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# 1: On Normality

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Criteria for normality are common today but the concept is actually a novelty which came about in the 1800s. Before then, bodily malformations were not viewed as medical issues in need of treatment or correction but as either God's will or a play of nature. Anatomical researchers and universities started to research physical oddities during the Enlightenment as a means to discover the secret to a healthy body which led to the idea of normality. According to these scientists, normality could be defined in a qualitative or quantitative manner. The first method indicated that body parts were compared to medical models or samples which represented an example of normality. The quantitative definition for normality was measurement.

Francis Galton, a cousin of Charles Darwin, attempted to define normality through qualitative and quantitative measures with composite photos. His goal was to establish different types of criminals and diseases. By comparing and superimposing photos of criminals and odd looking people, Galton tried to compose a pattern of what 'abnormal types' would look like. Contrary to his expectations, he found that these types looked just like everybody else.

It is not easy to define normality and past attempts have led to serious social consequences. Galton's ideas formed the basis for the theory of eugenics. Eugenics would lead in various European countries to the forced sterilisation and murder of people who were considered non-normal. The American civil service used lie detectors to track homosexuals in the army. It was widely believed that gay soldiers posed a danger to the national security because they were 'abnormal.' Even today, boys and girls are expected to behave in a certain way because of the gender they are born with. In the Victorian era, gender-based ideas of normality led to the institutionalisation of women who protested against their restrictions. Married couples were often at odds with each other because both men and women couldn't fulfil the expectations of their spouses.

A great example of a manner in which we use normality today is in medical diagnosis. Doctors can discover abnormal blood cells in the human body which may lead to an early diagnosis of cancer. Thanks to the early diagnosis, the patient has a better chance of survival. Today we can also recognise tumours as abnormal and intervene to protect our bodies through surgeries. In a similar fashion, therapists can diagnose mental health problems and recommend treatments to their patients.

## Sources:

The Science Museum, *Normality*, 2016.

<http://www.sciencemuseum.org.uk/broughttolife/themes/science/normality>. [Accessed: 11 August 2016].

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## 2: On Mental Health and Normality

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According to Roy Porter, the history of mental health is as old as humanity. The very idea of mental illness raises broad questions. What behaviour is normal? What behaviour is rational? Opinions have always differed on ways to define and treat mental health. Throughout the years, societies have found ways to do so. We will focus on the Victorian era and the 1960s.

Many people in the Victorian era, including psychiatrists, believed that women were naturally weak-minded and that they were better off as subordinates to husbands. Women were supposed to dedicate themselves to maternal and domestic duties only. This belief had ingrained itself within Victorian society. Women who rebelled against this constructed normality were often declared insane. Victorian psychiatry claimed that male dominance was therapeutic for these abnormal women. The author Charlotte Perkins Gilman addressed this patronising attitude in psychiatry in her short novel 'The Yellow Wallpaper.' The protagonist of this story suffers from "mild hysteria" and is sent on a "rest-cure" by her well-meaning but misunderstanding husband. Whilst there, she is ordered to rest and not to do anything that would stimulate her nerves. The under stimulation affects her mind as she becomes obsessed with the yellow wallpaper in her bedroom and descends into psychosis. This story shows that there is a real danger in viewing one set of characteristics as normal and regarding everything outside of those norms as abnormal, strange or dangerous.

Around 1900, a great deal of books were published on relations between men and women. One of these books was 'Married Love' by Dr. Marie Stopes which is on display in this case. Dr. Stopes tried to change the traditional way in which husbands and wives regarded each other. Her approach touched upon several issues that appear in marriages when spouses are not honest with each other about their expectations and intentions. These issues could lead to feelings of inadequacy, depression and 'frigidity.'

Until the 1960s and 1970s, psychiatry was seen by many feminists as a means to control women. Feelings of dissatisfaction were treated as a medical problem rather than as a spur to political changes. Many women who felt dissatisfied were given tranquilisers by their male doctors. After the 1970s, more doctors and therapists were women who were very aware of male-dominance in psychiatry and its consequences. The tranquilisers were replaced with proper anti-depressive medications and treatments.

### Sources:

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<http://www.sciencemuseum.org.uk/broughttolife/techniques/minortranquilizers>. [Accessed: 11 August 2016].

The Science Museum, *Moral treatment*, 2016.  
<http://www.sciencemuseum.org.uk/broughttolife/techniques/moraltreatment>. [Accessed: 11 August 2016].

The Science Museum, *Weak nerves*, 2016.  
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<http://www.sciencemuseum.org.uk/broughttolife/themes/mentalhealthandillness/womanandpsychiatry>. [Accessed: 11 August 2016].

## 2.1: LSD and ECT

There were two treatments that gained controversy in the 1960s and later. The first treatment was Electroconvulsive therapy which began in the 1930s when doctors started to experiment with the drug metrazol to induce epileptic-like convulsions in schizophrenic patients. The theory was that schizophrenia and epilepsy were opposed illnesses. The induced convulsions were so severe that it led to life-threatening injuries in the patients such as fractured spines. Ugo Cerletti was an Italian epilepsy specialist who wanted to produce a similar effect in a more controlled manner. He adapted electric shock techniques to stun animals and created ECT. This technique applied brief but powerful shocks via two electrodes called paddles which were placed on a patient's forehead. It was tried on a wide range of patients including patients with schizophrenia or severe depression. Despite improvements, it remained an aggressive treatment. All sorts of restraints and anaesthetic drugs had to be used to protect the patient from pain. Another side effect was amnesia which raised troubling questions about informed consent. ECT was heavily criticised from the 1960s onwards. Psychiatric drugs become more available and ECT became less popular. However, it is still used today on patients with severe depression.

The second controversial treatments were LSD trials. These treatments were also used in Powick Hospital in the 1960s. The drug LSD causes strange hallucinations. Many psychiatrists believed that LSD could unlock problems that patients were suppressing subconsciously. The treatment was controversial in Powick because a few people claimed that the drugs were administered without consent. It was also an experiment and many doctors were still deciding on what the best procedure was. Many members of the public believed that the drug was used to keep the patients quiet rather than to actually help them.

### Sources:

The Science Museum, *Electroconvulsive therapy*, 2016.

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### 3: On Normal Bodies

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The surgical set that is on display would be used to remove a benign tumour from the upper arm. This procedure is a form of reconstructive or plastic surgery.

According to George Bankoff, whose book is on display next to the surgical set, reconstructive surgery is the oldest type of medical procedure. It was used to restore the damaged human body to its original form. Methods for repairing broken noses were known and written down in Ancient Egypt by 1600 BC. An Indian doctor named Susrata developed a technique to reform noses that were cut off as a form of punishment or hacked off during battle. This technique was called rhinoplasty. The Branca family was a family of surgeons from Sicily who first developed new suturing techniques and surgical methods to repair wounded ears and lips. The first successful skin graft was carried out in 1817 by Sir Astley Cooper.

War in the 1900s led to significant changes in reconstructive surgery. Horrific injuries were common to many soldiers. Soldiers with disfigured faces would often stay inside in order to avoid the shocked looks of others. Doctors like Harold Gillies and Archibald McIndoe developed new techniques to repair disfiguring wounds as a way to improve the quality of life of these soldiers.

Reconstructive or plastic surgery makes a huge difference in the quality of life for a lot of people. Cosmetic surgery is very different because it is an elective procedure that alters the appearance of somebody. People can choose to undergo this procedure for various reasons: to conform to modern notions of beauty, to preserve a youthful appearance or for other personal reasons. These procedures used to be viewed as examples of vanity. The norms of beauty that exist today can make many people feel inadequate. Cosmetic surgery is seen by many people as a way to solve a physical problem but maybe it is a symptom of a larger issue. This issue is by no means new; people have done all sorts of things throughout the ages to gain an appearance that was fashionable at the time.

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