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On the Artistic Propensity of Pathology: Georges Didi-Huberman and the Invention of Hysteria

Abstract: The aim of the present study is to discuss the criterion by which clinical photography (such as Salpêtrière Hospital's *Iconographie photographique*,¹ consisting in stances of the asylum's patients in various stages of delirium, agitation, spasms and fits) can be contemplated from an aesthetic point of view. The theoretical support for this proposal is the *Invention of Hysteria* by Georges Didi-Huberman, who, approaching categories of literary and cultural theory, doubled by a keen observation of the unfolding of the clinical practices in the second half of the 19th century and of the emergence of photography, detects a certain fetishization of the hysterical body through the assimilation of the mental image of hysteria with a collection of valid, consecrate picturesque manifestations.

Keywords: Clinical Photography; Aura; Clinical Gaze; Museality; Portrait; Classical Tableau; Simulacra; Picturesque; Salpêtrière; Jean-Martin Charcot.

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Nor can I myself escape this paradox of atrocity, for I am nearly compelled to consider hysteria, insofar as it was fabricated at the Salpêtrière in the last third of the nineteenth century, as a chapter in the history of art.
Georges Didi-Huberman²

For there existed a region where madness challenged the work of art, reduced it ironically, made of its iconographic landscape a pathological world of hallucinations; that language which was delirium was not a work of art.
Michel Foucault³

Introduction

The 11th issue of *La Révolution Sur-réaliste* from 1928 comprises a celebratory article written by Louis Aragon and André Breton, on the occasion of the so-called *centenary of the hysteria*. The article, illustrated with photographs from the asylum of Salpêtrière under the caption *Les attitudes passionnelles en 1878*, concludes in



a triumphant fashion: “Hysteria is not a pathological phenomenon and may, in every respect, be considered to be a supreme mode of expression,” right after stating that this celebratory act is designed to honour “the greatest poetic discovery in the late 19th century.”⁴ It was indeed a time of manifested exuberance and vivid schism of the traditional creeds concerning the reservoir of valid artistic motifs, but proposing hysteria as a *mode of expression*, rather than a ubiquitous, lingering malice still triggered confusion and consternation among the intellectuals of the time. There are several dilemmas emerging from such a declaration, dilemmas that had already haunted the collective imaginary: that madness in general may be projected as a diaphanous alterity, with its ancient and medieval multifarious understanding (both as an apparatus of prophecy and *bizarrierie*), rather than being confined in a clinical orchestration; that there is a certain conjunction between folly and art; that hysteria, in particular, was “invented” in an aesthetic sense (or better, rediscovered) by the medical practice, this “invention” having certain repercussions within the history of art. This entire ecosystem of thought exploded, however, with Foucault’s *Madness and Civilization. The History of Insanity in the Age of Reason* from 1961, in whose preface, he laments the fact that the language of psychiatry is nothing more than “a monologue of reason about madness [...] established only on the basis of such silence” – the silence forced on the madman by the man of reason, through the refusal of the former’s mutilated syntax⁵. Moreover, he also notices the fact that the modern man does not converse with the madman and that by commissioning the physician to control the discourse of

madness “a relation only through the abstract universality of disease” is imposed.⁶ Foucault’s take on the background of madness goes beyond the realm of cultural theory by proposing a two-way approach on the history of pathology, pertaining to an archaeology of the epistemes: rather than simply contemplating the storehouse of mentalities, Foucault seeks for the external circumstances of such paradigmatic structures. Another trend of thought concerning this matter surfaced in Deleuze and Guattari’s *Anti-Oedipus* in 1972, revamping and adorning the “schizophrenic” as the consistent ideal of the escapee from the alienating and restricting categories of identity, family and society. Thereby, through his demolished identity and the absence of the concern with the “self,” the schizophrenic was regarded by Deleuze and Guattari as a benign sample of outlook on existence.

This is the French cultural arena in which Georges Didi-Huberman (b.1953) concocted and published the *The Invention of Hysteria. Charcot and the Photographic Iconography of the Salpêtrière* in 1982. Through a distressed marriage between cultural theory, medicine and art, this work unfolds the symptomatic survey of the process of recording the aspects of hysteria at Salpêtrière Asylum in the second half of the 19th century through the means of photography, the vanguard revelation of the moment. The year that the surrealists considered the milestone in the study and rediscovery of hysteria is 1878, the year when Desiré Bourneville and Paul Regnard’s *Iconographie photographique de la Salpêtrière, Service de M. Charcot* was published. Jean-Martin Charcot worked and taught at Salpêtrière for 33 years. His influence regarding the study of neurology



is quite vast and he inspired the series of *Iconographies...* as well, being one of the pioneers of the clinical use of photography. And this is the point where certain aspects of the routinization of this iconographic practice provides food for thought regarding the not so unequivocal borders between medicine, deontology and art. In the “Argument” of the study, Didi-Huberman claims that photography is in the privileged position “to crystallize the link between the fantasy of hysteria and the fantasy for knowledge.”⁷ The consortium between the physicians’ thirst for images of insanity and the disposition of hysterics to actualize the artistic stance through heavily theatricalized bodies concluded in the hysteria’s *visual fabrication* in the clinic, an exemplary and programmatic fabrication, an *ars poetica* for the mellow, disjointed rhymes of madness.

This paper will serve as an endeavor to sum up Didi-Huberman’s take on the procedural aestheticization of hysteria at Salpêtrière, namely the way in which the history of art and the history of pathology intertwined and how, through the conceptual contamination between these two dimensions, an eerie cultural complex resurfaced – the opposite tendency of mystifying madness or dismantling it of its slender disparity. This paper will discuss the most important notions regarding the artistic status of the clinical photography as it follows: the *aura*, the clinical gaze and power relations (between the photographer/stage director and the photographed), the *mise-en-scène* (staging & posing), various aesthetic layers of the process (the *tableau*, the *nature morte*, the picturesque and its indexical value), and the museality of the clinical photography. The present paper

will not tackle the artisticity of photography in general, since it constantly “evades us” when coercively shoved into categories and enslaved to taxonomies (as Barthes declares in *Camera Lucida*), given that the classification of photography (be it empirical, rhetoric or aesthetic) is always *external* to the object and can be tested on other (older) forms of representation. The essence of photography resides merely in its novelty, the ever-present *advent*.⁸ Photography is, thus, unclassifiable, or it cannot be approached within the traditional artistic taxonomy (as Walter Benjamin infers when he deplores the obstinacy to examine its status in the realm of long-established understanding of art, not by the metamorphosis that photography generated inside the very essence of art).

1. The Aura – The Portrait

The concept of *aura* is proposed by Benjamin in his essay from 1936, “The work of art in the age of mechanical reproduction,” and can be understood as a residual evidence of the fact that traditional art emerged from a ritualic ecosystem – thus being the subtle certification of an anagogic genesis. This fluid concept can also be grasped as the immaterial occurrence of authenticity, through a chronotopic deployment: “aura... a strange tissue of space and time: the unique apparition of a distance, however near it may be”. Photography and cinema are anti-auratic artistic forms in Benjamin’s assessment, but he warns that the aura crawls in surreptitiously through the portrait, which exhibits the debris of the ritualic, cultic origin of art. Salpêtrière and its iconographies are the breeding ground of aura, as



the portrait was deemed to be the representational mechanism of hysteria. “Why the face?” wonders Didi-Huberman.¹⁰ Because the face functioned as the “corporeal surface (that) makes visible something of the movements of the soul,” in the purest Cartesian logic. “Why the face?” Because of the inclination of the photographers and doctors that designed the iconographies to see in the face *the facies*, the somatic malediction of hysteria.¹¹ “Why the face?” Because the photographic techniques of Salpêtrière and the Prefecture de police were identical, trying not only to create an evidence of the personae non gratae, but also to disclose the *facies*, in an almost physiognomic fashion, trying to capture symptoms, attitudes, syndromes that would assemble the coveted tableau of estrangement. “Why the face?” Because the face was the event, the portrait was the stage. Didi-Huberman notices a certain penumbra of the portraits from *Iconographie photographique de la Salpêtrière*, especially the first volume, detail that he refuses to perceive as a simple mismatch of light, but rather as a staged dimness designed to embody the paradoxical “revealing and concealing of the Being.”¹² The ontological laziness of the subject’s photographic epiphany is an oxymoronic concealment of the Being through the all too present reality of the photography. In the vicinity of the auratic experience of scattered time, “the unique being” surfaces, as the image of Roland Barthes’ mother is reconstructed by an anamnestic effort in the *Winter Garden Photograph*.¹³ The time and the aura are umbilically joined since they nurture each other – be it the passing of time and the silent dirge that accompanies this passing in the collective imaginary or that ritualic *illo*

*tempore*¹⁴ – these are forms of auratic contaminations of time that photography devours, then exhibits. Photography inhabits time and it simultaneously implodes it, since its very representational logic is built up on time transference, actualization, and deferment.

The clinical portraits of Salpêtrière are auratic not only through this fusional otherness of time, but also through the experience of pathology as difference, spectacular difference. It is almost as the fluid aura of clinical photography can be outlined through Derrida’s concept of *différance* that encapsulates both the temporal overtone of existential postponing (in the portrait, the being is on hold, waiting in a cold fixity for actualization) and the mesmerizing overtone of the difference/otherness of hysteria.¹⁵

2. The Clinical Gaze – Relation of Power

The gaze cannot be severed from the aegis of power choreographies (or *biopolitics*, the term Michel Foucault coined). The gaze entails the investment of a hierarchy of power, the one that is gazed at being thus objectified. In *The Birth of the Clinic: An Archaeology of Medical Perception*, Foucault tackles with this very objectification of the patient when he coins the “clinical gaze” syntagm – which means that the body and the identity of the patient are disjointed, leaving the bare body in the field of politics and biopolitics.¹⁶ Didi-Huberman speculates on this concept that administers the power relations between the contemplated hysterical body and the carriers of the gaze (physicians, photographers, medical dictionaries, and so on). The clinical gaze implies



a paradoxical stance, because it operates through a necropsy on the living: “to know life, it must be vivisected.”¹⁷ By searching for the pathological vestiges, for the *facies* through this anatomical (gr. *anatemnō* = to tear, to cut open) approach, the clinical gaze behaves as a symptomatic apparatus, detecting in the patients only the traces of hysteria, not those of identity or past (except for the traumatic occurrences that are of sheer interest, but again, in the sense of their restaging with the purpose of inciting the illness’s corporeal manifestation). The clinical gaze dehumanizes, turning the object of observation into an object proper. The *case* of the patient is carried on through visual procedures of classical surveillance: diagnosis, prognosis, history, observation, and this visual arrangement of the diseased body creates what Didi-Huberman coins as a “fine sensibility,” a “sensory knowledge,” and in any case, an “aesthetic, a scholarly aesthetic” of psychopathology.¹⁸ The visual investiture of the medical observation is a modern, empiricist, and positivist design. The ancient and medieval Galenic practice resorted to a metaphysical filter regarding the relation between the doctor and the patient, since the ontological duality that shaped the collective imaginary urged an arrangement made of inscrutable internal causes leading to extrinsic symptoms and treatment, as well. When this duality crumbled more or less in the dawn of modern age, what remained was the residue of such a puzzled and diaphanous understanding of the afflicted body: its mystery turned into artisticity. Since the modern clinical observation designed itself on the visual tier, the artisticity of psychopathology resorted to the visual realm, as well.

3. Democratization of the Visual

Photography has a paradoxical vocation: it prevails as the agency of progress, serialization, reproduction, industrialization in art (alongside with cinematography), but conserves at the same time the artistic otherness, the aura. Jacques Rancière notices the fact that there is a certain equivocal in the vicinity of the components of “mechanical arts” syntagm, since it compiles a scientific paradigm and an aesthetic paradigm.¹⁹

Rancière (unlike Benjamin, who stated that the photography and cinema do not need taxonomic affirmation) contemplates the itinerary in which the first phase would be the recognition of mechanical arts as arts proper. The step that follows would be the democratization of the subject of representation, leading to the visibility of the anonymous masses in such a vigorous fashion that this very democratization of visibility would become the guarantee of the aesthetic value of mechanical arts.²⁰ The clinical portraits of Salpêtrière are examples of desirable democratization of the visible by means of giving credits to anonymous subjects that are suspended through alias, stage names, hollow identities – all in order for the carnival of hysteria to burst out its disparate rhythms. With an exception, however: “The charming Augustine,” the occurrence when the spectacle of disease and the symptomatic choreography were so heavily aestheticized that it became an individualizing mechanism inside the indiscernible body of illness – a classical case of the actor eclipsing the character embodied.²¹



4. *Mise-en-scène* – Staging and Posing – The Spectacle of Hysteria

The clinical gaze cannot be perceived as an entirely cynical dehumanizing visual coercion, since there is a certain voluptuousness not only in directing the spectacle of hysteria, but also in posing in this carnival of alienation. This fact does not alleviate the leading role of the doctors/photographers at Salpêtrière – directors of this theatre of psychopathology. The aestheticization of the hysterical body pertains to selection, in particular. Charcot searched for the classical exemplarity of hysteria – one of his works, *Les démoniaques dans l'art* contains historical pictorial depictions of an overly visual insanity – hence, Salpêtrière was for him the ground of staging these *valid* (validated by the history of art and artistic reception, in this case) manifestations of madness. The ruse Charcot resorted to was to hide this staging under the presumed objectivity of the photography – *I present things how they are, since I photograph them*. The ideal/ideal of this presumed objectivity springs from the seemingly authentic and honest representational mechanism of photography – that “conquest of the world as picture”²² and from a certain *non-intrusive* logic of the clinical gaze that mutely witnesses the spectacle of hysteria, the “silent dramaturgy (where) the symptom becomes sign.”²³

Firstly, this apparently honest representational mechanism of photography has a selective coherence and the staging of hysteria also lies in what is absent in the photo, not in what is present(ed). The striking absence in the clinical photographs of Salpêtrière is, paradoxically, the *backstage*.

The careful arrangement of the hysterical body, the studied attitudes of the patients and a neat spatialization – all of these lead to the insight of the backstage by its very absence. The clinical photographic portrait prompted an oxymoronic oddity: the authentication of an existence was accomplished through theatrical methods, since the backstage consisted in quite a crowded lot of necessities: make-up, scenery, costumes, lights and so on. Didi-Huberman notices that the obsession of the time (and of the *Iconographies...*) was the *resembling* – the angst derived from the thirst for evidence, for realia lead to the simulacrum, a “sacrilege [that] ruins evidence, from a theatre” (65). The simulacrum is the ultimate *mise-en-scène* since it stages reality, leading to what Baudrillard called hyperreality – the fictionalizing of reality being consequently indiscernible from reality itself²⁴. The clinical portraits from the *Iconographies* are such tokens of hyperreality because the borders between staging, pathology, poses, and symptoms are ambiguous and the striking mannerism of the visual of hysteria leads to vestiges of the backstage, a backstage that is expelled in order to display the neat (seemingly real) fiction of madness.

Secondly, as stated in the third chapter “Legends of photography,” no spectacle is possible without the *mise-en-scène*, the staging, the extrinsic dictatorship of meaning, choreography, etc. Under no circumstance could the clinical gaze be non-intrusive, in the fashion of the *glance* that was envisioned in *The Birth of the Clinic* as the silent counterpart of the gaze,²⁵ since it directed the theatricalization of hysteria – it selected, excluded, arranged the tableau of pathology in the spirit of the established



aesthetic stance. Charcot also used patients from Salpêtrière at his famous Tuesday lectures.²⁶ Their very summoning and the parade of the pathological being reduced to an assortment of symptoms are invasive and coercive forms of casting in the open the bare body of hysteria. The theatricalization of clinical photography at Salpêtrière also resorted to the restaging of the inaugural traumatic experience – through strong noises, light and other resources a strong upheaval of the patients was desired and needed in order to capture in photographs the *facies*, the symptomatic corporeal manifestation of the catalyst of hysteria.²⁷

5. Various Aesthetic Layers

i) The Classical Tableau

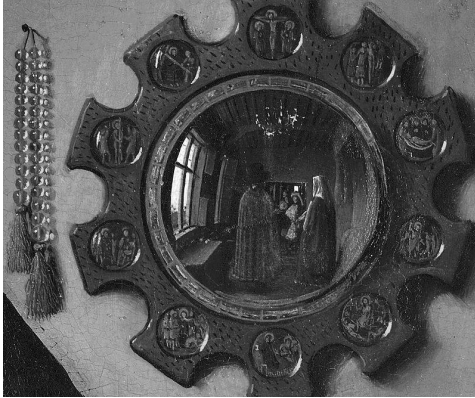
Didi-Huberman acknowledges that the clinical portraits of Salpêtrière are the harvest of a certain voluptuousness of posing. The majority of the patients depicted in *Iconographies* were aware of the clinical and photographic gaze and this awareness lead to their weak resistance (at least at the first attempts) to having their photography taken. Charcot was seeking a unitary dramatic tableau – “he was creating a scenography in accordance with the unity of place and time of the most *classical* representation.”²⁸ The majority of his patients were willing to provide the desired pose that would successfully fit in this classical tableau of hysteria, but Didi-Huberman notices that the willingness of the patients wasn’t a core requirement since the spectacle of hysteria lingers even if they lose consciousness. The classical tableau is a rancorous act of the academy regarding the heterodox propensity of hysteria – it can

finally be *classified* and a tidy taxonomy can ultimately be promulgated: “Richer surveyed the *complete and regular form of the great hysterical attack* in eighty-six figures [...] in a single synoptic chart.”²⁹

ii) Nature morte

The madmen all over Europe were obliged to pose (in a broader sense – posing for the sake of taxonomies, tableaux, amusement, etc.) and their partial inability to grasp the purpose of their display as malign, fearful or exotic alterity is what turns them into objects of representation in the most contemptuous way. The hysterical body is seen as numb, spiritless. Didi-Huberman recalls the mortmain – the old-fashioned practice that would let the master dispose of his vassal’s goods upon the latter’s death.³⁰ This decrepit practice is updated by the *Iconographies* – the hysterical body is merely a possession of the carrier of the gaze. *Upon the latter’s death* – the loss of rationality is contemplated as a form of decease, leaving the bare pathological body in the open – the open of biopolitics and clinical, coercive visibility. Giorgio Agamben noticed that the nascent Western democracy placed in the centre of its battle against absolutism through the habeas corpus writ the *zoe* – the bare, anonymous life (We command you, that the body of X...) and not *bios* – the life of the citizen: “It is not the free man and his statutes and prerogatives, nor even simply homo, but rather corpus that is the new subject of politics.”³¹ The *zoe*, the bare life in biopolitics is translated in the clinical representational project as the objectifying of the hysterical body by depicting it as a variety of the *nature morte*, since it is excluded from the *bios*

and the epic, individualizing picturesque arrangement that the *bios* imposes on the art of portrait.



van Eyck – *The Arnolfini portrait*
detail – the convex mirror

iii) Indexicality

There is a tremendous shift in sight that photography produced as Emile Zola noticed: “you cannot claim to have really seen something until you have photographed it.”³² It also encapsulates a strong indexicality, dealing with the “this” – *Das Diese* – the here and now – fashioning a new manner of attesting the “this.”³³ Gombrich notices in his *History of art* that in Van Eyck’s *The Arnolfini Portrait* the presence of (presumably) the painter himself in the convex mirror as a witness of the solemn moment of engagement (above the mirror is a visible signature: *Johannes de eyck fuit hic – Jan van Eyck was here – 1434*) is an important metamorphosis in the understanding of the role of the artist – he could function as a perfect recording eye.³⁴ The *Iconographies* functions indexically, as well, attesting not only the otherness of the hysterical body, but its “this,” its occurring presence and the event of hysteria that

needs a recording eye – what recording eye could be more reliable than the eye of photography? In the same spirit Cartier-Bresson narrates his first encounter with the Leica that “became the extension of my eye, and I have never been separated from it since I found it.”³⁵

5. The Museality of the Clinical Photography – Conclusion

Charcot designed at Salpêtrière a “living museum of pathology.”³⁶ The *Iconographies* were merely “collections” and the patients were living works of art, carriers of a highly aestheticized calamity – Augustine’s *attitudes passionelles* were seen by Richer as frequent “plastic poses.” The clinical observation of hysteria – the *seeing to know* served as an alibi for the aesthetic take on psychopathology – the covetous *seeing to see*.³⁷ There is a certain museality of the pain and madness and it is not an ethical one – “This is the crucial phenomenological problem of approaching the body of the Other and of the intimacy of its pain. It is the problem of the *violence of seeing* in its scientific pretensions to experimentation on the body.”³⁸ The very act of seeing can be intrusive when it leads to the violently enforced visibility of the otherness in an exemplary, cynical fashion. The proximity between clinical practice, literary & artistic paradigms and the bare body of psychopathology can only lead to a culpable museality, a distorted auction of pain, since it enforces a taxonomy through whatever it may take, even the simulacrum, even the staging, all for the desired psychopathological tableau. Michel Foucault ends his *History of Madness* with the assertion that the madness and the work of art



are contemporary and that “the madness in which the work of art is engulfed is the space of our enterprise.”³⁹ The space of personal enterprise comprised at Salpêtrière an extremely opaque stage and museum of alienation – the subject of these places of visibility and estrangement at the same time being the hysteric throughout his aesthetic *fabrication*. The criteria by which the clinical photography of the *Iconographies*

can be considered an artistic stance is by the heavily theatricalized bodies it depicts and by the striking absence of the ritual of the backstage. All of these point to the fact that the desire to artistically *represent* overcame the urge to clinically *present* and that the hysteric is only the recipient of a misfortune prone to aesthetization and, consequently, to consecration as a form of an alienating art, nevertheless art.

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NOTES

1. *Iconographie photographique de la Salpêtrière. Service de M. Charcot* (1876-1880) was a three volume album of photographic and illustrated depictions of hysteria, arranged and published by Paul-Marie-Léon Regnard (physiologist) and Désiré-Magloire Bourneville (neurologist) under the aegis of Martin Charcot, the one who redefined hysteria and proceeded to a taxonomy heavily aided by the nascent practice of photography.
2. Georges Didi-Huberman, *Invention of Hysteria – Charcot and the Photographic Iconography of the Salpêtrière*, Massachusetts, The MIT Press, 2003, p. 4.
3. Michel Foucault, *Madness and Civilization. A History of Insanity in the Age of Reason*, New York, Vintage Books. A division of Random House, 1988, p. 285.



4. Keith Aspley, *Historical Dictionary of Surrealism*, Plymouth, UK, The Scarecrow Press, Inc., 2010. Historical Dictionaries of Literature and the Arts, No. 43, p. 259.
5. Foucault, *Madness and Civilization*, p. XI.
6. *Ibid.*, p. X.
7. Didi-Huberman, *op. cit.*, p. XI.
8. Roland Barthes, *Camera Lucida. Reflections on Photography*, New York, Hill and Wang, 1981, p. 4.
9. Walter Benjamin, *The Work of Art in the Age of Its Technological Reproducibility, and Other Writings on Media*, Cambridge, Massachusetts, The Belknap Press of Harvard University, 2008, second version, p. 23.
10. Didi-Huberman, *op. cit.*, p. 49.
11. *Ibid.*, p. 50.
12. Martin Heidegger, "The Age of the World Picture" (1938) in *The Question concerning Technology and Other Essays*, New York, Harper and Row, 1977, p. 154.
13. Barthes, *op. cit.*, p. 71.
14. As Mircea Eliade defines the sacred, initial temporality – breeding ground for a cyclic outlook on existence (that leads to a logic of reenacting this originary complex) in his *The Sacred and the Profane* in 1959.
15. In French, *différer* means both *to differ* and *to defer*.
16. Michel Foucault, *The Birth of the Clinic*, Routledge – Taylor & Francis Group, 2003, p. 107.
17. Didi-Huberman, *op. cit.*, p. 20.
18. *Ibid.*, p. 26.
19. Jacques Rancière, *Impartasirea sensibilitului*, Cluj, Idea Design&Print, 2012, p. 37.
20. *Ibid.*, p. 38.
21. Didi-Huberman, *op. cit.*, p. 65.
22. Heidegger, *op. cit.*, p. 134.
23. Didi-Huberman, *op. cit.*, p. 23.
24. Jean Baudrillard, *Simulacre si simulare*, Cluj-Napoca, Idea Design&Print, 2008, p. 5.
25. Foucault, *The birth of the clinic*, p. 122.
26. Charcot held open lectures on Tuesday, using the asylum's patients as plastic materialization of his clinical discoveries, taxonomies, etc. "He held courses on Fridays, lectures on Tuesdays. His evening receptions on Tuesdays in his private mansion, 217 boulevard Saint-Germain, were of course attended by high society: the elite of medicine, politicians (Waldeck-Rousseau), the most famous painters and sculptors (Gérôme, Rochegrosse, Dalou, Falguière), architects (Charles Garnier), men of letters (the Daudets, Mistral, Théodore de Banville, Burty, Claretie), art collectors (Cernuschi), police chiefs (Lépine), and even Cardinals (Lavignerie)" – Didi-Huberman, *op. cit.*, p. 18.
27. Didi-Huberman, *op. cit.*, p. 186.
28. *Ibid.*, p. 135.
29. *Ibid.*, p. 116.
30. *Ibid.*, p. 124.
31. Giorgio Agamben, *Homo Sacer. Sovereign Power and Bare Life*, California, Stanford University Press, 1998, p. 123.
32. Susan Sontag, *On Photography*, New York, Farrar, Strauss and Giroux, 1973, p. 67.
33. Didi-Huberman, *op. cit.*, p. 33.
34. Ernst Gombrich, *Istoria artei*, Bucuresti: Art, 2012 – the 16th edition, p. 245.
35. Sontag, *op. cit.*, p. 145.
36. Didi-Huberman, *op. cit.*, p. 17.
37. *Ibid.*, p. 245.
38. *Ibid.*, p. 8.
39. Michel Foucault, *Madness and Civilization*, p. 288.