

## Essay Review

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SANDER GILMAN, *Disease and representation. Images of illness from madness to AIDS*, Ithaca, Cornell University Press, 1988, 8vo, pp. xiv, 320, illus., \$37.50 (cloth), \$13.95 (paperback).

Sander Gilman has done a great deal to awaken medical historians to the value of pictorial evidence. His studies of the iconography of madness and Hugh W. Diamond's photography have brought a broad cultural-historical perspective to images previously open only to narrower interpretations. Some of the earlier madness studies are more or less replicated in this new collection, *Disease and representation*, including essays on Charles Dickens and the asylum, the paintings of Richard Dadd and van Gogh, and Charles Darwin's use of the photograph. Another earlier study, the image of the AIDS patient, also reappears. The new material includes an analysis of Leonardo's famous drawing of coition. In each of these studies the presence of Gilman's inventive mind is unavoidable. He darts here and there, covering continents and aeons, rewarding the reader with valuable insights and new sidelights on familiar and unfamiliar material. In the first chapter, also new, Gilman attempts to give coherence to the whole collection by presenting a theory of "representing illness".

The inclusion of this chapter was a mistake. Instead of delivering a coherent approach to the iconography of disease it offers conjecture, unsubstantiated assertion, and psychoanalytical mumbo-jumbo as a substitute for a theory of the social place of images. The footnotes contain only the most meagre references to current innovative work in art history and the sociology of knowledge, yet this is what the chapter is ostensibly about. In it, Gilman declares his hostility to social constructivist approaches to history and also reveals his failure to understand them. " 'Madness' ", he writes, (the book sports a luxuriant growth of quotation marks), "is often the test case for those who claim that there is nothing but the social construction of disease, that these models of mental illness exist independent of any reality. They believe that no such entity as mental illness exists" (p. 9). For a work claiming to be a contribution to cognitive theory this is an unfortunate misunderstanding. Social constructivists argue that they have the best of reasons for asserting that mental illness exists as an entity. Our society holds it to be the case that it exists, and indeed demonstrates its existence in myriad ways every day.

The origin of Gilman's misunderstanding is apparent: he has conflated the radical sociology of knowledge and current anti-psychiatric literature. Modern social constructivism argues, in brief, that all knowledge claims are to be treated as equal by the analyst and, in one version, that all such claims (including claims about nature) are to be regarded as resolvable into problems of social order. Most anti-psychiatric literature, however, has its origins in the everyday theory and practice of psychiatry. From this direction come such figures as Thomas Szasz and R. D. Laing, whom Gilman cites, who specifically compare what they regard as unreal mental illness with real physical illness. For the social constructivist, however, schizophrenia is every bit as real as tuberculosis.

Gilman's mistake leads him into a hopeless attempt to distinguish between "real" and "imaginary", or "invented" diseases (the quotation marks are all his). The ground on which he makes this distinction, however, are never explicitly discussed: he never tells us in what way masturbatory insanity differs from "real" insanity, except that it is not real. He includes, however, an approving reference to "competent medical knowledge", as opposed to the "world of myth which corrupts the language of science" (p. 16). In other words, when he chooses, Gilman invokes scientific authority as a source of trustworthy judgements, although on what grounds he does not say.

In the second chapter, 'Madness and representation', Gilman returns to this problem, noting that after World War II such writers "as Thomas Szasz and R. D. Laing began to see mental illness as an artifact of society" (pp. 18-19). Now this is not analysis or even competent description, rather it is sloppiness. Mental illness must be an artifact of society, even if, as

Gilman appears to argue, it is something else as well. Gilman contrasts this view with what he represents as its opposite, the “illusion that mental illness is simply an artifact of biology” (p. 19). The word “artifact” gives rise to interpretive problems with this sentence but I take it to mean a class of behaviour identified as distinct by biologists. Although, by his own declaration, he ought to accept the latter as “competent medical knowledge”, Gilman argues that “Both views ignore the fact that the *idea* of mental illness structures both the perception of disease and its form” (p. 19). The meaning of this contorted assertion is unclear. It implies the existence of four entities—mental illness, an idea of mental illness, a subsequent perception of mental illness and something else called its “form”. Quite what this thing called mental illness is, which is different from ideas and perceptions of it, is never explained.

Gilman follows this distinction with an illustration of “this mixture of the ‘seeing’ of an illness and its reality” (which was not, in fact, quite the point he had made) (p. 19). In the Middle Ages, he writes,

The illness melancholy was viewed as a result of the imbalance of the humors, black bile, a mythic entity dominated the melancholic. The female is perceived as being especially prone to the exaggeration of emotional states . . . when male characters in the medieval epic were portrayed as melancholic, they were given passive, “female” characteristics (p. 19).

But in none of this or what follows is there any attempt to tell us about a “reality” of melancholia in the Middle Ages distinct from designations and perceptions of it, and the representations of it by those designated as melancholic.

These various ontological confusions and sociological misunderstandings however are more comprehensible than the psychoanalytical gobbledegook with which Gilman underpins them. Images of disease, Gilman argues, are contaminated by “fear of collapse, the sense of dissolution”. Thus “we project this fear onto the world” with the result that “it is not we who totter on the brink of collapse but rather the Other” (p. 1). Now the capitalized “Other” turns out to be Gilman’s most valuable tool in avoiding engagement with alternative scholarship. Generically related to this “Other” is another “Other”, this time called “mother”. He writes, “The basic structure . . . of all stereotyping [is] the inherent and universal fantasy made between the ‘good’ ‘mother’ (whom we can control) and the ‘bad’ ‘mother’ (who lies outside of our potential for control)” (p. 4). These various “Others” and “mothers” all amount to rhetorical variations on that most bankrupt of all explanatory devices, need. Conventional representations of madness point toward “the need of society to identify the mad absolutely” (p. 48). In the Renaissance “A new myth arose out of the need to contain the mentally ill” (p. 22). Occasionally, Gilman offers a promising suggestion about how these needs might be explained in social terms. Thus, on medieval representations of the body, he notes that “anatomists needed to create a boundary between the urine, which was viewed as polluting, and the semen, the source of a new soul” (p. 55). Instead of reverting to his varieties of “Other” to explain this “need”, Gilman argues that this convention “was a boundary between the material and the spiritual” (p. 55), an insight which suggests an analysis of medieval iconography in terms of clerical and lay distinctions in medieval society. Such historical conjectures, however, are rare, by contrast with such explanatory offerings as the “need for coherence” (p. 63) and “our inner fear of our own stability” (p. 86).

Gilman’s lack of any coherent iconographic theory reveals itself in his analysis of particular pictures: many of the detailed studies mirror the muddled thinking of the first two chapters. Visual representations are like printed texts. They were made by particular conventions, they were produced to circulate among certain audiences, they have been employed for various ends often unintended by their makers. Many of these things the historian can know after examining other documents, such as letters and manuscripts. In the absence of a complete range of sources, the historian might be forced to guess, to make a suggestion.

The problem is that Gilman makes up stories about pictures without indicating where the evidence starts and stops. Take, for example, his analysis of the famous Leonardo drawing “depicting human sexuality” (p. 52—actually, human sexual *intercourse*). Leonardo, according to Gilman, wrote on the sheet, “How are the testicles the cause of ardour?” (p. 56); Gilman,

following Kenneth Keele, explains that Leonardo was illustrating Plato's *Timaeus*, but then claims that Leonardo was illustrating Plato's account that it is the semen in the testes which makes the male organs of generation disobedient, "an animal within" (p. 56). This is in fact a conjecture for which there is no warrant in the drawing or associated texts: what Leonardo actually wrote was, "Note what the testicles have to do with the coition and the sperm". Leonardo also appended the note, "By means of these figures the causes of many ulcers and diseases will be demonstrated". This, says Gilman, "points" to the yet-unnamed new disease syphilis and "records the tell-tale signs of the illness, the genital ulcers that are its most prominent feature" (p. 56). Once again there is no evidence for this conjecture, which also ignores the historical problem that for two decades after its appearance syphilis was not perceived as a characteristically genital disease. Nor are we offered any evidence for the argument that with the male figure's "cascade of hair Leonardo is pointing to the image of the syphilitic" (p. 57). Indicating, as Gilman does, Albrecht Dürer's syphilitic with long hair, of at least two years later, hardly constitutes evidence. How does Gilman know that both artists were not following another convention? Many other images of young men (including Christ) show them with long hair.

On the same sheet, there are two views of the penis—longitudinal and transverse—and a hemisected human abdomen with the alimentary canal of an animal. The image of the longitudinal penis, Gilman remarks, "erect and functioning quite independent of any external control, is represented as an autonomous force" (p. 58). But Leonardo illustrates practically every other organ of the body on its own: why is this different? Next, Gilman tells us that the juxtaposition of penis and the human torso with the animal guts means that the male member is "posed for entrance" (p. 59), that the conjunction of bestial anatomy and the penis signifies homosexuality. There are a number of points here. One, this would not be homosexuality but sodomy. Two, at this point in his career Leonardo had only animal digestive tracts available to him as models for the human type. Three, why did Leonardo simply not represent the forbidden act? These were, after all, his private notebooks. Four, why does Gilman give the sexual drawings special treatment? Nearly all Leonardo's anatomical sheets have numerous isolated representations and juxtaposed organs. The problem is that Gilman has decided on a story called "Leonardo . . . understands his own otherness" (p. 62) and batters the evidence to fit. But to criticize him on these grounds is in fact to concede the viability of the project. Is it credible that anyone can know what went on inside the head of a fifteenth-century Florentine?

The paper 'Seeing the AIDS patient' reveals similar problems. It contains a photograph captioned "the AIDS patient being examined by his physicians" (p. 259). In this picture, Gilman tells us, "The physical sense of distance is palpable; the observers are as far away from the patient as they can be without being in another room" (p. 258). That is Gilman's story and he can constrain us to read that story in the picture by bombarding us with information about "the mortally affected and infecting patient suffering a morally repugnant disease" (p. 258). But the meaning is not in the picture; the naive observer could make up a whole range of other stories about what's going on here. Nowhere in Gilman's text is it clear that he understands this. The nearest we get is the opaque,

Although this is a "typical" image of medical treatment, in . . . photographs of physicians at work, the ground provided for the observer of the image is the tension communicated—not by the treatment of the patient—but by the implications associated with the patient's disease (p. 258).

In a work that purports to be a new contribution to cognitive theory, this is just not good enough. If Gilman cannot make the simplest points clearly then he cannot expect his readers to have patience. Come off it Sander, pull the "other" one.

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