

Long-Vanished People: J.T. Blight Reimagined in the Context of 19th Century Psychology

There is an old rhyme that has circulated the busy fishing village of Newlyn and neighbouring town of Penzance for decades, detailing a jovial rivalry between the boys of each parish, 'Penzance boys up a tree, Looking as wisht as wisht can be. Newlyn buck as strong as oak, Knocking them down at every poke.'¹ Here, we are presented with an image of 'Penzance boys' as being silent and contemplative, susceptible to torment, sensitive and apparently inferior to their physically stronger Newlyn counterparts. This unfortunate stereotype can be applied to our central protagonist, John Thomas Blight, a prodigal but complex artist and archaeologist, whose dimly short-lived career failed to flourish fully alongside his more economically privileged peers in a competitive industry. This, combined with an unfavourable diagnosis of insanity, quickly led to an Icarian downfall when he was incarcerated in St Lawrence's Hospital in 1871. Unfortunately hubristic in his nature, 'He was torn between two desires, for security and independence on the one hand, and for celebrity on the other. He tried for both and achieved neither, losing his sanity in the process.'² Blight was entranced by the landscape which he grew up alongside, the Cornish writer Sir Arthur Thomas Quiller-Couch observing him as 'One whose pen had done much to rescue from oblivion the fast-falling antiquities of his native county.'³ The bold and rugged expanses of West Penwith are isolated and raw, described by Selena Bates and Keith Spurgin as 'a landscape inherited from a long-vanished people'⁴. A cornucopia of

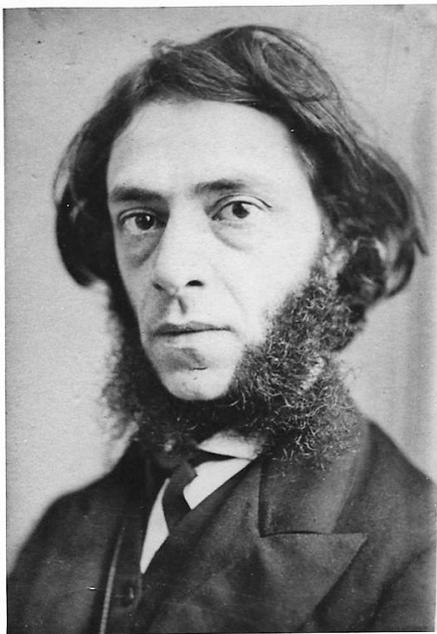
¹Selena Bates and Keith Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* (Truro, England: Windowbox Books) p7

²John Michell. 1977. *Short Life at the Land's End* (London, England: Compton Press) p51

³Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p24

⁴Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p7

unique natural beauty, West Penwith has inspired generations of creatives, entranced by its strong ties to its Celtic heritage which are still very much prevalent to this day. As expected, there has been much academic attention directed towards Blight's valuable contributions to the archeological realm. Most notably, Blight's 'A Week at the Land's End' is still valued by archaeologists as a contemporary record of prehistoric sites. With its ninety-six woodcut illustrations of ancient plants, birds and fishes, ornamenting a text mildly informative on such things, the book is a monument to the spirit of its period.⁵ However, there has been less scholarship on Blight's committal to St Lawrence's Hospital, the public Lunatic Asylum in Bodmin. Throughout this essay, I aim to illustrate a more extensive exploration into Blight's psychological turmoil, the stigma he will have endured as a result of his circumstances and his life eventually within the walls of the asylum. I will achieve this through an examination of the history of St Lawrence's Hospital, the rise of the asylum and the cultures of insanity in the nineteenth century, using Blight as a crucial anchor.



⁵ Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p29

In the introduction to Foucault's infamous *Folie et D raison (Madness and Civilisation)*, David Cooper writes, 'Foucault makes it quite clear that the invention of madness as a disease is in fact nothing less than a peculiar disease of our civilization. We choose to conjure up this disease in order to evade a certain moment of our own existence - the moment of disturbance, of penetrating vision into the depths of ourselves, that we prefer to externalise into others. Others are elected to live out the chaos that we refuse to confront in ourselves.'⁶ Although Blight's interactions with his own insanity were complex, with several factors acting as catalysts that accelerated Blight's psychological deterioration, many have identified two key friendships between Blight and his peers, perhaps examples of two other troubled individuals who chose to externalise their own 'chaos' into the malleable figure of Blight instead. First, the patronising and eccentric Parson Hawker, the Vicar of Morwenstow, who 'enchanted the sensitive young artist with his mysticism, personality and reputation'⁷. Acting as a mentor to Blight, 'The young artist became his instant disciple, and Hawker delighted to find such a lively, intelligent, young admirer, determined to patronise him'⁸. The second integral relationship which proved to be central for much of Blight's career was the prosperous but controversial scholar James Orchard Haliwell, 'a prodigy of scholarship, elected fellow of the Society of Antiquaries and of the Royal Society at the age of eighteen, a connoisseur and avid collector of ancient records and manuscripts and a leading authority on the life and literature of Shakespeare.'⁹ Blight struggled to financially emulate his contemporaries, causing large and damaging rifts to open up between them. Blight echoes this in his writing, 'Nearly all my time is wasted in attempts to get a few miserable shillings to live - so what I really ought to be doing is neglected. People with no brains

⁶Michel Foucault. 2013. *History of Madness* (London, England: Routledge) pviii

⁷ John Michell. 1977. *Short Life at the Land's End* p24

⁸ John Michell. 1977. *Short Life at the Land's End* p21

⁹ John Michell. 1977. *Short Life at the Land's End* p30

should be the only class to work for money - and this is in fact the only class that gets rich. - It is so degrading to be paid for brain work - Yet I can't live without money.'¹⁰



Blight identified his economic position as holding him back from success on a level of his contemporaries, believing that he was far more intellectually advanced than many of those around him. Of course, this was not helped when Haliwell neglected to pay Blight for the vast amount of line drawings commissioned from him. Evidently, this overarching ambition, coupled with a lack of financial backing were critical components to his psychological deterioration. C.T. Andrews comments, 'By 1870 it was clear that Blight was mentally ill. The biographers attribute

¹⁰ Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p104

his illness to poverty, loneliness, neglect, overwork and frustrated ambition¹¹ It is also sad to note that, when Blight was committed to the asylum in 1871, he received no letters from either Haliwell or Hawker, having distanced himself from them through a series of alienating and erratic letters as his mental and economic position became increasingly desperate. Blight was painfully aware of this abandonment, 'may friends increase or may God send me at least one friend able to stay all my foes, capable to put aside animosities, unaccountable of my foes.'¹² Despite this neglect from his contemporaries, Blight manifestly believed that his work, which he created within the walls of an asylum, was still of the highest calibre, 'Perhaps, particularly, and even Mr Edward Hearle Rodd may look at the drawing of mine of this bird with benefit to British Ornithology; who first thought of giving the bird that sort of freedom I do not know unless it was Mr John Hitchens.'¹³ One cannot ignore in this excerpt there is a melancholy reflection of his situation. Blight utilises one of his favoured, somewhat cliché, motifs, birds, to contemplate his economic failings. These failings can be attributed to Blight's lack of resources, his isolation in Cornwall, and his lack of financial support, disadvantages which reflected personally on him as an individual. Ian Cummins comments, 'This period marks the emergence of the modern ideological position that sees poverty as the result of individual failings. Poverty is thus seen as a moral rather than a structural issue.'¹⁴ Blight's economic disadvantages became a moral issue, problematically indicating that Blight's failings are a result of weak personal shortcomings, which would prevent him from existing on an equal level to his wealthier contemporaries.

¹¹ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital*, Bodmin, [np], [npub] p76

¹² BLI/15A, Morrab Library.

¹³ BLI/15A, Morrab Library.

¹⁴ Ian Cummins. 2019. *Mental Health Social Work Reimagined* (Bristol, England: Policy Press) p4

Of course, the real impetus for Blight's incarceration was his unrequited and compulsive love for Evelyn D. Pidwell. Blight writes, 'it was understood at Penzance that I was retained here on account of Evelyn D. Pidwell, I presume retained here to prevent her being my wife.'¹⁵ Here illustrates a rare moment where Blight seems accepting of his reality, yet he is still distant from it, seeking confirmation from a third party. Indeed, Blight became so deeply obsessed with Evelyn in the lead up to his institutionalisation that he could not work, 'In love! - Can't work - frantic.' He underlined 'In love' 16 times.¹⁶ This infatuation continued throughout his initial years of incarceration, believing that Evelyn was his wife whom he was being wrongfully kept from - 'The absurdity of keeping a man from marrying whom he wishes is amongst the greatest of the follies in this world, as I have been so kept.'¹⁷ Blight uses his own catastrophic 'love story' to place himself on an egotistical shelf with several major literary tragic heroes, regularly comparing himself and Evelyn to Hamlet and Ophelia, through incessant contemplation on whether or not Hamlet was sane or insane, 'Was Hamlet madly in love, and in that point he may have been mad before the funeral of Ophelia, but his self-possession was great at that burial, and his deep grief something for all men, women, and children to read, a prayer vast and beautiful to God'¹⁸ In the end, Blight concludes that the root of both Ophelia and Hamlet's insanity was the fact that they were both 'withheld from the completion of their natural desires.'¹⁹ This conclusion that Blight has come to is his way of exonerating his behaviour. Bates and Spurgin have taken this analysis further, commenting upon his philosophical but often nonsensical religious diary entries, 'He was using the story of Hamlet and Ophelia, as he had that of Adam and Eve, to act out an inner morality play. His love for Evelyn was both romantic

¹⁵ BLI/17A, Morrab Library.

¹⁶ Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p122

¹⁷ BLI/17A, Morrab Library.

¹⁸ BLI/17A, Morrab Library.

¹⁹ BLI/17A, Morrab Library.

and physical, and because both these feelings were natural, they were God-given. This could explain the furious conviction that he had the Trinity on his side²⁰. This is further exhibited through Blight's warped relationship to his own reality, the use of literary and biblical references was his way of rejecting the reality that he had arrived within.

Comparisons to Shakespeare's most tragic hero are often intertwined with insanity dialogues, and Blight's analysis is cliché. Roy Porter makes this distinction, 'Changing conceptualizations of the maladies associated with love and sex offer a further revealing instance. Being a noble affection of the elevated mind, love had always been linked, romantically and tragically, with madness (*vide* Shakespeare's 'The lunatic, the lover and the poet/ Are of imagination all compact'); and the annals of insanity, not least asylum records, abundantly testify to those driven out of their minds by unrequited passion.'²¹ Here, it is as if Blight is diagnosing his own psychological state, or using the example of Shakespeare's most famous protagonist to better understand his own affliction, his perceptions of which will have been warped by the stigma of mental disease throughout his lifetime. The treatment of Blight's infatuation with Evelynna, which is widely believed to be the primary reason for his incarceration, was labelled by nineteenth-century psychological discourse as integrally immoral and perverse. Porter continues, 'Nineteenth-century opinion waxed eloquent about the perils of sex, and this was not least because Victorian psychiatry came to regard sexual abuses or deviations not as simply physically induced, but as welling up from subterranean psychopathologies defined within a

²⁰ Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p185

²¹ Roy Porter. 1990. *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. (London, England, Penguin) p201

whole range of newly formulated perverted types.²² This changing perception of sex that Porter alludes to is not something physical with a simple solution, it became part of a discourse that advertised sexual 'perversion' as part of the innermost mechanics of an individual, a psychological problem that could only be solved through moral management accessed through institutionalization.

The legislation which gave rise to asylums as they developed into institutions of psychiatry throughout history has several pivotal moments. Namely, the 1774 Madhouses Act, which aimed to halt wrongful confinement through limits on numbers of patients admitted to madhouses, the necessity of obtaining medical certification for the incarceration, and the licensing of regular inspections of the madhouses. This eventually evolved into the 1828 Madhouse Act and the 1828 County Asylums Act which required the introduction of public asylums in Britain. Because of this Act, 'Around 1800, not more than a few thousand 'lunatics' were confined in England in all kinds of institutions; by 1900 the total had skyrocketed to about 100,000.'²³ The 1774 Act also led to the 1845 Lunacy Act, which meant that 'responsibility for the management of the asylums was moved from lay administrators to medical practitioners. This marks the point where madness was widely regarded as an illness and thus should only be identified and managed by medical professionals.'²⁴ Despite all of this legislative progress, there were obvious integral problems with the asylum regimes of the nineteenth century.

²² Roy Porter. 1990. *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. p202

²³ Roy Porter. 1990. *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. p2

²⁴ Ian Cummins. 2019. *Mental Health Social Work Reimagined* p5

The development of the asylum as we know it today has an unsurprisingly fraught history which presented a veritable mosaic of problematic practices and theories, among which psychiatry became a moral issue, publicised to the outside world, instead of being treated as a private and personal matter. Indeed, the very terminology we use to talk about asylums is questionable. This is investigated by Cristina Hanganu-Bresch and Carol Berkenkotter, 'Accordingly, the lexicon typically used to describe people caught in the legal and prison system, including terms such as "confinement", "inmates", or "cell", permeated the medical language used to describe mentally ill patients and to justify their stay in the asylum. As the two worlds - medical and legal - collided in asylum practice, psychiatry became an object of public scrutiny unlike any other branch of medicine'²⁵ The very language that was heavily implemented throughout the eighteenth and nineteenth centuries objectifies the experience of those victimised by nineteenth-century asylum practices, often wrongfully reducing them to symbols of difference who could not operate within appropriate social guidelines. Often, those affected by psychological issues were not regarded as existing in their own right, only alongside those who were thought of as sane. There was a heavy sense of comparison and judgement present when talking about the insane, 'When we read certificates of insanity, or case notes, or patient testimony or memoirs, we read about insanity but always in relation to sanity; the conditions that must be met for asylum confinement to imply, always, the conditions under which a person would not be considered insane.'²⁶ Within his diaries, Blight presents concrete evidence that these attitudes towards the insane as being subordinate to a sane individual, 'To be insane is to be imperfect in sense and in senses.'²⁷ Concisely summarised here by Blight himself, we are

²⁵ Carol Berkenkotter, and Cristina Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* (Columbia, SC: University of South Carolina Press) p2

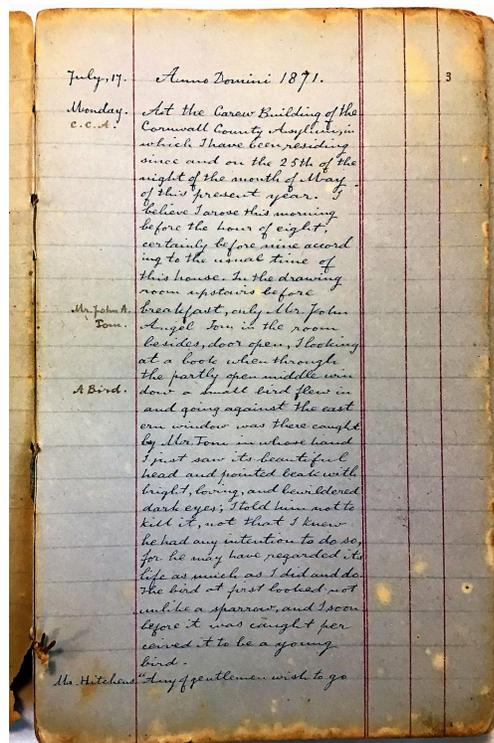
²⁶ Berkenkotter and Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* p7

²⁷ BLI/17A, Morrab Library

subjected to an individual who is heartbreakingly aware of his afflictions and the reception of them within his social circles. Here, similarly to countless other instances of asylum admission, the only solution to this problem was to confine him within walls, away from the community around him. This, as Foucault would argue, was a way of maintaining social hygiene and cleanliness, removing any impurities which would prevent the smooth functioning of humanity. Foucault, who is regarded by many as an omnipresent father figure of nineteenth-century psychological thought, saw the asylum as a place where madness would be punished, as a container for those whose existence failed to coincide within the boundaries of acceptable social conduct, where the mentally ill were policed and punished. Foucault writes, 'Everything was organized so that the madman would recognize himself in a world of judgement that enveloped him on all sides; he must know that he is watched, judged, and condemned; from transgression to punishment, the connection must be evident, as a guilt recognised by all.'²⁸ Foucault sees the lunatic asylum as neither productive nor progressive, simply as a way of containing the insane so they do not cause the wider society to feel a sense of discomfort and unease, this is further commented upon by Hanganu-Bresch and Berkenkotter, who exhibit 'asylum confinement as a social and medical mechanism was contaminated by correctional impulses that in the end distorted its original compassionate origins'²⁹ This view indicated that the asylum acts as a correctional facility, much like a prison, where the needs and care of the insane were compromised in an effort to correct and cure patients through a wide variety of bizarre, ineffective and inhumane methods whilst isolating them both socially and geographically.

²⁸ Michel Foucault. 2003. *Madness and Civilization* p253

²⁹ Berkenkotter and Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* p138



Interestingly, there has been much attention on the physical geography of asylums, which were often placed outside of cities in more rural locations, usually on high ground so that the insane would be away from the miasma of lower-lying lands. Ian Cummins takes this further, 'The asylums of the Victorian period were located outside of urban settings. This distance from the urban environment and the large grounds that often surrounded them was a key feature of moral treatment. Fresh air and other aspects of the rural idyll were seen as having recuperative properties. The asylums were built on rural slightly elevated sites to avoid the dangers of miasma - foul-smelling vapours that were the result of poor sanitation.'³⁰ This 'moral treatment', modelled by the infamous York Retreat (where much scholastic attention has already been focused) highlighted the importance of more holistic treatment methods, mainly consisting of fresh air, a tranquil environment and familial relationships within the asylum community. Of course, it is difficult not to adopt a more Foucauldian lens when looking at the geographical

³⁰ Ian Cummins 2019. *Mental Health Social Work Reimagined* p20

placement of asylums which were placed on 'accessible and relatively cheap plots of peripheral land sometimes called 'fringe-belts'³¹. Much like those incarcerated within the walls of the asylum, the asylums existed topographically on the peripheries of communities, as a way of detaining the mad away from causing danger to sane persons, literally excluding them from the mundanity of everyday life. Chris Philo investigates how 'Never entirely absent, though, was also a wish to rid the city of its troublesome people, those who might be disquieting to 'sane' inhabitants.'³² suggesting that this was perhaps the real motive behind the physical isolation of the asylums in rural settings, to externalise difference as literally as possible. This existed as a straightforward solution to separate the insane to allow for the smooth function of society for much of the nineteenth century, as Skull highlights, 'The asylum remained at the heart of mental medicine, now and for almost a century more - albeit with its mission redefined as quarantining the incurable rather than restoring the temporarily distracted to sanity.'³³ This sad conclusion exemplifies the seemingly ulterior motive behind the fringe position of these public asylums, a fact recognised and commented upon by Blight in 1873, 'When a man wants a surgeon or physician it is generally best to have him at his own house instead of penned up with a lot of men and women who may be driven to insanity by imprisonment...the generally injured person is shut up in the confinement of an asylum for hours, days, years, whilst a few kindly words or proper aid from others at the right time would have cured the real or supposed insane person, or lunatic, or mad person so he or she gets thrusts at the mercy of strangers and whose temporal interests it may be to keep him or her or them within walls when they should be free.'³⁴ Here, Blight believes that for many in the asylum, perhaps including himself, it is their imprisonment

³¹ Chris Philo. 2012. "Troubled Proximities: Asylums Cemeteries in Nineteenth-Century England," *History of Psychiatry*, 23.89 Pt 1: 91–103 p93

³² Chris Philo. 2012. "Troubled Proximities: Asylums Cemeteries in Nineteenth-Century England," *History of Psychiatry* p92

³³ Andrew Scull. 2014. *The Insanity of Place / the Place of Insanity: Essays on the History of Psychiatry* (London, England: Routledge) p119

³⁴ BLI/15A, Morrab Library.

and extradition from a society that has caused or accelerated any psychological problems. Blight mourns the support of his peers and family, stating the right support at the right time from those around him would have been a far simpler, comforting and effective remedy. Instead, Blight's individual needs are compromised in the widely held objective of 'restoring, cleansing, and/or sanitizing one's pathologized cognitive processes, one's existential difference, in accordance with societal norms.'³⁵ It seems that the individuals who were committed to living within the walls of the asylum were neglected, their needs ignored, when the real focus was the social hygiene of the community outside the asylum. Roy Porter makes this sombre observation, 'There is something about supposing that the age of institutionalisation was preceded by the age of neglect.'³⁶

In 1871, Blight's committal to St Lawrence's asylum in Bodmin coincided with the 'age of institutionalisation.' Blight was cared for a number of years in the family home at Morrab Place, like many who were deemed to be at a psychological disadvantage to others, 'It is probably safe to assume that few of the Cornish insane in the early part of the 19th century were to be found in private madhouses beyond the Tamar. The most usual arrangement was for the family to care for the patient at home, often in a room set apart for the purpose, or in an outhouse, or to send him to one of the numerous Cornish workhouses of those days.'³⁷ Andrews continues, 'Cornwall was thus the first county in the South West to provide a County asylum for the insane poor. Perhaps, as it had no private madhouses, the need was greater than in some other counties of the region. Certainly, our limited knowledge of the Cornish workhouses of the period suggests

³⁵ Bruce A. Arrigo and Christopher R. Williams. 1999. "Chaos Theory and the Social Control Thesis: A Post-Foucauldian Analysis of Mental Illness and Involuntary Civil Confinement," *Social Justice (San Francisco, Calif.)*, 26.1 (75): 177–207 p183

³⁶ Roy Porter. 1990. *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency.* p278

³⁷ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital, Bodmin* p9

that they were not fit places for mentally ill patients'³⁸ However, unlike 'the insane poor' referenced here, there was a plentiful offering of donations from the community in Penzance and various other contemporaries of Blight which paid for comparatively comfortable upkeep in the seemingly luxurious 'Carew Building', where the 'gentlemen' resided. The County Asylum became a more accessible and simple option for containing the insane, as the family could draw 'a veil of silence over the existence of a mad relation in their midst.'³⁹ Lawrence J. Ray explores Scull's argument 'that the new asylums soon reached capacity because their very existence made it possible for the community (as opposed to the physicians) to define more behaviour as harmful or unacceptable, and as consequently in need of treatment. As family and community tolerance of behaviour patterns declined, so the numbers of the insane rose rapidly.'⁴⁰

As alluded to by C.T. Andrews in his detailed history of St Lawrence's hospital, the asylum took its name from the nearby town of St Lawrence, where there existed an establishment, the Loures Hospital for Lepers. Much like madness was later regarded in the eighteenth and nineteenth centuries, 'Leprosy, in ancient times, was a serious medical and social problem. A person, once pronounced affected by it, was socially dead. He had to leave his job, his home and his friends was deprived of all civil rights and was barred from normal human habitations.'⁴¹ It is haunting to note that there was little change in the stigma of those incarcerated in the two institutions between the fourteenth and nineteenth centuries. As Foucault examines, 'Leprosy disappeared, the leper vanished, or almost, from memory; these structures remained. Often, in these same places, the formulas of exclusion would be repeated, strangely similar two or three

³⁸ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital*, Bodmin p9

³⁹ Andrew Scull. 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*(London, England: Thames & Hudson) p237

⁴⁰ Laurence J. Ray. 1981. "Models of Madness in Victorian Asylum Practice," *Archives Europeennes de Sociologie. European Journal of Sociology. Europaisches Archiv Für Soziologie*, 22.2: 229–64 p232

⁴¹ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital*, Bodmin p17

centuries later. Poor vagabonds, criminals and “deranged minds” would take the part played by the leper, and we shall see what salvation was expected from this exclusion, for them and for those who excluded them as well⁴² In Foucault’s eyes, the mad simply replaced the lepers as the symbol of difference, exclusion and persecution. Even though the disease of leprosy itself had vanished, the social structures remained ever-present, with a chasm opening up, providing room for another group to become extradited. Like the lepers, the insane were kept at a ‘sacred distance’⁴³ so as not to pose a threat to the society around them. The origins of St Lawrence’s according to Blight are a little different; he wrote frequently on his feelings towards the asylum, ‘I am trying to consider the meaning of this place and of one fact I am certain that there have been locked doors since I have been here and I am afraid that the keepers and supporters of this asylum will find it difficult to get to heaven, such intense ignorance I never before knew to exist in man as to uphold it in the present arrogance and in its condition ever since I have been here such an establishment as the Cornwall County Asylum, conceived in hell by the devil.’⁴⁴ This less than enthusiastic review of the establishment, reducing it to an institution almost satanic in its motives, repeats itself in Blight’s writing throughout the first three years of his confinement, where the belief that he was wrongly confined was extremely prevalent in his mind. For Blight, being confined at St Lawrence’s hospital was deeply distressing initially, and he echoes ‘the deleterious effects of being placed in a large, impersonal institution, where lack of autonomy, petty rules and continual observation aggravated patients’ existing conditions’⁴⁵ in his diaries. Interestingly, we can see these same ideas would later be revealed by sociologists and psychologists as late as the mid-1950s.

⁴² Michel Foucault. 2003. *Madness and Civilization* p5

⁴³ Michel Foucault. 2003. *Madness and Civilization* p4

⁴⁴ BLI/17A, Morrab Library.

⁴⁵ Bridget Franklin.. 2002. “Hospital - Heritage - Home: Reconstructing the Nineteenth Century Lunatic Asylum,” *Housing Theory and Society*, 19.3–4: 170–84 p174

It is important to acknowledge that the surviving artefacts of Blight's existence within the asylum owe their survival to Blight's extremely fortunate economic position in the asylum compared to so many inmates who were considered 'pauper patients'. For example, the fact that Blight was literate and had access to paper and writing tools in itself was a privilege abstained through his social status. Scull takes this further, 'By their very nature, these sorts of records are biased and partial. Biased by class, because rich patients were confined in small institutions with large numbers of staff to dance attendance on them and minister to their needs (though no more able to make them better); and because the much higher doctor-patient ratio, if it could not buy more cures, brought more attention, and more disposition to record what was going on. And of course, these patients were literate, as many of their poorer counterparts were not.'⁴⁶ Indeed, Blight had access to various luxuries that 'pauper patients' would not, such as walks outside of the asylum in the town of Bodmin, a better diet, or day trips to the small town of Porth where they were permitted to swim and spend time exploring the nearby beaches. It was obvious that there was a high staff to patient ratio, and Blight became a well known and understood patient by his superiors, flexibility in his asylum schedule allowed space to be created for Blight to continue with his artistic pursuits. For example, on 19th September 1873, Blight writes, 'I have accustomed myself to take rapid sketches, I have taken rapidly sketches in those walks in the neighbourhood of Bodmin, so that that custom of mine I fancy to pretty generally known, and children and persons may even attire and station themselves so kindly afford me the opportunities to sketch them, and gentlemen who have accompanied in those walks by little delaying opportunities may have personally lingered to have afforded me time to complete such

⁴⁶ Andrew Scull. 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* p234

sketches occasionally.⁴⁷ Of course, those confined within the pauper areas of the hospital would not have been granted access to such a luxury, they would have been 'likely to face poor conditions and institutional neglect.'⁴⁸ For example, 'It seems likely that the pauper accommodation was entirely of cells and seclusion units, the more spacious accommodation being reserved for paying patients'⁴⁹. For many, surviving despite the lack of basic needs was a daily challenge, experiencing a narrow margin 'between subsistence and starvation, and the crowded character of their living arrangements intensified the difficulties they must have faced in coping with the disruptions and depredations of the mad.'⁵⁰ Physical restraint was still heavily implemented as a means of exerting authority on the pauper patients, with irons and fetters as one example of this kind of discipline. However, for the private patients like Blight, relatives could pay for extra asylum staff for restraint if needed, as it was not deemed appropriate for physical restraint to be deployed on 'gentlemen'. Blight would have been subjected to exactly this genre of treatment, as a means of detaining him and preventing him from further involvement in the community in Penzance, as Andrews illustrates, 'Private care relieved the rich of the burden of their troublesome and unmanageable relations, and sequestered them far from public view. To an increasing extent parish authorities also got in on the act, paying small sums to those willing to provide places of confinement for difficult or impossible characters of the meaner sort'⁵¹. Despite Blight feeling a strong sense of abandonment by the intellectual and artistic community that once avidly praised his prodigal skills, his contemporaries continued to finance his life within the asylum, cultivating enough funding for him to remain stationary in the relative comfort of the Carew Building for the rest of his life within the asylum.

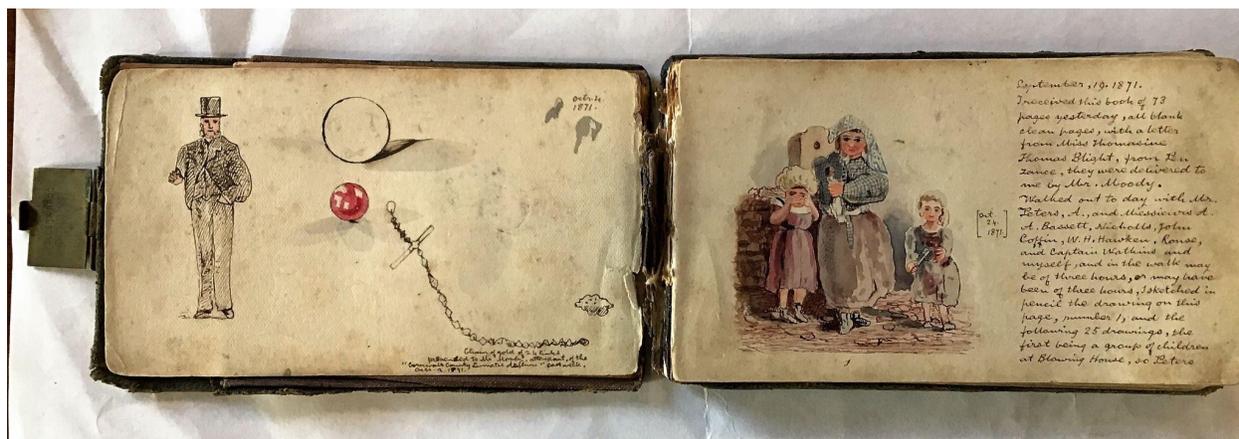
⁴⁷ BLI/15A, Morrab Library.

⁴⁸ Berkenkotter and Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* p136

⁴⁹ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital, Bodmin* p35

⁵⁰ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital, Bodmin* p24

⁵¹ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital, Bodmin* p18



The Stigma itself of Blight's psychological condition and the consequences it brought upon his life can be elucidated through looking at Erving Goffman's *Stigma Theory*. Goffman was a preeminent Canadian sociologist and social psychologist, who pioneered studies on the social situation of patients in asylums and the concept of stigma, which he attributed to a situation where an individual is discredited for any shortcomings which prevent them from achieving common social standards. Goffman dictates, 'The Greeks, who were apparently strong on visual aids, originated the term *stigma* to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor - a blemished person, ritually polluted, to be avoided, especially in public places.¹⁵² Of course, the stigma of mental illness does not have any particular obvious visual cues, yet the treatment of the insane in the nineteenth century were not dissimilar. Insane persons were taken away from the public so that they could be effectively avoided, they were thought, as Blight illuminates in his own writing, as 'imperfect' and damaged. Of course, the society around a mad person, as suggested by many

⁵² Erving Goffman. 1990. *Stigma: Notes on the Management of Spoiled Identity* (Harlow, England: Penguin Books) p1

psychologists, creates its own standards and discourses to live by, externalising any difference or failings into other individuals, using what may be different about the other to further define themselves. Goffman continues along this path of enquiry, 'Social settings establish the categories of persons likely to be encountered there. The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought.'

⁵³ Evidently, Blight did not acclimate well to the social routines of the community he was living amongst, in fact, the stigma of insanity was so intense for Blight that he wrote in his diary, 'I think I also dreamt last night that my said brother Mr. Joseph Blight had died in some way on account of my being here.'⁵⁴ Blight, despite his apparent madness, seemed to retain a profound awareness of this stigma that had become enmeshed within his thought processes. At times in his writing, Blight arrived at a place of denial, perhaps to preserve his egotistical state through failure to admit that he was on the same level as the other insane persons that he was incarcerated alongside, 'I had been considering as to whether this place is real as a place of confinement or whether it be a place of testing personas for some office or appointment, as of secret society'⁵⁵ Blight's apparent refusal to accept the reality of his situation gives rise to just how stigmatised and abhorrent it was perceived to be 'mad' in the nineteenth century. Scull illuminates this further, 'Madness has much broader salience for the social order and the cultures we form part of, and has resonance in the world of literature and art and of religious belief, as well as in the scientific domain. And it implies stigma, and stigma has been and continues to be a lamentable aspect of what it means to be mad.'⁵⁶ Despite this stigma, madness continued to be a subject of stagnantly problematic fascination for nineteenth-century

⁵³ Erving Goffman. 1990. *Stigma: Notes on the Management of Spoiled Identity* p1

⁵⁴ BLI/17A, Morrab Library.

⁵⁵ BLI/17A, Morrab Library.

⁵⁶ Andrew Scull. 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* p14

society, as another cultural commodity ready for consumption which, regretfully, 'never quite went away in the popular imagination.'⁵⁷ For Blight to place his madness at a distance as a means of separating himself from his own psychological reality, and for the wider society to place Blight at an isolated distance somewhere he could be comfortably forgotten about, these examples are evidence enough to illustrate the lamentable effect of stigma on marginalised persons. Ironic perhaps also, as Scull would argue, as 'In important ways, that is, madness is indelibly part of civilisation, not located outside it. It is a problem that insistently invades our consciousness and our daily lives. It is thus at once liminal and anything but.'⁵⁸



Many Blight experts conclude their autobiographical findings with the same quote from Blight's diaries: 'Fancy my friend who reads this, friend or enemy, the quiet of those urns left in some wilderness, common, moor, tarn, field, plain, rock, or cairn, to repose I dead silences at times, then broken by the single twitter of a bird.'⁵⁹ Perfectly encapsulated here, Blight was always thinking of his legacy, he was very much enamoured by the idea of being remembered as a

⁵⁷ Berkenkotter and Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* p132

⁵⁸ Andrew Scull. 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* p10

⁵⁹ BLI/15A, Morrab Library

prodigal and highly skilled artist and archaeologist, whose contributions to these two fields were prolific and valuable. Unfortunately, Blight was thwarted by his psychological state, which led to Blight's incarceration at St Lawrence's Hospital, causing his life to end ironically in total ambiguity, forgotten to the world for decades, so much so that 'His publisher Parker produced the second edition of his "Churches of West Cornwall" in 1884 and, in a note at the beginning of the book, he informed the reader that the author had recently died...For the truth was that Blight was not dead and did not die until 1911'⁶⁰.

Through the analysis of the perception of insanity in the nineteenth century alongside an exploration into the history of St Lawrence's hospital, we can better understand Blight's experience of madness and his subsequent admission to the asylum, and the pain, misery and confusion Blight must have felt during his time there. As Scull exhibits eloquently, 'The pain and misery that losing one's mind entails for its victims, for their loved ones and for society at large is something no one who encounters this subject can or should ignore, nor minimize.'⁶¹

References:

- 1) Selena Bates and Keith Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* (Truro, England: Windowbox Books) p7
- 2) John Michell. 1977. *Short Life at the Land's End* (London, England: Compton Press) p51
- 3) Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p24
- 4) Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p7
- 5) Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p29
- 6) Michel Foucault. 2013. *History of Madness* (London, England: Routledge) pviii
- 7) John Michell. 1977. *Short Life at the Land's End* p24
- 8) John Michell. 1977. *Short Life at the Land's End* p21
- 9) John Michell. 1977. *Short Life at the Land's End* p30
- 10) Bates and Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* p104

⁶⁰ CT. Andrews. 1978. *The Dark Awakening: A History Of St Lawrence's Hospital, Bodmin* p77

⁶¹ Andrew Scull. 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* p11

Works Cited:

- Arrigo, Bruce A., and Christopher R. Williams. 1999. "Chaos Theory and the Social Control Thesis: A Post-Foucauldian Analysis of Mental Illness and Involuntary Civil Confinement," *Social Justice (San Francisco, Calif.)*, 26.1 (75): 177–207
- Bates, Selina, and Keith Spurgin. 2006. *The Dust of Heroes: The Life of Cornish Artist, Archaeologist and Writer John Thomas Blight 1835-1911* (Truro, England: Windowbox Books)
- Berkenkotter, Carol, and Cristina Hanganu-Bresch. 2019. *Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920* (Columbia, SC: University of South Carolina Press)
- Cummins, Ian. 2019. *Mental Health Social Work Reimagined*(Bristol, England: Policy Press)
- Foucault, Michel. 2003. *Madness and Civilization* (London, England: Routledge)
<<https://doi.org/10.4324/9780203164693>>
- . 2013. *History of Madness* (London, England: Routledge)
<<https://doi.org/10.4324/9780203642603>>
- Franklin, Bridget. 2002. "Hospital - Heritage - Home: Reconstructing the Nineteenth Century Lunatic Asylum," *Housing Theory and Society*, 19.3–4: 170–84
- Goffman, Erving. 1990. *Stigma: Notes on the Management of Spoiled Identity* (Harlow, England: Penguin Books)
- Laurence J., Ray 1981. "Models of Madness in Victorian Asylum Practice," *Archives Europeennes de Sociologie. European Journal of Sociology. Europaisches Archiv Für Soziologie*, 22.2: 229–64
- Michell, John. 1977. *Short Life at the Land's End* (London, England: Compton Press)
- Philo, Chris. 2012. "Troubled Proximities: Asylums Cemeteries in Nineteenth-Century England," *History of Psychiatry*, 23.89 Pt 1: 91–103
- Scull, Andrew. 2014. *The Insanity of Place / the Place of Insanity: Essays on the History of Psychiatry* (London, England: Routledge)
- . 2020. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*(London, England: Thames & Hudson)