Promoting and popularising the asylum: photography and asylum image-making at the Grahamstown Lunatic Asylum, 1890-1907

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ABSTRACT

Studying the history of the Grahamstown Lunatic Asylum under the medical superintendency of Dr Thomas Duncan Greenlees (1890-1907), the nature of imaging the institution emerged as a point of interest. This article specifically explores how Greenlees promoted and popularised the asylum in order to gain custom from private patients. I argue that one way in which Greenlees created patronage was through the cultivation of a public image of the asylum as ideally suited to the care of middle class patients, as well as promising restoration and recuperation from insanity. In this manner, the image-making of the asylum provided a vital tool to counter public fears and stigma. Furthermore, Greenlees's image-making acted as a form of public relations with the broader community to initiate public confidence in the establishment.

Keywords: Grahamstown Lunatic Asylum, Thomas Duncan Greenlees, moral therapy, photography, lunatic asylums, Michel Foucault.

Introduction

This article investigates the Grahamstown Lunatic Asylum under the medical superintendency of Dr Thomas Duncan Greenlees (1890-1907).[1] Specifically, it explores how Greenlees promoted and popularised the asylum in order to gain custom from private patients. To elucidate further, Greenlees sought to promote the asylum as a treatment option for insanity, and to popularise it amongst the

middle class. In order to achieve this twofold objective, Greenlees was attentive to constructing a public image of the asylum as instrumental in the recovery of insanity while devoted to the care and comfortable provision for the middle class. This very belief in the curative potential of the asylum is an expression of moral therapy.[2]

An essential component in Greenlees's image making was the use of photographs. The photographs are striking reflections of the extent to which Greenlees meticulously crafted a positive public image of the asylum. Instead of submitting the photographs to the standard Foucaultian reading that seeks to explore connotations of control, repression and discipline, I suggest that moral therapy's production and dissemination of positive images cannot be solely read in such limited terms. Accordingly, I argue for a contextual reading of the positive images that accounts for the central tenets and therapeutic initiatives of moral therapy. In other words, I aim to explore the theory and principles of moral therapy in order to provide a historically informed understanding of the production and encoding of the positive images of the asylum.

Background

Eric Engstrom (2012:486) states that the history of psychiatric institutions is an important and prolific field of psychiatric historiography. In particular, this field has become pronounced in its movement away from carceral and repressive narratives of asylums. This movement has significantly led to nuanced descriptions of asylums as fulfilling multiple roles other than just that of discipline (Engstrom 2012:486, 488). Previously, asylum scholarship was entrenched within a dominant discursive theme of discipline. This entrenchment originated and was principally established in the work of Michel Foucault (1961), who argued that the practice of moral therapy at the asylum was an act of patient self-disciplining. However, recent scholarship has criticised some of the original arguments forwarded by Foucault as being far too simplistic and reductive and have sought to provide a much more complex interpretation of the asylum (Wannell 2005:3). To explore further, although there is no doubt that Foucault provides a valid argument regarding patient self-disciplining in moral therapy, he is erroneous in stating that the asylum is primarily authoritarian and repressive (Berks 2005:410).[3] Rather the asylum is inherently hinged between two poles: care and curative aims versus repression and discipline (Digby 1983:218). Thus, rather than favouring a singular reading of moral therapy, it needs to be regarded as 'fundamentally ambiguous' (Scull 1993:8): the humane and benevolent care offered by moral therapy does offer a marked departure from directly brutal means; yet it also came to be a mechanism for inducing conformity (Scull 1993:8). In sum, studies of the moral therapy practised at asylums should be placed in a tension between the promotion of a humane treatment versus an advancement of self-discipline in the patients (Rutherford 2003:84). It is precisely by adopting such an approach that recent scholarship is able to offer a more nuanced understanding of asylums.

Although colonial asylum history in South Africa (Swartz 2008; Swartz 2009) provides a wide-range of studies that centre on writing accounts of specific institutions, they do not necessarily offer a more nuanced view of the asylum. Instead, these studies can be defined by all sharing one unifying theme, namely, 'the relationship of colonial psychiatry (and psychiatric institutions) to racism and oppression' (Swartz 2008:286).[4] For Swartz (2008:289) this is symptomatic of the reigning discursive formation of asylums as repressive and custodial institutions that guides the researcher to a pre-given set of expectations and results. To elucidate further, the well-established arguments of asylums as inhumane and authoritarian create a hegemonic interpretive framework for colonial asylums that figures race and oppression as the principal coding of archive data (Swartz 2008:289).

One particular expression of this hegemonic framework is research that focuses on the differential treatment and care for black patients in the Cape Colony's asylums. The basis for the differential treatment of black patients was that they were considered by colonial psychiatrists to be more responsive to physical treatment (for example, physical labour offered under the guise of occupational therapy) than to moral therapy. The reason put forward to explain such responsiveness was that blacks were deemed less refined and less civilised than whites (Deacon 1999:104). This belief put into place practices that had racist consequences (Swartz 2009:71). One such practice was the building of separate institutions for blacks and whites. These included Valkenberg (1891) established for whites only and Fort Beaufort Asylum (1894) which was reserved exclusively for black patients. Asylums that cared for white patients received a higher concentration of resources and access to the therapeutics of the well-designed landscape and architecture of the asylum. In contrast to this, Fort Beaufort Asylum was primarily viewed as cheap custodial care of black patients (Deacon 1999:116-118; Swanson 2001:16; Swartz 1996:30-31; Swartz 2009:71).

The abovementioned studies underscore that the colonial situation had a direct influence on the treatment offerings of the asylum to be affected by the race of the patient (Digby 2008:1197; Swanson 1994:25-6; Swanson 2001; Swartz 1995; Swartz 2009:71). Nevertheless, such findings may unwittingly present a degree of over-simplification of the asylum by disregarding archived information that confronts the researcher with narratives that depart from the dominant discursive formation of colonial oppression (Swartz 2008:289). In other words, while the differential treatment of the black insane and the racist practices of colonial asylums and psychiatry have been explored at length, interest in discussions outside of racial discrimination has been but negligible. In the process, asylums in South Africa are cast solely as emblematic of colonial power relations. However, this formation provides a misleading unitary reading of the asylum that does not account for other narratives that are also present in the asylum. This is not a call to discount the black patients' subjugation under colonial authority, but it does appeal for a more nuanced description of the asylum, one that acknowledges it to be an extremely complex site and/or institution embedded in multiple meanings and diverse purposes (Engstrom 2012:488; Swartz 2008:298).

One aspect that has only received passing reference has been Greenlees's care for private patients at the Grahamstown Lunatic Asylum. When such care has been described it has primarily been superficially outlined in order to indicate the extent of the differential treatment received across the races. In contrast to this approach, I seek to place particular focus on the treatment of private patients in order to highlight a number of important trajectories that have been unaccounted for in South African asylum historiography. One such trajectory is a commercial rationale in which Greenlees required private patients to reduce the running costs of the asylum (Deacon, van Heyningen, Swartz & Swanson 2004:243). In order to acquire and obtain private patients, Greenlees had to 'prime the pump' (Porter 1987:165) to create custom or patronage amongst the white, middle class public. It is precisely this point that I am interested in exploring – how Greenlees promoted and publicised the asylum as suitable for private patients. I argue that one way in which Greenlees created patronage was through the cultivation of a public image of the asylum as ideally suited to the care of middle class patients, as well as promising restoration and recuperation from insanity. I endeavour to draw on recent scholarship that pertains to asylum image making (Cross 2010:75; Godbey 2000:36-37; MacKinnon 2003; Topp 2007:241) to act as a necessary scaffolding to explore and examine Greenlees's very own attempts at such image making.[5]

In the discussion that follows it will become apparent that Greenlees's public image of the asylum served to counter the dominant belief that the asylum was a carceral repository while also addressing the stigma attached to insanity and the asylum. In this manner, the image making of the asylum provided a vital tool to counter public fears and stigma. Furthermore, Greenlees's image making acted as a form of public relations with the broader community to initiate public confidence in the establishment. An essential component in Greenlees's image making was the use of photographs. The photographs are striking reflections of the extent to which Greenlees meticulously crafted a positive public image.

The representations of the positive public image are at odds with studies in the visual culture of asylums that are overplayed by stereotypical images of asylums as carceral institutions that resemble prisons. In this regard it is clear that while asylum historiography has moved beyond carceral narratives, the same cannot be said for studies of visual culture. Even when positive images are addressed, they are either overshadowed by the presence of negative images (MacKinnon 2003:124) or submitted to a Foucaultian reading that seeks to reveal or expose markers of docility as connotative of patient self-disciplining. However, moral therapy's production and dissemination of positive images cannot be solely read in such limited terms.[6] Instead, I argue for a contextual reading of the positive images that accounts for the central tenets and therapeutic initiatives of moral therapy. In other words, I aim to explore the theory and principles of moral therapy in order to provide a historically informed understanding of the production and encoding of positive images of the asylum. Such a contextual reading or exploration will outline three interrelated themes. First, the positive images were deployed to represent the curative intent of the asylum. Accordingly, the images

stressed the normalcy, well-ordered and civilised character of the insane patient as indicative of the restorative and recuperative potential of the asylum. Second, and related to the first point, the images revealed not just the curative intent but the humane treatment and care received at the asylum. Prior to moral therapy the traditional imagery of asylum treatment was based on taming madness via discipline, in moral therapy the imagery is transformed to concentrate on humane treatment within a domestic environment. Third, the positive images can be read as one record of the asylum's material culture and commitment to therapeutic initiatives. Moral therapy postulated that the curative agency of the asylum resided in providing aesthetically pleasing and cheerful surroundings in which the patients would be occupied by various recreational and occupational pursuits. Along these lines, asylums were cheerful, pleasant, attractive and comfortable in appearance.

Moral therapy and the domestication of insanity

Moral therapy postulated that residing in an asylum offered a cure to insanity. The cure was neither derived from the surgery performed at the asylum nor from the administration of drugs, but by offering patients a wholesome diet, regular employments, diversified amusements and cheerful asylum interiors (Burdett 1891a:186; Sankey 1856:466-467). Accordingly, the asylum doctor was tasked to occupy the patient with new pursuits or distract and amuse them through external stimuli and aesthetically pleasing experiences (Browne 1864:312; Burdett 1891a:186-187) in order to 'extirpate pernicious and perilous habits of thought or actions' (Browne 1864:314). In this formation, the therapeutic value of cheerful interiors as well as occupation and recreation lay in diverting the mind of the patient from unwarranted melancholic thoughts while replacing and restoring healthy trains of thoughts (Browne 1864:318).

The doctor's role was not only involved in 'prescribing' such activities 'as carefully as any medicine ... to the needs of each individual case' (Care and treatment 1891:569-570), but in stimulating and influencing the patients' thoughts and behaviour through surroundings and daily routines (Conolly 1856:55). This is indicative of a central tenet of moral therapy that postulated that every aspect of asylum life – no matter how great or small – was capable of affecting the mind and thus had the potential to act as an agent or remedy to cure insanity (Browne 1864:314). Consequently, the doctor was admonished to remove all objects that could agitate the patient and it became incumbent of the doctor to surround the patient with objects that act favourably on the mind (Conolly 1856:55). Along these lines, the ward surroundings were believed to have a powerful effect on the patient and much attention was placed on providing cheerfully designed interiors of comparative comfort (Burdett 1891b:47). The full extent of such provision included:

> Doors opening into gardens; flowers blooming round the windows; wide and light galleries; windows commanding agreeable views; sitting-rooms and bed-rooms, where neither bars, nor guards, nor heavy locks and keys are seen or required; convenient furniture; cleanliness everywhere; good bedding; baths and lavatories of the best construction; provision for warmth in winter, and for coolness and shade in summer and every addition that can aid or protect the feeble, and benefit the sick, by day or by night, affording alleviation, and comfort, and rest for all the forms of pain and sorrow … (Conolly 1856:82).

Evident in this quote is a conscious drive to move away from the image of the asylum as a prison encompassed by mechanical restraint, punishment and wretched abandonment of patients. Instead, the focus was on assimilating the asylum to that of a home, of lessening the differences between them so that 'whole surroundings and conditions of life in asylums should be as home-like … as possible' (Care and treatment 1891:570). In principal this meant using design features and elements to make the patient 'almost unmindful of being the inmate of an asylum' (Conolly 1856:145). This resulted in great importance being placed on designing and constructing the asylum to be homelike – the extent to which is evident in medical officers indicating the furnishings, articles and fittings required to make such a resemblance apparent in asylums (Burdett 1891a:121; Burdett 1891b:41; Eastwood 1863:324).

The homelike asylum did not just provide a comfortable surrounding for the patient but also enabled and promoted the patients 'to conduct themselves as much as they can like other members of society' (Eastwood 1863:324). Implicit in this regard is that a homelike space would instil in the patient habits and behaviours that befitted models of 'normal' conduct. Thus an important objective of asylum design was to immerse the patient in an environment that meticulously emulated the home life in order to enable patients to conduct themselves like other members of society (Parry-Jones 1972:184). In this formation, immersing the patients in a homelike asylum acted as a curative technique by facilitating a return to sanity and to 'normal' life (Terbenche 2005:33; Wynter 2011:46). In a Foucaultian reading, such a curative technique is rather regarded as an act of patient self-disciplining. The patients are required to cooperate in becoming docile, to regulate and manage their own disagreeable behaviour to fit into the models of 'normal' conduct which will consequently ensure their successful release from the asylum as 'cured' (Foucault 2009:237).

For Andrew Scull (1983), the homelike asylum is indicative of a new iconography of treating madness which he terms the domestication of insanity. Prior to the nineteenth century the traditional imagery of the treatment of madness was dominated by carceral custodianship in which the inmates lived in dreadful living conditions. Furthermore, the prevailing principle was that madness could be tamed by discipline. However, in sharp contrast to the aforementioned points, in the nineteenth century it was believed that the dangerous and disturbing aspects of madness could be rendered tranquil and tractable 'amidst the comforts of domesticity' (Scull 1983:245). Along these lines, the domestication of insanity meant that the insane received treatment in an environment that was explicitly domestic

(Scull 1983:246). In spite of providing a new iconography of the treatment of madness, the domestication of insanity still relied on the trope of madness as dangerous and stereotypically figured as brutally bestial, dishevelled and dirty. The only divergence of the stereotype occurs following the admittance of the patient to a homelike asylum in which a number of transformations take place that include cleanliness and orderly conduct. This narrative or 'quasi-mythical scene' (Scull 1983:245) is eloquently evident in Conolly (1856:154-155) expressing the following:

> A man of rank comes in, ragged, and dirty, and unshaven, and with the pallor of a dungeon upon him; wild in aspect, and as if crazed beyond recovery. He has passed months in a lonely apartment, looking out on a dead wall; generally fastened in a chair. He has the appearance of a mad beggar; and all decent habitudes seem to have been forgotten. Liberty to walk at all hours of the cheerful day in gardens or fields, and care and attention, metamorphose him into the well dressed and well bred gentleman he used to be: he discontinues various habits and antics, the growth of solitude and vacuity of mind and heart; and the colour of health is equally restored to his complexion and to his thoughts. In time, the tranquil days and nights, the regularity of hours of exercise and meals, good diet, cheerful social intercourse, and hopeful words often heard, together with the administration of baths, and all the medical and therapeutic means practicable as well as obviously necessary in some cases, produce a permanent impression on the whole frame of body and mind.

Thus in the setting of the asylum, the ghastly grotesque image of madness gives way to icons of health, restoration and codes of civility shared with the outside world.

Moral therapy at the Grahamstown Lunatic Asylum

The Cape Colony's dedication to asylum reform and the tenets of moral therapy was reflected in the appointment of Dr William Dodds as the Inspector of Asylums.[7] In this role Dodds made a number of site inspections of the colony's asylums and reported on their implementation of moral therapy. In regard to the Grahamstown Lunatic Asylum, Dodds's inspection reports of 1889 made a number of unfavourable comments on the appearance of the day and visitor rooms as well as the lack of recreational activities. Overall, the asylum was not in a satisfactory condition and improvements in the direction of moral therapy were still desirable (CCP 1/2/1/77).[8] However, an astonishing improvement at the asylum was recorded from 1890 with the appointment of Greenlees as the new medical superintendent.[9] Greenlees's commitment to moral therapy is evidenced in his annual reports that scrupulously provide an account of the activities, recreational offerings and decoration of the asylum. The plethora of amusements listed in his annual reports included amongst others: regular dances, picnics by ox wagons to sites of interest in Grahamstown, magic lantern entertainments, concerts, excursions to the entertainment offerings of Grahamstown, and the establishment of an instrumental band. Outdoor recreations included for men, cricket practice every week, and for women, croquet or lawn tennis (CCP 1/2/1/79).

For Greenlees (CCP 1/2/1/104), the amusements in an asylum formed one of the most crucial factors in the treatment of the mentally ill. The importance that Greenlees placed on amusement and recreation was for him attributed to the numerous beneficial effects it had on the patients. First, they reduced the boredom and monotony of asylum life (Asylum life 1896:341). To mitigate monotony, Greenlees (CCP 1/2/1/92) stated that:

> efforts are made to provide amusement, instruction and recreation to the patients. Hardly a day passes but something or other is 'on' and our resources are often put to the test to introduce new and varied means of amusement, for repetition in these as in many other things has the effect of producing that monotony it is their object to dissipate.

Of significance in combating boredom was the use of excursions to Grahamstown as the new surroundings and people were believed to add variety to the patients' lives (CCP 1/2/1/82). In a similar way, performances at the asylum by the local residents of Grahamstown enabled the patients 'to spend many "happy evenings," where otherwise the time would hang drearily and wearily on their hands' (Asylum life 1896:341). Second, by patients and people from the town visiting one another, it helped to diminish in the patients 'the feeling of separation from the outside world which is so keenly felt by many patients, and to brighten their lives' (Dodds in CCP 1/2/1/84). Third, and as previously mentioned, amusements and recreations serve to divert the patient's thoughts from 'unhealthy brooding and introspection' (Asylum life 1896:341) or from conducting 'mischievous and degraded habits' (CCP 1/2/1/82).

A central focus in Dodds's reports was recommendations to provide clean and decorated rooms as 'making the wards more cheerful and comfortable tells beneficially on the patients' (CCP1/2/1/79). Accordingly, bare and dreary wards were urged to be made cheerful and brighter (CCP 1/2/1/79). Greenlees was significantly involved in the asylum decoration, interior design and decor. Under Greenlees's superintendency, the wards and various rooms were transformed in appearance to be bright, clean, comfortable, well-kept and cheerful (CCP 1/2/1/79; CCP 1/2/1/82). Greenlees's design and decoration endeavours even reached outdoors to the male airing courts which he aimed to make aesthetically pleasing by planting flowerbeds (CCP 1/2/1/79).

Besides all the wards and dormitories being bright, clean and well kept (CCP 1/2/1/82), Greenlees's superintendency also included a number of additions and improvements to cater for private patients. From the commencement of Greenlees's tenure he made considerable effort to encourage the admission of private patients at the early stages of insanity. In this conception, the asylum was envisaged as a hospital for the treatment of acute and recoverable cases of insanity (CCP 1/2/1/79). Accordingly, the wards that were reserved for private patients were furnished in an exceedingly comfortable manner that reflected the aesthetic and tastes of the Victorian middle class (CCP 1/2/1/82). In the rooms for ladies and gentlemen, marble mantel-pieces were erected. Although these mantle-pieces were ornamental they provided 'quite a smart appearance to the wards'

(Greenlees in CCP 1/2/1/84). The appropriate appearance of the private wards was outlined by Greenlees (CCP 1/2/1/84) as an important factor in gaining custom from private patients:

> The Ladies Room has had an ornamental wooden dado, stained to imitate walnut, fitted in; and a border of hand-painted flowers also, which tend to give this room a bright and cheerful appearance, and it is now quite suited for patients of a better class.

The steadfast fervour for catering for the material and aesthetic tastes of the private patients was matched by providing for the amusements and recreational activities of private patients which included being taken to the seaside for a 'change of air and scene' (Asylum life 1896:341).

Following the improvements to the asylum, as well as the provision of suitable accommodation for private patients – wards that were bright, attractive and comfortable and recreational offerings befitting middle class status – the asylum received a considerable increase in private patients (CCP 1/2/1/82). Moreover, the asylum was favoured by private patients from both the local district and broader region that wished to benefit from its 'curative agencies' (Dodds in CCP 1/2/1/82). It is imperative to note that the curative agencies for private patients moved beyond recreation and occupation in pleasant surroundings to include exceptionally comfortable provision – even luxury – for such patients. Without the prerequisite affluent ambiance and adornment, it was believed that private patients would never recuperate and could even be dangerous for the well-being. Such a view is encapsulated by Browne (1837:169) stating that:

> To strip a man suddenly, and for no reason that he can comprehend, of all the luxuries and elegancies to which he has been accustomed, and expose him to the bald simplicity or meagreness observed in establishments for the insane, would overthrow a tottering mind, and totally crush one that has been already weakened. Upon all men the transfer from a palace to a cell in Bedlam, would be a dangerous experiment, and upon such as are bowed down with misery, or rabid with passion, the effect cannot be salutary.

In this manner, the curative agencies of the asylum for private patients became contingent on the necessity for luxurious provision and pampering of the patients. By 1898, the large numbers of private patients were regarded by Greenlees as a sign of the asylum's growing popularity (CCP 1/2/1/108). Greenlees was so confident of such signs that he continued to provide new buildings to provide 'excellent accommodation' for gentlemen 'paying the highest rates of board' (CCP 1/2/1/112).

The improvements made to the asylum catered for the needs, amenities and luxurious accommodation required by private patients.[10] Although the discussions thus far have indicated how the improvements and additions at the asylum reflected its suitability for the care of middle class patients, what has not yet been identified and explored is how Greenlees promoted and popularised the asylum in order to gain custom from private patients. To elucidate further, Greenlees sought to both promote the asylum as a treatment option for insanity, and to popularise it amongst the middle class. In order to achieve this twofold objective, Greenlees was attentive to constructing a

public image of the asylum as instrumental in the recovery of insanity, while devoted to the care and comfortable provision for the middle class.

Public image of the asylum

Greenlees's attention to a public image of the asylum was largely an act of public relations. Accordingly, Greenlees was to a lesser extent interested in marketing and advertising to gain custom but to a large extent focussed on establishing the public's confidence in and acceptance of the asylum. The public image of the asylum was carefully crafted over multiple platforms and events each of which publicised the achievements and advantages of the establishments. These included: printed documents, like the asylum's own periodical *The Fort England Mirror*, which functioned like a brochure designed to inform readers and attract clientele; talks and speeches presented by Greenlees that aimed to de-stigmatise mental illness; and opening the asylum to the public for inspection and entertainments. Such acts of 'institutional display' served to display its achievements to the broader community, but also to counter stereotypes of insanity as brutish and animalistic. In the discussion that follows, it becomes evident that the creation and maintenance of the asylum's public image was a central professional concern for Greenlees (see also Tomes 1994:129).

> ## Publicity photographs

Greenlees produced a large series of photographs of the asylum that were distributed for public consumption (CCP 1/2/1/84). For Brookes (2011:30), such photographs, which were produced for public display, can be defined as publicity photographs. Greenlees's set of photographs specifically promoted the asylum as a place of recovery suitable for accommodating private patients. Figures 1 and 2 displays the lavish interior of the ladies sitting-room. The overall impression created is far removed from any stereotypical images of asylums as carceral. There are no signs of mechanical restraint, the absence of any prison-like resemblances (for example, bars on the window) and no forms of discomfort or punishment. Instead, the rooms are pristinely clean, immersed in opulent ornament while the aesthetic furnishings and interiors reveal refined sentiment. The abundantly adorned mantles and tables filled with vases and pot-plants, and other paraphernalia of all kinds most certainly expressed a Victorian residence appropriately decorated for ladies. Such an ensemble of elements allowed the viewers of the photographs to recognise the asylum interior as typical of the domestic setting of middle to higher socio-economic class (Hickman 2005:55). In this way, the representation of domesticity at the asylum reflected a specific image of 'home' and a particular way of life, namely one that expressed the gentility and refinement of an affluent and wealthy socio-economic class. In view of this, the prominent kinship between home and asylum reflected in the photographs was not only based on underscoring the therapeutics on offer at the asylum

(see the discussion on the domesticity of insanity), but also indicating its ideal suitability for caring for the provision and comforts of private patients. Thus, the humane treatment offered at the asylum moved beyond humanitarianism, health and healing to include resemblance to the homes from which the private patients had been withdrawn, and were accustomed to – luxurious comforts and elegant interiors.

Figure 1: Ladies' sitting-room, Fort England Asylum, Grahamstown showing period furniture, c. 1890s. (Reproduced by permission of the Western Cape Archives and Record Service, reference number: AG 403).

Figure 2: Ladies' sitting-room, Fort England Asylum, Grahamstown showing period furniture, c. 1890s. (Reproduced by permission of the Western Cape Archives and Record Service, reference number: AG 405).

The photographs not only communicated the asylum's benevolence in treating and caring for the material needs of the private patients, but also served as a form of public relations to attract such patients to the establishment (Hickman 2005:55-56; Maryrose 2001:41). To elucidate further, it was common practice within asylums to attract wealthy patients through depicting the lavish interior of the asylum (Guyatt 2004:60; MacKenzie 1992:23; Tomes 1994:145). Accordingly, one can argue that Greenlees was not only concerned with providing aesthetic interiors as an important component in the moral therapy offered to the patients – to place them in cheerful surroundings in order to mitigate melancholic thoughts – but was also concerned about how the character of the interior rooms, captured by photography, could favourably impress viewers. The photographs held the potential to indicate the devotion of the asylum to the care and provision of private patients and this may consequently have led to generating custom for the asylum (Kirkbride 1854:11-12). Thus the asylum's decor takes on a new significance beyond aspects pertaining to patient therapeutics. Attention is now also placed on how the photographs of the aesthetically pleasing interiors of the asylum can secure and reinforce the public's confidence in the asylum. In the light of this, it can be argued that

the interior photographs of the Grahamstown Lunatic Asylum were an integral component of the construction and propagation of the public image of the asylum as being dedicated to providing an appropriate setting for private patients to regain their serenity. Moreover, they also contributed to the uptake of private patients.

> ## *The Fort England Mirror*

At the Grahamstown Lunatic Asylum, Greenlees launched the publication of an asylum magazine called *The Fort England Mirror* (CCP 1/2/1/82). A number of issues appeared each year for several years (CCP 1/2/1/108). The intention of the magazine was to provide a source of amusement and instruction to the asylum patients and the outside world at large (CCP 1/2/1/84; CCP 1/2/1/92; CCP 1/2/1/108). Dodds (CCP 1/2/1/82) regarded its publication as providing 'proof of the effort that is being made to bring this asylum abreast of the best institutions of the kind'. Dodds's esteemed praise can be attributed to the magazine providing the asylum with further therapeutic initiatives. To expound further, Browne (1864:334) contended that asylum periodicals contributed to the rest and amusement of the patients. Furthermore, the inclusion of articles by patients provided an illustration of 'how closely the insane mind may, in its operations, approach the standard of health' of sane individuals (Browne 1864:334). In this sense, asylum periodicals could offset stereotypical conceptions of insanity as a loss of rationality while providing indications that its contributors were *en route* to a full recovery.

The magazine also included descriptions of the activities and events at the asylum. In such articles, the outside world was kept abreast of life in the asylum. These articles provided a communication channel to the broader outside community (Maryrose 2001:2, 9) and kept them informed. Although the outside subscribers to the magazine included the neighbours surrounding the asylum and a number of interested members from society (Asylum life 1896:341), Greenlees also submitted the magazine to the *South African Medical Record*,[11] the *Journal of Mental Science*[12] and Grahamstown's local newspaper, *The Grahamstown Journal.* The wide dissemination of the magazine to several audiences – professional and community readers – as well as its contents and use of images, allows for an argument to outline how it operated in a similar manner to asylum brochures. In other words, in the discussion that follows, I will show how the magazine acted like a brochure to attract and inform readers who might be considering asylum treatment for themselves or for their relatives and friends.

The asylum events recorded on the pages of *The Fort England Mirror* were neither mundane nor reflective of the general activities offered to all patients. Instead, the articles featured exciting and eccentric events – for example, spending a week at a hydropathic resort – and the performances of the asylum's resident Fort England Cricket Team (Reviews and notices 1894). The content of such

articles was clearly not indicative of activities offered to all patients but only to private patients. It is precisely the articles' shared focus on the amenities and activities for private patients that link it explicitly to the content of asylum brochures. A number of studies (Parry-Jones 1972:105; Wynter 2007:211) explicate that asylum advertising and brochures relied on providing an account of activities and marketing the amenities and recreational facilities to gain clientele. Accordingly, the magazine's articles share the typical content of asylum advertising typical of the nineteenth century.

Of interest is that there is no record of any of the articles authored by patients levelling any criticism towards the asylum. Instead, the articles authored by the patients are identical to Greenlees's construction of the public image of the asylum (see also Goffman 1971:96). The favourable view of the asylum as described by the patients does not necessarily show coercion or evidence of editing on the part of the asylum administrators, but rather suggests that, for the private patient, life in the asylum may indeed have been as idyllic as the public image suggests. For the private patients, the asylum was similar to 'homes of luxury' (Greenlees 1903a:18) which allowed the patients the expression of individual taste, a significant degree of liberty and recreational pursuits befitting their class standing. Even though the articles represent the life of only a small fraction of the patients, and may even contribute to fabricating the impression that the public image of the asylum is a reality for all patients (Goffman 1971:99), the written accounts did significantly affirm the public image of the asylum. Accordingly, Greenlees's construction of the public image of the asylum was unequivocally supported by the patients' articles and favourable testimonials.

The argument for *The Fort England Mirror* acting like a brochure is further forwarded by investigating the design of the magazine as well as the images presented in it. *The Grahamstown Journal* regularly reviewed the latest issues of *The Fort England Mirror* which included evaluating the readability, scope and style of its contents as well as its design. All of the evaluations were overwhelmingly favourable and included confirmatory statements such as:

> it is a very handsome little production, printed in inks of various colours, and in type clear and clean, making it worthy, in its neat cover, of a place on the drawing-room table. The contents are diverse in quality and interesting in character (The Fort England 1892).

Of particular interest to note is that the magazine was valued for its design features to the extent that it warranted display on drawing room tables. In this regard, the magazine was not simply deemed a standard Victorian periodical of low quality design and printing, but was esteemed for its format and presentation that allowed for central display in Victorian rooms that were intended for socialising and entertaining guests. By the magazine receiving prominent placement in such rooms, one can infer that a number of conversations with guests were inspired by discussing the activities of the asylum or reading about them. Furthermore, we may also assume that such conversations were centred on the showcased achievements of the asylum, thereby potentially assisting in securing the public's confidence in the asylum.

By 1892, *The Fort England Mirror* was using photographs for illustrations which, according to Greenlees (CCP 1/2/1/84), added to the magazine's 'usefulness by giving the world an idea of the Asylum and its surroundings'. The importance placed on the asylum's surroundings was based on gaining patronage. To explain further, asylums also relied on the depiction of a well-maintained and well-tended appearance of the grounds to attract private patients (Wynter 2007:211; Wynter 2011:43; Ziff 2004:37). Apart from the well-tended gardens and picturesque surroundings that were connotative of the therapeutic possibilities and curative agency of the asylum (du Plessis 2012), it was increasingly important to stress that the asylum premises possessed the character of a gentleman's residence in order to attract and cater for the middle and upper classes (Parry-Jones 1972:105). One way in which the character of a gentleman's residence could be represented at the asylum was by the inclusion of a photograph of the Fort England Cricket Team (Reviews and Notices 1894).

The representation of cricket may be argued to be a purposeful and decisive expression of public image making of the asylum for a number of reasons. First, cricket was regarded as a healthy, disciplined game which encouraged self-respect, self-control and appreciation for orderly behaviour. In other words, participation in the sport of cricket encouraged patients to conform to an act of regulated self-disciplining and the adoption of respectable and restrained behaviour (MacKinnon 2009:145). Second, apart from reducing boredom and inducing conformity, cricket presented a bridge to connect the asylum and society at large (Ellis 2013b:84; MacKinnon 2009:143). Cricket provided one of the foremost means of integrating the asylum into the community. To substantiate further, at the Grahamstown Lunatic Asylum cricket matches were played with outside teams from as far afield as Port Elizabeth (CCP 1/2/1/89), and when the matches were played at the asylum, Greenlees noted that they were very popular events with the local community and resulted in the asylum's grounds looking 'bright and cheerful with visitors, patients and cricketers' (in CCP 1/2/1/82). In this way, cricket matches were believed to mitigate any feelings in the patients of being a 'little cut off from the world' (Dodds in CCP 1/2/1/84). Lastly, cricket matches were seen as an important opportunity to counter and remedy any public prejudice against asylums or the mentally ill. This point is evocatively expressed by Dodds stating that cricket matches 'tend to correct the extravagant ideas that many even educated people still have in relation to asylums and the insane, and to enlist their sympathy on behalf of the sufferers who need all that enlightened medical science can do for them, but on whose behalf too few voices are raised' (Dodds in CCP 1/2/1/84). Thus, cricket matches provided an important means of fostering communication and public relations between the asylum and the outside world, as well as affording an avenue to de-stigmatise insanity (MacKinnon 2009:145; Miron 2004:68).

By outlining this discursive formation of cricket within moral therapy, I consequently want to explore how it can open up a multiplicity of interpretations within one image of a cricket match. Figure 3, titled 'Fort England Asylum Cricket Club versus public school cricket club at City Lords, Grahamstown,

November 1892', presents an idyllic picture of a cricket match captured on a sunny day with a panoramic view of the city of Grahamstown in the background. Evidenced from the title is the fact that we are looking at a match played outside the grounds of the asylum. Accordingly, we could read the image as indicative of the porous relations between the asylum and the community. Moreover, it is strikingly apparent that the players from the two cricket clubs look similar in terms of dress, pose and action. To explore further along these lines, the asylum players are not dressed in an asylum uniform, instead they are dressed like all the players on the field in match attire. This may suggest that patients were not solely marked by an identity of an asylum patient, but adopted the attire befitting sporting occasions. Regarding pose and action, all the players depicted are poised according to their relevant positions played in the match. For this reason we can appreciate that the therapeutic benefit of playing cricket resulted in asylum patients adopting the behaviour suitable for specific events. In sum, the viewer is actually confronted with the indistinctness between patients and non-patients. Consequently, the image may propose that patients cannot be marked as 'mad' in terms of dress (wearing an institutional uniform) or demeanour and behaviour.

Figure 3: Fort England Asylum Cricket Club versus public school cricket club at City Lords, Grahamstown, November 1892. (Reproduced by permission of the Western Cape Archives and Record Service, reference number: AG 419).

This proposition potentially acted to challenge the stigma of mental illness by countering the stereotypes of the animality of madness. The propriety of the patients and the absence of any disturbing appearances may have counteracted the popular perception of insanity, as well as stimulating and shaping the public engagement and debate with the asylum and insanity. This argument is continued further in a later section (see Photography and de-stigmatising mental illness).

More specific to the context of *The Fort England Mirror*, the image is a showcase and testament to the asylum catering for the amusements of private patients. These amusements and recreations were not just based on therapeutic intent, but also helped to maintain the gentlemanly class of the patients even within the walls of the asylum. Thus, the asylum did not strip patients from their relative class and social position on entering the asylum but actively preserved such positions. By preserving the class and social standing of patients, Greenlees demonstrates a scrupulous regard for attracting private patients. Yet Greenlees did not just construct a veneer of fulfilling the needs and wants of the private patients but was undoubtedly concerned with ensuring for their provision. As is evidenced from the asylum's annual reports, Greenlees was committed to the comfort of private patients. This commitment meant that the private patients received luxurious homelike comforts, which were believed to ensure the therapeutic potential of the asylum, while the activities of the asylum allowed for the maintenance and performances of class status (see Sidlauskas 2013:3).

› Asylum visiting

A central thrust in moral therapy was the curability of insanity derived from residing in the asylum. However, the promotion of this tenet was hindered by the stigma attached to the asylum. Greenlees (1903:122) admitted that even subsequent to a patient's successful recovery and discharge from the asylum, the mere fact that the patient was once 'in an Asylum will injure him socially, and perhaps financially, for the rest of his life'. To delineate further, not only were people still frightened of asylums and believed them to be closely aligned with 'gaols' (Greenlees 1903b:122), but former patients themselves found it difficult to re-enter society owing to the stigma attached to mental illness. Greenlees (1910:2) actively sought to 'suggest a remedy' to such acts of public prejudice. One such means was by opening the asylum up to visits from the public (CCP 1/2/1/104; CCP 1/2/1/108). Greenlees enthusiastically encouraged visits from the public and noted the large number of visitors on numerous occasions that were favourably impressed by the asylum (CCP 1/2/1/108). More specifically, Greenlees (CCP 1/2/1/104) confidently posited that such visits helped to mitigate stigma against asylums – a sentiment evident in him stating that 'the more the public know of the internal working of an asylum the sooner will their prejudice against such institutions disappear'.

Greenlees's active encouragement of asylum visiting as an act of public relations is directly at odds with the reigning discursive formation of visiting as a form of voyeurism. However, a number of

studies have challenged the conventional reading of asylum visiting as restricted to acts of voyeurism (Andrews 1991; Miron 2004). These studies have also compellingly outlined the positive aspects of opening the asylum to visitors (Andrews 1991). Fundamentally, asylum visiting prevented the complete isolation of patients from greater society. In addition, it provided the asylum administrators with a means to educate the public on the causes and treatment of insanity (Miron 2004:2-3). In this role, asylum administrators aimed to promote the practice of asylum visiting as an approach to instructing and enlightening the public on asylum treatment in order to counter any forms of stigma attached to the institutions. By providing opportunities for the public to visit asylums:

> they may see something of the inner life that is led; they would then find that though lunatics are "shut up within the walls of an asylum," to use the current expression, yet that those walls contain persons who enjoy a fair amount of the pleasures and comforts of life, and are as happy as many of those who pity them; that they enjoy a considerable measure of liberty, which is being gradually extended, and which is capable of still further judicious extension (Eastwood 1863:326-327).

Recognising this assumption, Greenlees's practice of opening the asylum to public visits was a common practice amongst asylum administrators who strove to de-stigmatise asylums (see Miron 2004). Such practices were hinged around making the asylum as accessible as possible to the public as a means to emphasise the transparency of the asylum regimen to non-restraint, human-itarianism and care (Miron 2004:56; Topp 2007:252). The direct benefits of this stance included securing public confidence in the asylum and gaining an increase in custom (Miron 2004:2).

Although there is no doubt that some of the visitors came to the asylum to gape and gawk at the patients, there were others who certainly came to admire the asylum, while others offered activities and engaged with the patients (Miron 2004:2-3; Showalter 1987:37). The motives of the visitors who sought a freak show or expected a voyeuristic spectacle did not deter asylums from being open to the public owing to the potential such visits had to enlighten at least some individuals:

> Although some may visit the asylum for idle curiosity, to a reasonable extent, visiting is advantageous as it gives the community an opportunity of being disabused of old prejudices and of knowing the kind of therapy offered at the asylum (Kirkbride 1854:68).

Overall, asylum superintendents believed that the public visitations were the best means by which public confidence could be gained (Miron 2004:57). Even when attention was paid to regulating the conduct of unscrupulous visitors to the asylum, which included impressing on them 'that the patients they see are always to be treated as ladies and gentlemen and that levity and rudeness of behaviour is quite as objectionable' (Kirkbride 1854:69), this was not at the expense of encouraging and valuing the role of the well-intended visitor (Andrews 1991:19).

The porosity of the asylum to the outside world and community (see Ellis 2013a:4) cannot just be accounted for in terms of public relations, but also needs to acknowledge its therapeutic intent. Asylum superintendents believed that the well-intentioned visitor may contribute to the well-being of the patient by 'alleviating the affliction, perhaps even of promoting the convalescence' (Hawkins 1877:10) in offering services of various kinds. As already noted, one such service offered by the public included providing amusements and entertainments to the patients (Hawkins 1877:14). The annual reports of the Grahamstown Lunatic Asylum are brimming with the extensive entertainments offered by the community to the patients at the asylum. In addition to offering entertainments, members of the community also visited the asylum on a regular basis as an act of friendly concern for them. Emblematic of this concern was the custom known as 'flower Sunday' when several teachers and scholars from the different Sunday schools in Grahamstown visited the patients and gave each of them a bouquet (Sampson 1982:13). The full resonance of such events in helping the patients is spelt out in this extract penned in the nineteenth century:

> To a patient who rarely or never had been visited, what a novel pleasure it would be to find someone from the outside world taking friendly interest in herself. How greatly would any unaccustomed little gift be appreciated. The prospect of another visit, even after a long interval, would help to relieve the monotony and dullness of asylum life. It is not too much to assert that such sympathy might impart fresh interest to existence, and, in some cases, accelerate recovery, or render less wearisome continuance within hospital walls daring the period of necessary sojourn (Hawkins 1877:11).

From the treatise presented, it is clear that connections between the asylum and surrounding community were sustained through entertainment offerings and humanitarian interest on the part of the public. However, it is important to note that such connections were also forged on the part of the asylum. During Greenlees's tenure he provided a number of events at the asylum that were for both the patients and public community. For example, when the asylum staff offered variety entertainment to the patients, the wider public was also invited. Furthermore, *The Grahamstown Journal* was invited to such events and reported on them in their newspaper columns (Entertainment at ... 1892; Fort England ... 1894). The news coverage of the asylum also included the reporting of additions and alterations to the buildings of the asylum (Red-Letter day 1894), as well as the cricket matches between the asylum's team and outside teams (see Cricket 1892). In this way, the press' reporting of the asylum established it as a community institution that offered events and festivities of local importance. In inviting the press to the asylum's events, Greenlees was not only able to establish the asylum as a prominent institution in the community but also secure a positive public image of the asylum. To explain further, Greenlees provided suitable events to stage the successes and the middle class status of the asylum to the press. Accordingly, Greenlees provided the press with a positive framework on which to report on the asylum which corresponded to his image making of the asylum.[13]

Greenlees invited the scrutiny of the public gaze into the asylum; however, it was not the patients that were intrusively gazed upon as a form of vulgar spectatorship but rather the public image of the asylum. Greenlees provided a polished platform of the asylum, one that mirrored his promulgated public image of the asylum. However, what is significant is that the practices noted take place in the context of 'institutional display' (Goffman 1971) in which the public are provided with a carefully orchestrated image of the establishment. Visitors were most likely only shown the patients who were cooperative, well-behaved and in acute and recent states of insanity, in wards that are reserved for the private patients and hence luxuriously furnished, immaculately neat and pristinely clean (Goffman 1971:96). Thus the public may not necessarily receive an inclusive view of the asylum but only a 'dressed-up view' (Goffman 1971:95) which pertained to the care and treatment of private patients.

> ## Photography and de-stigmatising mental illness

Whereas in the preceding sections I have argued that photography provided a useful tool in the de-stigmatisation of the asylum, in the section that follows, I claim that they are also a decisive tool in countering the stigma of mentally ill persons. The claim is supported by outlining how the stigma of mentally ill persons was in part based on the dominant stereotype of madness as bestial and violent; in opposition to this, Greenlees represented the mentally ill as 'normal', civilised and indistinct from sane individuals.

In representing the mentally ill as 'normal' and for the purposes of displaying the curative intent of the asylum, Greenlees deviated from the dominant use of photography for psychiatry during the nineteenth century. For psychiatry, photography was a diagnostic tool deployed by the clinical gaze to recognise the appearance of madness (Berkenkotter 2008:56). Hugh Welch Diamond (1809-1886) inaugurated such a view by postulating that photography accurately captured the external signs which, according to the theories of physiognomy and phrenology, connoted mental illness. In order to underscore the medical nature of photography, Diamond's photographs share an iconography of a plain background taken in a studio with the sitter facing the camera (Tagg 1993:80).[14] Diamond's work had a great influence on Jean-Martin Charcot (1825-1893), who photographed female patients with hysteria at the Salpêtrière (Buda 2010:280). Charcot's photographs represent isolated figures against a stark background in various 'poses and postures of delirium' (Didi-Huberman 2003:xi). In this way the images consist of the hysteric, dramatically set against a dark backdrop which showcased the body in two distinct modes: in the throes of contorted extremities, extraordinary expressions, epileptic seizures and spasms; or frozen prostrate figures that appear seemingly lifeless (Baer 2002:43).[15] Although the nineteenth century saw the recording of physiognomy (Diamond) and the symptomology of hysteria (Charcot) as the rationale of photography, Greenlees departed from

such 'clinical' uses of photography to instead capture the ethos of moral therapy (explicating on the curative agency of the asylum and its therapeutics) and to counter the general public perception of 'madness as something beyond the common' (Greenlees 1892:25). Accordingly, the iconography of Greenlees's photographs diverge from the visual conventions demanded by the clinical gaze and instead is informed by Victorian photographic conventions for documenting the home and the pursuits of middle class individuals. By adopting such an iconography, Greenlees was not only able to counter the clinical visualisation of madness, but also popular conceptions of mental illness.

The reigning popular stereotype of mental illness in the nineteenth century was an individual with: wild, unkempt hair; tattered clothing; red-veined, staring eyes; an angry attitude; wearing poor clothing; nakedness; and an animalistic, wild or beastly posture and poise (Andrews 2007:6; Buda 2010:279; Gilman 1996; MacKinnon 2003:124). Mercier (1890:xv) vividly outlines such a dominant conception of the mentally ill held by the public:

> He is usually raving, shouting at the top of his voice, and smashing the furniture. When not in this state, he is controlling himself, and in the plenitude of his cunning—for he is no lunatic if not cunning—he is lulling the surrounding people into a sense of false security, until he can get a convenient opportunity of cutting their throats. Instead of a hat he wears straws in his hair, speaks of himself in the third person, and talks in ingenious and complicated parables.

Such exaggerated and sensational conceptions were peddled by literary, visual and performing artists (Buda 2010:279; Cross 2010:131; Gilman 1996). In direct contrast to the image of madness as propagated in the arts and literature, the asylum doctors and superintendents aimed to correct such brutal and grotesque conceptions of insanity. The task of correcting and eliminating erroneous notions of the mentally ill held by the public consisted of continually underscoring and bringing to light how 'wonderfully little difference that there is between [the insane] and other people' (Mercier 1890:xvi). In other words, the insane are "'fed with the same food, hurt with the same weapons, subject to the same diseases, healed by the same means, warmed and cooled by the same summer and winter," as a sane person' (Mercier 1890:xvi). Thus, the asylum superintendents and administrators suggested a new way of perceiving the mentally ill; no longer in a binary opposite to the sane, but now identical to sane individuals in emotions, diet, and frailty to disease and injury.

The move towards emphasising the semblance between sane and insane was also informed by a notable change in the types of insanity presented at the asylum (Scull 1983:247). Asylum professionals recorded that the cases of insanity under treatment at the asylums were significantly of a 'milder type' (Browne 1864:310). To explicate further, Greenlees (1907:2) stated that the insanity presented at the asylum was no longer marked by cases of furious raging madness but placid types who were merely regarded as an exaggeration of the conduct and thoughts found in sane individuals:[16]

> Indeed, the more one studies insanity, the less does it seem to differ from sanity. In the latter condition, we have all the various emotions and passions as are to be found among the insane, only in different degrees, and this is due simply to the want of, or variation in, the controlling power (Greenlees 1899:16).

In this formation, the asylum is no longer conceived as a place for the dangerously disturbed to be 'rendered tranquil and tractable' (Scull 1983:237), but as a place for those suffering from mild forms of insanity that is 'in no way dangerous and criminal' to find 'shelter and retreat' (Greenlees 1897:13). Thus, the narrative of the mentally ill individual entering the asylum is no longer figured in terms of the domestication of insanity – wild, bestial madmen who are transformed into well-ordered individuals following interment in the asylum – but as 'normalised' individuals in terms of dress, conduct and appearance who turn to the asylum for recovery from stress, anxiety and other forms of mental illness in their early stages. The asylum is now primarily regarded as a safe retreat for patients to find rest and relief in order to regain their mental health (Bogdan & Marshall 1997:24; Terbenche 2005:47).

The reconfiguration of the asylum as place for the treatment for stress and anxiety was communicated not just in Greenlees's academic texts (1897; 1899; 1910), but is explicitly apparent in the photographs of the Grahamstown Lunatic Asylum. In figures 4 and 5, the photographs depict rooms that are comfortable, clean and attractive in appearance. Apart from the appearance of the rooms, the patients are occupied with board game activities and billiards that contribute to the viewer being almost unmindful that the individuals pictured are inmates of an asylum (Conolly 1856:144-145). Moreover, the dress and respectable appearance of the patients is a key detail that strikes the viewer to question conventional beliefs of insanity. Instead of markers of insanity evident in the patients (indicated by nakedness and/or dishevelment), the patients appear respectable and gentlemanly (Andrews 2007). Thus, the photographs offer an alternative to the stereotypical images of madness by communicating the kinship between sane and insane.

As previously argued, the appearance of normalcy in these photographs may indicate the successful re-socialisation of patients to societal norms of the outside world (MacKinnon 2006:12; Wynter 2011:41-46) and thus refer to the curative role of the asylum. Additionally, the dress of the patients could also propagate the asylum's provision and suitability for the care of private patients – its maintenance of the social class standing of patients in terms of dress, recreation and interiors (Parry-Jones 1972:102–12; Wynter 2011:43). In addition to such multiple readings, I wish to further the argument forwarded in figure 3, namely, that in the photographs mental illness is purged of classical markers of difference and dishevelment, violence and brutality. The representations of the mentally ill in the photographs do not visibly demonstrate 'madness', but rather the preservation of propriety and orderly behaviour. In this way, mental illness is no longer associated with a loss of civility and resulting public disgrace. Rather, the personal reputation and dignity of the patients remained intact via an asylum regimen that authorised numerous enactments of status, self-respect and self-esteem – from dress, decorum, activities and *milieu*.

Figure 4: Passage in the Fort England Asylum, Grahamstown showing period furniture, c. 1890s (Reproduced by permission of the Western Cape Archives and Record Service, reference number: AG 421).
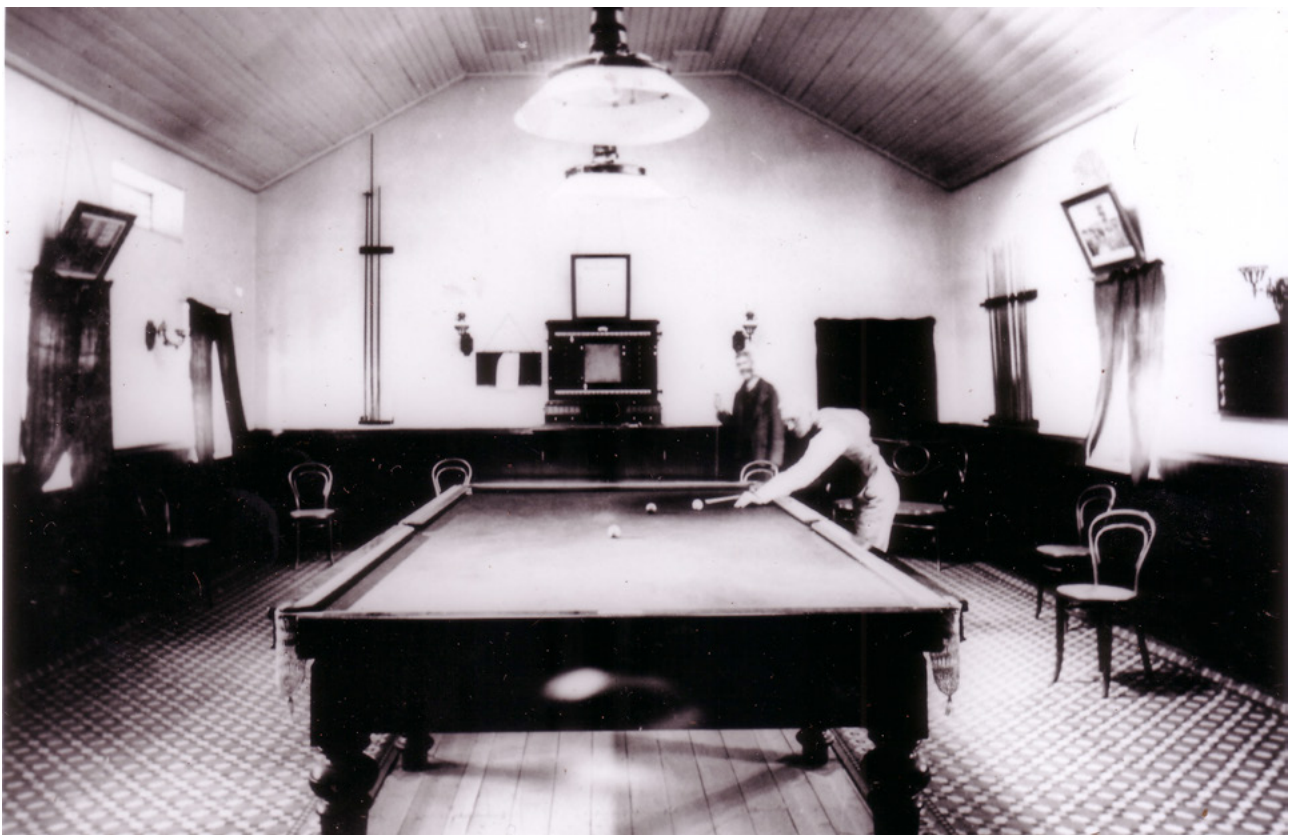

Figure 5: The billiard room, Fort England Asylum, Grahamstown, c. 1890s (Reproduced by permission of the Western Cape Archives and Record Service, reference number: AG 397).

What makes figure 4 extraordinary is the way in which the photograph is carefully constructed and arranged in terms of formalist elements to draw attention to a number of core features that illustrate what life is 'supposed' to be like for patients in the ward. The foreground of the image is flooded by bright sunlight and even appears to warmly embrace and comfort the patient on the right hand side. In this way, the expansive light that bathes the room helps to counter any feelings of despair that is commonly associated with the institution (Gilman 1996:131). Furthermore, any associations of the asylum as gloomy, dark, damp and prison-like are offset by the 'free transmission of air and light' (Familiar views of lunacy 1850:105). What appears to be a floorboard of lighter colouring leads the viewer to a solitary man seated at a table. The man has his hands in his pockets and stretches his legs out under the table. The pose is significant as it indicates rest and relaxation. Such an indication would have been clearly apparent to a Victorian audience as this sort of posing was a standard trope in photographs of gentlemen in leisurely environs. Thus, the pose of the seated male provides intertextual references to leisure in order to underscore the asylum's ethos of rest and recuperation within a tranquil setting.

The somewhat extended discussion of the positive images is an attempt to recuperate the images from the standard Foucaultian reading that indicates patient self-disciplining. However, such a discussion is limited to the images of private patients produced for public consumption. To delineate further, it was only private patients in a privileged class position that were able to project a 'normative' self (Sidlauskas 2013). The majority of the asylum's patients did not receive the freedom to preserve their self-identity as they were issued with uniforms and were precluded from activities and rooms reserved for private patients. Without the necessary *mise-en-scène* that characterises the imaging of the private patients, the images from the rest of the asylum population will be open to multiple interpretations outside of Greenlees's construction of the asylum's image. Furthermore, the discussion pertains only to the images produced for public consumption. Greenlees distinctly selected only the photographs of patients that looked respectable in terms of dress and demeanour for public consumption. In the photographs not intended for public display, like the casebook photographs, there are a significant number of images of distressed, dishevelled and belligerent patients. Such images hold the potential to problematise the public image of the asylum (see du Plessis 2014).

Conclusion

A reverberating emphasis has been placed on how the photographs made for public consumption can be regarded as indicative of the normality of asylum life, its connections with the community and its restorative potential. Overall, such photographs provided 'a positive promotional image of the [asylum] in the popular press' (MacKinnon 2003:124). Nonetheless, an equivalent level of importance has also been placed on how such photographs provide only an 'incomplete picture' (Guyatt 2004:52) of asylum life in that they represent only the activities, provisions and accommodations for the ideal private patients and have little to do with the majority of patients (Goffman 1971:98).

Moreover, even for the private patients, the images represent only 'a single event on a single day in one of many years' (MacKinnon 2003:142) within the asylum. Therefore, the photographs display only a snapshot of asylum life and one that represents only 'the good times and the successes of asylum life' (MacKinnon 2003:142). These findings are important in order to acknowledge that the publicity photographs, as well as Greenlees's construction of a public image of the asylum, are only reflective of the private patient profile of the asylum, and even so, only present an idealised image of them. However, this does not serve to dismiss the potential of the photographs to counteract the popular perception of insanity and to de-stigmatise mental illness in general. Indeed, Greenlees's image-making of the asylum directly led to an increase in the number of private patients. Additional developments that may be linked to Greenlees's public image of the asylum include the establishment of his own private practice (Deacon *et al* 2004:243) and the opening of Douglas House in 1904 to cater for the needs of private white female patients (Swanson 2001:17).

ACKNOWLEDGEMENTS

NOTES

1. This institution was established in 1875 in Grahamstown, a small frontier town populated by British colonial settlers in what is now the Eastern Cape Province of South Africa. For an in-depth discussion of the history of the Grahamstown Lunatic Asylum, see Swanson (1994; 2001). Thomas Duncan Greenlees (1858-1929), was born in 1858 in Kilmarnock, Scotland. He studied medicine at Edinburgh, graduating with a MB, CM in 1882 and a MD in 1901. Prior to his appointment as the Medical Superintendent at the Grahamstown Lunatic Asylum from 1890-1907, he had significant experience working in asylums in Britain which included being the assistant medical officer at the City of London Asylum at Stone, the Medical Officer at both the Carlisle Asylum and Dartford Asylum. In addition to his post at the Grahamstown Lunatic Asylum, he was appointed as the Surgeon Superintendent of the Grahamstown Chronic Sick Hospital and the Visiting Medical Officer to the Institute for the Care & Education of Weak-minded Children. After his tenure in Grahamstown, Greenlees returned to the United Kingdom to become resident physician and superintendent of the Fenstanton Asylum at Streatham Hill. Greenlees was noted for his services to the British Medical Association (BMA) from 1893 to 1927. In South Africa, Greenlees was a member of the Grahamstown and Eastern Province Branch of the BMA for several years. His membership at the Branch included a number of notable appointments including serving twice as its president. In 1908, Greenlees was elected as representative of the Cape of Good Hope, Eastern, Western, and border branches for the Central Council of the

BMA. At the Annual Meeting of the BMA in 1910 he was vice-president of the Section of Psychological Medicine and Neurology. Greenlees was the author of numerous publications that were critically acclaimed by his peers and the BMA. He was a fellow of the Royal Society of Edinburgh (Burrows 1958:343).

2. Moral therapy was first pioneered at the end of the eighteenth century at the Retreat in Yorkshire, England. The therapy offered can be briefly described as a mild regimen focused on the placement of patients in a carefully designed environment with the minimal use of physical restraint (Hickman 2005:48). Although moral therapy was pioneered at the Retreat, the term itself, and the first disciplined study of moral therapy, is attributed to the Frenchman Philippe Pinel (Sachs 1999:239; Sutton 1986:36-37). In particular, Pinel built upon the contribution of the Retreat to coherently communicate the central tenets of moral therapy as a concern with the abolition of all forms of physical punishment and restraint and to offer patients a regular routine of activities conducted in a restful setting (Sachs 1999:239). Although there exists a number of similarities and influences between the moral therapy conceptualised and conducted at the Retreat and by Pinel, there are also substantial distinctions which have not been adequately acknowledged by researchers. To remedy this situation, Charland (2007; 2010) has eruditely examined the respective nature of moral therapy practiced by Pinel and the Retreat.

Pinel's views of mental illness and moral therapy have been explored in terms of their Lockean influence (Charland 2010: Gerard 1997:40), as well as in their contributions to psychiatric care and treatment (Charland 2010; Gerard 1997:381). For Greenlees (1903:15), Pinel is viewed as positively saintly by halting the cruelty and restraint of patients. Greenlees (1903:15) extols Pinel for striking the 'death-knell of cruelty to the insane for all time, and, in giving them more liberty, better diet, recreations, and useful employments, he established the treatment that has existed ever since his time, and will form the foundation of all future methods of treatment'. Although Greenlees holds Pinel's contributions in deep admiration, Greenlees theorisation of insanity and its treatment and cure are more closely informed by late nineteenth century theorists including William W Ireland (1832-1909), Henry Maudsley (1835-1918) and Charles Arthur Mercier (1851-1919).

3. In later works (see Foucault 2006), Foucault critiques a number of the central tenets raised in the *History of madness* (1961). Particularly, Foucault exhibits dissatisfaction with the nature of power in his analysis of the asylum. Rather than conceiving power as an exercise of unilateral violence and force, Foucault seeks to analyse the relational character of power – as multiple networks and relays of struggles, tactics and strategies that arise in any relations (Davidson 2006:xv). In this formation, 'power is never something that someone possesses, any more than it is something that emanates from someone. Power does not belong to anyone or even to a group; there is only power because there is dispersion, relays, networks, reciprocal supports, differences of potential, discrepancies, etc. It is in this system of differences, which have to be analysed, that power can start to function' (Foucault 2006:4). Accordingly, Foucault (2006:12) argues that the understanding and analysis of asylum power should not focus on the doctor or medical superintendent but rather explore the relays and support networks around them – the nurses, attendants and supervisors – and the patients' reaction, resistance or interventions to such a system of power. In sum, Foucault (2006:12, 15-16) acknowledges that the *History of madness* (1961) is 'entirely open to criticism, especially in the chapter on asylum power' as it fails to account for the relational character of power that he now identifies within psychiatric practice.

4.   Notable exceptions in this regard are studies by Jones (2004; 2012) and Parle (2007). Julie Parle's *States of mind* (2007) provides a study of mental illness and its treatment in Natal and Zululand, from 1868-1918. Parle maintains a plurality of focus and challenges hegemonic narratives based on the issues of gender, race, class and colonialism (Swartz 2009:73). A significantly nuanced study of mental health services in South Africa, which falls outside the scope of colonial asylum history, has been undertaken by Jones (2004; 2012). Jones argues that in the period of 1939-1989 the role of mental health services was not simply a repressive state apparatus linked to the apartheid government's oppression of the black population. Her argument does not refute that human rights abuses did occur at mental health institutions but does counter the belief that psychiatrists are a homogenous group that directly serve the interests of the state. Through her examination she reveals the complexities that define the relationship between practitioners, patients, and government officials which in turn creates a heterogeneous view of mental health services that cannot be restricted to any overarching or unitary reading (Jones 2004:1-3).

5.   Although a number of studies have hinted at the construction of an elitist image at Valkenberg and the Grahamstown Lunatic Asylum (Deacon 2003:25; Swartz 1995), there has been no full length study of image making at either of the aforementioned asylums. Accordingly, this essay is informed by international studies of image making while exploring the specific context of the Cape Colony and the particular peculiarities of the Grahamstown Lunatic Asylum.

6.   This is not to discount such readings but a criticism of overplaying Foucaultian readings at the expense of exploring other interpretations (see Godbey 2000). Accordingly, the essay still includes Foucaultian insights but also aims to investigate other more nuanced interpretations.

7.   William John Dodds (1854-1939), MB, CM (1876), MD (1879) a Scottish trained doctor arrived in Cape Town in November 1889 and was appointed Inspector of Asylums in 1889 and Medical Super-intendent of Valkenberg in 1891 (Burrows 1958:345; Swartz 1996:35). Dodds held the Inspector of Asylums post from 1889 to 1913. In this role, he advocated for the humane care of patients in an asylum regimen that included work and recreation in pleasant surroundings. Dodds promoted his beliefs through his regular site inspection of the asylums under his jurisdiction (Swartz 1995).

8.   The annual reports for the Grahamstown Lunatic Asylum are referenced according to their catalogue entries from the Western Cape Archives and Record Service.

9.   Greenlees succeeded Dr Hullah who died suddenly on 18 February 1890 (CCP 1/2/1/79).

10. It is important to note that the features and elements employed by Greenlees for the provision and care of private patients is not unique but is shared with a number of private asylums in the United Kingdom, for example the Holloway Sanatorium and Ticehurst Asylum. Holloway was opened on 15 June 1885 in Egham to care for middle class patients. The interior of the sanatorium was opulently decorated and furnished and included a recreation hall, theatre and billiard room. Outdoor facilities for entertainment included tennis courts, a cricket pitch and Turkish baths. The entertainment offerings and luxurious interior comforts were believed to ease the middle class patients' transition to the institution and to aid in their recovery. For further discussion of the Holloway Sanatorium, see Shepherd (2004; 2007) and Sidlauskas (2013).

11.   The journal is now known as the *South African Medical Journal.*

12.   The journal is now known as *The British Journal of Psychiatry*.

13.   The scandals and suicides perpetrated by patients at the asylum were predominantly framed by *The Grahamstown Journal* as resulting from a patient lapsing into a deranged or depressed state. The image of the asylum and Greenlees's professional status is never brought into disrepute or questioned.

14.   Although the photographs are framed as objective evidence of the appearance of madness, the sitters were deliberately posed and were allocated with props. Furthermore, literary and aesthetic models of femininity influenced the way Diamond posed his female subjects (Cross 2010:69; Gilman 1976:8; Gilman 1996:233; Showalter 1987:87). For Tagg (1993:80) such findings underscore that Diamond's photographs constitute 'the point where discourses of psychiatry, physiognomy, photographic science and aesthetics coincided and overlapped'.

15.   Several studies have underscored how the iconography of hysteria is derived from the visual and performing arts (Baer 2002:35; Cross 2010:62; du Preez 2004:55). Moreover, it is also acknowledged that the hysterics performed, enacted and/ or staged their symptoms (Didi-Huberman 2003; du Preez 2004:49).

16.   Although Greenlees states that patients had relatively mild forms of insanity, it proves difficult to validate and/or further explore such claims. One primary reason for this difficulty is that Greenlees's (1905) statistics for the Grahamstown Lunatic Asylum are not disaggregated to account for the form or intensity of the mental illness (acute, sub-acute or chronic). To elucidate further, in his statistical analysis of the cases presented at the asylum from 1890-1904, Greenlees (1905:219) accounts for 969 white patients of whom 48.7% suffered from mania and 21.6% from melancholia. What is missing is any tabulation or comment that stipulates the exact nature of the mental illness as either mild or critically severe.

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