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Listening to Ghosts: Haunted Hospitals, Spectral Patients, and the Monstrous in Modern Medicine

Brenda S. Gardenour Walter

Twenty-first century America is haunted. On the big screen and small, the lens of Western popular culture reveals a paranormal renaissance, an undying obsession with the unseen world of ghosts and haunted spaces.[1] The popularity of "reality-based" television programs such as *Paranormal State* (2007-2011) and *Ghost Adventures* (2008-present), supernatural horror films such as the *Paranormal Activity* franchise (2009-2014), as well as countless websites dedicated to legend tripping and urban exploration, attest to our cultural fears of a horrifying past that hovers just out of sight yet demands to be heard. Across paranormal media, the structure most frequently investigated and presumed to be haunted is the hospital, in some cases still functioning, such as the Tooele Hospital in Utah, but more often neglected, abandoned, and falling into decay, such as the Linda Vista Community Hospital in Los Angeles. While all hospitals are suspected of paranormal activity, those constructed for the forcible confinement of individuals suffering from mental illness or communicable diseases are held to be the most haunted spaces of all, perpetual prisons for the ghosts of forgotten patients and the wicked physicians who were once their tormenters. Abandoned institutions such as The Willard Asylum for the Chronic Insane and the Trans-Allegheny Lunatic Asylum, to name but two, have been featured on paranormal investigation programs, their dark hallways and vacant wards probed with digital cameras and recorders by purported experts hoping to find evidence of their disembodied and doomed inmates. The Waverly Hills Sanatorium and the Danvers Asylum have both served as the settings for supernatural horror films such as *Death Tunnel* (2004) and *Session 9* (2001). In all of these narratives, the codes, signifiers, and embedded discourses of the abandoned hospital as a haunted institution remain disturbingly salient.

The lenses of transmedia storytelling reveal a culturally-coded and consistent image of the haunted hospital (Jenkins 1-4). At the core of this visual narrative is the ominous institution, a bounded structure beyond which lies the quotidian world of sanity and independent life. Within the boundaries of the asylum's precinct lurks a shadowy realm of half-lit corridors, gated wards, and padded cells where mechanical time ceases to exist. Here, the ghosts of abandoned patients continue to suffer in isolation, longing for love and human contact or raving in anger and torment as they battle unseen forces. Lost to themselves,

stripped of their personal agency and humanity, ghostly patients endure not only spiritual and mental anguish but also relive the physical pain they once experienced at the hands of medical professionals. The spirits of these nurses and physicians are often reportedly trapped within the asylum's walls. While the ghosts of nurses sometimes serve as motherly figures who protect their wards against pain and suffering, they are more often subservient to wicked physicians who subject defenseless and voiceless patients to torturous therapies such as electroshock, sensory deprivation, ice-water baths, and lobotomies. The spectral physicians who stalk the haunted hospital are often rumored to have performed illegal experiments such as vivisection on their patients in order to fulfill their sadistic sexual desires or to advance medical research and inflate their professional reputation. The perversion and rapacity of these physicians is believed to have been so powerful in life that their spirits not only continue to torment the invisible inmates of the asylum but also pose a physical threat to curious members of the living who might venture in to investigate.

The narrative of the haunted hospital as seen through the lens of popular culture depicts an institution originally designed for the care of the vulnerable and suffering sick as a place of pervasive terror, a space in which the mind and body of a powerless patient are subjected to the unquestionable authority of a malicious physician who has absolute power over his prison-like domain. Where does such a horrifying collective vision emerge from? The very words hospital, from the Latin *hospes*, meaning "guest," and sanatorium, from the Latin *sanitas*, meaning "health," intimate that these should be safe places of respite and compassionate rehabilitation of the soul and body. In the medieval world, hospices and hospitals were integral parts of the Christian community, honored as sacred spaces where those chosen by God—including the mentally ill—suffered as an act of redemption for all. (Baldwin; Amundsen 175-221). It was here that the "Lord, like a most gracious physician" offered spiritual therapies, drawing his patients "back to salvation…from the jaws of hell." (Cassian 473). Neither haunted nor evil, the medieval hospital and its cultural narrative were akin to a Passion Play, a dramatic cycle meant both as a didactic experience for the viewer as well as a catalyst to spiritual catharsis and revelation (Wallis xix-xx).

Just as the medieval hospital reflected the values of the culture in which it was embedded, so too does the modern vision of the hospital as haunted and horrifying speak to our own culturally constructed and deeply conflicted beliefs about the nature of embodiment and the individuals and institutions to whom we have consigned our care. Through the abstract lenses of Michel Foucault and Julia Kristeva, the haunted asylum might be imagined as a manifestation of our collective fears regarding the disempowered and hospitalized patient body. In *Birth of the Clinic*, Foucault traces the development of the medical gaze with which the physician penetrates the human body, searching out its hidden secrets and making visible the invisible mechanisms of disease. In focusing on the mechanical, empirical, and clinical, the physician sees past the humanity of the patient, never encountering the incorporeal and therefore unquantifiable spirit housed within the haunted and creaking flesh, never hearing the suffering patient's voice. Entering into the abandoned asylum-body through the camera's lens, the viewer might be imagined to take on the role of the aloof and authoritative physician whose medical gaze probes the patient's darkest and most painful places, surveying an otherwise "secret and manifest space" in search of physical proof for the hidden causes behind the haunting (xiii).

In penetrating the asylum-body and confronting its occult festering sores, the viewer might also experience abjection. In *The Powers of Horror*, Kristeva argues that the human experience is one of being pulled between the fluid, emotive, and unspoken semiotic and the concretized and socially constructed symbolic order, "as if dancing on a volcano" (210). The duplicitous haunted hospital exists in the interstices of the symbolic and semiotic, being at once a place coded as life-giving, curing, revelatory, and clean but presenting as deadly, infectious, permeated by the invisible, and inherently unclean. Here, at "the place where meaning collapses" lies the experience of abjection, the loss of one's identity through the blurring of boundaries (Kristeva, 2). Through abjection, the viewer loses his or her discrete identity, which is collapsed with that of the collective and repulsive asylum-body, and through this takes on the role of the disempowered patient—penetrated, tormented, voiceless, forever trapped in a merciless machine. The haunted hospital likewise threatens the viewer with the dissolution of the self through pollution, be it the unseen disease lurking within his or her own haunted body or forcible penetration by the foul and invisible spirits of patients and doctors who would assimilate the living into their hell of perpetual confinement (Goodnow 33-37). Despite our horror, we are drawn again and again through the waiting doors of the haunted hospital. Of this seemingly perverse obsession with the source of abjection, Kristeva writes, "One does not know it, one does not desire it, one joys in it, violently and painfully. A passion" (9).

Hospital as Body

Through the lens of paranormal media, the physical space of the haunted hospital becomes a reflection of our own fleshy bodies, its bricks our very cells, its ghosts our memories and souls. That the form and function of our built environment should imitate the structures of the body should not surprise us. For example, the design of the medieval hospital followed the anatomy and physiology of the body according to dominant medical theories. According to Hippocrates and the medieval Muslim physician, al-Razi, the human body was susceptible to unhealthy winds and waters; accordingly, the hospital-body was situated in areas where it would receive fresh air and water to help balance the humors of those within its structure (Hippocrates). Many medieval hospitals, such as the *maristan* appropriated by the Knights Hospitaller in Jerusalem, followed Byzantine and Islamic models in their construction and featured separate wards for women and men. A similar pattern is found in single-roomed infirmaries, where men and women were cared for in bays on opposite sides of a central aisle (Miller; Tabbaa). Gender segregation fulfilled a practical function in medieval healing spaces; this arrangement likewise mirrored Aristotelian constructions of male and female bodies as contraries, in which "the male is by nature superior, and the female inferior; and the one rules, and the other is ruled; this principle, of necessity, extends to all mankind" (Aristotle, Book I, Part V). This binary division pertained in the structure of the human uterus, which was similarly divided into male (right) and female (left) halves. With the medieval construction of the human body as a lens, we might imagine the medieval hospital as a womb, a place of transformation, of becoming.

At the core of the medieval body was the heart, which produced the vital heat required for life, growth, and reproduction, and was responsible for rarifying humoral blood into the rational pneuma necessary for thought; it was likewise a tabernacle for the divine (Caciola 199; Hankinson 203). Accordingly, the heart of the medieval hospital was an enormous hearth

within which burned a perpetual fire that was used to heat the building, cook meals and prepare medicines, and illuminate the space with a purifying light that enriched the soul. Just as the medieval body was fully inspirited, the medieval hospital was a sacred space that featured a narthex and an altar. Warmed by elemental fire, flooded with heavenly light, the narthex functioned as the hospital's cranium, the area housing the brain responsible for rational contemplation of a divine order that included the suffering and sick as well as the healthy and whole. The hospital's altar was used for the consecration and distribution of the Eucharist, the flesh-bread and blood-wine that served as medicaments for the suffering soul and body combined (Brodman; Courtnay). Microcosmic reflections of the divine and social order, loci of medieval healing were open to the community at large. Family, friends, locals and strangers all passed through this fluid space to pray and be prayed for, to suffer and be made whole through healing or to find peace in death.

The structure of the modern hospital reflects very different perceptions of the human body and its fundamental nature. Unlike the fully ensouled and unbound flesh of the medieval world, the post-Cartesian body is bifurcated and confined. The physical structure of the modern body is imagined as a mechanism open to manipulation and perfection; within this machine exists a separate metaphysical entity called a "thinking thing" that wafts about, detached from the fleshy architecture surrounding it.[2] From Enlightenment mechanism through the biomedical revolution of the mid-twentieth century and into the postmodern age of nanotechnologies and transhumanism, the mechanical human body proposed by Descartes has been fractured into increasingly smaller, highly-specialized, and interconnected parts (Nayar; Kurzweil). In order to detect malfunction, the body is connected to diagnostic equipment, implanted with wires, and penetrated by cameras, its fluids analyzed through a wide variety of technical devices. The results are interpreted by physicians who apply algorithms in order to determine whether the body-machine is performing at optimal levels or is in some way deficient. Should one part be underperforming or broken, it can often be repaired through the kinetic action of pharmaceuticals or manual reconfiguration through surgery, or replaced completely with bioorganic or synthetic surrogates.

Like the complex flesh machine it was designed to maintain, the modern hospital is an enormous mechanistic structure sectioned off into discrete wards and bays arranged according to specialization and joined by linear passageways. Through these intricate and restricted spaces, patients are conveyed from workstation to workstation, much like a product on an assembly line. In this health factory—permeated by hidden ducts, tubes, plugs and circuits—mechanical time, the algorithms of evidence-based medicine, and the hierarchical authority of the physician govern all activity, ideally ensuring high standards and optimal healthcare outcomes (Sackett et al 71). This physical efficiency, however, comes at a cost. While the physical product is repaired or perfected, the invisible and incorporeal mind-spirit-soul of the patient becomes lost. Voiceless, it floats about the hospital-body in silence, watching from a distance as its objectified flesh-house is studied and operated upon by the all-powerful physician who uses his "sovereign" medical gaze to render the invisible mechanisms of disease visible (Foucault 31).

Looking back at nineteenth-century asylums and sanatoriums from the vantage point of the modern hospital-factory, these earlier institutions appear to be utter failures, nothing more than broken machines that were unable to mend the ethereal mind-souls of the

mentally ill or to cure those suffering from contagious and potentially fatal diseases. Accordingly, asylums—like the incurable patients they once housed—have been relegated to the overgrown periphery of the modern medical imagination where they might be forgotten as unfortunate relics of a dark pseudo-science from a time long-past. Just as the structure of the modern hospital reflects our cultural construction of the modern body, so does the abandoned hospital in its physical and imaginary forms reflect the contorted and ostracized bodies of those who were once forced to occupy them. Now long dead, their perpetual suffering is written in its stone-flesh, their chaotic thoughts scribbled on walls falling into dissolution.

Like the moldering corpse of a forgotten patient in his tomb, the abandoned asylum is often protected by a vault-like perimeter, such the armed gate at the former Danvers Asylum, that warns the living to keep away. Should trespassers make their way into the vault's inner sanctum, they are greeted by messages such as "No Way Out" scrawled upon the walls, curses to those who might disturb the dead (Hattrell, cover). Within, the asylum-corpse is wormed-through with labyrinthine hallways, gated areas, dead ends, and tunnels through which blow dank drafts. These phantom winds, like pneumatic spirits that flow through the veins or like breath moving through the lungs and spiracles, suggest that the building is not quite dead, but teeming with invisible life just beyond our peripheral vision. The asylum's heart, its furnace, no longer burns fuel to heat the building body; instead, it lies dormant, alive only with the spiders and mice that have made their home in its ventricles. Like a leaking corpse or an incontinent patient, broken pipes and other conduits drip fluids that stain the once-white stones; in the fetid basement, sewer pipes run like intestines still caked with excrement while the institutional incinerator, a hellish secondary cloaca, spills out the ashes of the half-cremated dead.[3] Within this corrupted mechanical corpse, the spirits of tormented patients hover in corners and race through halls, completely disconnected from the building-body around them yet somehow unable to escape from its mortal grasp.

Penetrated Asylum-Body: Viewer as Physician

Like an exotic cadaver, the abandoned asylum invites us to trespass, to enter its body, to probe its hidden passageways, to open its darkest secrets for all to see; like a confined patient, it is powerless to resist our intrusion. In films such as *Session 9* and television show such as *Ghost Adventures*, the viewer-voyeur takes on the role of Foucault's all-powerful physician, granted biomedical authority over the body by Western culture for over half a century, who employs myriad devices, many of them invasive and torturous, to penetrate the patient's flesh and force the body to surrender its darkest truths beneath the medical gaze. The paradigm of the hegemonic physician and the victimized patient is paralleled in paranormal reality shows featuring investigation teams who explore defunct hospitals. Like a physician, the investigators begin the program with a review of the building's patient history, narrating the tragedies that contributed to its subsequent failure and present decrepitude. Having filled out the chart on their silent patient, the team then proceeds with the physical examination, penetrating the asylum-corpse with the purpose of finding the hidden sources of its haunted corruption. This insatiable desire to see, or scopophilia, is shared by the at-home viewer who travels along, probing the cadaverous building through the camera's lens (Mulvey). As if through a laparoscope, the viewer journeys deeper into the asylum's body with the investigators, stopping at sites reported to be haunted. In these most sensitive areas,

the investigators install specialized detection equipment, including night vision cameras and digital voice recorders; the data from this equipment will be analyzed offsite by paranormal experts after the initial physical examination is complete, much like medical lab work. Instant readings are taken with EMF meters, which purportedly measure fluctuations in electromagnetic frequencies, and infrared thermometers, which are believed to indicate areas of excessive cold or heat—both of which are taken as signs of paranormal activity. Having taken the patient's temperature and examined its sorest places, the lead investigator begins to ask the asylum's invisible occupants—the building-body's very "thinking stuff"—some difficult questions. The inquest often starts off gently, with inquiries such as "What happened here?" or "Did you do this?" with the affirmation that "We mean no harm. We just want to understand." When no responses are registered, the questions become heated and accusatory taunts: "I know you're here!" "I know you did this!" "I'm going to get you!" In rare instances, the spirits push back; most often, there is nothing but hollow silence.

In penetrating the abandoned asylum and examining it like a vulnerable patient, the viewer trespasses not only into the hidden bodily structures of an objectified other, but also into the private histories and darkest thoughts of its indwelling spirit, the invisible inmates who populate its inner recesses. Across paranormal narratives, sealed patient records are often excised from the asylum-body's locked rooms and all confidential information eviscerated from them. In the horror film *Session 9*, for example, one of the men on the asbestos abatement team, Mike (Stephen Gevedon), is compelled to return repeatedly to the hospital's archives buried deep in its basement. While there, he rummages through the files until he finds that of a young woman with multiple personalities; desperate to know the conclusion of her wretched story and to learn her horrible secret, he reads her physician's notes, gazes into her photograph, and listens in on her recorded therapy sessions. Like a voyeur engaging in masturbatory practices, Mike keeps his addiction hidden from those around him, reserving it as a source of private pleasure. The violation of patient privacy and the forcible stripping of another person's memories depicted in *Session 9* represents not only the plundering of the past but also its return, if only as an echo. Digging through the secret lives of patients to assuage his curiosity, Mike reenacts on a microcosmic scale the eighteenth- and nineteenth-century phenomenon of slumming, in which privileged members of the upper-middle class would pay a penny in order to tour places like the Bethlem Royal Hospital in London, long known as Bedlam. One of the most famous images of slumming is that drawn by Hogarth as part of his series, "The Rake's Progress," in which two bourgeois women walk through Bedlam's prison-like halls.[4] At once horrified and humored, the women cast glances at the grasping, writhing, and raving lunatics that swarm below them, marveling at their suffering as a form of entertainment. Through the camera's lens, we too are guilty of similar acts of violence as we gaze into the private lives of those hidden within the haunted asylum's walls, their personal histories made public without their consent. Nineteenth-century asylum keepers often published their patients' stories of suffering and purported cure in order to bolster their own reputations and those of their institutions. Likewise, we continue to use the bodies of marginalized and disempowered patients—be they long-dead residents of asylums or living people with intriguing medical conditions—for our own purposes, from popular media to clinical trials.

Abjected Asylum-Body: Viewer as Patient

The haunted hospital is a transgressive space, one that threatens physical and virtual trespassers with transformation. Across the asylum's threshold, boundaries begin to dissolve, and the purportedly stable symbolic order is threatened. Delineations between sane and insane, healthy and ill, living and dead become blurred. The body, too, becomes destabilized; now permeable, it is open to toxic forces, both seen and unseen. This fluidity—one of the most terrifying features of haunted spaces and a mark of Kristevan abjection—is intensified in the abandoned asylum because of our primordial fear of contamination, be it by microbes, ghosts, demons, or the infectious power of demented images (Kristeva, Douglas). Both despite these fears and because of them, the viewer returns again and again to these haunted structures. The haunted asylum is a place of horrifying otherness that at once repulses and attracts, twisting in ever-tightening circles until the viewer is swallowed whole. Penetrating the asylum-corpse, staring into its darkened hallways and pushing into its fetid bowels, the viewer confronts the physical horrors of abandonment and decay. For example, in season six, episode one of *Ghost Adventures*, one member of the investigation team, Nick, crawls into a refrigerator compartment in the basement morgue of the Essex County Hospital. Through the camera's aperture, the viewer joins him in the darkness—his face lit only by infrared rays as he assumes the role of a forgotten body locked away in the asylum's core. In a state of abjection, the viewer is drawn deeper into the muck of the haunted asylum as a precursor to his or her own horrifying fleshy dissolution and ultimate (dis)embodiment.

Both penetrating and penetrated, the viewer plays the role of Foucault's sovereign physician who probes subjected flesh in search of its hidden secrets and—simultaneously—the vulnerable patient powerless to stop the procedure. Like a voiceless ghost, the viewer watches helplessly as the asylum-body is invaded by authoritative (and often paternalistic) outsiders who plumb its darkest recesses, palpating sensitive areas and exposing embarrassing conditions for all to see. The violation is not merely physical, but spiritual and emotional; in an act of mind rape, the interlocutors ask invasive questions and demand truthful answers. Like a psychiatrist or psychosurgeon, the asylum-body's mental attics are ransacked, its memory-boxes torn asunder and their dark contents stolen. This forcible opening of the mind-crypt releases the uncanny, bringing to life otherwise-suppressed irrational beliefs about ghosts, monsters, and barely conscious horrors on the periphery of the mind (Hills 52; Bowman). It likewise causes repressed memories, once stored neatly away, to abruptly resurface without warning. Many of these memories are deeply personal, while others are shared across populations and generations. In opening the asylum-corpses' memory vault, the viewer excavates the history of confinement in Western culture, including the abandonment of society's most vulnerable members and their chronic abuse in desolate places where they were intentionally forgotten. Forced to listen to the angry and sorrowing voices of ghosts as they narrate the injustices of the past, the viewer not only experiences collective guilt and shame, but also becomes one with those once confined. In that moment of abject horror, we the viewer become the restrained patient in Walter Freeman's care, his leucotome poised just before our eye. (*Session 9*) We are the inmate stripped naked and hosed down in the incontinent ward at the Philadelphia State asylum, the forgotten person used for experimental procedures at the Home for the Negro Insane, the vulnerable and confused juvenile patient pumped full of drugs and forced to comply with painful procedures, all at the hands of a physician sworn to do no harm.

Popular Culture Trespassing Medicine

Modern medical professionals responding to the dark and horrifying image of the haunted hospital painted by paranormal media might argue that such a vision is the product of superstitious nonsense combined with the basest elements of low-level popular culture. Ghost stories have long been a salient feature of Western culture, their popularity catalyzed by the lantern shows of the eighteenth century and fed by the late-nineteenth-century obsession with spiritism. The fin-de-siècle period, in fact, might be considered the crucible of ghost-hunting, a period when occultists held séances and listened for spirit-rappings in hopes of communicating with the dead. Proving the existence of ghosts was not limited to the world of wealthy women with knotted black shawls, however, but extended into the masculine realm of science. There, spiritist-scientists such as Cromwell Fleetwood Varley used specially-made electronic devices and photographic equipment to capture the odic "aural force" first proposed by Karl von Reichenbach (Noakes; Reichenbach). From the vantage point of modern scientific medicine, paranormal investigation programs and supernatural horror stories appear to be a continuation of outdated pseudoscience never truly routed from the imaginations of the uneducated and gullible.

Just as ghost hunting is a relic left over from a backwards time, so too are the asylum and the sanatorium, two failed institutions that used outmoded pseudo-medical approaches in their futile attempts to cure the incurably ill. For the modern physician, everything before the most recent cutting-edge discovery appears as if from the dark ages; in the tyranny of the hyper-present, the past is not only worthless, but an embarrassment that should be tossed into the dustbin of history. Popular fears of haunted asylums, at least for the modern physician, are not only ignorant but irrelevant. To prove this point, the physician might argue that processes of deinstitutionalization closed asylums across the United States, and that those suffering from chronic mental illness are now treated in state of the art facilities where they receive humane psychotherapeutic care from compassionate healthcare providers. Furthermore, medical practice broadly-construed is moving towards patient-centered care through the medical home model, which empowers patients by offering myriad therapeutic options. Patient rights are protected by numerous laws, and medical students are trained in medical ethics so that the mistreatment of patients, including the experimentation without consent that took place in asylums in the twentieth century, will not happen in the twenty-first. The characterization of the physician as a knife-wielding, psychotic sadist who tortures helpless patients trapped within his prison-like asylum is therefore completely unfounded, the product of base popular culture trespassing in a medical world about which it knows almost nothing.

What can modern medicine learn from this supposed trespassing into its history by popular culture, with its haunted narrative seemingly so antithetical to that constructed by medical historians and healthcare professionals? First, paranormal narratives reveal a deep cultural distrust of medical authority and its power over the human body. As a corrective to the depiction of the physician as heroic (*Star Trek, Marcus Welby, MD, Trapper John*) or well-meaning and fully human (*ER, St. Elsewhere, House, Grey's Anatomy*), the wicked physician serves as a spectral reminder of the ever-present potential for medical misconduct. Similarly, the haunted hospital is a manifestation of our fears of subjection to an unquestionable

medical authority reinforced by an all-powerful monstrous institution from which we might not escape. Through the narrative of the haunted asylum, we express our abject horror at being restrained, intubated, regulated, experimented upon, and controlled by hostile others who do not divulge their true intentions. The ways in which we have constructed the haunted hospital and its resident ghosts belie centuries of medical and philosophical discourse on the mechanical body and its existence as separate from the soul or "thinking stuff." Physicians may see the human body through their medical gaze as a mechanism to be repaired and manipulated without consideration of the soul, but the patients who inhabit those bodies believe differently. From their perspective, the physician truly appears as a cold and calculating mechanic who penetrates, probes, and prescribes painful therapies with little consideration for the patient's emotional, mental, and spiritual experience of medical care. Like the ghosts in a haunted asylum, patients feel their precincts violated, their histories exploited, their voices completely unheard.

Physicians must realize that beyond the narrative that they have woven for themselves as a profession, there are other competing narratives, far deeper and more powerful, at work in culture at large. By listening to ghosts in popular culture, physicians can improve healthcare outcomes and provide better patient care. In contemplating tragic periods in medical history, physicians are reminded that some therapies, while medically indicated, are not always best for the patient as a human being, and might one day be considered barbaric. By admitting the medical profession's more complicated past, physicians might also come to understand their patients' misgivings and well-founded fears in the present. While often unspoken, patient perceptions of physicians and the medical institutions within which they operate can affect the ways in which patients receive information and participate in their own care. The medical home model centers on collaborations between healthcare providers and empowered patients, a system predicated on mutual trust. In order to build that trust, physicians would do well to consider their patients' a priori assumptions and concerns, and be mindful of these sensitivities as they build relationships with them. Perhaps most importantly, the narrative of the haunted hospital reminds physicians that when working with patients, they are in fact dealing with haunted houses, bodies that contain minds, spirits, and memories intertwined with bone and flesh. To enter into that space is a privilege; to push in and investigate without permission is to trespass in sacred space.

Notes

[1] For a broader historical and cultural context, see Bader, Mencken, and Baker as well as Caterine.

[2] A simplified version of Descartes' philosophy, this bifurcation has nevertheless become a deep structure in western culture and a salient element of discourse on the body. For Descartes in all of his complexity, see Alanen.

[3] In *Session 9*, one character discovers the asylum's incinerators, which contain cremated remains as well as jewelry, coins, and gold teeth—an image reminiscent of the crematoria at Auschwitz and Birkenau.

[4] For Bedlam in a medico-historical context, see Scull, MacKenzie, and Hervey.

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Brenda S. Gardenour Walter holds a Ph.D.in medieval history from Boston University, where she specialized in the history of medieval medicine and hagiography. She has been a Fulbright scholar in Madrid, an Evelyn Nation research fellow at the Huntington Library, and an NEH fellow at the Wellcome Institute for the History of Medicine in London. Her research examines the role of Aristotelian discourse, learned medicine, and scholastic theology in the construction of alterity and the continued influence of medieval otherness on the horror genre. She is Associate Professor of History at the Saint Louis College of Pharmacy.