

Richard Dadd's *Passions* and the Treatment of Insanity

Karen Stock

Writing in 1798, the playwright Joanna Baillie notes in the 'Introductory Discourse' to her *Series of Plays: In Which it is Attempted to Delineate the Stronger Passions of the Mind* that all people are compelled to peer into another's soul in order to discern hidden passions. She queries that, if invisible, would we not follow an interesting stranger 'to his lonely haunts, into his closet, into the midnight silence of his chamber?'.¹ Baillie examines the progress of strong passions in her series, dedicating a comic and a tragic play to each passion such as love, hatred, fear, jealousy, and pride. Similarly, the Victorian artist Richard Dadd created his own theatrical vignettes with thirty-two watercolours that cover the spectrum of extreme emotional states. The full title of each work, *Sketch to Illustrate the Passions*, references a scene from a play rather than being a study for a later painting. Even when 'they take the form of contemporary genre scenes' the scenes are staged in theatrical terms.² He created this series from 1853 to 1857 while incarcerated in Bethlem Hospital, infamously known as Bedlam, where he was imprisoned after murdering his father.

Dadd's series will be analysed in this article, not only in the context of his particular mental affliction, but also within the contemporary psychiatric practice of moral therapy and the psychiatric use of images for diagnosis. Dadd's work in general, and the *Passions* series in particular, is caught in a liminal space between the history of art and the history of psychiatry. Joanna Baillie's theory of sympathetic curiosity provides a way to bridge these disciplines. In the 'Introductory Discourse' to her *Plays on the Passions*, Baillie discusses humans' innate voyeurism, which she terms 'sympathetic curiosity'. She argues that the desire to look is not purely for selfish enjoyment, but rather to learn about humanity and the passions that drive us all. She states, 'There is, perhaps, no employment which the human mind will with so much avidity pursue, as the discovery of concealed passion, as tracing the varieties and progress of a perturbed soul' (Baillie, p. 73).

¹ Joanna Baillie, *Plays on the Passions*, ed. by Peter Duthie (Peterborough, ON: Broadview Press, 2001), p. 73. In the text, Baillie's *Series of Plays* will be referred to by its common shortened title, *Plays on the Passions*.

² Patricia Allderidge, *The Late Richard Dadd* (London: Tate Gallery Publications, 1974), pp. 87–88.

Bringing together philosophy, psychiatry, and theatricality, Baillie's ideal audience could be described as part aesthete, part alienist, and part voyeur with a dose of compassion. This combination of interests can also be useful in viewing Dadd's *Passions*.

I will first provide an overview of the *Passions* and then consider the theories behind and practice of moral therapy. These first two sections provide a contextual foundation for further exploration of the intersection of images, madness, and theatricality. The third section investigates the use of images of the insane in psychiatric discourse. The psychiatric faith in images as a diagnostic tool is contrasted with Dadd's own sceptical approach to image-making. The fourth section examines Dadd's use of Shakespearean motifs in the *Passions* series as both a reflection and perversion of the way psychiatrists relied on Shakespearean characters to elucidate symptoms of mental illness. I conclude by revisiting Baillie's theory of sympathetic curiosity and how it relates to the clinical gaze, moral therapy, and the *Passions*.

Any new interpretation of Dadd's works needs to remove them from the interpretive impasse that label his pieces as only illustrations of insanity. In some ways this aspect of Dadd's biography has obscured careful viewing of his pieces. However, some biographical knowledge is essential. Dadd was trained at the Royal Academy in London, where he was a well-liked and respected member of a group of promising young artists. In July 1842 Dadd was hired to accompany his new patron, Sir Thomas Phillips, on an extensive journey across Europe, the Middle East, and Africa. During this trip, Dadd began to behave erratically. After several months he left Phillips suddenly and returned to London where his dramatic change in personality and odd behaviour was noticed by friends and family. Though his father consulted a physician, he did not heed the recommendation that Dadd be institutionalized immediately. On 28 August 1843 Dadd convinced his father to take a trip to the country where he stabbed him to death. He fled to France, where he made a failed attempt to murder a stranger, was arrested, and confessed to the earlier crime. Dadd later explained to William Wood, the apothecary of Bethlem, that he was truly the son of Osiris and fulfilling the orders of the Egyptian god.³ Thus, the man who was claiming to be his father was in fact an impostor and had to be destroyed. He was admitted to Bethlem Hospital in 1844 and never recanted these beliefs during his forty-two years of confinement.

While living in Bethlem, Dadd returned to painting and acquired a kind of ersatz patron: Dr Charles Hood, Bethlem's first resident physician-superintendent. The young Dr Hood, appointed in 1852, was a firm believer in the non-restraint movement of psychiatric practice. Hood came

³ Nicholas Tromans, *Richard Dadd: The Artist and the Asylum* (New York: DAP, 2011), p. 76.

to Bethlem at a time when reform was already being enacted in order to increase physician accountability and reduce the use of physical restraints in the treatment of patients.⁴ Hood improved the physical environment of the asylum and expanded occupational therapy for the patients. Dadd's project was not adopted independently but 'was more likely due to Hood's interest' in Dadd's mental condition.⁵ Hood notes that despite Dadd's delusions and erratic outbursts,

he can be a very sensible and agreeable companion, and show in conversation, a mind once well educated and thoroughly informed in all the particulars of his profession in which he still shines and would it is thought have pre-eminently excelled had circumstances not opposed. (Tromans, p. 111)

Hood believed Dadd's professional skills remained relatively intact, which lends credence to the supposition that Hood suggested the painting of the passions as part of Dadd's treatment. Directed activity that would provide occupation, encourage self-discipline, and engage the imagination was part of the moral therapy Hood advocated.

Beginning in the late eighteenth century, moral insanity was understood as a partial insanity. James Prichard, in his *Treatise on Insanity* (1835), describes this condition:

Moral principles are strangely perverted and depraved; the power of self-government is lost or greatly impaired; and the individual is found to be incapable, not of talking or reasoning upon any subject proposed to him [...] but of conducting himself with decency and propriety in the business of life.⁶

This kind of selective insanity is how Hood describes Dadd, and the *Passions* could be seen as a combination of psychiatric prescription and artistic commission. Hood hung Dadd's work within his home and, at the time of Hood's death in 1870, owned thirty-three of his pieces (Tromans, p. 113). Dadd's artistic ability provided a unique opportunity for a highly trained artist and mental patient to reflect on the nature of the passions, which had been a topic of debate since antiquity. Within discussions of Dadd's

⁴ Jonathan Andrews and others, *The History of Bethlem* (London: Routledge, 1997), p. 484.

⁵ Eleanor Clare Fraser Stansbie, 'Richard Dadd: Art and the Nineteenth-Century Asylum' (unpublished doctoral thesis, Birkbeck, University of London, 2006), p. 177.

⁶ 'Forms of Insanity', in *Embodied Selves: An Anthology of Psychological Texts, 1830–1890*, ed. by Jenny Bourne Taylor and Sally Shuttleworth (Oxford: Clarendon Press, 1998), pp. 251–56 (p. 252).

work, the *Passions* series has been treated in a more cursory manner.⁷ That the series is composed of thirty-two works makes analysis difficult. The next section provides an overview of the themes and formal elements of the series in general.

The *Passions* series

All people experience passions, but when they are unregulated by reason and willpower then the passions become pathologized. The parade of characters contained in the *Passions* presents a predominantly negative view of humanity that reflects the psychiatric focus on passions taken to a dangerous extreme. Dadd had been in Bethlem since 1844, and Hood may have provided an audience that Dadd was lacking. Although Dadd was physically isolated from society, he had a remarkable visual memory as well as access to his sketchbooks and current periodicals and books. Irony, humour, tragedy, and delusion intertwine in the *Passions* as the artist reflects on the emotions that motivate all men whether sane or insane. Roy Porter asserts that the literary and creative output of the mad have been treated with condescension or ignored; however, he cautions that ‘it would be foolish to fly to the other extreme and try to turn the mad en bloc into folk heroes, into radicals and rebels’.⁸ Porter suggests a contextual approach. In this way,

what the mad say is illuminating because it presents a world through the looking glass, or indeed holds up the mirror to the logic of sane society. It focuses and puts to the test the nature and limits of the rationality, humanity and ‘understanding’ of the normal. (p. 3)

Dadd’s works are particularly effective at showing the ‘world through the looking glass’ and draw inspiration from Shakespeare, the Bible, the theatre, and physiognomy.

⁷The lack of exhaustive focus on the *Passions* series is due in large part to the nature of the monographs which provide a broad overview of Dadd’s life and work. Patricia Allderidge’s 1974 catalogue on Dadd enumerates each of the surviving *Passions* images in individual entries but does not discuss them holistically. Nicholas Tromans’s 2011 monograph briefly discusses the *Passions* in relation to psychiatry but only discusses a handful of individual works from the series. David Greysmith, in *Richard Dadd: The Rock and Castle of Seclusion* (London: Studio Vista, 1973), mentions a significant number of individual illustrations from the series. However, he focuses somewhat arbitrarily on a few images without connecting them to a larger analysis.

⁸Roy Porter, *A Social History of Madness: The World Through the Eyes of the Insane* (New York: Weidenfeld & Nicolson, 1988), p. 2.

There is a wide range of quality and comprehensibility throughout the series. The earliest works from 1853 draw predominantly from Shakespeare such as *Love*, *Jealousy*, and *Hatred*, which will be addressed in more detail later in this article. Other works are fairly straightforward genre scenes such as *Brutality* (1854), which shows a man with his arm raised threateningly to his wife as she cringes and drops the Holy Bible. Other scenes are constructed from imagination and set within a fanciful historical setting. For example, *Recklessness* (1855) depicts a band of brigands drinking by the side of the road (*Fig. 1*), and *Gaming* (1853) shows a group of card players who would be at home in a Dutch genre scene. Some passions like poverty, senility, insignificance, and disappointment hardly seem to qualify as passions. However, in the eighteenth and nineteenth centuries, passions were a broad category and things as diverse as reading novels, religious excitement, masturbation, and exposure to hot climates were considered possible causes for insanity (Tromans, p. 116).

The most often reproduced image from the series is *Agony — Raving Madness* (1854) (*Fig. 2*). It is likely that its relative popularity stems from the confirmation of a stereotype. *Agony* was one of seven works featured in the 23 August 1913 edition of the *Illustrated London News* on the occasion of an exhibition at Bethlem on the art of the insane. *Agony*, however, does not depict Dadd's own experience but rather evokes a social nightmare. The figure is similar to Sir Charles Bell's illustration of madness (*Fig. 3*) in *The Anatomy and Philosophy of Expression* (1806) and shows Dadd's familiarity with physiognomic studies. Bell's madman appears entirely feral with decidedly animalistic features. This is consistent with an earlier view of lunacy that regarded the madman as completely devoid of human sensibilities. Dadd's figure shows the lunatic in a rough stone cell with a straw pallet for a bed. However, in Dadd's work, a sense of human pathos in the large staring eyes complicates and softens this cliché of madness. The suggestion of trapped humanity, caught within the prison of his own delusions as much as in the stone cell, is consistent with the emergent view of insanity, which recognized parts of the individual that still possessed reason and humanity.

Of the thirty-two sketches, *Grief or Sorrow* (1854) is among the most expressive with its understated grisaille that captures the mood of mourning (*Fig. 4*). The statue of a woman is placed at an unidentified tomb. She cradles an urn in her hand as her sightless eyes gaze upwards. Above her, a skeleton mimics the tilt of her head and voluminous robes. This ghostly grim reaper lacks the solidity of the stone tomb. The viewer is encouraged to step into the role of mourner and contemplate the ethereal scene as one would an actual gravesite. *Grief* reveals the subtlety and poignancy of which Dadd was capable, while *Agony* shows mimicry and caricature. Whether consciously or unconsciously, Dadd's works reflect common trends in both Victorian art and psychiatry. He was a well-educated man who continued



Fig. 1: Richard Dadd, *Sketch to Illustrate the Passions: Recklessness*, 1855, watercolour on paper. © Trustees of the British Museum.

to show an interest in the world of art and ideas after his incarceration. The series reflects a subtle self-awareness of his position in a psychiatric institution but also has elements of the idiosyncratic logic of the insane which is comprehensible only to Dadd himself.

The *Passions* series is a unique instance where art and medicine meet. The sketches ‘mimic a sort of treatise on the pathology of emotions’ and

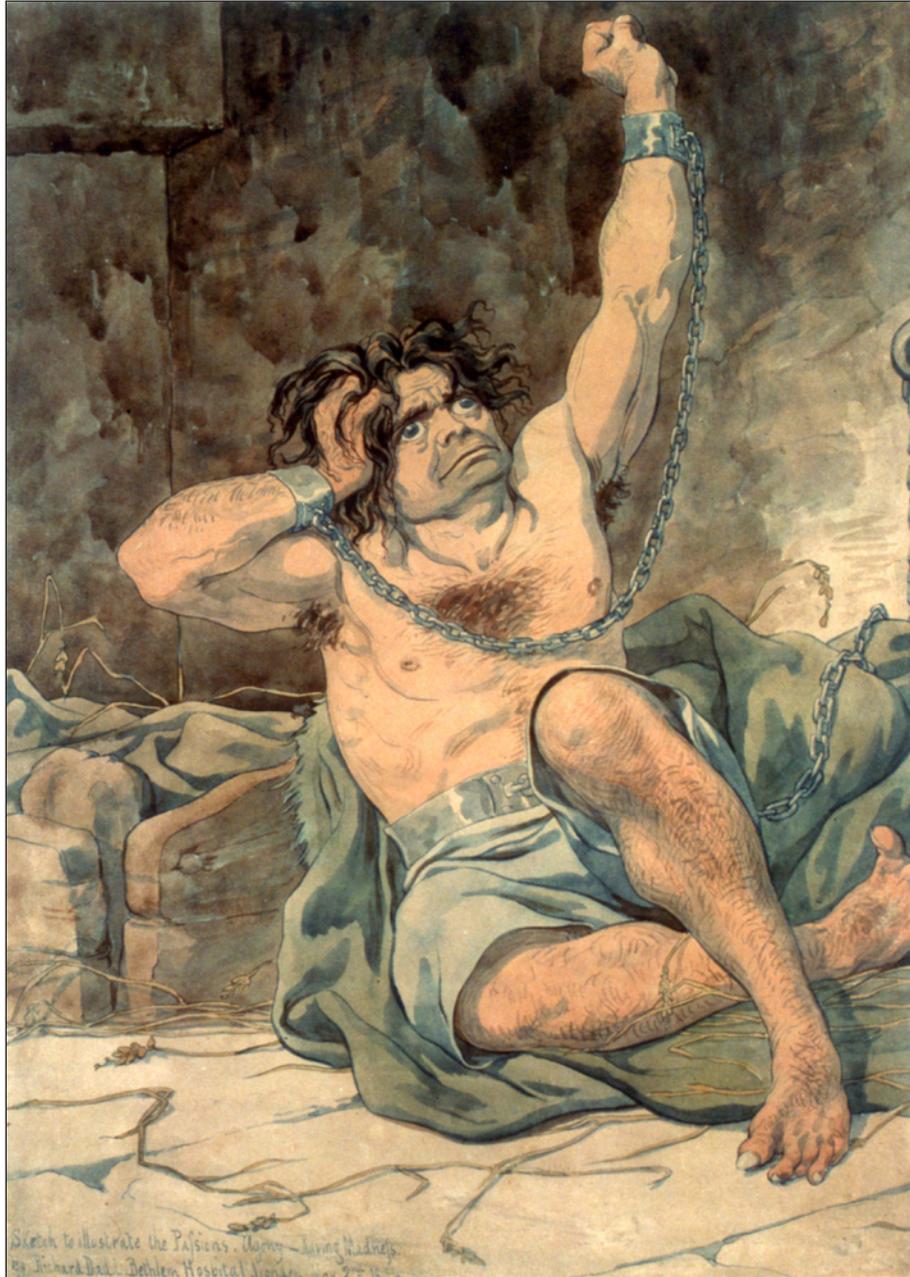


Fig. 2: Richard Dadd, *Sketch to Illustrate the Passions: Agony — Raving Madness*, 1854, watercolour on paper, Bethlem Royal Hospital Museum, Beckenham, Kent/ Bridgeman Images.



Fig. 3: Sir Charles Bell, *Essays on the Anatomy of Expression in Painting* (London: Longman, 1806), p. 153. Courtesy of the Wellcome Trustees.

often duplicate the look of etchings in books (Tromans, p. 114). Yet many of the sketches defy interpretation and are a parody of the categorization of insanity. Dadd's neatly printed script within each work identifies the passion but does not necessarily assist the viewer in understanding the action of the scene. For example, *Anger* (1854) shows two men standing next to a blazing forge with the man on the left holding a broken shaft. The flames in



Fig. 4: Richard Dadd, *Sketch to Illustrate the Passions: Grief or Sorrow*, 1854, watercolour on paper, Bethlem Royal Hospital Museum, Beckenham, Kent.

the foreground may symbolize the flaring of emotion but the relationship between the men is wholly obscure.

It is quite possible that the interpretative opacity of Dadd's images was deliberate. Dadd acts as an imperfect mirror of the society he left behind and the psychiatric culture that surrounded him. Lillian Feder notes:

The madman, like other people, does not exist alone. He both reflects and influences those involved with him. He embodies and symbolically transforms the values and aspirations of his family, his tribe, his society, even if he renounces them [...] in his inner flight.⁹

Dadd had no desire to conform to society's expectations, as evidenced by the Bethlem case notes from 1854, which state that 'he is very eccentric and glories that he is not influenced by motives that other men pride themselves in possessing' (Tromans, p. 102). Nevertheless, this attitude did not prevent him from being aware of the world beyond his delusions.

This awareness is reflected in *Patriotism* (1857), which is a deliberate parody of official language and codification (*Fig. 5*). This work was created two years after most of the *Passions* were completed and is a coda to the series. The majority of the image is filled with a map and is based loosely on the military manoeuvres Dadd witnessed in his home town of Chatham. The location names on the map expose the satirical intention of the piece: 'Drudge's Sneer Rivulet', 'The Bad Girl's Bluff', 'The Heights of Delusion', 'Bay of Victimsall', and a 'Lunatic Asylum called Lostwithal'. The tone of the long and minutely written text that fills the bottom left corner is joking and absurd. For example: 'This Fort was abandoned to the enemy, it being everyone's business to defend it, one deferred to the other, until at last no one would do it.'¹⁰ The tone of *Patriotism* is similar to the humour of Henry Haydon, who was the good-natured steward of Bethlem. Haydon was an amateur artist and it is likely that he kept Dadd apprised of current artistic trends in the form of exhibition catalogues and art periodicals (Stansbie, p. 186). Haydon contributed drawings to *Punch*, and was fond of creating humorous cartoons.¹¹ He likely showed these humorous sketches to Dadd. For example, Haydon makes fun of the bureaucracy of the asylum, writing 'state also who was who, what what, and which which, & why this was and when' (Tromans, p. 119).

Dadd's work lacks Haydon's brevity, and his text rambles on at length from one battle to another. There is evidence that the text is deliberately

⁹ Lillian Feder, *Madness in Literature* (Princeton: Princeton University Press, 1980), p. 5.

¹⁰ The full text is available in Greysmith, pp. 134–36.

¹¹ John M. MacGregor, *The Discovery of Art of the Insane* (Princeton: Princeton University Press, 1989), p. 127.



Fig. 5: Richard Dadd, *Sketch to Illustrate the Passions: Patriotism*, 1857, watercolour on paper. © Victoria and Albert Museum, London.

incoherent. One passage in particular reveals the game he plays with the viewer: ‘The scale in the Corner will enable you to overcome any difficulties of size or distance in the map, being constructed so that it is impossible to understand it and therefore you may say what you please about it.’ This is an appropriately contradictory statement that can be applied not only to the dense writing of *Patriotism* but also to the *Passions* series in general. The scale or key of a map is meant to allow the viewer to translate from the page to reality, from the two-dimensional topographic view to the physical space. However, Dadd’s ‘scale for abolishing the difficulties of proportion’ is deliberately incomprehensible. The viewer is led on a wild goose chase. Like the scale on the map, the titles and text of the *Passions* tease the viewer with meaning, and act only as partial aids in interpretation.

This denial of a definitive meaning is consistent with the subject of the passions themselves. Although they had been the subject of medical and philosophical debate for hundreds of years, there was not even agreement on the number and nature of the passions. Each practitioner and philosopher had a slightly different interpretation of them; however, by the time of Dadd’s incarceration, the importance of the passions to psychiatry would be undeniable.

The passions and moral therapy

The passions were at the core of the psychiatric revolution that took place in the late eighteenth century. The previous two centuries had produced numerous works on the subject that came from various fields of inquiry, which included ‘religious treatises and works of moral philosophy, philosophical writings on the nature of man, and medical discussions of the passions and their role in pathogenesis and treatment’.¹² The long-held assumption was that using passions to balance one another was more effective than somatic treatment alone. One treatise from 1768 states that the ‘passions of the mind are not easily cured by medicines, but by contrary passions; anger and hope remove fear; joy removes sorrow, and sorrow removes joy’.¹³ The role of the physician was to ‘oppose, and conquer the most obstinate resolutions, inspiring the patient with a passion, stronger than that which controls his reason’ (Jackson, p. 217).

An understanding of the passions was a cornerstone of moral therapy, which began to replace the restraint method in psychiatric institutions. James Cowles Pritchard stated in 1854 that the ‘excessive intensity of

¹² Stanley W. Jackson, *Care of the Psyche: A History of Psychological Healing* (New Haven: Yale University Press, 1999), p. 215.

¹³ Francis de Valangin, *Treatise on Diet; or, The Management of Human Life; By Physicians called the Six Non-Naturals* (London: the author, 1768), p. 320.

any passion is disorder in the moral sense'.¹⁴ There was a growing belief in the moral causes of mental imbalance that 'moved away from eighteenth-century doctrines of physical causes of insanity (clogging or weakening of fibres, imbalance of bodily fluids)'.¹⁵ Instead, the moral sources of illness were targeted such as lust, vice, and other unruly passions. Moral therapy was made famous in France by the alienist Philippe Pinel. This generation of doctors sought to systematize the regulation of the passions although Pinel left no specific guidelines in the actual practice of moral therapy. Generally, moral therapy was based on the assumption that the insane still retained remnants of intellect and reason. Doctors increasingly looked for moral lesions and emotional dysfunction rather than physical causes for insanity. Physicians sought to treat these abstract states with a sense of kindness and to achieve balance rather than subjugation.

At Bethlem, Dr Hood was a practitioner of moral therapy and a proponent of the non-restraint movement. Hood saw his treatment of Dadd and encouragement in making art as a way to resuscitate his dead moral nature. This concept of a moral death was a standard explanation for lunacy. The doctor that treated Dadd in France immediately after his flight from England describes Dadd's parricide as being the 'consequence of reason perverted by the most manifest type of raving imagination, depriving Dadd of all moral freedom'.¹⁶ His morality, in essence, was utterly subjugated by his raging passions. Furthermore, an article in the *Art Union* of May 1854, ten years after his incarceration, perpetuates the concept of a moral death coexisting with a creative life:

The calamitous termination of the moral existence of Richard Dadd, was too impressive to be forgotten. Since the awful calamity that has consigned him for the remainder of his earthly existence to the abode of lunatics, he has not, in the absence of reason, forgotten that he was a painter. (MacGregor, p. 120)

The creation of art was one way to reawaken this moral aspect of his character. Dadd apparently had 'little capacity for taking an interest in the people around him, unable as they were to see the world as he saw it' (Tromans, p. 102). If Hood suggested the topic of the passions to Dadd, this would have been a way to foster some semblance of sympathy for others. The term *art therapy* was not used until the twentieth century. However, a component of moral therapy was directed stimulation of the imagination and

¹⁴ Jenny Bourne Taylor, *In the Secret Theatre of Home: Wilkie Collins, Sensation Narrative, and Nineteenth-Century Psychology* (London: Routledge, 1988), p. 48.

¹⁵ Susan Hogan, *Healing Arts: The History of Art Therapy* (London: Kingsley, 1988), p. 37.

¹⁶ Hélène Klemenz, 'Richard Dadd and his Demons in France', *Burlington Magazine*, 152 (2010), 227–29 (p. 227).

providing useful occupation for patients. Though unrestrained imagination was rarely endorsed, ‘the arts were seen both as curative in their own right and as useful for preparing the patient to receive moral treatment’ (Hogan, p. 33). Imagination was considered a largely non-verbal mental operation that could bridge the divide between the moral and the physical aspects of the patient.¹⁷

Image-making was not only a pastime for patients; the psychiatric community was investigating how to use images to create a scientific record of madness as a diagnostic and teaching tool. Physicians had a prevailing faith in photographs and in their own ability to read a patient’s symptoms using medical semiotics. The psychiatrists’ claims of scientific objectivity cannot be taken at face value. The manipulation of images by doctors and Dadd’s own scepticism regarding the transparent meaning of images is discussed in the next section.

Images of the insane

Influential psychiatrists, such as Philippe Pinel, Jean-Étienne Dominique Esquirol, and Alexander Morison, published books in the early nineteenth century with illustrations of mental diseases based on the assumption that the signs of insanity could be captured and reproduced.¹⁸ Before and after images were often presented to delineate the distinguishing features of sick and healthy mental states. Though the images were meant to be transparent signs of disease, they rely entirely on the identifying text and explanatory essays. For example, two images in Alexander Morison’s *Outlines of Lectures on the Nature, Causes, and Treatment of Insanity* (1848) show a woman suffering from dementia and the same woman restored to reason (*Figs. 6, 7*). There is little change in her appearance. The almost arbitrary linkage between illness and expression or facial type is revealed by an error made in Esquirol’s book: the case histories of two patients were switched but the mistake was not noticed in Esquirol’s lifetime.¹⁹

There is a combination of hubris and naivety in the way these doctors promoted their ability to see with greater clarity and record with greater veracity than ever before. Physicians essentially claimed to have unearthed

¹⁷ Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), p. 53.

¹⁸ Peter Melville Logan, ‘Imitations of Insanity and Victorian Medical Aesthetics’, *Romanticism and Victorianism on the Net (RaVoN)*, 49 (2008) <<http://doi.org/10.7202/017855ar>> (para. 4 of 49).

¹⁹ Janet Browne, ‘Darwin and the Face of Madness’, in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. by W. F. Bynum, Roy Porter, and Michael Shepherd, 3 vols (London: Tavistock Publications, 1985–88), 1: *People and Ideas* (1985), pp. 151–65 (p. 155).



Fig. 6: Alexander Morison, Martha S. aged 20, admitted to Bethlehem Hospital, under 'an attack of acute Dementia', *Outlines of Lectures on the Nature, Causes, and Treatment of Insanity* (London: Longman, 1848), plate 12. Courtesy of the Wellcome Trustees.

a nugget of objective scientific truth. However, those who advocated the use of images in diagnosis and categorization of madness 'relied more on various forms of artistic reproduction than on patients themselves' so that the artists' interpretation became the foundation of their studies (Browne, p. 155). Photography was part of this confidence but the new technology



Fig. 7: Alexander Morison, Martha S. aged 20, after treatment for 'acute Dementia', *Outlines of Lectures on the Nature, Causes, and Treatment of Insanity* (London: Longman, 1848), plate 13. Courtesy of the Wellcome Trustees.

did not change the fundamental ideology of objectification and subjugation that the process entailed. Sander Gilman argues that psychiatric images of the insane helped to 'control a double anxiety. First, they bound the general anxiety about madness and instability that we all share, and second, they reduce the parallel anxiety about the multiple meanings of

the images themselves to a controlled, single interpretation.²⁰ The images make concrete and quantifiable that which is frighteningly mercurial and invisible. According to this practice, the complexity of the individual could be read in the wrinkle of a brow or the shape of a mouth; while their history could be summarized in their clothing and body posture. There is a disturbing slippage between individuals exhibiting symptoms of disease and individuals becoming personifications of disease. The patients in these images remain anonymous; their names are replaced with a diagnosis so that their particular history and individuality is lost. The image becomes an ‘unambivalent representation of an abstract disease model’ (Logan, para. 16).

Along these lines, Hood commissioned a professional portraitist to photograph patients in Bethlem. In fact, the sole existing photograph of Dadd at work on a painting was taken at Bethlem hospital as part of the project instituted by Hood. Dadd interacted, to a limited degree, with artists who came to Bethlem to sketch patients. Alexander Morison, a visiting doctor at Bethlem, hired Charles Gow as one such artist to make drawings of mental patients for physiognomic studies. According to the *Art Union* of May 1845, Gow was walking through the ward when he was accosted by Dadd, who asked him, ‘What brings you here; have you killed anybody?’ (Allderidge, p. 34). He then proceeded to critique Gow’s portfolio and then show him his own work which, according to Morison, Gow found ‘extraordinary’ (Tromans, p. 87). William Frith, an artist and friend of Dadd, recounted another incident related to Gow’s trip to Bethlem, though he does not name Dadd explicitly. In this account, Gow is once again noticed by an individual (presumably Dadd) who looks at his drawings and asserts:

Those fellows look mad, every one of them. You [...] know how to choose your models. If I could be allowed here the models I want I should astonish you [...] but (grabbing the head of a fellow inmate) what could any artist make of such an ugly fellow as this?²¹

This rather rough joke at the expense of his fellow inmates shows that Dadd was aware of Gow’s purpose in coming to Bethlem and there was an element of disdain for this project.

Photographs from Bethlem, as well as other hospitals, were turned into lithographs and used by Dr John Conolly in a series of essays published

²⁰ Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: Johns Hopkins University Press, 1995), p. 33.

²¹ William Powell Frith, *My Autobiography and Reminiscences* (New York: Harper, 1888), p. 68.

in the *Medical Times and Gazette*.²² What did the doctors see in these images to justify belief in their efficacy? One could say that they saw exactly what they expected to see. The doctors searched for signs that would support their hypotheses and sought to develop a clinical gaze that would transform all mental destabilizations into clearly understood visual idioms. In the nineteenth century there seemed little that the gaze of the physician could not accomplish. Michel Foucault speaks of the ambitious goals of early psychiatrists and quotes one nineteenth-century physician:

There emerges on the horizon of clinical experience the possibility of an exhaustive, clear, and complete reading: for a doctor whose skills would be carried 'to the highest degree of perfection all symptoms would become signs', and all pathological manifestations would speak a clear, ordered language.²³

Neither the gaze of the physician nor the lens of the camera can regulate and make transparent the mutable manifestations of mental illness. Dadd, in some ways, had a more reasonable and less ambitious perspective on the function of images. He wrote:

Pictures are like monks, secluded from and very little noticed by the world, so that after all what matters about its quality except to the few, the initiated? The great masses if they do notice will still wonder 'What is the good of such things?' (Tromans, p. 89)

Although it is impossible to know Dadd's motivations, the *Passions* show a sense of humour and, on one level, make a mockery of the scientific objectivity that physicians were claiming. The series exists on the threshold between psychiatry and art. In the *Passions*, medical and pictorial semiotics intertwine. Medical semiotics is a Presocratic clinical tradition used by nineteenth-century physicians to read the signs of illness. One physician, speaking in 1826, explains that 'semiotics is a dictionary providing the grammar we need to interpret the language of nature'.²⁴ Medical semiotics combines a theory of signs and a practical methodology in the treatment of disease. The psychiatrist had a particularly difficult task because he was treating abstract mental states. In 1837 one doctor stated:

²² 'The Physiognomy of Insanity' (1858–59) is a series of essays on photographic portraits of asylum patients published in *Medical Times and Gazette*. See also note 31.

²³ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by A. M. Sheridan Smith (New York: Vintage, 1994), pp. 94–95.

²⁴ Volker Hess, 'Medical Semiotics in the 18th century: A Theory of Practice?', *Theoretical Medicine and Bioethics*, 19 (1998), 203–13 (p. 204); C. W. Hufeland, 'Ueber Werth und die Bedeutung der Semiotik', in *Journal der practischen Heilkunde*, 62.4 (1826), 3–9 (p. 4).

Other illnesses [...] reveal themselves to us by constant signs, as invariable as their causes [...]. Only madness, a kind of morbid Proteus, is the transitory and changing image of the interests that govern men, of the emotions that agitate them. (Goldstein, p. 160)

Madness as a kind of ‘morbid Proteus’ defied the most assiduous efforts to classify and fix meaning. Images of the diseased mind required the organizing consciousness of the doctor in order to take unrefined signs and turn them into legible symptoms. However, signs are fluid and psychiatrists set themselves a quixotic task in attempting to catalogue them by visual means.

The imagination, which was a crucial element in moral therapy, was itself codified by alienists into arbitrary and natural signs. Pinel observed that of ‘all the faculties [...] the imagination appears to be the one most liable to profound lesions’ (Goldstein, p. 91). According to the philosopher Étienne Bonnot de Condillac, the creation of arbitrary signs is a method of exercising the imagination to bring it into balance with the other faculties. A complete lack of imagination would make one an idiot, unable to connect signs; however, an excess of imagination makes one a lunatic by creating excessive and nonsensical connections.²⁵ Dadd is not easily placed in this spectrum since his works exhibit both coherent and highly idiosyncratic signs.

This mixing of conventional pictorial signs and arbitrary signs is particularly apparent in *Deceit or Duplicity* (1854) (*Fig. 8*). An old woman is seen in profile sitting on a throne. A skull is balanced on her left knee, and in her right hand she holds a mask of a beautiful young woman that is slightly lowered to reveal her true face. The skull and the mask are familiar *vanitas* iconography denoting mortality and ephemeral beauty. On the side of the throne is a small vignette, which depicts the moment when the Devil tempts Eve. The Devil told the first lie leading, of course, to the Fall of Man. There is a tradition of images in which the Devil is depicted as part serpent and part woman in order to convince Eve to pluck the fruit of knowledge. However, in this work, the serpent’s head appears as that of Dadd’s father. Dadd therefore perverts Christian iconography to align with his own personal belief system. Dadd believed his father was a devil who was trying to deceive him. This distortion of Christian symbolism is consistent with Dadd’s disregard for conventional religion. He knew that his belief in ancient religions (Egyptian, Roman, and Greek, specifically) isolated him, but he considered modern iterations of religion to be vulgar. The iconography used in *Deceit* also relates to how Dadd viewed his own position as an artist. He writes:

²⁵ Étienne Bonnot de Condillac, *Essay on the Origin of Human Knowledge*, trans. and ed. by Hans Aarsleff (Cambridge: Cambridge University Press, 2001), p. 34.



Fig. 8: Richard Dadd, Sketch to Illustrate the Passions: Deceit or Duplicity, 1854, watercolour on paper, Bethlem Royal Hospital Museum, Beckenham, Kent/ Bridgeman Images.

Perhaps the artist is himself the greatest victim of delusion — self-delusion [...]. If you try to please a devil, a more implacable customer you cannot meet. And as he is more subtle than most artists — and all men and women have a devil in them — how can they please themselves except by fallacies? And what lies, what fallacies pictures are — in the grand style of art especially. (Tromans, p. 89)

Dadd recognized that images are inherently deceptive, but sometimes fictions are the only way to placate the devil within. From the physicians' perspective they were collecting scientific data and not creating art. However, these projects of documentation slip easily into the aesthetic realm. The slippage between science and art, truth and fiction is further complicated by the psychiatric use of Shakespearean characters as case studies to investigate mental illness. These discussions do not openly acknowledge the deep irony of using analyses of fictitious characters as a basis for the new science of psychiatry.

Shakespeare and the passions

Shakespeare's plays provide a signifying system that Dadd shared with his contemporaries and, for Victorians, Shakespeare is a case where fiction was regarded as containing profound truths. Dadd's earliest pieces for the *Passions* rely on Shakespearean motifs and, although his renderings can be idiosyncratic, his choices of subjects are remarkably conventional. Victorian psychiatrists studied Shakespeare's plays to gain greater insight into actual patients. They discussed at length the playwright's remarkable penetration into human psychology. As early as 1762, Henry Home praised Shakespeare's familiarity with 'every passion that exalts or debases the human mind'.²⁶ By mid-nineteenth century it had become commonplace to study Shakespeare as part of the practice to understand human psychology. The influential Victorian doctor John Charles Bucknill wrote *The Psychology of Shakespeare* (1859), which essentially addresses the question asked by fellow physician R. J. Mann: 'Where can this unprofessional psychologist have acquired his accurate insight into the phenomena of insanity?' (Faas, p. 109). In a flurry of articles, alienists of this period debated the mental conditions of Shakespearean characters as if they were real, a fantasy which these men of science seemed to enjoy greatly. William Hazlitt states, in *Characters of Shakespeare's Plays* (1817), that Shakespeare 'alone portrayed the mental diseases, — melancholy, delirium, lunacy with such [...] definite

²⁶ Eckbert Faas, *Retreat into the Mind: Victorian Poetry and the Rise of Psychiatry* (Princeton: Princeton University Press, 1988), p. 116.

truth, that the physician may enrich his observations from them in the same manner as from real cases' (Faas, p. 116).

The earliest works from Dadd's *Passions* reflect this topical psychiatric exploration. Using Shakespearean motifs to embody emotional abstractions was a familiar exercise to Dadd. As a student, he and a group of friends had friendly competitions at illustrating scenes from Shakespeare or Byron. *Love* (1853) is a farcical rather than sincere reflection on this powerful passion and requires knowledge of the balcony scene in *Romeo and Juliet* to make it legible (Fig. 9). In Dadd's interpretation, Juliet is lost in voluminous fabric and the lovers do not kiss so much as press their faces tightly together. The distraught maid causes further distraction from the lovers' parting embrace.

Dadd's images follow examples in inexpensive illustrated editions of Shakespeare that condensed the plays into key visual moments with a few lines of text. John Thurston's *Illustrations of Shakespeare* (1825) is one example of this popular format (Fig. 10). *Jealousy* (1853) is particularly close to a scene from Thurston's volume that illustrates a discussion between Othello and Iago (Fig. 11). In the illustrated Shakespeare, Iago warns Othello with the highly recognizable line from Act III, scene 3: 'O, beware, my lord, of jealousy; It is the green eyed monster, which doth mock the meat it feeds on.' Dadd, by contrast, selects a somewhat confusing quotation from Act III, scene 1 — 'Sweet Desdemona Oh! Cruel Fate that gave thee to the Moor' — in which Iago repeats to Othello what he claims he heard Cassio utter in his dreams.²⁷ The viewer seems to have entered the scene at an awkward moment when key information has already been spoken. The 'green eyed monster' quotation appears partially in *Ambition* (1854), which includes the statement: 'Vaulting Ambition mocking the meat it feeds on'. Dadd has combined *Othello* and *Macbeth* in this instance, as the first section of the quotation comes from Act 1, scene 7 of *Macbeth* and should read, 'Vaulting ambition, which o'er leaps itself'. In the image, one man is balanced on the shoulders of another, suggesting a literal interpretation of ambition.

Following this trail of fragmented Shakespearean quotations, a line from *Henry VIII* that also refers to ambition appears in *Pride* (1854), which shows a knight in full armour receiving obsequious adulation from a group of townspeople (Fig. 12). *Pride* bears the quotation from Act III, scene 2: 'By that sin fell the Angels how then shall Man.' The full and correct quotation reads: 'I charge thee, fling away ambition | By that sin fell the angels; how can man then, | the image of his maker, hope to win by't?'. This incongruence may be a case of confusion, but this seems unlikely as Dadd probably had copies of the plays to reference in Bethlem. Dadd was also quite

²⁷ Capitalization and punctuation from the original text here and in subsequent quotations are from the *Passions*. The quotation takes parts from Iago's speech, and the final line should read, 'Cursed fate that gave thee to the Moor!'.



Fig. 9: Richard Dadd, *Sketch to Illustrate the Passions: Love*, 1853, watercolour on paper, Yale Center for British Art, Paul Mellon Fund.

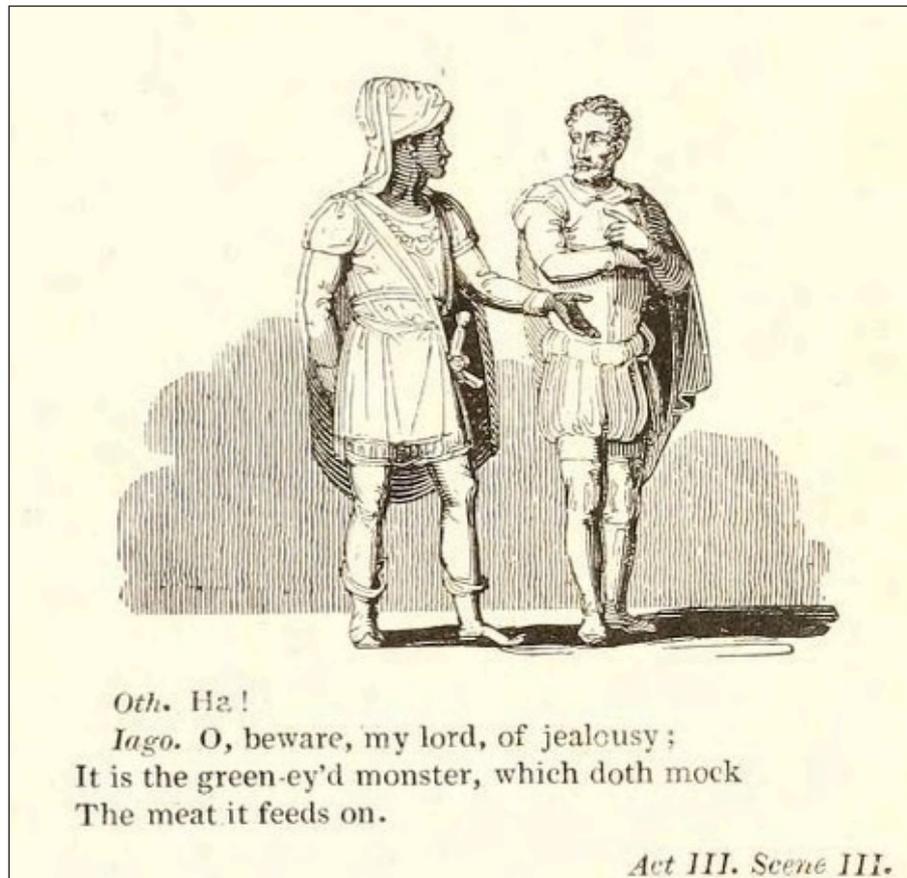


Fig. 10: John Thurston, *Illustrations of Shakspeare: Comprised in Two Hundred and Thirty Vignette Engravings* (London: Sherwood, Gilbert, and Piper, 1825), p. 37.

familiar with Shakespeare from his student days. In addition, while creating the *Passions*, he was also working on his large oil work *Contradiction: Oberon and Titania* (1854–58) which is based on *A Midsummer Night's Dream*. The confusion of quotations from one work to the next may be a deliberate commentary on the mixed nature of the passions. In the works, as well as in life, pride, ambition, and jealousy are hardly mutually exclusive.

Dadd again uses a Shakespearean context for his most autobiographical work from the series. *Hatred* (1853) depicts Act v, scene 6 of *The Third Part of King Henry VI*, chronicling the moment when Richard of Gloucester kills the king (Fig. 13). Gloucester stands over the body of the slain king with his sword held upright as large drops of blood splash on the stone floor. In the upper right is written: 'See how my sword weeps the poor king's death.' The next lines in the play read, 'O, may such purple tears be



Fig. 11: Richard Dadd, *Sketch to Illustrate the Passions: Jealousy*, 1853, watercolour on paper, Yale Center for British Art, Paul Mellon Fund.



Fig. 12: Richard Dadd, *Sketch to Illustrate the Passions: Pride*, 1854, watercolour on paper, Yale Center for British Art, Paul Mellon Fund.



Fig. 13: Richard Dadd, *Sketch of the Passions: Hatred*, 1853, watercolour on paper, Bethlem Royal Hospital Museum, Beckenham, Kent/Bridgeman Images.

always shed | From those that wish the downfall of our house!'. Although this line is not written on the piece, Dadd expresses this pictorially with the exaggerated drops of blood. *Hatred* is unsettling in the intensity of the figure's gaze as well as the strong resemblance to Dadd himself. This work is a theatrical self-portrait with Dadd playing Gloucester and recreating the murder of his father. Gloucester's speech over the body of the slain king is aptly reflected in the piercing gaze of the figure: 'If any spark of life be yet remaining | Down, down to hell; and say — I sent thee thither.' This vengeful tone is consistent with Dadd's feelings towards his father who he considered a serious threat. Dadd never expressed regret over the murder and felt justified in his actions. This work comes closest to an illustration of his personal beliefs. There is no record that he ever depicted Osiris or any other specific features of his delusions, but this powerful self-portrait provides a glimpse into his psychological motivations.

Though *Hatred* is the most straightforward self-portrait that exists from the series, within the *Passions* there are subtle personal references that hint at an autobiographical aspect to the works. For example, the backgrounds of some scenes such as *Ambition* (1853) picture Dadd's childhood home and some figures resemble Dadd's family. The man in *Poverty* (1853), who plays the violin as he begs for money on the street, strongly resembles Dadd's father, while *Suspense or Expectation* (1855) shows a childhood scene with all the Dadd children present. The man in *Ambition*, who is perched on another's shoulder, also resembles Dadd himself. These autobiographical features emerge as small eruptions of personal memory and are a unique kind of self-reflection that was considered part of moral therapy. An accepted practice was for doctors to ask patients to write their autobiography as a kind of controlled self-reflection.²⁸ Forbes Winslow comments in his 1848 essay 'On the Insanity of Men of Genius' that a kind of safety valve opens 'when genius hits on, or searches for, an illustration of his own condition, or is impelled to work out his feeling'.²⁹ In 1845 William Wood, the apothecary of Bethlem, elicited an account of the murder from Dadd's perspective which he later published.³⁰ Texts were used in conjunction with images to compel the patient to 'judge' themselves (Hogan, p. 45). Hugh Diamond showed his photographs to 'inmates of the Surrey Asylum hoping that the novelty of seeing themselves as others saw them would have a beneficial effect' (Browne, p. 157).

²⁸ Louise Lippincott, 'Murder and the Fine Arts; or, a Reassessment of Richard Dadd', *J. Paul Getty Museum Journal*, 16 (1988), 75–94 (p. 82).

²⁹ Forbes Winslow, 'On the Insanity of Men of Genius', *Journal of Psychological Medicine and Mental Pathology*, 2 (1848), 262–91 (p. 286).

³⁰ William Wood, *Remarks on the Plea of Insanity, and on the Management of Criminal Lunatics* (London: Longman, Brown, Green, and Longmans, 1851), pp. 41–42.

A theatrical tendency was also woven into moral therapy. In his writings on moral therapy, Pinel does not provide a systematic explanation but rather records a series of narratives that provide examples of successful practices. He once noted: “‘Little stories,’ when they were the “true results of observation,” were serious scientific business’ (Goldstein, p. 80). These ‘little stories’ consisted of situations when the doctor staged ‘pious frauds’ or ‘innocent ruses’ in order to use the delusional gullibility of the patient to achieve a reprieve of symptoms. The alienist would stage scenes or spectacles that only the patient believed to be true. Theatrical display was used for ‘this purpose rather than logical argument because it can be assumed that a disordered imagination is operating on a primitive, nonverbal level and can be effectively addressed only on that level’ (Goldstein, p. 93). An example of one such pious fraud was the case of a tailor who, following the French Revolution, was consumed with fear that his patriotism was in question and he would be sent to the guillotine. Pinel arranged for three young physicians to dress as magistrates and carry out a trial that ended in the tailor’s acquittal. The theory centred on the idea that the fraud would engage the delusion on its own level and that a well-performed lie could do more good than a harsh truth.

Dr John Conolly, in his explanatory essays that accompanied images of mental patients, weaves his own ‘little stories’. However, these stories are not from direct observation of the patient but instead are from looking at photographs and lithographs with some case notes for context. The essays embroider details based on sparse case notes and selectively highlight visual traits. For example, the first case he discusses illustrates religious melancholy and he refers to the patient’s ‘leaden eye bent on the ground’ (*Fig. 14*). This detail is misleading because the lithograph and photograph of the patient in question do not correlate exactly. In the lithograph her gaze is directed downwards, but in the original photograph she looks directly at the camera. Conolly does not acknowledge this discrepancy but rather focuses on the image that better supports his diagnosis. This is particularly ironic since only a few paragraphs earlier he extolled the virtues of photography: ‘There is so singular a fidelity in a well-executed photograph that the impression of very recent muscular agitation in the face seems to be caught by the process, which the engraver’s art can scarcely preserve.’³¹ For Conolly, these images do not simply satisfy idle curiosity but aid in study. However, the images only have meaning in the context of a coherent narrative created by Conolly himself. Around each image he invents ‘a morality tale in which virtue confronts vice and is rescued by the salutary help of the asylum and the diagnostic acumen of its experienced physician’ (Logan, para. 23). He presents photographs and lithographs as

³¹ John Conolly, ‘The Physiognomy of Insanity: No. 1 Religious Melancholy’, *Medical Times and Gazette*, n.s., 16 (2 January 1858), 2–4 (p. 3).



Fig. 14: John Conolly, 'The Physiognomy of Insanity: No. 1 Religious Melancholy', *Medical Times and Gazette*, n.s., 16 (2 January 1858). Courtesy of the Wellcome Trustees.

documentary evidence but his essays are 'fictions masquerading as history' (Logan, para. 31). Psychiatrists were therefore creating fallacies to please themselves and constructing false narratives to help treat their patients. There appears to be an unconscious slippage between truth and fiction on the part of psychiatrists. They openly acknowledged their own

manipulation of theatrical techniques but it is less clear if they realized the danger of being seduced by their own fictions.

Sympathetic curiosity

Baillie embarked on a formidable project when she began writing her *Plays on the Passions* in 1789. These were meant to be edifying as well as entertaining and would turn the theatre partially into a school for moral instruction. The plays, both tragic and comic, trace the early symptoms and eventual dominance of each passion. The salutary function of theatre is predicated on the idea of sympathetic curiosity — the almost insatiable desire to view another person in extreme states of emotion. Baillie frames this not simply as idle curiosity but rather as a mechanism that allows for greater understanding. Nothing else is as fascinating to man as himself and through a study of other people ‘we are taught the proprieties and decencies of ordinary life, and are prepared for distressing and difficult situations. In examining others we know ourselves’ (Baillie, p. 74). A study of powerful emotions is meant to aid in the regulation of passions and lead to a more compassionate society. For Baillie, the theatre had the unique ability to both enlighten and stimulate the audience. The theatre presents scenarios that seem authentic but are comfortably vicarious. She explains: ‘No man wishes to see the ghost himself, which would certainly procure him the best information on the subject, but every man wishes to see one who believes that he sees it’ (p. 71). The plays are not unlike the photographs of lunatics that satisfy curiosity within a medium that is manageable and non-threatening.

Baillie’s plays, like Dadd’s *Passions* and the photographs of mental patients, exist in a liminal space between art and psychiatry. Baillie’s brother, Matthew Baillie, was a practising physician who wrote and lectured on mental pathology. Her close relationship with him introduced Baillie to contemporary theories of aberrational psychology and is reflected in her *Plays on the Passions*. Her characters do not follow traditional literary models but rather are reminiscent of psychiatric case studies. She expects the audience to at least partially adopt an anatomizing gaze that can diagnose even the early stages of an unruly passion. Baillie is not interested in heroic or epic struggles of the few but, rather, ‘she is the playwright of the more subtle, more devastating enemy within’, tackling the internal and universal struggles of everyman.³²

³² Frederick Burwick, ‘Joanna Baillie, Matthew Baillie, and the Pathology of the Passions’, in *Joanna Baillie, Romantic Dramatist: Critical Essays*, ed. by Thomas C. Crochunis (London: Routledge, 2004), pp. 48–68 (p. 65).

Despite Baillie's best attempts to assert the benevolence of sympathetic curiosity, there is the 'possibility that "sympathy" harbours a potential for dominance and aggression'.³³ Baillie speculates that almost every person would be powerfully compelled to spy on a convict, 'lift up the roof of his dungeon, like the *Diable boiteux*, and look upon a criminal the night before he suffers, in his still hours of privacy, when all disguise is removed' (Baillie, p. 70). Voyeurism, invasion, and inquisition are the malevolent underside of sympathetic curiosity in which there exists a strong current of sadism that Baillie cannot entirely render innocuous. Regarding spectators at a public execution, Baillie states:

It cannot be any pleasure we receive from the sufferings of a fellow-creature which attracts such multitudes of people to a public execution [...]. To see a human being bearing himself up under such circumstances, or struggling with terrible apprehensions which such a situation impresses, must be the powerful incentive, which makes us press forward to behold what we shrink from, and wait with trembling expectation for what we dread. (p. 69)

However, her argument that the crowd is more interested in witnessing the convict's struggle as he approaches the gallows rather than the violent conclusion of the event is not entirely convincing.

Dadd depicts a childish execution in *Suspense* in which the mixture of pleasure and horror on the children's faces reflects the conflicted feelings Baillie describes at a real execution (*Fig. 15*). Seven children are poised in anxious anticipation of a doll being shot with a toy cannon. The naked, armless doll with her stiff wooden legs and slight frown is a particularly pathetic victim. The children have been identified by Patricia Allderidge as Dadd and his siblings with Chatham in the background. One boy has climbed up to get a better view while the youngest girl is distracted from her toy horse by the spectacle. All the figures have large blue staring eyes and there is a uniform slight smile on all the boys' faces. The older girls betray more apprehension than pleasure. The eyes of the girl being held back by her brother's arm communicate fear, and one wonders if it is her doll that awaits execution. Her huge eyes and open mouth mimic the faces in physiognomic texts such as 'Fear and Terror' (*Fig. 16*) from James Parsons's *Human Physiognomy Explained* (1747). The childish violence possesses a disturbing undertone since the behaviour of children is a reflection of adult proclivities, and their hungry gazes display the negative side of sympathetic curiosity.

³³ Victoria Myers, 'Joanna Baillie's Theatre of Cruelty', in *Joanna Baillie*, ed. by Crochunis, pp. 87–107 (p. 90).



Fig. 15: Richard Dadd, *Sketch to Illustrate the Passions: Suspense or Expectation*, 1855, watercolour on paper, Yale Center for British Art, Paul Mellon Fund.



Fig. 16: James Parsons, *Human Physiognomy Explained* (London: Davis, 1747), p. 53, figure 2. Courtesy of the Wellcome Trustees.

Sympathetic curiosity is first and foremost a visual compulsion, an overwhelming desire to see the spectacle of extreme passions. The function of sympathetic curiosity is predicated on the assumption 'that the visual representation of passion can provide definitive knowledge of internal states' and that human nature can be rendered fully legible. Baillie's plays present characters that are meant to be 'transparent signifiers of the

universal human condition'.³⁴ Likewise, psychiatrists sought to present 'transparent signifiers' of disease and health in images of mental patients.

Dr Hugh Diamond, both psychiatrist and photographer, claimed that the photographer listens to 'the silent but telling language of nature. It is unnecessary for him to use the vague terms which denote a difference in the degree of mental suffering [...], the picture speaks for itself.'³⁵ Yet, the picture does not speak for itself. Rather, the creation of language and meaning requires the ordering gaze of the physician. Foucault asserts that 'the clinical gaze has the paradoxical ability to hear a language as soon as it perceives a spectacle' (p. 108). However, the language derived from a visual spectacle is subjective. Different physicians claim that images are a raw signifier that circumvents the difficulty of wordy descriptions. However, their overly ambitious claims highlight the tremendous interpretative gap between image and viewer that must be filled with expository words and therefore signals the fallacy of the project.

Likewise, Baillie's theatrical project ultimately undermines many of the tenets she is working to establish, namely that the body can be fully understood by the moralizing gaze. Nathaniel Leach observes that 'Baillie stages bodies that do not simply reveal human nature, but which perform the impossibility of fully performing themselves; performance is thus always to some degree a missed encounter between the performer and the spectator' (p. 625). This gap between performer and spectator is comparable to the gap between patient and doctor as well as between psychiatric photograph and viewer. This lacuna renders definitive meaning impossible, but within this space many different interpretations can be entertained.

Dadd's works seem to exist almost entirely in a space of lost comprehension and missed meetings. Even as the series, on one level, caters to sympathetic curiosity, on another level the satisfaction of deeper understanding is denied. Spectatorship and the limits of vision is a leitmotif in the *Passions*. The viewer is led to question the reliability of vision and the faithfulness of images. Characters have large staring eyes or narrowed suspicious ones, but in most cases they do not appear to see the world clearly and do not recognize true dangers, as exemplified in Othello's look directed at Iago. Several characters have pale blue eyes, which, in some cases, such as *Idleness* (1853) and *Want* (1856), make them appear blind (*Figs. 17, 18*). The eyes of other characters, such as in *Agony* (*Fig. 2*), stare in two slightly different directions and see nothing but perhaps an internal drama.

³⁴ Nathaniel Leach, 'Joanna Baillie's "Great Moving Picture" and the Ethics of the Gaze in *De Monfort*', *European Romantic Review*, 18 (2007), 623–43 (pp. 625–26).

³⁵ Hugh W. Diamond, 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity' (read before the Royal Society, 22 May 1856), in *The Face of Madness: Hugh Diamond and the Origin of Psychiatric Photography*, ed. by Sander L. Gilman (New York: Brunner/Mazel, 1976), pp. 19–24 (p. 19).



Fig. 17: Richard Dadd, *Sketch to Illustrate the Passions: Idleness*, 1853, watercolour on paper. © Victoria and Albert Museum, London.



Fig. 18: Richard Dadd, *Sketch to Illustrate the Passions: Want*, 1856, watercolour on paper. © Victoria and Albert Museum, London.

In contrast to characters who are absorbed in their own world, there are those who look directly at the viewer, breaking the proverbial fourth wall. The knight in *Pride* shoots a sidelong glance at the viewer, his gaze echoed by a man peering over his right shoulder (Fig. 12). In *Treachery* (1853), the man on the stairs raises his left hand and stares at the viewer suggesting that he is letting us in on the scheme (Fig. 19). However, the man



Fig. 19: Richard Dadd, *Sketch to Illustrate the Passions: Treachery*, 1853, watercolour on paper, Yale Center for British Art, Paul Mellon Fund.

who hides beneath the steps is seen only by the viewer and adds a double treachery to the scene. A primary message of *Deceit* is how easily vision can be fooled (*Fig. 8*). Layers of deception are revealed in this work as the central figure moves her lovely mask to show the ugliness of her visage, and the seemingly solid stone seat, on closer inspection, is actually made of paper. As discussed earlier, the iconography of *Deceit* is both conventional and personal. Given Dadd's belief that demons could take on any appearance, even of one's closest relative, then the ability to detect deception becomes particularly urgent. Psychiatrists were in their own way seeking to unmask delusional behaviour in order to get at the root causes of mental illness.

Conclusion

In 1837 a psychiatrist stated that 'like the world, a lunatic asylum is a mosaic of the passions' (Goldstein, p. 160). The asylum of the Victorian era was understood as an extreme display of ungoverned passions, but the difference between the emotions of those considered insane and the sane is a difference in degree and not necessarily a difference in kind. Hence, the study of the mentally ill can instruct the sane as in Baillie's sympathetic curiosity. The viewer of the *Passions* exercises sympathetic curiosity and is not unlike the eighteenth-century visitor to Bethlem, the theatrical audience of Baillie's plays, or the psychiatrist diagnosing a patient based on a photograph. Baillie's plays and Dadd's *Passions*, each in its own way, 'present a world through the looking glass, or indeed hold up the mirror to the logic of sane society' (Porter, p. 3). Dadd's series both answers and denies the impulse of the anatomizing gaze that runs as an undercurrent to the various projects to picture, describe, and make visible the passions. The desire to peer into the most private space imaginable, the space of the mind, can itself become a dominating passion.