literary

production has important consequences for art and science alike. Just as science cannot escape the contingency of artistic representation, Amalie Skram cannot claim to have any more privileged view of mental illness than Knud Pontoppidan. Although Skram is admired for advocating for the rights of female patients, it is important to note that, in turning Pontoppidan into the villain of her novel, she has silenced him just as clinicians silenced their patients by turning them into objects for visual observation. She wanted to write the story of her stay in a mental hospital because she assumed she could represent her experience more “truthfully” than Pontoppidan could, but it is important to remember that her story is just as much of an artistic representation as Charcot’s photographs.

Ultimately this thesis aims to enrich and expand our understanding of Amalie Skram’s “asylum novels,” which have too often been read simply as biographical documents outlining Skram’s experiences, or simply as polemical exposés about the abuses inherent in the psychiatric health care system in Copenhagen. By situating them against the background of the psychiatric-historical shift from a visual to a verbal treatment paradigm, and by teasing out the semiotic tensions between word and image in *Professor Hieronimus*, I hope to demonstrate the intimate connections between art and science, and to show what an important role Skram’s novel plays in this interaction.





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