

6-2-1971

The Patient as Object

Mitchell Payne

Follow this and additional works at: <http://scholarworks.rit.edu/theses>

Recommended Citation

Payne, Mitchell, "The Patient as Object" (1971). Thesis. Rochester Institute of Technology. Accessed from

This Thesis is brought to you for free and open access by the Thesis/Dissertation Collections at RIT Scholar Works. It has been accepted for inclusion in Theses by an authorized administrator of RIT Scholar Works. For more information, please contact ritscholarworks@rit.edu.

6-2-1971

The Patient as Object

Mitchell Payne

Follow this and additional works at: <http://scholarworks.rit.edu/theses>

Recommended Citation

Payne, Mitchell, "The Patient as Object" (1971). Thesis. Rochester Institute of Technology. Accessed from

This Thesis is brought to you for free and open access by the Thesis/Dissertation Collections at RIT Scholar Works. It has been accepted for inclusion in Theses by an authorized administrator of RIT Scholar Works. For more information, please contact ritscholarworks@rit.edu.

THE PATIENT AS OBJECT

By MITCHELL PAYNE

CANDIDATE FOR THE MASTER OF FINE ARTS DEGREE
IN THE COLLEGE OF FINE AND APPLIED ARTS
OF THE ROCHESTER INSTITUTE OF TECHNOLOGY

JUNE 2, 1971

ADVISOR: JUDITH H. STEINHAUSER

TABLE OF CONTENTS

Title page	1
Table of contents	ii
Index to slides	iii
First thesis proposal	iv
Second thesis proposal	v
Early frustration	1
One hospital, one doctor	1
Re-evaluation	2
Patient as object	3
Conclusion	4

INDEX TO SLIDES

ALL SLIDES APPEAR ON PAGE SIX.

Slide 1	verbal reference page 3
Slide 2	verbal reference page 3
Slide 3	verbal reference page 3
Slide 4	verbal reference page 4
Slide 5	verbal reference page 4
Slide 6	verbal reference page 4
Slide 7	verbal reference page 4
Slide 8	verbal reference page 4
Slide 9	verbal reference page 4
Slide 10	verbal reference page 4
Slide 11	verbal reference page 4
Slide 12	verbal reference page 4
Slide 13	verbal reference page 4

FIRST THESIS PROPOSAL

PURPOSE OF THE THESIS - To show the magical, superhuman quality of a hospital and its staff in juxtaposition to the human frailty of the staff and the patients.

SCOPE OF THE THESIS - The final presentation will be a black and white slide show together with a sound track that amplifies the visual presentation. My primary concern is making pictures that succinctly express the essence of my feelings about a particular situation or thing; a concern with aesthetic imagery.

PROCEDURES - I have permission to photograph in Strong Memorial, St. Mary's, and Highland Hospitals. There will be some difficulty in moving about without restrictions, although once I become acquainted with various members of the hospital staff, initial restrictions will no doubt decrease.

A large portion of the population regards a hospital with wonder and doctors, in their minds, are supermen performing feats of magic in order to save lives. Doctors are looked on with great respect. They know their art well and they are very special people. (Why else would there be so few doctors and why else would society tolerate paying a premium for their services.) They are supermen on the economic scale. The American Medical Association has tried to promote this idea by restricting the number of doctors. While touring the three above mentioned hospitals I discovered many so-

phisticated machines, instruments, and analyzers that seemed as if they belonged in 2001 - A Space Odyssey. This is the machinery of supermen. I felt as if something almost mystical was taking place between the all knowing hospital staff and their mechanical and electronic helpers.

There are many who have come to understand a new truth. Doctors are human, just like anyone else, and unfortunately do not know life's secret. Doctors are often more aware of this than anyone. With this new truth a patient often becomes aware that there is no magic, and their disillusionment is paramount. Soon the new truth turns to bitterness, unrelieved suffering and skepticism. Photographically I hope to capture a and compare the harsh reality of man's finiteness, with the mystical aura that surrounds the medical team and their sophisticated⁵⁷¹ technology.

SECOND THESIS PROPOSAL

PURPOSE OF THE THESIS - To show the life of Dr. Nettleton Payne II, a third year neurosurgical resident at Strong Memorial Hospital, within the hospital environment.

SCOPE OF THE THESIS - Particular attention will be paid to the work of W. Eugene Smith and Henri Cartier-Bresson as their work goes beyond literal reportage. The final presentation will be an exhibition of thirty black and white prints. My primary concern is making

aesthetic images which will succinctly express the essence of my feelings about this doctor.

PROCEDURES - Dr. Payne is my brother. I plan to follow him so that I know everyone of his patients and they will be as familiar with me as they are my brother. I will be present when he meets new patients as well as when emergencies occur. Basically I will be photographing who he is rather than what he does. My concern will be with his emotions and his reactions to various situations which he encounters as a doctor.

EARLY FRUSTRATION

Upon completion of my first thesis proposal I began spending much of my time in St. Mary's and Strong Memorial Hospitals. It took a couple of weeks to become familiar with the layouts of the two hospitals and I found that it was much more difficult photographing than I first anticipated. I had the unrestricted permission of the chairmen of the hospitals, but found that most staff members were not accustomed to having a stranger take pictures of them. Everyone wanted to know what I was doing and if I had permission to photograph. I found that I was spending all my time explaining what I was trying to do rather than simply taking pictures as I had originally intended. This had a great deal to do with limiting my enthusiasm for the project.

I realized at this point that I take my best pictures once I am familiar with whatever I am photographing and that the overwhelmingly new and strange environment bewildered me. When I tried to photograph the doctors and patients in relation to the hospital machinery, I often felt in the way and was intimidated by the fact that the people felt that they were doing me favors.

ONE HOSPITAL, ONE DOCTOR

I was at this point that I decided to stay in one hospital and photograph the activities of one doc-

tor because this would eliminate having to continually explain my purpose and would also allow me to develop a personal relationship in which my familiarity with one doctor would allow me the freedom to work under optimum conditions.

I chose to photograph my brother, who is a neurosurgeon at Strong Memorial Hospital. It would have been possible to couple myself with any number of doctors as many seemed very curious and interested in what I was doing. I also decided to change the project itself and concentrate on capturing my brother as a doctor in the hospital environment (see thesis proposal #2). I was with him day and night for several months in order to experience what he experienced. From this I developed a close empathy with the hard, dedicated, challenging life of a doctor, which resulted in some fine photos for the family album.

RE-EVALUATION

When I appeared at the thesis review in early March I heard the words "trite" and "cliche" used to describe my work. Dave Robertson felt that many of my photos fit a "grid" and others commented that three or four of my prints looked like rejects from W. Eugene Smith's essay "The Country Doctor". Everyone felt that they had had their fill of picture stories dealing with doctors and three members of the committee suggested a new theme based on several of my pictures

that show the patient as object. A committee member said the doctors in one photo appeared as "henchmen" (slide 1). A comment about another print suggested that the doctors were moving "a slab of meat" (slide 2). A third print in this group shows a group of doctors impersonally examining a patient in a conference room. The patient could easily be removed from the situation and be replaced by a chart or other object.(slide 3)

At first the committee's suggestion was repugnant to me as I felt that a thesis devoted to showing this cold impersonal attitude was not the truth, or at least the entire truth. I had seen concern, tenderness, and love exhibited by the hospital staff and had photographed it in a sickly sentimental way. This approach was obviously dead; it was naive. This realization allowed me to re-evaluate what photography meant to me and I concluded that photography must offer something new. It could no longer be a bore, but must offer the viewer something other than a stereotype. Almost everyone already possesses one image of a hospital and I slowly came to feel that it was my duty to show them something else

PATIENT AS OBJECT

I continued to photograph situations which revolved around my brother but he was no longer the main consideration. I became dedicated to photographing this new idea which showed the patient at the mercy of the hos-

pital staff. For example: the patient upon giving his consent to medical treatment often does not know the particulars of the case, and if he did, would be less willing to sign a medical consent form. I saw patients lose their humanness under anesthesia and their bodies become distorted into other forms (slides 4 and 5). The dehumanization of the patient makes it easier for the hospital staff to divorce itself from the individual. I often thought of the patient as an automobile which needed repair (slide 6). The patient was in a machine like position and the staff, devoid of the presence of a spiritual being, went about the business of the day. The patient must feel helpless (slide 7) even though he does not know that he will soon be hidden and removed from the matter at hand (slide 8). Then the residents will take their place as gothic figures, so that they may become masters of the repair room (slide 9). I must be clear that the patient is an object.

Several of my pictures deal with this theme on a different plane. They go beyond the level of the document and portray a feeling or mood of the ominous power the doctors have over the helpless patient (slides 10, 11, 12 and 13).

CONCLUSION

While taking this series of pictures I empathized with patients on several occasions. For some reason

a few patients were easier for me to identify with than the others. In one case it was because the patient was approximately my age and I joined his struggle. In another case I suffered with a six month old girl who had hydrocephalus. Somehow with these patients I took better pictures than I did when I was photographing other patients, and they appear in seven of my final thirty prints. I spent as much time photographing many other patients but never with as much success as these two. I discovered that it is imperative for me to photograph people, places, or situations about which I have a feeling, as it is in these situations that I take meaningful pictures. When I know or have a feeling for a person or situation I can more easily discover a means of revealing the same by a visual record.



1.



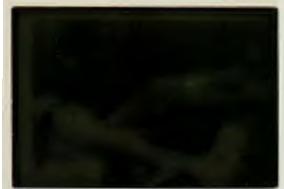
2.



3.



4.



5.



6.



7.



8.



9.



10.



11.



12.



13.