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Introduction

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In March 2020, due to the exponential increase in the number of coronavirus cases outside China, the director of World Health Organization (WHO) announced that the outbreak could be characterized as a pandemic. Having now taken the lives of approximately 5.8 million people just two years after that announcement, the COVID-19 pandemic is still causing physical and mental suffering across the globe. If the ongoing pandemic has exposed one thing over the past two years, it is our vulnerability to pain; not only to physical pain but also to psychological pain. It has exposed the fact that all humans, regardless of their sex, race, class, or their social, political, and economic status, are susceptible to conditions like anxiety and depression. As established by recent cross-disciplinary research, since the beginning of the pandemic the number of people suffering from depression and anxiety has been continually on the rise across different continents (Rudenstine et al. 2020; Twenge and Joiner 2020; Özdin and Özdin 2020; Palgi et al. 2020; Alyami et al. 2020; Choi et al. 2020; Dozois 2021). Although the increasing pervasiveness of depression and anxiety is a present-day phenomenon, mental disorders are nothing

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new. They were described and treated in ancient Mesopotamia as early as 3000 BC (Nejat and Rhea 1998). Being oblivious to their causes and roots, Mesopotamians would consider mental disorders as “hands” of specific deities taking control over a person, thus deeming them as metaphysical interventions in one’s mind. While one particular condition was known as “hand of Ishtar,” another one was known as “hand of Shamash” (Black and Green 1992, 102).

In our time, according to the WHO, in most countries one in three people report sufficient criteria that can be linked to at least one mental disorder at some point in their life, a number which signals the ubiquitous presence of such conditions across the globe (2000). Still, what do we actually mean when we use the term “mental disorder”? What are the substrata of calling a mood-swing anxiety or a general air of malaise “depression”? Does a person with anxiety or depression have a dis-ordered mind? If that is the case, what are the underlying criteria, conditions, and, above all, the ethical implications of calling one mind orderly and the other disorderly?

Even though the exact number of defined mental disorders continually goes up, their main categories include, but are not limited to: anxiety disorder, mood disorder, psychotic disorder, personality disorder, eating disorder, sleep disorder, and cognitive disorder. Aspiring to make a cogent account, the latest version of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) explains: “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (APA 2013, 20). Although widely used among psychologists and psychotherapists, in such a definition the concept of “dysfunction” takes precedence over other explanations. Considering a mental disorder to be a dysfunction may raise a bifurcated issue, that is: understanding mental disorders as biological or psychological impairments. First, calling a mental disorder a biological dysfunction suggests that it carries perceptible symptoms discriminated by neuroimaging tests, thus reducing a mental disorder to a physically manifestable condition (Telles-Correia 2018, 3). Second, referring to a mental disorder as a psychological dysfunction affixes values to a so-called “normal” or “functional” mind (4), thus disregarding that the very concept of value is time-dependent and place-bound. For example, once it was a sign of antisocial personality disorder to be homebound for long, but during the COVID-19 pandemic this same

practice came to denote social responsibility and compassionate care. This means that a functional comportment can be seen as a dysfunctional one, or vice versa, contingent upon the cultural codes, societal rules, or political contracts prevalent at a given time or in a given place.

Eschewing from using the term “dysfunction” in defining mental disorders, philosopher George Graham reminds us of the co-existence of “stability” and “instability” in the way our mind operates. In *The Disordered Mind*, a recent, compendious philosophical study of cases, consequences, and treatments of mental disorders, Graham unpretentiously notes: “True, some folks are more temperamentally secure than others. True, some people are much less able to undergo various trials and tribulations than others. But beneath our individual differences, however, is a fusion of both. Each of us is endowed with stable/unstable mind” (2021, 3). In this light, a mental disorder transpires when the unstable mind governs the stable one, when the disorderly self dominates the orderly one, incapacitating the thoughts and actions of a person in unintended and harmful ways, to the extent that the person requires treatment and assistance from others (60). Such a destigmatizing definition does not perceive a mental disorder as a biological or psychological *dysfunction*, as DSM-5 does. Instead, it deems it as the *disruption* of the nexus between the stable and the unstable mind, which if not treated, may result in noxious actions and behaviors. Every person’s mind, Graham writes, “is a mix of the orderly and disorderly, the stable and unstable. When this mix goes awry, mental disorder may be the cause” (11). For this book, too, a mental disorder is not to be seen as a dysfunction, impairment, or abnormality, but *a state in which the sustaining equipoise of stable and unstable mind is unsettled*, which may last from hours to days, or from months to years.

The study of mental disorders, however, is not only limited to psychology and philosophy, but has also been open to a variety of other disciplines, such as visual arts, literature, and pop culture. *Artistry of the Mentally Ill* (1922|1972) by Hans Prinzhorn was one of the first attempts to study the drawings of schizophrenic patients, not only psychologically but also aesthetically, establishing what is now called the field of “psychiatric art.” Covering the Middle Ages through the end of the nineteenth century, Sander L. Gilman explored the depictions of mental disorders in *Seeing the Insane* (1982), showing how manuscripts, sculptures, and lithographs had shaped the societal image of the mentally ill and thus marginalized them into the state of otherness. Mustering evidence from mythology and anthropology, C.R. Badcock’s *Madness and Modernity* (1983) looked

into possible underlying causes of mental ailments through studying the evolution of culture and technological shifts of modernity. In a similarly titled study, *Madness and Modernism* (1992), Louis Sass attempted to redefine schizophrenia by examining the works of writers such as Nietzsche and Kafka. In *Creativity and Disease* (1992), Philip Sandblom explored the influence and effects of mental illness on creativity through surveying the lives and works of 140 artists. Aspiring to rectify the sensationalized, yet marginalized, image of the people with mental issues in video games, comics, graphic novels, and music lyrics, *Mental Illness in Popular Culture* (Parker 2017) questioned the accuracy and influence of various media representations of mental disorders. In *Mental Illness in Young Adult Literature* (2019), Kia Jane Richmond highlighted how mental disorders, such as bipolar disorder, obsessive compulsive disorder (OCD), and anxiety, have been portrayed in twenty-first-century American young adult fictions, aiming to help mental health professionals to more effectively address the needs of students combating mental disorders. Aspiring to think *with*, rather than *about*, psychiatric definitions of mental illness, in *Madness, Art and Society* (2018) Anna Harpin aimed to show how art can provide more inclusive and non-normative conceptions of mental disorders. And, most recently, W.J.T. Mitchell's *Mental Traveler* (2020) has sought to unravel the limits of psychiatry by showing how his gifted son has been fighting schizophrenia while creating a film that could possibly visually express this severe condition.

While artists and critics have sought to expand the boundaries of many art forms to reflect on mental disorders, the medium of photography has largely been used, until very recently, simply to capture the gaze of the person suffering from a specific condition, a regressive practice that goes back to the birth of the “clinical gaze” in psychiatry.

PHOTOGRAPHY AND MENTAL DISORDERS: THEN AND NOW

In *The Birth of the Clinic: An Archeology of Medical Perception*, Michel Foucault coined the term “clinical gaze,” as referring to that which “refrains from all possible intervention, and from all experimental decision” (1963|1973, 108). This clinical gaze not only revealed a return to eighteenth- and nineteenth-century positivism, which insisted on the verifiability and impartiality of science, but it also signaled the introduction of photography to the field of psychiatry, a discipline that hitherto was not considered in terms of its empirical potentials (Fraser 1998). Being

commonly celebrated as an objective medium in the mid-twentieth century (Bazin 1967), the clinical gaze of photography became an apt means for fabricating and documenting the types, taxonomies, and, in turn, the schemas of madness in psychiatry. Photography's claim to universality, which was authorized by the clinical gaze of psychiatry, divulged the limits and shortfalls of schematizing madness. Instead of emphasizing the individual, relative, and transitory nature of mental disorders, the clinical gaze of photography pretended to capture the total range of expressions (Trifonova 2010), thereby diminishing the psychological to the physiological: the invisible to the visible. In doing so, the clinical gaze perceived the human body as an "archive of data" to be examined, "functioning either as the visible register of character and pathology or as a storehouse of unconscious meanings" (Hoffman 2009, 5). Arguably the most infamous instance of exploiting the medical gaze was the photographic representation of hysterical bodies in late nineteenth century at the Pitié-Salpêtrière hospital in Paris, where neurologist Jean-Martin Charcot utilized such a gaze to create a "typology of human beings" (Florsheim 2016, 404). Instead of listening to his patients, doctor Charcot opted for photographic seeing (Marneffe 1991), so as to affix a supposed universal schema of hysteria to alleged hysteric women who were kept in his "image factory" (Didi-Huberman 1983|2003).

Charcot in Paris was not the only one, however, who learned how to manipulate the clinical gaze to produce a taxonomy of mental disorders; such a photographic practice was rampant across Europe. Around the same period, for example, renowned Hungarian psychiatrist Léopold Szondi also used photography to determine the supposed, inherited hysteric traits of his patients (Bergstein 2017); Romanian physician Nicolae G. Chernbach created a photographic atlas of the mentally ill based on the physiognomy of his patients at Marcutza Asylum in Bucharest (Buda 2010); and, at Holloway Sanatorium in London, local psychiatrists put together photographic case-books of the mentally afflicted English middle class on the basis of their physiognomy (Sidlauskas 2013). Whether it was at Salpêtrière, at Marcutza, or at Holloway, photographic documentation of the clinical gaze was prevalent in late nineteenth-century Europe, not only for clinical nosography but also for physiognomic certification of mental disorders. Consequently, the merger between clinical psychiatry and photography during this period resulted in the putative belief that the camera and the photograph were apt tools for communication about mental disorders among psychiatrists. What was evidently missing in this

scenario, however, was the point of view of the patient: the one actually undergoing psychological pain.

In other words, the abovementioned psychiatrists, either by becoming doctor-photographers themselves or by devising the photographic setting, did not only shape a fixed schema of mental disorders, but they also completely eclipsed the agency and the selfhood of their patients in communicating about their conditions. Rather than considering photography a “multicommunicational” tool between doctors and patients, capable of conveying inexplicable feelings and conflicting emotions involved in mental challenges, these doctor-photographers engaged in presenting “the case,” not “the person,” to the medical community (Rawling 2017). Such a quasi-empiricist, preferential, and monolithic take on photography and mental disorders, which looked *at* the patient instead of looking *with* the person, was gradually replaced by numerous collaborative and participatory methods and approaches in the course of the twentieth century.

In recent decades there has been a growing interest in therapeutic uses of photography in which photographs are used no longer as probative representations, but, instead, as points of departure for a dialogue between the researcher and the participants (Erdner 2011). For instance, so-called phototherapy is included in the practice of psychotherapists as an integrated dimension of treatment. In *Phototherapy and Therapeutic Photography in a Digital Age* (2013) and “The Therapeutic Use of Photography” (2020), Del Loewenthal extensively discusses the use of photography by therapists. “Therapeutic photography,” as slightly different from phototherapy, is defined as “self-initiated, photo-based activities,” often without guidance by a therapist (335). In a more collaborative way, “metaphorical analysis” of photographs (Keats 2010) can showcase, for instance, how the metaphor of “facade” functions as a protective interface between the person and the suffering (Sitvast et al. 2010). “Evidence-based photography” is another contemporary method, which involves photographic assignments, such as taking photographs or making photo collages, in order to improve social skills, coping skills, self-esteem, and identity-consolidation in adults and adolescents (DeCoster and Dickerson 2013). Aspiring to reconstruct fragmented communications and broken dialogues in families with members suffering from severe mental disorders, photo-essays have been used to create an intimate space between the photographer and the photographed person (Sile 2018). To better understand the day-to-day experience of a person suffering from mental disorder, the “photo elicitation” method has been proven promising, which allows

individuals to narrate their first-hand stories by taking photos of their moods and temperaments (Palmer and Furler 2018).

Participatory photography (PP), and in particular “photovoice,” has gained significant popularity in recent years (Miller and Happell 2009; Evans et al. 2016; Buchan 2020). Being pivoted on group collaboration, “photovoice is a community-based participatory action research approach where participants take photographs and write accompanying narratives or are interviewed about the content in the images” (Mizcok et al. 2015). Such an inclusive and participatory method allows individuals within a community to become the maker and the narrator of the image, enabling them to describe their condition through image, text, and concomitant discussions about them. A more recent and personalized practice has been termed “digital daily practice,” which involves taking a photo every day to understand the affordances this unassuming photographic chore can offer (Brewster and Cox 2019). By specifically focusing on one condition, photography has also been used in the assessment of hoarding disorder (De la Cruz et al. 2013), psychosis (Maniam et al. 2016), narcissism (Barry 2017), borderline personality disorder (Brand et al. 2021), and dementia (Dooley et al. 2020).

Although photographic uses and approaches have been revitalized among psychologists and psychiatrists over the past two decades, scholars in the field of photography studies hardly paid attention to this development. The only theoretical exception is the recent upsurge of scholarly interest in the conjunction of photography and trauma studies, such as Ulrich Baer’s *Spectral Evidence* (2005), which ties the latency of trauma to the temporality of landscape photography; Margaret Iversen’s *Photography, Trace, and Trauma* (2017), which looks into the operational similarities between the photographic index and the index of traumatic experiences in the psyche; Allen Meek’s *Trauma and Media* (2010), which examines the role of photography in historical transformations of the Freudian theory of trauma; and Donna West Brett’s *Photography and Place* (2016), which studies the belatedness of traumatic experience vis-à-vis the aftermath genre. With the exception of PTSD in trauma studies, scholars of photography did not engage in studies centering on photography in relation to mental disorders, a lack that necessitated the formation of this volume on *Psychosomatic Imagery*.

PSYCHOSOMATIC IMAGERY

Over the past few decades, numerous artists have used photography as a way of representing the content of mental disorders, or as a means of recovering from such conditions (as a kind of therapeutic photography). Among the many examples in the former category, one can think of Devin Mitchell's *Veteran Vision Project* (ca. 2014), in which photography's complicated relationship with the metaphor of the mirror is used to visualize living double lives. An example from the latter category is US Army veteran Shawn Augustson, who, since serving his country in Iraq, has been taking photographs in order to combat PTSD. For him, the bodily act of taking an image is as recuperative as the final photograph, underscoring how photography can intervene between a bodily activity and a mental process.

The term “psychosomatic” refers to the interaction of the mind (psyche) with the body (soma); it refers to their co-dependence and co-existence. Consequently, by the term “psychosomatic imagery” this book refers to *a specific trope of photographic images that deal with the body-mind interaction during the states of mental disorders*. This means that instead of looking at photographs of mental disorders, this project aspires to comprehend the complexities of such conditions by looking into minor and major, temporary and permanent, and latent and manifest photographic representations of moments of disruption between the orderly and the disorderly mind. The theoretical funnel of “psychosomatic imagery,” then, is a means of instigating critical discussions about the invisible and concealed contents of mental disorders through visualizing the disrupted corporeal and distorted mental perceptions of the world. By bringing the seemingly disparate fields of mental disorder and photography together, this volume aims to critically explore the potential of specific photographic images for reflecting on, and communication about, the experience of mental disorders. To achieve this, this book addresses photography as an “intermediary” medium in the communication of psychosomatic experiences in mental disorders through discussing the applications of its inherent qualities, such as latency, opacity-transparency, absence-presence dichotomy, double exposure, blurredness, projection, framing, noise, disruption, and blind field. As such, by drawing on photographic lexicons, practices and approaches in relation to paranoia, PTSD, hysteria, psychosis, bipolar disorder, and *Hikikomori* (i.e., acute social withdrawal), this volume aspires to create a cohesive theoretical and analytical volume that contributes to

the field of photography theory through introducing “psychosomatic imagery” as a specific trope of photographic images.

STRUCTURE OF THE BOOK

Psychosomatic Imagery is composed of four parts and nine chapters. In Part I, called “Secluded Subjects and Sociable Objects,” Ali Shobeiri looks into the global prevalence of the phenomenon of *Hikikomori* through a commemorative photographic project called *Goodbye Without Leaving* (2021). *Hikikomori* describes the phenomenon of acute social withdrawal as well as the person who undergoes such self-imposed seclusion. By drawing on Bachelard’s method of “topo-analysis,” Casey’s notion of “place memory,” and the Nietzschean conception of “eternal return,” Shobeiri argues that *Goodbye Without Leaving* embodies the lived life of *Hikikomori* as an endless expansion of place and a boundless cessation of time (Chap. 2). Subsequently, Stefaan Vervoort examines the photographic project *Objects as Friends* (2011) created by the artists’ duo Jos de Gruyter and Harald Thys. This project deals with a series of still life photographs that depict strange configurations of banal objects in relation to conditions of depression and social dysfunction. Vervoort argues that the artists’ provocative use of depression as a metaphor for a society in decline resonates with the pathology of culture as defined in the past by Oswald Spengler and Hans Sedlmayr (Chap. 3).

In Part II, called “Psychosomatic Disruptions and Distortions,” Laura Bertens looks at the photo-series *After Image* (1997) by Alexa Wright. The artist examines psychosomatic dysphoria caused by the phenomenon of the phantom limb through digital reconstructions of the lingering parts of phantom limbs in photo portraits of amputees. What is visualized, Bertens argues, is not the *visual* body, but its *proprioceptive* truth. While index as *deixis* points to the limb as present reality, diverse uses of trace help us understand the limb as echo and memory (Chap. 4). Next, Samuel Dylan Ewing examines how photographer David Nebreda stages his so-called photographic double in front of the mirror. Ewing discusses an exchange of photographic gazes between the camera and the artist, as well as a psychoanalytic exchange that takes place between the two, which may offer an indispensable perspective on these symptomatic experiences. Nebreda’s project implies that it is only through the psychosomatic dissolution of certain iconographic bodies from the history of Christian art that his own subjective resurrection may occur (Chap. 5). In the following

contribution Karen D. van Minnen discusses the integrated reject and idiorhythmic life-forms, as defined by Roland Barthes, in relation to mental health in contextualized portrait photography. Is photography a liberating force or does it reiterate mechanisms? If the first case-study of a masked soldier's portrait confirms photography's inclination to hide the visibility of the integrated reject, the second one shows how Barbara Ess's pinhole photography acts as liberating force and redefines "dis-ease" through making explicit ghost feelings and distortion (Chap. 6).

In Part III, entitled "Traversing Hysteria and Bipolar Disorder," Paul Grace explores how photography's signaling capacity may be limited by the orders of representation under which photographs are produced, by surveying artistic *re-presentations* of early photographs of ostensible mental illness in order to subvert their clinical truth-claims. Grace discusses how in *Aura Hysterica* (1992), a photographic project by contemporary artist Nicole Jolicoeur, the nineteenth-century photographs of Charcot's patients at the Salpêtrière clinic are reconfigured and recontextualized. This artistic project is discussed in the context of Georges Didi-Huberman's *The Invention of Hysteria* (Chap. 7). Next, Eric Patel focuses on the relationship between bipolar disorder and subjectivities in photography through the concepts of (in)visibility and spatiality/temporality in South Asian community-based image practices. In *Acts of Appearance* (2014), the photographer Gauri Gill co-authors images with Adivasis (Indigenous People of India) by inviting them to make and wear papier-mâché masks, aiming to convey different emotions and experiences. Patel argues that photography, when combined with access to transcultural mental health treatment options, can be an experimental site to move beyond hegemonic and reductive understandings of bipolar disorder (Chap. 8).

In Part IV, called "Images Mediating Between Two Worlds," Helen Westgeest investigates how views of phenomenologists on deviated perception can be related to meaningful disturbances in photographs in order to provide insights into how the selected images act as psychosomatic imagery, while also discussing disrupted visual experiences due to mental disorders. Focusing on Matthieu Zellweger's photobook *Worlds Beyond* (2019) and several pictures by Lauren E. Simonutti (2007–2011), Westgeest addresses three issues in particular: the photograph as compression and presence of multiple perceptual experiences, the photograph as veil between two worlds, and disturbed interaction due to disruptive frames (Chap. 9). Lastly, Ana Peraica focuses on those parts of the world that we cannot choose to see directly: the world behind our backs. This

unknown world is referred to as the world of death in ancient myths. Through time, this world has been mastered through the use of rear-view mirrors and photo-cameras. Peraica focuses on selfies in front of cadavers, defining such selfies as “control images,” capable of mastering fearful mental illusions (Chap. 10).

Despite the polyvocality and diversity of approaches, each chapter of this book focuses on a contemporary photographic case-study that is either implicitly or explicitly explored on the basis of the overarching theme of “psychosomatic imagery.”

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