

Disordered Minds

Picturing Mental Illness Pre-Deinstitutionalization and its Impact

by

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ABSTRACT

By focusing on photojournalists for *LIFE* and *Ladies' Home Journal*, I investigate mental health care in state institutions located in America during the Great Depression and World War II immediately prior to the great deinstitutionalization that began in the 1950s. Relying upon scholars of medical humanities, social theory, disability studies, feminist studies, the history of psychiatry, and the history of art, I consider the iconography used to represent mental illness in photography during the first half of the twentieth century to explore the ways mentally ill individuals were presented as disordered and lacking humanity. I explore the didactic nature of both photography and film, emphasizing how the artists and directors imbued their mediums with medical credibility and authority. The photographs of Alfred Eisenstaedt, Jerry Cooke, and Esther Bubley from the 1930-40s reveal the state of mental health care in America during the Great Depression and World War II. I will investigate the stereotypes seen in representations of mental illness in photographs and how these depictions shaped and were in dialogue with popular films like *Spellbound* (1945), *The Snake Pit* (1948), *The Three Faces of Eve* (1957), and *Marnie* (1964). As a point of contrast to the images and films representing mental illness, I examine depictions of healthy people in mental health clinics during this time. Finally, I offer four examples of public, contemporary art, including *House for a Gordian Knot* (2013), *Bloom* (2013), *1000 Shadows* (2013), and *Faces of Mental Health Recovery* (2013), that explore mental illness to illustrate the enduring legacy of the iconography and stereotypes represented in the photography and films explored in the first half of this dissertation.

DEDICATION

To Gabel and Finn.

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CHAPTER 1

INTRODUCTION, THESIS, AND CONTRIBUTION TO THE FIELD

In this dissertation I review the art historical and social theoretical literature on mental illness in society, examine the iconography and representation of mental illness and healthcare seen in the work of documentary photographers and filmmakers during the 1930s and 40s, and end with a review of contemporary public art for the mentally ill. It cannot be overstated how pivotal the 1930s and 40s were for depictions of mental illness in society as these decades immediately preceded the policies that led to the great deinstitutionalization that started in the 1950s and that continue to guide perceptions of the mentally ill and mental health care today. The changes brought about by deinstitutionalization were incredibly widespread and broad in scope and still have lasting implications for mental health care today.

By focusing on photojournalists for *LIFE Magazine* and the *Ladies' Home Journal*, I investigate mental health care in state institutions located in America during the Great Depression and World War II immediately prior to the great deinstitutionalization. Relying upon scholars of social theory, disability studies, feminist studies, the history of psychiatry, and the history of art, which will be discussed in further detail, I consider the iconography used to represent mental illness in photography during the first half of the twentieth century to explore the ways mentally ill individuals were presented as disordered, in a variety of contexts, and lacking humanity. I examine depictions of mental illness in popular film as well as depictions of healthy people in mental health clinics during this time as a point of contrast to support these conclusions.

Furthermore, I explore the didactic nature of both photography and film to emphasize how the artists imbued their media with medical credibility and authority.

LIFE Magazine and *Ladies' Home Journal* were each influential magazines throughout WWII, as well as before and after. *Ladies' Home Journal* began publishing in 1883, and by the beginning of the 1900s it was the first magazine of its kind to reach one million readers. Between 1932 and 1961 it had the highest readership of similar women's magazines.¹ Henry Robinson Luce began *Time Magazine* in 1923 and bought the rights to *LIFE Magazine* in 1936.² Luce proclaimed in a mission statement that the purpose of the magazine would be, "To see life; to see the world; to eyewitness great events...to see and be amazed; to see and be instructed...Too see, and to show, is the mission now undertaken by a new kind of publication, THE SHOW-BOOK OF THE WORLD..."³ As stated in its mission statement through its emphasis on showing, *LIFE* showcased large images throughout its pages. This magazine surged in popularity from only 380,000 copies in its first week of publication in 1936 to more than a million in 1937.⁴ Thus, each of these magazines brought photographs of the mentally ill right into the daily lives of many Americans and undoubtedly affected political actions that led to the great deinstitutionalization.

In this dissertation I investigate depictions of the mentally ill in photography and film during the WWII era, which resulted in an increased consideration of the stereotypes

¹ Bonnie J. Fox, "Selling the Mechanized Household: 70 Years of Ads in *Ladies' Home Journal*," *Gender & Society* 4, no. 1 (March 1, 1990): 28.

² James L. Baughman, *Henry R. Luce and the Rise of the American News Media* (Baltimore: John Hopkins Press, 1987), 2.

³ Mary Alice Sentman, "Black and White: Disparity in Coverage by *Life Magazine* from 1937 to 1972," *Journalism and Mass Communication Quarterly* 60, no. 3 (1983): 501.

⁴ "Pictorial to Sleep," *Time*, 1937, accessed January 5, 2016, <http://content.time.com/time/subscriber/article/0,33009,930895,00.html>

used to construct the persona of the mentally ill as a marginalized community and to influence public policies that led to the great deinstitutionalization. These repeated characteristics found in representations of mentally ill individuals have wider implications for understanding those identified as having a mental illness, and an exploration of the iconography found in depictions of the mentally ill could illustrate the ways photography, film, and art can impact acceptance or rejection of marginalized groups of people.

The popularity of *LIFE* during the 1930s and 40s caused the careers of documentary photographers to grow in popularity and stature. These photographers captured a variety of subjects as they documented everything from rural migratory labor in the southwest of the United States to concentration camps in Germany. These photojournalists had multi-faceted objectives, which were to capture and present presumably unbiased truth (of which I will deconstruct this problematic objective), document need, and expose misfortune.

Continuing this tradition of uncovering social inequality, a number of documentary photographers focused on a particularly oppressed section of society: the mentally ill and the institutions that were set apart to house them. The photographs of Alfred Eisenstaedt, Jerry Cooke, and Esther Bubley from the 1930-40s reveal the state of mental health care in America during the Great Depression and World War II. Images documenting mental illness created by these three photographers will be analyzed for their symbolic significance for how mental illness was discussed, viewed, and treated during the first half of the twentieth century prior to deinstitutionalization.

Representations of suffering and despair during this time period would have been exceptionally evocative due to the visual imagery created to document the Great Depression and World War II. Images like Dorothea Lange's *Migrant Mother* from 1936 and other provocative works by Arthur Rothstein and Walker Evans poignantly exposed the suffering of many migrant workers and their families. As the Great Depression continued throughout the 1930s, the next decade was met with the publication of even more disturbing images, which depicted the brutal concentration camps in Germany, displaying inhumanity and disregard for human life, captured by *LIFE* photographer Margaret Bourke-White and others.

It was during this age of photojournalism that spurred on an explosion of imagery depicting human suffering that photographs documenting insane asylums would have been especially disconcerting to the readers of these publications.⁵ Published in 1946, Mary Jane Ward's semi-autobiographical novel titled *The Snake Pit* explored her experience in a state mental health institution, received critical acclaim, and was eventually made into a film of the same name in 1948. That same year Albert Deutsch published *The Shame of the States*, which was an exposé on the state of mental health institutions in America, coinciding with a number of other exposés throughout the 1940s as well.⁶ It is because of this cultural milieu that Eisenstaedt, Cooke, and Buble's images would have been emotionally moving and haunting in an American public

⁵ "Bedlam 1946," *PBS*, accessed December 2, 2016, <http://www.pbs.org/wgbh/americanexperience/features/primary-resources/lobotomist-bedlam-1946/>.

⁶ Elizabeth Donaldson, "The Psychiatric Gaze: Deviance and Disability in Film," *Atenea* 25, no. 1 (2005): 33. For more on Albert Deutsch's exposé, see Cynthia Marie Erb, "'Have You Ever Seen the Inside of One of Those Places?': Psycho, Foucault, and the Postwar Context of Madness," *Cinema Journal* 45, no. 4 (2006): 48-9.

particularly sensitive to the plague of despair, poverty, and cruel treatment. These are the social conditions I intend to investigate, and it is for these reasons that the decades before and after WWII are particularly relevant to the study of mental health care history. In this dissertation I will fill a significant gap in the historical discourse on mental health care by comparing these photographs found in popular magazines and looking at the intersections that emerge in all three bodies of works. I will investigate the stereotypes seen in representations of mental illness in photographs and how these depictions shaped and were in dialogue with popular films like *Spellbound* (1945), *The Snake Pit* (1948), *The Three Faces of Eve* (1957), and *Marnie* (1964). *The Snake Pit* was one of the first films to portray a female's experience in an insane asylum and was praised by critics for attempting such an unprecedented and serious topic.⁷ Also received well by critics, *The Three Faces of Eve* was among the first to address multiple personality disorder and also to speak to female experiences with mental illness. *Spellbound* (1945) explored the growing authority of the psychiatrist and the use of psychoanalysis to diagnose and treat mental illness in the landscape of mental health during the 1940s, and *Marnie* (1964) explored the feminized notions of mental illness. All four films comment upon some of the same stereotypes that appear in the selected photographs and will provide a point of comparison for the conclusions I make about depictions of mental illness in this dissertation, particularly for how they continue to impact art created today on the topic of mental illness and medicine.

⁷ Leslie Fishbein, "The Snake Pit (1948): The Sexist Nature of Sanity," *American Quarterly* 31, no. 5 (1979): 643.

Medical Humanities as a Lens

Medical Humanities is a vital lens through which representations of mental illness can be examined. This field is a complex and growing one, so I will begin by providing an examination of its importance to the problem of mental illness in the United States. In her 1997 essay “Popular Health, Advanced Liberalism, and Good Housekeeping Magazine,” Robin Bunton examines the development of the rationalities of health care and two different approaches of governance from 1959 to the end of the 20th century.⁸ She begins with two quotes from advertisements in *Good Housekeeping Magazine*:

The doctor put my wife on Bengers:

Mr A.P., of Breaston, Derby says: - ‘Very helpful and a splendid night-cap. My Wife... has been down with Pleurisy and the doctor has put her on Benders, which she finds very helpful. It certainly is all you claim for it and a splendid night-cap.’

Why is Bengers so specially good for you, when you’re ill, convalescing, or just not feeling sleeping too well? Because Bengers is the only drink which gives you strengthening nourishment without straining your weakened digestion.⁹

You can tell he’s a Flora man:

Today’s man cares. He looks after himself. He cares about what he eats. Flora is part of healthy eating. That’s why you find more men becoming Flora men. Their wives know they like that light, delicate taste. And Flora is made with pure sunflower oil, so it’s high in polyunsaturates. Higher, in fact, than any other nationally available spread. Is there a Flora man in your home?¹⁰

Bunton goes on to explain how these advertisements represent the two different approaches to health care. She notes how the first advertisement appeals to “a relatively unproblematic medical authority” presenting the qualities of a health-enhancing product

⁸ Robin Bunton, “Popular Health, Advanced Liberalism and *Good Housekeeping Magazine*,” in *Foucault, Health and Medicine*, eds. Alan R. Petersen and Robin Bunton (New York: Routledge, 1997), 223-248.

⁹ Ibid, 223. Quote from *Good Housekeeping* (March 1959): 19-20.

¹⁰ Ibid. Quote from *Good Housekeeping* (June 1980): 264.

to a “relatively docile subject” who is preparing to care for his family.¹¹ The second advertisement appeals to “generalized scientific knowledge” and endorses the product (Flora) as if it signifies an entire healthy lifestyle to an “active subject who is enterprising and self-caring.”¹²

The system of health care in the United States supports the idea that individuals should be involved in their own health care as the health care systems relies upon and uses market-like features, which view individuals as consumers. The health care system in the United States is dissimilar from systems in countries whose health care systems are nationalized. This is not to suggest that those seeking care in countries with nationalized health care systems are not or cannot be involved with their own health, but that the market ideology only fortifies the idea of individuals acting as consumers in the health care market in the United States. Involving patients in the entire process of health services is recommended as a means of improving the quality of care and services.¹³

While individuals may and are recommended to be involved with their overall health, this does not seem to be the case with especially mental health issues. In a 2017 study by the National Institute of Mental Health it reported of the 46.6 million adults suffering from any mental illness, only 19.8 million (42.6%) received mental health treatment in the past year.¹⁴ The study also reported, “More women with AMI [any mental illness] (47.6%) received mental health treatment than men with AMI (34.8%).

¹¹ Bunton, 223.

¹² Ibid, 224.

¹³ Mike J. Crawford, Deborah Rutter, Catherine Manley, and Timothy Weaver, “Systematic Review of Involving Patients in the Planning and Development of Health Care,” *Clinical Governance* 9, vol. 1 (2004): 65.

¹⁴ “Health Information and Statistics,” *National Institute of Mental Health*, accessed March 25, 2019, <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>.

The percentage of young adults aged 18-25 years with AMI who received mental health services (38.4%) was lower than adults with AMI aged 26-49 years (43.3%) and aged 50 and older (44.2%).”¹⁵ For those with serious mental illnesses (SMI) the study reported, “In 2017, among the 11.2 million adults with SMI, 7.5 million (66.7%) received mental health treatment in the past year. More women with SMI (71.5%) received mental health treatment than men with AMI (57.7%).”¹⁶

In America, serious mental issues can cost up to \$193.2 billion in lost earnings annually.¹⁷ Mental illnesses and behavioral disorders contribute to productivity as they account for 26% of the time lost due to disability.¹⁸ According to Thomas R. Insel et al the direct economic effects of mental illness (i.e., spending on care) and the indirect effects (i.e., lost productivity) cost the global economy about \$2.5 trillion a year.¹⁹ Reported by Clubhouse International, “By 2030, that number will increase to \$6 trillion a year—more than heart disease and more than cancer, diabetes and respiratory diseases combined. Mental disorders often lead to other health and societal problems—HIV, heart and pulmonary diseases, diabetes and increased risk of homelessness, poverty, incarceration or institutionalization—further adding to the economic burden.”²⁰

Despite these problems, there are inadequate resources available to treat mental illness. According to a report by Clubhouse International:

¹⁵ “Health Information and Statistics,” *National Institute of Mental Health*.

¹⁶ *Ibid.*

¹⁷ Thomas R. Insel, “Assessing the Economic Costs of Serious Mental Illness,” *The American Journal of Psychiatry* 165, no. 6 (2008): 663-665.

¹⁸ Thomas R. Insel, Pamela Y. Collins, and Steven E. Hyman, “Darkness Invisible: The Hidden Global Costs of Mental Illness,” *Foreign Affairs*, 94, no. 1 (January/February 2015): 127-135.

¹⁹ *Ibid.*, 127-128.

²⁰ Clubhouse International, “Key Facts About Mental Illness,” accessed May 8, 2018, <http://www.iccd.org/keyfacts.html#young>.

At the government level, mental illness accounts for over 20% of all health care costs globally, but the median amount that countries spend on mental health equals less than 3% of the median they spend for all health care. Many countries do not have a dedicated mental health care budget at all. At the philanthropic level, the stigma associated with mental illness creates a vicious cycle of alienation and discrimination, resulting in social/political isolation and inadequate treatment approaches and resources within the community.²¹

Mental illness receives much less charitable funding than cancer or HIV/AIDS, despite its higher death rate.²²

A study by healthcare provider Unity Rehab explains why individuals do not seek help for their mental illness.²³ First, the nature of mental health means self-objectivity is low, which means that individuals are not self-aware that they perhaps need care.²⁴ Some patients are skeptical of the effectiveness of treatment and many low-income individuals cannot afford help or do not have access to it. The study by Unity Rehab concludes, “This negative association results in alienation and discrimination of those afflicted by mental health disorders, leading to social isolation, and inadequate treatment if there ever is any treatment provided.”²⁵

Even in a time when individuals should supposedly be invested and involved with their own health, historical and existing stigmas about mental health hinder people from doing so. How then can the humanities, and specifically the medical humanities, help to solve the problems related to mental health issues? Broadly, the humanities are academic disciplines that examine and study humans and culture and as such shape and define

²¹ Dan Chisolm, *Investing in Mental Health: Evidence for Action* (Geneva: World Health Organization, 2013);

²² Clubhouse International, “Key Facts About Mental Illness.”

²³ Unity Rehab, “Why Mental Illness Often Goes Undiagnosed and Untreated,” accessed May 8, 2018, <https://www.unityrehab.com/blog/mental-illness-undiagnosed-untreated/>.

²⁴ Ibid.

²⁵ Ibid.

culture. The humanities should be positioned in changing cultural stigmas about mental health. The medical humanities is a sub-discipline that seeks to combine a focus on the humanities with medicine and one that has a fairly recent history.

Brian Hurwitz traces the history of medical humanities to George Sarton who was the founder-editor of *ISIS*, an academic journal which covers the history of science, medicine, and technology, and in the 1920s it urged a new humanism with science and is credited with being among the first to call for a multidisciplinary outlook on the sciences.²⁶ Hurwitz explains, “He [Sarton] believed specialisation conferred great explanatory power but conspicuously failed to provide the complementary framework required for understanding the intellectual context and human significance of scientific discoveries and inventions.”²⁷ The two words “medical” and “humanities” first appeared together in 1948 in a bibliography written by Sarton in his journal *ISIS*.²⁸ Contemporary medical humanities is related to medical ethics, and so it relies upon the work of Ted Shotter who in the 1960s and the 1970s led to the creation of the Institute of Medical Ethics and the *Journal of Medical Ethics*.²⁹ Hurwitz explains, “In 1967, a new medical school at Penn State University in Hershey began teaching an innovative curriculum focused on engendering better understanding of families, their resources within communities, the influence of lifestyle and behavior on the prevalence and impact of disease, and on philosophical, spiritual, and ethical aspects of healthcare.”³⁰

²⁶ Brian Hurwitz, “Medical Humanities: Lineage, Excursionary Sketch and Rationale,” *Journal of Medical Ethics*, 39 no. 11 (2013): 672.

²⁷ Hurwitz, “Medical Humanities: Lineage, Excursionary Sketch and Rationale,” 672; and George Sarton, “The New Humanism,” *Isis* 6, no. 1 (1924): 9–42.

²⁸ Hurwitz, 672.

²⁹ *Ibid.*

³⁰ *Ibid.*, 672-674.

Arthur Frank’s pioneering 1995 book *The Wounded Storyteller*, helped create the medical humanities discipline in the 1990s by challenging the model “in which seeking medical care involves ‘a narrative surrender’ to a medical narrative of illness and offering an alternative paradigm in which people’s stories of illness ‘have their own primary importance.’”³¹ The early 2000s proved to be a vital time for the growth of the medical humanities and by 2007 Rolf Ahlzén suggested that they had achieved the status of a mature discipline.³²

Rebecca Garden argues for moving from the term “medical humanities” to a more all-encompassing term “health humanities.” The focus in health humanities is on suffering rather than pathology and there is exploration of the social causes and characterizations of suffering.³³ The health humanities advocate for the individual who seeks healthcare and whose “biological manifestations of illness and disability may be addressed by healthcare but whose psychic and social suffering are not.”³⁴

William Viney and colleagues recognize the countless attempts at defining the medical humanities and so instead focus on the achievements of the medical humanities, including:

Its resistance to positivist biomedical ‘reductionism’—the breaking down or reducing of complex biological phenomena into many parts in the hopes of improving the likelihood of understanding a single cause and find a cure,³⁵ its

³¹ Rebecca Garden, “Who Speaks for Whom? Health Humanities and the Ethics of Representation,” *Medical Humanities* (2015): 77; Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995), 6-7.

³² Rolf Ahlzén, “Scientific Contribution: Medical Humanities – Arts and Humanistic Science,” *Medicine, Health Care and Philosophy* 10 (December 2007): 385–393.

³³ Rebecca Garden, “Who Speaks for Whom? Health Humanities and the Ethics of Representation,” *Medical Humanities* (2015): 77.

³⁴ *Ibid.*

³⁵ William Viney, Felicity Callard, and Angela Woods, “Critical Medical Humanities: Embracing Entanglement, Taking Risks,” *Medical Humanities* 41, no. 1 (2015): 2-7; Gary W. Evans, “The Built Environment and Mental Health,” *Journal of Urban Health* 80, no. 4 (December 1, 2003): 536-55.

sensitivity to narrative-based interventions and their limitations;³⁶ its designation of the patient-clinician relation as a renewed focus of attention;³⁷ its interest in concepts of disease and practices of diagnosis;³⁸ the dynamic role of the arts in health;³⁹ and the therapeutic importance⁴⁰ of comparative histories.⁴¹

Viney and colleagues ask what the medical humanities can achieve, whether it is taken to be a discipline, a field of inquiry, or as a combination of shared values:

If diversity and plurality have, in the past, traditionally been strengths for the medical humanities in terms of encouraging creativity and epistemological innovation, then the field of medical humanities...[should be] open to new voices, challenges, events, and disciplinary (and anti- or post-disciplinary) articulations of the realities of medicine and health; to be adventurous in its intellectual pursuits, practical activities, and articulation with the domain of the political.⁴²

If the medical humanities is a relatively new discipline, then attention on mental health within that field is even newer as it has often been ignored in favor of other medical conditions.⁴³ Bradley Lewis' work on narrative theory and mental illness presents a pragmatic perspective on the benefits and drawbacks for patients of the different ways mental illness is defined both in the media and by individual patients themselves.⁴⁴ James Knoll provides a history of the struggle between biological

³⁶ Brian Hurwitz, Trisha Greenhalgh, Vieda Skultans, eds, *Narrative Research in Health and Illness* (Malden, MA: Blackwell Publishing, 2004); Angela Woods, "The Limits of Narrative: Provocations for the Medical Humanities," *Medical Humanities* 37, no. 2 (2011):73–8.

³⁷ Sarah Atkinson, Jane Macnaughton, Corinne Saunders, and Martyn Evans, "Cool Intimacies of Care for Contemporary Clinical Practice," *Lancet* 376 (2010):1732-3.

³⁸ Rolf Ahlzén, Martyn Evans, Raimo Puust, eds, *Medical Humanities Companion: Diagnosis*, vol. 2 (Oxford: Radcliffe Publishing, 2010); and Felicity Callard, "Psychiatric Diagnosis: The Indispensability of Ambivalence," *Journal of Medical Ethics* 40 (2014): 526–30.

³⁹ Sarah Atkinson and Mary Robson, "Arts and Health as a Practice of Liminality: Managing the Spaces of Transformation for Social and Emotional Wellbeing with Primary School Children," *Health Place* 18 (2012):1348-55.

⁴⁰ Jonathan M. Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009).

⁴¹ Viney et al, "Critical Medical Humanities: Embracing Entanglement, Taking Risks," 2.

⁴² Ibid.

⁴³ Therese Jones, Delese Wear, and Lester D. Friedman, eds, *Health Humanities Reader* (New Brunswick: Rutgers University Press, 2014).

⁴⁴ Bradley Lewis, "Narrative Psychiatry: How Stories Can Shape Clinical Practice," (Baltimore: JHU Press, 2001), accessed May 8, 2018, retrieved from <https://jhupbooks.press.jhu.edu/content/narrative-psychiatry>.

psychiatry and psychodynamic psychiatry, which he starts with a 1963 lecture at the University of Cambridge by C. P. Snow that underscored the tension between two types of thought: science (biological psychiatry) and art (psychodynamic psychiatry).⁴⁵

Psychiatrists Dinesh Bhugra and Antonio Ventriglio argue that “the clinical practice of psychiatry should incorporate a biopsychosocial model of illness” that recognizes both cultural and social influences on the experiences of the patient.⁴⁶ Allan Peterkin and colleagues are psychiatrists who emphasize the value in the alternative actions that mesh humanities with medicine because pursuits like these privilege curiosity and incorporate aesthetics into life, both personally and professionally.⁴⁷

In recent years contemporary social scientists and humanities researchers from many disciplines have fixed their research gaze on mental illness, providing evidence of the neglect those suffering from it continue to receive in care and treatment. Sasha Abramsky’s and Jamie Fellner’s report in 2003 examines the type of care, environment, treatment, and mental health care services available to contemporary prison inmates in America and documents the existence of illnesses among prisoners, revealing that around 200,000 to 300,000 inmates suffer from mental illness.⁴⁸ Often the mental illness is severe, such as schizophrenia or bipolar disorder.⁴⁹ This study illustrates the problems

⁴⁵ James Knoll, “The Humanities and Psychiatry: The Rebirth of Mind,” *Psychiatric Times* 30, no. 4 (March 15, 2013), accessed May 8, 2018, retrieved from <http://www.psychiatrictimes.com/forensic-psychiatry/humanities-and-psychiatry-rebirth-mind>.

⁴⁶ Dinesh Bhugra and Antonio Ventriglio, “Social Sciences and Medical Humanities: The New Focus of Psychiatry,” *BJPsych International* 12 no. 4 (2015): 79.

⁴⁷ Allan Peterkin, David A. Sasso, and Anna Skorzewska, “The Arts and Humanities in Psychiatry . . . A Debut,” April, 4 2017, accessed May 9, 2018, from <http://www.psychiatrictimes.com/cultural-psychiatry/arts-and-humanities-psychiatry-debut>.

⁴⁸ Sasha Abramsky and Jamie Fellner, *Ill-Equipped: US Prisons and Offenders with Mental Illness* (New York: Human Rights Watch, 2003), 1.

⁴⁹ *Ibid.*

inmates with mental disorders experience, from a lack of care to the inability to socially function in a prison environment, concluding that those who are poor, homeless or struggle with substance abuse, do not have access to mental health care and often end up in the prison system.⁵⁰

The lack of care mentally ill individuals receive is underscored by the emotional weight that individuals labeled as such must shoulder. Scholar of cultural and literary studies Lisa Diedrich uses literary criticism to examine narratives written by seriously ill individuals, including Paul Monette, Iris Murdoch, and Gillian Rose.⁵¹ Diedrich presents the transformative process an individual undergoes when becoming ill. Individuals confront aspects related to their identity due to the fact that their death might be more imminent than previously thought as a “healthy” individual, and throughout the twentieth century the individual has begun to politically claim its own importance, as illustrated by the Breast Cancer Awareness movement as an example.⁵²

Considering the connotations an individual with mental illness experiences, the medical humanities also can reveal the ways in which society constructs the connotations and stereotypes surrounding these individuals. William H.R. Rivers describes the ways in which medicine, magic and religion are closely interrelated and knotted throughout different cultures and their connections to the construction of disease.⁵³ At the beginning of his text, Rivers defines these three concepts in society and delineates the differences between all three terms and provides descriptions of a number of countries and how

⁵⁰ Abramsky and Fellner, *Ill-Equipped: US Prisons and Offenders with Mental Illness*, 25.

⁵¹ Lisa Diedrich, *Treatments: Language, Politics, and the Culture of Illness* (Minneapolis: University of Minnesota, 2007).

⁵² *Ibid*, 54.

⁵³ William H. R. Rivers, *Medicine, Magic, and Religion* (London: Routledge, 2001).

medicine, magic and religion are related in these cultures, including descriptions of Australia, Polynesia, and India, among others.⁵⁴ Rivers concludes that “medicine is a social process.”⁵⁵ Tangent to the study of mental illness is the study of how disability has been defined and constructed. Scholar of disability studies and American literature, Rosemarie Garland Thomson argues that a study of disability is as central to the conception of identity in America as the study of race and gender.⁵⁶ This argument situates disability as a social construction wherein a group of people are marginalized rather than having a medical disease.⁵⁷

Feminist theory is used to illustrate and enhance discussions of disability as well.⁵⁸ Andrea Nicki presents a feminist theory of psychiatric disability that illustrates how it is closely related to trauma, abuse, prejudice, and discrimination.⁵⁹ Nicki investigates mental illness as a social construction and the ways in which cultural values shape care and treatment of the mentally disabled. Nicki draws conclusions about psychiatric disability by making comparisons to the history of physical disability as well.⁶⁰ Each of these scholars collectively reveal the social implications of mental illness diagnoses.

Just as religion and social mythologies can influence the definition of disease or disability, the physical environment in which an individual with disease is placed will

⁵⁴ Rivers, *Medicine, Magic, and Religion*, 68.

⁵⁵ *Ibid*), 53.

⁵⁶ Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 1.

⁵⁷ Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*, 7.

⁵⁸ *Ibid*.

⁵⁹ Andrea Nicki, “The Abused Mind: Feminist Theory, Psychiatric Disability, and Trauma,” *Hypatia* 16, no. 4 (October 1, 2001): 80-81.

⁶⁰ *Ibid*, 100.

impact an understanding of the experienced disease and the effects of care, which is particularly relevant to my study of photographs of mental institutions. For example, Gary W. Evans provides a detailed overview that explains the ways that the built environment can negatively impact mental health, highlighting aspects like residential population, noise, indoor air quality, and light.⁶¹

Underscoring the power of the environment and the link between control and health, due to urban populations being overrepresented in prisons and correctional facilities professor of public health Nicholas Freudenberg argues that the political decisions and practices put in place for those in the prison system impact urban populations and its minority or deviant constituents more than rural populations.⁶² These implications result in poor health care, both mental and physical, for minorities. Freudenberg calls for alternatives to the current prison system to provide better health care to the inmates.⁶³

Prison continues to be a complex space, specifically for individuals with health issues, especially mental health issues. An article by cultural anthropologist Lorna Rhodes discusses the anthropology and sociology of prisons, revealing the early twentieth century as a pivotal time period in their history.⁶⁴ Rhodes raises questions about the racialized and politicized system that prevails among modern prison systems, and she suggests that we look to oral and written narratives from prison inmates within the system

⁶¹ Gary W. Evans, "The Built Environment and Mental Health," *Journal of Urban Health* 80, no. 4 (December 1, 2003): 536.

⁶² Nicholas Freudenberg, "Jails, Prisons, and the Health of Urban Populations: A Review of the Impact of the Correctional System on Community Health," *Journal of Urban Health* 78, no. 2 (2001): 214-235.

⁶³ *Ibid*, 216-17.

⁶⁴ Lorna Rhodes, "Toward an Anthropology of Prisons," *Annual Review of Anthropology* 30 (January 1, 2001): 65-83.

to construct a more accurate anthropology of prisons, once more demonstrating the need to rely upon the medical humanities to solve issues with incarceration and even institutionalization.⁶⁵

Indeed, the conditions are ripe for the humanities, social sciences, and mental health to form stronger ties. At a time when the humanities are called upon to justify their worth, and when mental health practice and awareness are in need of reimagination, the marriage of the two seems ideal. Art therapy is one area that has already united the humanities and mental health care. The Sylvia Brafman Mental Health Center provides an overview of this practice:

Art therapy is the use of artistic expression, such as painting, drawing, sculpting or other artistic mediums, to enhance the recovery process. Art therapy can be a therapeutic and stress-relieving approach to recovery, which is a stressful period. Art therapy is based on the idea that the process of art creation itself is therapeutic.

Art is also a form of psychotherapy. This means that a person can use art as a means of communicating feelings and emotions without having to say them out loud. The symbolic communication of art is an enhancement to the communication process between the client and the therapist.⁶⁶

Theresa Van Lith provides a thorough review of articles that study art therapy and mental health to demonstrate its value and concludes that a key feature missing in most of the articles reviewed was the client perspective.⁶⁷ The article ends with the following set of questions: “Did the client receive what they expected to gain from art therapy? Do they feel therapy was successful as a result? And finally did the art therapy approach alter the

⁶⁵ Rhodes, “Toward an Anthropology of Prisons,” 76.

⁶⁶ Mental Health Center, “What Is Art Therapy?”, published 2016, June 13, 2016, retrieved May 10, 2018, from <http://www.mentalhealthcenter.org/what-is-art-therapy/>.

⁶⁷ Theresa Van Lith, “Art Therapy in Mental Health: A Systematic Review of Approaches and Practices,” *The Arts in Psychotherapy* 47 (2016): 9-22.

clients' perspectives so that they became more insightful of how they could improve their current situation?"⁶⁸ Given that the goal of health humanities seeks to focus on the patient's perspective, future work in art therapy could rely on the client perspective in determining the value of different art therapy approaches. In the same way that natural connections can be made between health and the humanities, linking imagery created during a particular time period to social perceptions and culture is also reasonable, which I argue is the case for the documentary photography created during the 1930s and 1940s and understanding contemporaneous health issues.

A central argument in this dissertation is that documentary photography of the mentally ill within asylums during the 1930s and 1940s contributed to the cultural milieu that led to the policies that resulted in the great deinstitutionalization from the 1950s to today. These policies perhaps resulted in hundreds of thousands of mentally ill not receiving treatment through the latter half of the twentieth century and today. With this in mind, it is also true that conditions within the old asylums and state institutions were appalling, and that most patients did not get better. Given this content, it is arguable as to whether or to what extent the great deinstitutionalization was good or bad for the mentally ill or whether the experiences of the mentally ill would be better had the great deinstitutionalization not taken place.

Cultural perceptions of mental health are often still negative today. Such perceptions lead to many people being left untreated or unaware of help. Yet, art and the humanities have a unique ability to guide new understandings of specific groups as I will demonstrate with my examination of the photographers and filmmakers. Looking to our

⁶⁸ Van Lith, "Art Therapy in Mental Health," 21.

cultural milieu today and the future, I see the same argument for how public art can change perceptions of the mentally ill in society, which I will explore in the final chapter of this dissertation. The more art and humanities force us to grapple with mental illness, the more humanizing and aware of it we may become, the less afraid, and better able we may be to help those in need both on an individual basis and as a society.

CHAPTER 2

HISTORY OF MADNESS AND DEINSTITUTIONALIZATION

Any investigation into the study of madness must include a discussion of the major theorists who have commented and explored the identification, representation, and treatment of mental illness. Social theorist Michel Foucault is a prominent figure in the study of the history of mental illness in western society. Given his influence on social theory, a brief review of Foucault's analysis on the topic of madness in society is a beneficial starting point. In 1954, Foucault published *Madness: The Invention of an Idea* starting off his decade-long research into madness and its history, with *Madness and Civilization* in 1961 and ending with *The Birth of the Clinic* in 1963. In *Madness: The Invention of an Idea* Foucault observes that "mental illness has its reality and its value qua [sic] illness only within a culture that recognizes it as such."⁶⁹ Citing Ruth Benedict's 1934 work *Patterns of Culture*,⁷⁰ Foucault goes on to describe how each culture "chooses the certain of the possibilities that for the anthropological constellation of man: a particular culture, that of the Kwakiutl, for example, takes as its theme the exaltation of the individual, while that of the Zuni radically excludes it; aggression is a privileged form of behavior in Dobu but repressed among the Pueblos."⁷¹ By defining the anthropological possibilities that seek to define what is normal for humans, each culture also subsequently defines the deviations from those possibilities and thus what also defines madness. In sum, Foucault argues that madness is a social construct.

⁶⁹ Michel Foucault, *Madness: The Invention of an Idea*, trans. by A. M. Sheridan-Smith (New York: Harper and Row, 1976), 100.

⁷⁰ Ruth Benedict, *Patterns of Culture* (New York: Houghton Mifflin Harcourt, 1934).

⁷¹ Foucault, *Madness: The Invention of an Idea*, 101.

Madness and Civilization describes and theorizes how society dealt with the mad, from a system of liberty to one of silenced confinement.⁷² The evolution of madness is seen in stages designated by Foucault where he begins in the middle ages and progresses throughout the Renaissance period into a time he calls “The Great Confinement,” and then into the birth of the asylum.⁷³ One important reason for engaging in this type of analysis of the mentally ill, according to Foucault, is to see whether madness could speak before the field of psychiatry entered the discourse. However, Foucault describes his discourse as an “archeology of that silence.”⁷⁴ He writes, “we must not let ourselves be guided by what we know about madness” from science and psychiatry.⁷⁵

Particularly relevant to the study of mental illness, is the ways in which Foucault defines and explores power. Foucault expands upon his ideas on power in another of his influential books, *Discipline and Punish: The Birth of the Prison* (1975),⁷⁶ in which he describes power as not necessarily about individuals who use power as a forceful device, or even the structures used for power, but rather that power is shared by everyone and is rooted in discourse.⁷⁷ In this way, discovering the source of power is much more difficult when it permeates each part of existence. Foucault argues that discipline is one form that power takes.⁷⁸ For Foucault, the definition of discipline includes the idea of training that might take place in an institution like a school or in the military. In these types of

⁷² Foucault, *Madness and Civilization*, xi.

⁷³ *Ibid*, 36.

⁷⁴ *Ibid*, xi.

⁷⁵ *Ibid*, ix.

⁷⁶ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1977).

⁷⁷ *Ibid*, 9.

⁷⁸ *Ibid*, 170.

institutions, people are trained according to a set of rules and norms by which eventually they will conduct themselves through learned behaviors and trained discipline.⁷⁹

Foucault describes three technologies of power in *Discipline and Punish*, which include hierarchical observation, normalizing judgement, and examination.⁸⁰ Foucault relies on Jeremy Bentham's panopticon as a prime example of hierarchical observation.⁸¹ In the panopticon, a single watchtower at the center of a prison monitors the prisoners. The prisoners cannot see into the watchtower, so they do not know if there is anyone actually watching. However, the possibility that someone is watching is what gives the tower authority and can thus be enough to control the prisoners and their behaviors. The second technology is normalizing judgement, which is demonstrated in schools where individuals are compared through examinations.⁸² Such social comparisons leads to a power dynamic that divides people and puts them into groups that are defined by that particular institution or society. The third technology, examination, combines the previous two.⁸³ The examination acts as another panopticon, an observation from an unseen authority that also judges individuals according to their performance. Information from the exam is saved in a permanent record that schools use with students. In precisely the same way, hospitals exercise power with patients, prisons exercise power with prisoners, militaries exercise power with soldiers, and, as is relevant to this present study,

⁷⁹ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, 170.

⁸⁰ Ibid, 177-194.

⁸¹ Ibid, 195-228.

⁸² Ibid, 178-181.

⁸³ Ibid, 184.

mental health institutions, such as asylums or hospitals, exercise power over patients by examining these individuals and keeping records of their corresponding examinations.⁸⁴

Foucault explored the way that European and western society evolved in its relationship with the mentally ill. *Madness and Civilization* begins by emphasizing the treatment of leprosy at the end of the middle ages in Europe.⁸⁵ Moving into the Renaissance era, the mad were portrayed as possessing a special kind of wisdom, roaming the countryside in “an easy wandering existence.”⁸⁶ Foucault’s positive description of the mentally ill is unique and at odds with contemporary cruel perceptions of how mental illness has been dealt with historically. In the seventeenth and eighteenth centuries, the position of the mad in society changed and the “Great Confinement” occurred.⁸⁷ The mad, the poor, the unemployed, and prisoners were shut away with the edict of 1656 that established the General Hospital of Paris.⁸⁸ Houses of confinement were where power was exercised and were meant to control social space and clear public places of social deviants or criminals. Attitudes towards the mad took on attitudes about labor; the mad were unfit to work and because of their lack of economic contributions were confined away and set apart from the world.⁸⁹ Eventually, Foucault argues that this confinement was brought about by the psychiatrist, whose practice is “a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of the asylum life, and overlaid by the myths of positivism.”⁹⁰

⁸⁴ Michel Foucault, *Discipline and Punish: The Birth of the Prison*.

⁸⁵ Foucault, *Madness and Civilization*, 4-7.

⁸⁶ *Ibid*, 8.

⁸⁷ *Ibid*, 38.

⁸⁸ *Ibid*, 39.

⁸⁹ *Ibid*, 39.

⁹⁰ Foucault, *Madness and Civilization*, 276.

Foucault describes the final shift that occurred at the beginning of the nineteenth century exemplified by reforms enacted by Phillippe Pinel and the introduction of the asylum.⁹¹ In the asylum, the mad became the moral degenerates and guilt was used as a means to control.⁹² It was at this point that a new relationship between doctors and their patients developed, which became the circumstances that influenced the rise of the psychiatrist.⁹³ In this context, the physician speaks to the mentally ill individual only by way of seeing the person as having a disease; the dialogue with madness is silenced: “In the serene world of mental illness, modern man no longer communicates with the madman.”⁹⁴ Foucault describes the language of psychiatry in which the mad are silent and the psychiatrist is the speaker: “The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence.”⁹⁵ The emphasis on psychiatry led to a final shift that marked the beginnings of contemporary perceptions of madness in society as they exist today, and Foucault’s summary of the development of madness in society is central to understanding representations of mental illness in the twentieth century as well as contemporary contexts as certainly some changes have been made to improve care and treatment while some mistreatments continue.

The Growth and Decline of Asylums

In the nineteenth century the asylum became the definitive space for those suffering from mental illness. It was in the nineteenth and twentieth centuries that new

⁹¹ Foucault, *Madness and Civilization*, 242.

⁹² *Ibid*, 257.

⁹³ *Ibid*, 277.

⁹⁴ *Ibid*, x.

⁹⁵ *Ibid*, x-xi.

experimentations related to eugenics rose, particularly in relation to forcing sterilizations upon the mentally ill (fig. 1).⁹⁶ According to Zeb Larsen, “In 1896, Connecticut became the first state to prohibit marriage for epileptics, imbeciles, and the feeble-minded. In 1907, it was also first to mandate the sterilization of an individual after a board of experts recommended it. Thirty-three states ultimately adopted sterilization statutes...Ultimately, more than 65,000 mentally ill people were sterilized.”⁹⁷

It was at the turn of the twentieth century, that a young graduate of Yale College, Clifford W. Beers, suffered from an episode of bipolar disorder due to the trauma of losing his brother.⁹⁸ After attempting death by suicide, Beers survived and spent the next three years of his life in hospitals throughout the state of Connecticut. According to the Mental Health America’s account of Beer’s experience, “While in these institutions, Beers learned firsthand of the deficiencies in care and the cruel and inhumane treatment people with mental illnesses received. He witnessed and experienced horrific abuse at the hands of his caretakers. At one point during his institutionalization, he was placed in a straightjacket for 21 consecutive nights.”⁹⁹ Upon his release in 1908, he published his autobiography, *A Mind That Found Itself*, which stimulated the nation’s attention to examine the difficulties faced by individuals with mental illness and was a catalyst for reform.¹⁰⁰ On February 19, 1909, Beers, philosopher William James, and psychiatrist

⁹⁶ Zeb Larsen, “America’s Long-Suffering Mental Health System,” *Origins: Current Events in Historical Perspective* 11, no. 7 (April 2018): accessed May 15, 2018, <http://origins.osu.edu/article/americas-long-suffering-mental-health-system>.

⁹⁷ Ibid.

⁹⁸ “Our History by Decade,” Mental Health America, accessed May 15, 2018, <http://www.mentalhealthamerica.net/our-history>

⁹⁹ Ibid.

¹⁰⁰ “Our History by Decade,” Mental Health America, accessed May 15, 2018, <http://www.mentalhealthamerica.net/our-history>; Clifford Whittingham Beers, *A Mind that Found Itself: An Autobiography* (New York: Longmans, Green and Co., 1917).

Adolf Meyer, created the National Committee for Mental Hygiene, which would then become the National Mental Health Association, and is now Mental Health America.¹⁰¹

Throughout these issues related to mental health, there were rising numbers of patients in the United States, which increased by 927%.¹⁰² Zeb Larsen describes the patient population in the United States:

Oregon State Hospital's story is typical. It housed a population of 412 in 1880, expanded to nearly 1,200 by 1898, and in 1913 opened a second state hospital to house a patient population that had more than quadrupled since 1880. Most states had similar situations and either grew by building many small institutions, or a few large institutions... New York's inpatient population (which, to be sure, had outsized proportions) was 33,124 in 1915; by 1930, it was 47,775.¹⁰³

The United States Congress passed the Mental Health Act of 1946 largely in response to the poor record of military mental health treatment during World War II, ineffective performance of the Veterans Administration, and demands by veterans and their families for better services.¹⁰⁴ The Mental Health Act of 1946 also created the National Institute of Mental Health in 1949, which began to explore ways to treat mental health in the community. Then in 1954, the Food and Drug Administration approved Thorazine to treat psychotic episodes, since to this point electroshock therapy and lobotomies were the only treatments available.¹⁰⁵ Due to the lack of healing and providing effective care, Congress passed the Mental Health Study Act of 1955,

¹⁰¹ "Our History by Decade."

¹⁰² Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997) 46.

¹⁰³ Zeb Larsen, "America's Long-Suffering Mental Health System."

¹⁰⁴ Ellen Herman, "The National Mental Health Act of 1946," in *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 245.

¹⁰⁵ "Deinstitutionalization, Its Causes, Effects, Pros and Cons," *The Balance*, accessed June 12, 2018, <https://www.thebalance.com/deinstitutionalization-3306067>. For more on how women's treatment for mental illness issues differed than men, see Victoria Ann Potenza, "Her-sterics vs Hysterics: Reflecting on Women and Mental Health Treatment in the United States: 1800-present," Master's thesis (Manchester: Southern New Hampshire University, 2018).

which established the Joint Commission on Mental Illness and Health to evaluate the state of mental health and care in America. In 1961 the commission published the findings of its review in *Action for Mental Health* and advised that “community health centers be set up to treat those with less severe mental illnesses,” which was the beginning of the great deinstitutionalization.¹⁰⁶ Finally, the passage of Medicaid and Medicare in 1965 directed funding away from asylums to community health centers.¹⁰⁷

According to the Treatment Advocacy website:

In 1955, there were an estimated 559,000 state and county psychiatric beds, or nearly 340 beds per 100,000 people. By early 2016, the state hospital bed population had dropped more than 96%, to 37,679 beds, or 11.7 beds per 100,000 people. Of these, nearly half were occupied by criminal offenders with serious mental illness; barely six beds per 100,000 people remained for individuals with acute or chronic psychiatric disease who had not committed crimes.¹⁰⁸

Figure 2 shows the sharp decline in inpatients in mental health hospitals over this time frame.

Returning to Foucault

With the state of mental health care over the course of the first half of the twentieth century in mind, Foucault’s conclusions in *Madness and Civilization* become particularly poignant in their relationship to art and society. In his conclusion to *Madness and Civilization*, Foucault points out the hypocrisy of connecting the mad and insane with those who have achieved the highest levels in the arts. Referencing painters like Francisco Goya and Vincent van Gogh, the poet Antonin Artaud, and Friedrich Nietzsche the philosopher, Foucault points out that these artists have been hugely popular and

¹⁰⁶ “Deinstitutionalization, Its Causes, Effects, Pros and Cons.”

¹⁰⁷ Ibid.

¹⁰⁸ “Psychiatric Bed Supply Need Per Capital,” Treatment Advocacy Center, last modified September, 2016, <https://www.TreatmentAdvocacyCenter.org>.

influential in western society.¹⁰⁹ Foucault states, "...the world that thought to measure and justify madness through psychology must justify itself before madness, since in its struggles and agonies it measures itself by the excess of the works like those of Nietzsche, of Van Gogh, of Artaud. And nothing in itself, especially not what it can know of madness, assures the world that it is justified by such works of madness."¹¹⁰ At the same time that western society honors the works of mentally ill individuals, we also condemn these individuals as demonstrated by the lack of care provided throughout history.

Given our understanding of photography and the visual arts as contested representations of truth (these media will be further explained in chapter 3), it is worthwhile to critically examine Foucault's research methods that result in his historical timeline of perceptions of madness. Foucault contrasts the classical views on mental illness with the medieval and Renaissance views that he forms from contemporaneous art and literature, specifically the images created by Pieter Bruegel, Hieronymus Bosch, and Matthias Grünewald and the caricatures in Erasmus' "The Praise of Folly."¹¹¹ Foucault provides optimistic interpretations of mental illness in art in *Madness and Civilization*, which could be challenged upon examination of the scenes depicted in a piece like Grünewald's *Temptation of Saint Anthony*.

In describing Grünewald's painting *Temptation of Saint Anthony* (fig. 3), Foucault explains that:

Madness fascinates because it is knowledge. It is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric

¹⁰⁹ Foucault, *Madness and Civilization*, 279-289.

¹¹⁰ Ibid, 289.

¹¹¹ Ibid, 15-22.

learning. These strange forms are situated, from the first, in the space of the Great Secret, and the Saint Anthony who is tempted by them is not a victim of the violence of desire but of the much more insidious lure of curiosity; he is tempted by that distant and intimate knowledge which is offered, and at the same time evaded, by the smile of the gryllos...this knowledge, so inaccessible, so formidable, the Fool, in his innocent idiocy, already possesses. While the man of reason and wisdom perceives only fragmentary and all the more unnerving images of it, the Fool bears it intact as an unbroken sphere: that crystal ball which for all others is empty is in his eyes filled with the density of an invisible knowledge. Brueghal mock the sick man who tries to penetrate this crystal sphere.¹¹²

Foucault's optimistic perspective on madness during the Renaissance comes from his study of images not on literature or philosophy.¹¹³ In his analysis of the medieval and Renaissance images, Foucault notes, "During the same period, the literary, philosophical, and moral themes of madness are in an altogether different vein. The Middle Ages had given madness, or folly, a place in the hierarchy of vices. Beginning with the thirteenth century, it is customarily ranked among the wicked soldiers of the psychomachy."¹¹⁴

After *Madness and Civilization*, Foucault focused his analysis on modern medical experiences, describing *Birth of the Clinic* as a "project that is deliberately both historical and critical, in that it is concerned—outside all prescriptive intent—with determining the conditions of [sic] possibility of medical experience in modern time."¹¹⁵ In *Birth of the Clinic* Foucault uses the term "gaze," which is the "eye that governs."¹¹⁶ This "clinical" or "observing" gaze can be dehumanizing and blind to the person's identity:

The clinical gaze has the paradoxical ability to *hear a language* as soon as it *perceives a spectacle*. In the clinic, what is manifested is originally what is spoken. The opposition between clinic and experiment overlays exactly the

¹¹² Foucault, *Madness and Civilization*, 21-22.

¹¹³ *Ibid*, 27.

¹¹⁴ *Ibid*, 24.

¹¹⁵ Foucault, *Madness: The Birth of the Clinic*, trans. A. M. Sheridan-Smith (New York: Harper and Row, 1976), xix.

¹¹⁶ *Ibid*, 89.

difference between the language we hear, and consequently recognize, and the questions we pose or, rather, impose: 'The observer...reads nature, the experimenter questions.'¹¹⁷

Foucault explores the difference between the hospital and the clinic. In the clinic, doctors dealt with diseases as they affected patients. The clinic was the first to recognize the indications and symptoms of disease.¹¹⁸ In hospitals, doctors focused on disease, whereas teaching hospitals altered formats for instruction.¹¹⁹ Medical science took on other forms, such as the study of the corpse, not just the living ill. In this sense, death was not the end of the life of the patient but the end of the illness.¹²⁰ Foucault also understood the power undercurrents at play with the medical gaze when he asked rhetorically: "How can the free gaze that medicine, and, through it, the government, must turn upon the citizens be equipped and competent without being embroiled in the esotericism of knowledge and the rigidity of social privilege?"¹²¹ In much the same way as the language of psychiatry exerts power over the mad, the medical gaze is thoroughly rooted in social privilege.

Madness Reconsidered

In addition to Foucault, a number of sociocultural historians have extensively analyzed representations of mental illness. Sander L. Gilman's work from 1982 titled *Seeing the Insane* offers a broad overview of depictions of the insane seen in the history of art, as well as some medical journals in the western European tradition.¹²² Elaine

¹¹⁷ Foucault, *Madness: The Birth of the Clinic*, 108.

¹¹⁸ *Ibid*, 71.

¹¹⁹ *Ibid*, 109.

¹²⁰ *Ibid*, 131.

¹²¹ *Ibid*, 45.

¹²² Sander L. Gilman, *Seeing the Insane* (New York: John Wiley & Sons, Inc., 1982).

Showalter's work *The Female Malady: Women, Madness, and English Culture, 1830-1980*, published shortly after Gilman's *Seeing the Insane* in 1985, provides a gendered investigation of female madness.¹²³ Showalter presents a feminist text that situates the female body as a central player in the history of mental illness, while relying upon women's writing, both fiction and non-fiction, to illustrate historical context and perception of mental illness among women. Her work is one of the first to examine madness entirely using a gendered theoretical perspective.¹²⁴ Jane E. Kromm published *The Art of Public Frenzy: Public Madness in the Visual Culture of Europe, 1500-1850* in 2002, which is an exhaustive study of public madness, fury, and insanity.¹²⁵ Another of Kromm's articles begins by presenting how previous scholars have considered Hogarth as the founder of the modern depiction of insanity. Yet, she suggests that there were other depictions twenty years previously that depicted the modern insane in a more truthful way. She presents Bernard Lens the Elder's engraving from 1710 of Jonathan Swift's *A Tale of a Tub*.¹²⁶ This tale allegorically explores the follies of madness. The image examines how the insane were depicted as certain "types." In other words, it is apparent to the viewer that a certain man is insane because he follows a certain iconography.¹²⁷ Kromm also demonstrates how throughout the history of the representation of madness two gendered stereotypes have been most prevalently depicted,

¹²³ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985).

¹²⁴ *Ibid*, 350.

¹²⁵ Jane E. Kromm, *The Art of Public Frenzy: Public Madness in the Visual Culture of Europe, 1500-1850* (London: Continuum, 2002).

¹²⁶ Kromm, "Hogarth's Madmen," *Journal of the Warburg and Courtauld Institutes* 48 (January 1, 1985): 239.

¹²⁷ *Ibid*, 238-42.

which include the angry, male lunatic and the hysterical female. She investigates the transition from the male stereotype to the madwoman during the nineteenth century.¹²⁸

The study of representations of mental illness relies on a number of methodologies to deconstruct the layered and complex meaning imbedded in visual art, and more specifically to the focus of this dissertation, photography and film. Scholarship that highlights medicine's relationship to art and photography is central to my study, which includes John Tagg's analysis of the ways photography can be used to control through surveillance in *The Burden of Representation: Essays on Photography and Histories* (1993).¹²⁹ Sharrona Pearl explores the implications of physiognomy, which included diagnostic practices based on appearances and moral behavior, in *About Faces: Physiognomy in Nineteenth-Century* (2010). In this work she further examines how certain themes relate to those who represent figures, such as artists, novelists, and others, who relied upon the principles of nineteenth-century physiognomy practices. Pearl argues that there was a shift from interpreting an image of an individual using physiognomy to focusing on groups, which is helpful to my study of images of a marginalized group, such as the mentally ill.¹³⁰

Tanya Sheehan's discussion of photography's early use in medicine in *Doctored: The Medicine of Photography in Nineteenth-Century America* (2012) uses photography and medical journals to illustrate a link between the two fields during the latter half of the

¹²⁸ Kromm, "The Feminization of Madness in Visual Representation," *Feminist Studies* 20, no. 3 (October 1, 1994): 507.

¹²⁹ John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (Minneapolis: University of Minnesota Press, 1993).

¹³⁰ Sharrona Pearl, *About Faces: Physiognomy in Nineteenth-Century Britain* (Cambridge: Harvard University Press, 2010), 23.

nineteenth century.¹³¹ The book begins by describing the attempts by early photographers to establish photography as a legitimate medium and medical tool.¹³² Sheehan's title evokes the historical connection between medicine and photography but also alludes to the manipulation by photographers to present figures in a certain light, either as healthy individuals or as unhealthy.¹³³ In addition, film historian Sheri Chinen Biesen's 2014 study on psychology in *American Film Noir* and Otto F. Wahl's *Media Madness: Public Images of Mental Illness* (1997) also provide a necessary framework for exploring how mental illness has been incorporated into popular media.¹³⁴

Scholars who investigate depictions of mental illness often use a feminist lens to explore the iconography included in certain images, likely due to the high rate of discrimination against women related to mental illness,¹³⁵ and my analysis similarly uses a feminist lens to investigate the mentally ill individuals depicted, using Kaja Silverman's notion of the patriarchal gaze and Julia Kristeva's theory of the abject that suggests that there is distance between socially defined normative behaviors and abnormal ones.¹³⁶ Also influential is feminist psychologist Phyllis Chesler's *Women and Madness* (1972), which was one of the first books to address the issues women faced regarding mental

¹³¹ Tanya Sheehan, *Doctored: The Medicine of Photography in Nineteenth-Century America* (University Park: The Pennsylvania State University Press, 2012).

¹³² *Ibid.*, 27.

¹³³ *Ibid.*, 44.

¹³⁴ Sheri Chinen Biesen, "Psychology in American Film Noir and Hitchcock's Gothic Thrillers" *Americana: The Journal of American Popular Culture, 1900 to Present* 13, no. 1 (Spring 2014), accessed December 2, 2016, http://www.americanpopularculture.com/journal/articles/spring_2014/biesen.htm; and Otto F. Wahl, *Media Madness: Public Images of Mental Illness* (Rutgers University Press, 1997).

¹³⁵ For more on the institutionalization discrimination practices against women see, Robert T. Roth and Judith Lerner, "Sex-Based Discrimination in the Mental Institutionalization of Women," *California Law Review* 62, no. 3 (May 1974): 789-815.

¹³⁶ Kaja Silverman, *The Acoustic Mirror: The Female Voice in Psychoanalysis and Cinema* (Bloomington: Indiana University Press, 1988); Julia Kristeva and Leon S. Roudiez, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982).

health care, and Jane M. Ussher's *Women's Madness: Misogyny or Mental Illness?* (1991), which explores how mental illness for women is a patriarchal diagnosis used for control.¹³⁷ Finally, scholars of disability studies offer a theoretical framework to understand the abnormal body. Kim Hall's *Feminist Disability Studies* (2011) offers a definition of female mental disability and claims that feminist studies and disabilities collide not just because they are two marginalized groups of people but because they transform and shape each other.¹³⁸ The essays included in this anthology discuss the bridge between these two disciplines and comment on the construction of normal bodies and practices.¹³⁹ Susan Wendell's *The Rejected Body: Feminist Philosophical Reflections on Disability* (1996) explains the social construction of disability, which parallels the social construction of mental illness and even the social norms for women.¹⁴⁰

Photography as a medium plays a constructive role in how culture defines normal anthropological notions of humanhood by creating visual depictions that either mirror cultural norms or challenges them. It can contest cultural definitions of madness, but it can also cement existing definitions deeper into the fabric of culture by emphasizing existing representations of what that culture perceives as being "normal." Photography can be an active changer, playing an activist role in altering cultural perceptions of art, or it can play a conspiratorial and manipulative role.

¹³⁷ Phyllis Chesler, *Women and Madness* (New York: Four Walls Eight Windows, 2005); Jane M. Ussher, *Women's Madness: Misogyny or Mental Illness?* (New York: Harvester Wheatsheaf, 1991);

¹³⁸ Kim Hall, *Feminist Disability Studies* (Bloomington: University of Indiana Press, 2011), 1.

¹³⁹ *Ibid*, 14-309.

¹⁴⁰ Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (London: Routledge, 1996); Other scholars relevant to this topic on the disabled body include Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997); and Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven: Yale University Press, 1980).

Eisenstaedt, Cooke, and Bublely's photographs all take place within the backdrop of an asylum; the space of the asylum is a complex and paradoxical place of refuge and injustice as evidenced by the lack of care distributed throughout the early half of the twentieth century. Furthermore, the practitioners who facilitated treatment in these spaces, such as doctors, psychologists, and psychiatrists, were figures of authority and control for the patients documented and were largely male figures. Ben Harris in *Work, Psychiatry and Society* (2016) investigates the control established by asylum spaces.¹⁴¹ Carla Yanni in *The Architecture of Madness: Insane Asylums in the United States* (2007) illuminates the ways architects, medical practitioners and administrators attempted to treat insanity through the structure and design of the asylum.¹⁴² She also discusses how the philosophies revolving around mental illness evolved so that the asylum as an institution faded from popularity.¹⁴³ Edwin G. Boring's *A History of Experimental Psychology* (1950) provides an extensive history of experimental psychology.¹⁴⁴ Boring covers topics like "Origin of Modern Psychology within Science," "Origin of Modern Psychology within Philosophy," "The Founding of Experimental Psychology," and "Later Trends in Modern Psychology." Boring explores the historical establishment of modern psychology in Great Britain, America, and Germany.¹⁴⁵ Erving Goffman's *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (1961) presents a case study of the patients and staff of St. Elizabeth's Hospital in Washington,

¹⁴¹ Ben Harris, "Therapeutic Work and Mental Illness in America," in *Work, Psychiatry and Society, c. 1750-2015*, ed. Waltraud Ernst (Manchester: University of Manchester, 2016).

¹⁴² Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007).

¹⁴³ *Ibid.*, 146.

¹⁴⁴ Edwin G. Boring, *A History of Experimental Psychology* (New York: Appleton Century Crofts, Inc., 1950).

¹⁴⁵ *Ibid.*

D.C., in 1955-56.¹⁴⁶ Goffman investigates the relationship between the patients and the staff that supervised them within this hospital but also explores the implications and effects of the “total institution.”¹⁴⁷ This book provides theoretical investigations of the social relationships that are created when certain individuals deviate from normative behaviors.¹⁴⁸ Andrew Scull’s *The Insanity of Place/the Place of Insanity: Essays on the History of Psychiatry* (2006) presents a collection of essays that were published previously in other publications that all relate to the history of psychiatry. These essays look at the period from the eighteenth century to the mid-twentieth century. Scull published early works on this topic that have shaped the discourse of the history of psychiatry, such as his work on Foucault’s history of madness.¹⁴⁹ *Insanity of Place* explores psychiatry, mental health policy, the asylum, and control, among other topics.¹⁵⁰

Viewing the asylum as having a relationship to prisons and imprisonment practices will offer a more layered examination of the asylum space. Rhodes examines the racial and political issues in prisons in her essay “Toward an Anthropology of Prisons.”¹⁵¹ Within the prison framework, solitary confinement historically has been used as a form of discipline and control, and according to Peter Scharff Smith in “The

¹⁴⁶ This hospital is notable as it was where female poet Ezra Pound was institutionalized. See Nancy Kuhl, “New Scholarship: Ezra Pound at St. Elizabeth’s,” Beinecke Rare Book and Manuscript Library (New Haven: Yale University Library, 2017), accessed February 8, 2019, <https://beinecke.library.yale.edu/about/blogs/poetry-beinecke-library-yale-collection-american-literature/2017/07/07/new-scholarship>. For more on the experiences of other poets with institutionalization see Kay Redfield Jamison, *Robert Lowell: Setting the River on Fire: A Study of Genius, Mania, and Character* (New York: Penguin Random House, 2017).

¹⁴⁷ Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City: Doubleday Anchor Books, 1961), xxi-1.

¹⁴⁸ *Ibid.*, 125-170.

¹⁴⁹ Andrew Scull, “Michel Foucault’s History of Madness,” in *Michael Foucault Critical Assessments*, edited by Barry Smart, vol. 4, (London: Routledge, 1995), 202-208.

¹⁵⁰ Andrew Scull, *The Insanity of Place/the Place of Insanity: Essays on the History of Psychiatry* (London: Routledge, 2006).

¹⁵¹ Lorna Rhodes, “Toward an Anthropology of Prisons.”

Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature,” those patients with severe mental health issues were disciplined with solitary confinement more than those patients without mental health issues, and solitary confinement exacerbated mental health issues.¹⁵²

Finally, Thomas Eakins’ medical portraits explore how medicine has been depicted in art in America, as his paintings *The Gross Clinic* (1875) and *The Agnew Clinic* (1889) are perhaps the most well-known examples of depictions of medical practitioners in America where masculinity and authority are emphasized, reinforcing the divide between the often-feminized patient and the masculinized caregiver. Bridget Goodbody’s analysis of power wielded by the surgeon in *The Agnew Clinic* provides a lens to examine the institutional and even patriarchal control of the medical community alluded to in some of the photographs taken by Eisenstaedt, Cooke, and Bublely.¹⁵³

¹⁵² Peter Scharff Smith, “The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature,” *Crime and Justice* 34, no. 1 (2006): 454.

¹⁵³ Bridget L. Goodbody, “‘The Present Opprobrium of Surgery’: *The Agnew Clinic* and Nineteenth-Century Representations of Cancerous Female Breasts,” *American Art* 8, no. 1 (1994): 33-51.

CHAPTER 3

EXAMINING MENTAL ILLNESS IN ART AND PHOTOGRAPHY

Photography's origins have been closely associated with documentation, history, truth, and medicine. In 1855 daguerreotypist James E. McClees commented on the countless names and distinct types that had emerged since the invention of Daguerreotypes, Calotypes, and Talbotypes, among others. McClees presented "photography" as the label to be used as it etymologically meant to write or to "draw with light."¹⁵⁴ Early on in its history, a photograph's ability to record connected the photographer with the historian.¹⁵⁵ Photography was invented after the cultural milieu of the Enlightenment, which encouraged empirical classification and organization of the world, perhaps best exemplified by Charles Willson Peale's painting of himself from 1822 that was created in the decade prior to the invention of photography (fig. 4).¹⁵⁶ Part of classifying the world involved being able to reproduce it accurately, and the daguerreotype's ability to achieve detailed exactness was unprecedented. For example, Louis-Jacques-Mandé Daguerre's *Boulevard du Temple* from 1838 captures a street scene in finite detail (fig. 5). Samuel F. B. Morse wrote in 1839 that upon viewing a sign captured in Daguerre's photograph with a magnifying lens that "every letter was clearly and distinctly legible, and so were the minutest breaks and lines in the walls of the buildings; and the pavements of the streets. The effect of the lens upon the picture was in

¹⁵⁴ Alan Trachtenberg, *Reading American Photographs: Images as History-Mathew Brady to Walker Evans* (New York: Hill and Wang, 1989), 3.

¹⁵⁵ For more on this connection between history and photography, see Siegfried Kracauer, *History, The Last Things Before the Last* (Oxford: Oxford University Press, 1969), 304.

¹⁵⁶ For more on Charles Willson Peale's portrait and its connections to photography, see Trachtenberg, *Reading American Photographs*, 8.

a great degree like that of the telescope in nature.”¹⁵⁷ Yet, this early image’s status as a representation of truth or reality is problematized by what the photographer did not capture. Due to the necessary exposure times only one individual, the shoe shiner, was captured, who stood still long enough to be fixed in the image. A busy street scene with people was not seen in this photograph; despite its being the actual subject of the camera, it appears as a ghostly image depicting a solitary individual. The reality of the subject in this early image already had been manipulated by the photographer and the photographic process, anticipating debates about the photograph as a text of contested truth, reality, and communication. Artists and scholars throughout this medium’s history have challenged photography’s status as offering direct and unmediated access to truth and reality by consideration of photographers’ manipulation techniques, the inherent characteristics of a photograph in relation to time and memory, and the subjectivity of a photograph in its relation to the viewer, as explained by critical theorists, photo-historians, art historians, social historians, and scholars of literature and material studies.

The photograph’s manipulation of the subject begins the moment the image is captured, as in the case of Daguerre’s street scene, but can also happen in the darkroom through editing techniques and later digital media. Some of the earliest examples of darkroom manipulation were created by photographers like Henry Peach Robinson (1830-1901) and Oscar Reijlander (1813-1875), who created tableaux vivants using a technique called combination printing. Robinson’s combination print (a manipulation process that involved multiple images combined to create a single image) from 1858 titled *Fading Away* depicts a young woman dying as the central focus of the composition

¹⁵⁷ Trachtenberg, *Reading American Photographs*, 15.

(fig. 6). Three other figures surrounding the young girl convey feelings of grief and despair, in postures of formal anguish. The public reacted with shock at the depiction of a young woman dying, particularly by a medium that connoted reality.¹⁵⁸ However, in an era when photographers had to fight for their identity as artists, photographers like Reijlander and Robinson purposefully manipulated their images to more closely align themselves to painting, rejecting photography's claims to documentary truth, while simultaneously elevating the medium's ability to communicate philosophical truth.

While photography's ability to convey subjective truth was explored during the latter half of the nineteenth century, the camera continued to be relied upon for its claim to authenticity and scientific truth as well. Albert Sands Southworth and Josiah Johnson Hawes' *Early Operation Using Ether for Anesthesia* from 1847 reflects photography's early connection to scientific inquiry as it depicts a group of doctors surrounding a patient who appears ready for a surgical operation using ether as a newly discovered anesthesia (fig. 7). This image embodies the tension between documentary reality and symbolic meaning, as it is unclear if it was taken prior to the actual event or if it was a reconstruction of the event. Was the image staged? And to what degree does that matter to its use in scientific and medical inquiry? Is it less authentic if indeed it was staged? These are questions that implicate photography's claim to reality as problematic.

Staging or re-staging a scene continued to be a controversial practice for photographers, especially as techniques advanced enough to put them on the road and at historical events, which spurred the beginnings of photojournalism. Alexander Gardner's

¹⁵⁸ Jannie Uhre Mogensen, "Fading into Innocence: Death, Sexuality and Moral Restoration in Henry Peach Robinson's *Fading Away*," *Victorian Review* 32, no. 1 (2006): 6.

photograph from 1865 titled *Home of a Rebel Sharpshooter, Gettysburg* from his *Photographic Sketch Book of the Civil War* illustrates the emotional power of altering reality prior to the shutter closing on the scene. Gardner's image depicts a corpse lying in a trench, seemingly revealing the reality of war rather than an idealized depiction of battle and death often seen in paintings of war (fig. 8). In the image a rifle leans against the rock-built wall as the central focus of the composition. The meaning of the photograph was amplified by Gardner's title that designated the space captured as the "Home" of a Rebel sharpshooter, illustrating to the American public the realities and costs of war. Despite this message, Gardner moved the body, positioned the head, and brought the rifle as a prop, demonstrating a manipulation of reality for the purposes of conveying a clearer and perhaps a more conceptual or affective message to the viewer.¹⁵⁹ Gardner defined the symbolic meaning of the image through his manipulation and alteration of reality using the visual and text together.

Jacob Riis' interest in showing the lives of lower-class individuals also illustrates the power of coupling images with text to communicate and alter meaning. Riis' work from 1890 titled *How the Other Half Lives: Studies Among the Tenements of New York* reflects his interest in reform as it captured the "other half" of society, revealing the lives of individuals often ignored in New York society.¹⁶⁰ Despite this documentary claim, his interest in entertainment, shock, and spectacle is evident in a photograph from ca. 1890 titled *Police Station Lodgers 8* (fig. 9). Riis has depicted an old woman, smudged with dirt, standing against a plank of wood. In Riis' caption he clarifies that the woman used

¹⁵⁹ Mary Warner Marien, *Photography: A Cultural History* (Upper Saddle River, N.J.: Prentice Hall, 2011), 110.

¹⁶⁰ David Leviatin, ed. *How the Other Half Lives* (Boston: Bedford, 2011).

the plank for a bed. The dilapidated walls are starkly lit by the use of Blitzlichtpulver, an early form of flash photography for which Riis' use is well-known.¹⁶¹ The artificial light appears to blind the central figure as her eyes are closed and her eyebrows scrunch in an effort to shield her eyes from the brilliant flash. The intensity and illumination of the flash displays the entertaining aspects of spectacle, as the photograph becomes a spotlight on the individuals Riis captured with his camera; yet the image poignantly emphasizes the deplorable living conditions of this woman, shining a light, albeit a heavy-handed spotlight, on social inequalities, reinforcing the importance of the choices of the photographer to alter or shape the depicted reality.

Working in a similar vein as Riis, Lewis Hine also sought to expose the lives of the working class using artistic choices to emphasize the emotional quality of the resulting photograph. His photograph *Sadie Pfeifer, a Cotton Mill Spinner, Lancaster, South Carolina* from 1908 depicts a young child, dressed in tattered clothing up against a large cotton mill and likely malnourished and exposed to health hazards in the air as a result of the mill (fig. 10). The strong diagonal line created by the mill reinforces the small size of the young girl. Her face is downcast and anonymous, which further reinforces the image's power to provoke sympathy.

Eliciting sympathy for social reform became a goal for many documentary photographers during the early half of the twentieth century. Following in the tradition of Riis and Hine, photographer Walker Evans and writer James Agee produced *Now Let Us Praise Famous Men* in 1936 using texts and images to record the lives of typical cotton tenant families during the devastating impact of the Dust Bowl. Agee claimed, "The

¹⁶¹ David Leviatin, ed. *How the Other Half Lives*, 1.

photographs are not illustrative. They, and the text, are coequal, mutually independent, and fully collaborative.”¹⁶² An attempt to document the lives of individuals started as a goal of a government agency called the Farm Security Administration (FSA), led by Roy Stryker beginning in 1935 as the Resettlement Administration (RA). Photographers like Dorothea Lange, Arthur Rothstein, and Walker Evans provided documentation to justify providing aid to poverty-stricken areas, especially affected by the Great Depression.

These photographs taken under the guise of social reform by early documentary photographers are problematized by artist Martha Rosler’s article from 1981 titled “In, Around, and Afterthoughts (On Documentary Photography)” in which she situates the subject of the camera as a victim of the photographer.¹⁶³ Rosler describes the social reform work led by photographers like Lewis Hine and Jacob Riis and argues, “The exposé, the compassion and outrage, of documentary fueled by the dedication to reform has shaded over into combinations of exoticism, tourism, voyeurism, psychology and metaphysics, trophy hunting—and careerism.”¹⁶⁴ For the viewer, the dangerous act of staring is rendered harmless by the photographer, who did the staring for them. Rosler identifies two main characteristics of the photograph, which include: 1) immediacy, which refers to the social justice reforms of early documentarians that used photographs as evidence, and 2) aesthetic-rightedness, which is less definable, but refers to the

¹⁶² James Agee and Walker Evans, *Let Us Now Praise Famous Men: Three Tenant Families* (Boston: Houghton Mifflin Harcourt, 2001), xi.

¹⁶³ Martha Rosler, “In, Around, and Afterthoughts (On Documentary Photography),” in *Decoys and Disruptions: Selected Writings, 1975-2001* (Cambridge: MIT Press, 2004), 306.

¹⁶⁴ *Ibid.*, 306.

pleasure gained from looking at a photograph and the historical and symbolic layers it can take on over time.¹⁶⁵

Rosler explores these two characteristics of documentary photography relating to immediacy and aesthetic-rightedness in FSA photographer Dorothea Lange's series of photographs taken of Florence Thompson during the droughts of the Great Depression (fig. 11). In 1936 Lange stopped at a pea-pickers camp in Nipomo, California to create the *Migrant Mother*, a photograph that has become emblematic, not just of the difficulties of the Depression, but of general human suffering as well. Lange later described being driven by instinct to find Florence Thompson, and wrote, "Whenever I see this photograph reproduced, I give it a salute as to an old friend. I did not create it...The woman in this picture has become a symbol to many people; until now it is her picture, not mine."¹⁶⁶ Despite Lange's sentiment, in 1978 Thompson was left wondering why she still was not profiting from an image of herself.¹⁶⁷ That image was taken with the idea of social reform and its immediacy was part of its creation, evidenced by Lange's own field notes saying, "She thought that my pictures might help her, and so she helped me."¹⁶⁸ Yet the photograph has taken on a symbolic, historical meaning that communicates its own "aesthetic-rightedness," to use Rosler's phrase, meaning that it is well-formed, and divorces itself from the original subject.¹⁶⁹ In essence, Rosler's conclusions about the

¹⁶⁵ Rosler, "In, Around, and Afterthoughts," 317.

¹⁶⁶ Dorothea Lange, "The Assignment I'll Never Forget," in *Photography: Essays & Images*, ed. Beaumont Newhall (New York: The Museum of Modern Art, 1980), 264. This was originally written by Lange in February of 1960.

¹⁶⁷ Rosler, "In, Around, and Afterthoughts," 316.

¹⁶⁸ Dorothea Lange, "The Assignment I'll Never Forget," 264.

¹⁶⁹ Rosler, "In, Around, and Afterthoughts," 317.

exchange between the photograph and their subject renders Florence Thompson a victim of Lange's manipulation.

This power wielded by the photographer is only matched by the visual power of the photograph itself. Historian John Tagg explores this medium's inherent qualities of power as a means for surveillance and control in his essay "A Means of Surveillance: The Photograph as Evidence in Law" as part of his larger influential work *The Burden of Representation* from 1988.¹⁷⁰ Drawing upon Foucault's ideas of modern discipline and control, Tagg outlines the ways in which photography has been inserted into the regulatory and surveillance practices of dominating authorities in society.¹⁷¹ Referring to the thousands of images used daily as evidence by police, lawyers, and judges, Tagg underscores the ways modern society has relied upon the realities and truth claims of photographs themselves. Medical practices in the nineteenth century reflect photography's use as a seemingly objective tool, which are seen in the works by Hugh Welch Diamond during the 1850s and J.E.D Esquirol's *Des Maladies Mentales* of 1838 where these doctors used photography to diagnose mental illness and criminality.¹⁷² Like the constant surveillance proposed by Jeremy Bentham's "panopticon," photographs could render bodies and the social bodies of groups as fixed identities and under constant scrutiny.¹⁷³ Citing the works of Jacob Riis and Dr. Diamond, Tagg argues that, no matter

¹⁷⁰ John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (Minneapolis: University of Minnesota Press, 1993), 66.

¹⁷¹ For more on the modern methods of discipline and regulation, see Foucault, *Discipline and Punish: The Birth of the Prison*.

¹⁷² Tagg, *The Burden of Representation*, 77-81. For more physiognomy practices from the nineteenth century, see Sharrona Pearl, *About Faces: Physiognomy in Nineteenth-Century Britain* (Cambridge: Harvard University Press, 2010).

¹⁷³ Tagg, *The Burden of Representation*, 85-86.

the situation, “what we see is the extension of a ‘procedure of objectification and subjection,’ the transmission of power in the synaptic space of camera’s examination.”¹⁷⁴

This power embedded within photographic surveillance implicates the ways that collections of photographs of bodies orient society’s views of individuals. In artist and critic Allan Sekula’s essay in 1986 titled “The Body and the Archive,” he claims that photographs have the power to shape collective views of groups of people, especially the criminal.¹⁷⁵ Sekula argues that the effect of the camera on the criminal body cannot be disassociated from the construction of the bourgeois, law-abiding society: “photography welded the honorific and repressive functions together. Every portrait implicitly took its place within a social and moral hierarchy.”¹⁷⁶ Scientist Louis Agassiz’s interest in racial theory to justify slave practices during the 1850s resulted in Joseph T. Zealy’s portraits of slaves that exemplify Sekula’s ideas. Zealy’s image of an African American male named Jack from a side view illustrates an attempt to objectively present a racial type (fig. 12). The subject is stripped of identity, and this portrait victimizes and criminalizes the black body, conveying the racial inequality practiced by Zealy. Rather than an objective portrait of the photographed individual, this image instead became a portrait of nineteenth-century colonialist claims to racial superiority.

Sekula’s exploration of photography’s power to subject the referent to the photographer’s ideologies closely relates to other contemporary scholars’ ideas about photography and spectacle during the 1970s-80s. In Rosler’s seminal essay, she dismantles the myth that photography is a document of truth and insists it is a document

¹⁷⁴ Tagg, *The Burden of Representation*, 92.

¹⁷⁵ Allan Sekula, “The Body and the Archive,” *October* 39 (Winter 1986): 15.

¹⁷⁶ *Ibid.*, 10.

of spectacle. She claims that documentarians during the latter half of the twentieth century created works that turned misery into spectacle. Rosler questions the objectives of photographers like Garry Winogrand and Diane Arbus suggesting that their claims to “know” rather than “reform” their subjects have transformed the subjects into spectacles and entertainment.¹⁷⁷ She concludes, “Perhaps a radical documentary can be brought into existence. But the common acceptance of the idea that documentary precedes, supplants, transcends, or cures full, substantive social activism is an indicator that we do not yet have a real documentary.”¹⁷⁸ Rosler refers to the Postmodern movement of which she was a part that was an attempt by a number of photographers to reconsider the subjectivity of documentary photography and its purposes in a movement called a “new social documentary.”¹⁷⁹

Sekula participated in this “new social documentary” as well and argued for a reconsideration of the photograph as a document of reality. The first sentence in his influential essay from 1975 titled “On the Invention of Photographic Meaning” argues: “The meaning of a photograph, like that of any other entity, is inevitably subject to cultural definition.”¹⁸⁰ Sekula insists that a photograph is incomplete and its message is “context-determined.”¹⁸¹ Such subjectivity and relativism was a component of the Postmodern discourse that relied upon French theorist Roland Barthes’ essay “The Death

¹⁷⁷ Rosler, “In, Around, and Afterthoughts,” 321. Also, see David Hevey, “The Enfreakment of Photography,” in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2013), 432-446.

¹⁷⁸ Rosler, “In, Around, and Afterthoughts,” 326.

¹⁷⁹ Mary Warner Marien, *Photography: A Cultural History*, 438.

¹⁸⁰ Allan Sekula, “On the Invention of Photographic Meaning,” in *Thinking Photography*, ed. Victor Burgin (London: Macmillan Education UK, 1982), 84.

¹⁸¹ *Ibid.*, 85.

of the Author” from 1967.¹⁸² Continuing to challenge ideas of originality and objectivity, Barthes’ *Camera Lucida* (1980) explores the subjective essence of the photograph, considering how it is something that can never be repeated as it fixes the subject in a moment in time, which results in a kind of death of the subject. Arguing that the referent and the photograph itself cannot be separated, Barthes claims that the medium becomes invisible as it elevates the referent to the forefront of a viewer’s vision.¹⁸³ He emphasizes the process of seeing and engaging with the photograph itself as the image engages the viewer’s emotions.¹⁸⁴ He claims that a photograph can make the truth permanent in its emotional weight, or “punctum” to use Barthes’ term, but that truth is subjective to the individual viewer.¹⁸⁵

With the emergence of the Kodak Brownie cameras introduced at the beginning of the twentieth century, the subjectivity of the photograph increased as users increased, which left artists questioning the importance of the “original” and of authenticity. Sherrie Levine’s 1981 appropriation of Walker Evan’s photograph of Allie Mae Burroughs comments on this interest in the meaning of the original by merely taking a photograph of Evan’s original work and titling it *After Walker Evans: 4* in a series titled *Appropriations* (fig. 13). Also related to the idea of the ease of reproduction and the camera being a tool of the masses is its use by middle-class families resulted in repeated stereotypical depictions occurring again and again. Art theorist Rosalind Krauss argues that the widespread use of the camera to create images resulted in stereotypical depictions that

¹⁸² Roland Barthes, “The Death of the Author,” *Contributions in Philosophy* 83 (2001): 3-8.

¹⁸³ Roland Barthes, *Camera Lucida: Reflections on Photography* (New York: Hill and Wang, 1981), 45.

¹⁸⁴ For more on the definitions of the stadium and punctum, see Barthes, *Camera Lucida*, 28.

¹⁸⁵ *Ibid*, 110.

have made the photograph into a simulacrum; rather than reality, the photograph is a “false-copy.”¹⁸⁶ Krauss presents the work of Cindy Sherman as an artist exploring the effects of mass imagery as artificial windows of reality. Sherman’s untitled film still from 1978 presents the artist as a reproducible image, copied from Hitchcock’s “leading ladies.” She is anonymous and reproduced in artificiality as a commodified object (fig. 14).

Related to the photograph’s artificiality, Scholar of American studies and photo-history Alan Trachtenberg explores the fluidity of the photograph in his work *Reading American Photographs: Images as History Mathew Brady to Walker Evans* from 1989. Trachtenberg builds on Barthes’ ideas about the photograph representing a certain moment in time and argues, “Destined by the medium’s technology to represent a specific moment in the past, they are also free to serve any representational function desired by a photographer and his audience.”¹⁸⁷ Applying Trachtenberg’s claims, I would suggest the image can be situated within any point in time by the those who manipulate it: “Images become history, more than traces of a specific event in the past, when they are used to interpret the present in light of the past... They become history when they are conceived as symbolic events in a shared culture.”¹⁸⁸ The symbolic nature of a photograph is evident in David Levinthal’s series of photographs for the book titled *Hitler Moves East: A Graphic Chronicle, 1941-43* wherein he explores photography’s connection to shared culture, memory, the past, and the present. Levinthal’s *Untitled* from 1977 resembles the photojournalism of World War II photographers like W. Eugene

¹⁸⁶ Rosalind Krauss, “A Note on Photography and the Simulacral,” *October* 31 (Winter, 1984): 62-65.

¹⁸⁷ Trachtenberg, *Reading American Photographs*, 6.

¹⁸⁸ *Ibid*, 6.

Smith and Robert Capa that depict soldiers in motion (fig. 15). Yet Levinthal created the photographs using toy soldiers and miniature army men, problematizing the ways memory and photography work together to create an artificial reality.¹⁸⁹ Trachtenberg offers a helpful metaphor for understanding photography's mythology by comparing the reality of money to the reality, or truthfulness, of the photograph. Paper money comes to represent the monetary value in the same way the photograph comes to conceptually represent the referent, or original subject.¹⁹⁰ In the same way that the value of money can shift and transform, so does the photograph. Trachtenberg deconstructs the idea that photography is the result of an "unerring objective camera," claiming that the photograph is never fixed and is under constant transformation by the audience, which is exemplified by the viewer's participation in constructing meaning in Levinthal's photographs of toy soldiers, using history and shared meaning to create a reality for the image.¹⁹¹

The visual documentation and depiction of the mentally ill have a long history, and robust scholarship explores the historical practice of visually representing mental illness. My survey of the scholarship applies to images of mental illness throughout history and in its various iterations, including madness, insanity, hysteria, melancholia, and mental disorders. The photographic medium is likewise subjective while retaining culturally associated connections to truth and reality.

¹⁸⁹ For more on Levinthal's *Hitler Moves East* project, see Frances Stracey, "Myth and the Ready-Made in David Levinthal's Toy Stories" *Philosophy of Photography* 2, no. 2 (2012): 367-378.

¹⁹⁰ Trachtenberg, *Reading American Photographs*, 18.

¹⁹¹ *Ibid.*, 20.

Iconography of Madness, Insanity, and Hysteria in Art

To understand the iconography included in Eisenstaedt, Cooke, and Bublely's images it is necessary to consider the ways mental illness has been depicted in art historically. A common theme that emerges conveys that mentally ill individuals lack humanity, both physically and morally. I offer an analysis of a number of iconic representations of mental illness to examine some of the stereotypes that emerged throughout the modern era; the chosen works are some of the most well-known images in scholarship on this topic. First, William Hogarth's iconic series of eight paintings titled *The Rake's Progress* tells the didactic and moralizing tale of Tom Rake's descent into madness through living a lifestyle full of sin and vice (fig. 16). In the first painting in the series, Tom stands at the center of the composition while a tailor fits him for new clothing. His father recently died leaving him extremely wealthy, and it is evident that Tom plans to abandon his pregnant fiancé, Sarah, who appears whimpering towards the left side of the composition. Sarah's mother expresses her outrage at Tom's betrayal, as she waves the couple's engagement ring in her hand.¹⁹² Beginning with his disregard for moral obligations and duty, Tom's descent into madness is a path fraught with dishonesty and sexual promiscuity displayed in the series of eight paintings, which leads him to his mental demise at London's infamous Bethlem Royal Hospital in London, which was nicknamed "Bedlam" due to its chaotic environment, in the eighth and final painting in the series (fig. 17).¹⁹³ In this final scene, Hogarth depicts Tom lying naked on the floor

¹⁹² David Kunzle, "Plagiaries-by-Memory of the Rake's Progress and the Genesis of Hogarth's Second Picture Story," *Journal of the Warburg and Courtauld Institutes* 29 (June 1985): 319.

¹⁹³ For more on London's "Bedlam" see, Sander L. Gilman, "Seeing the Insane: Mackenzie, Kleist, William James," *MLN* 93, no. 5 (December 1978): 872-3. Also, see Showalter, *The Female Malady: Women, Madness, and English Culture, 1830- 1980*, 7.

of a mental institution; he has lost his hair due to contracting syphilis. While certainly a pitiful image, Tom's example reinforces his lack of humanity, or "civilized" humanity, and communicates his otherness. Hogarth presents Tom's descent into madness as a result of his own immorality, which reinforces his otherness as his illness and difficulties were due to his own poor choices.

Another marker of mental illness traditionally depicted is visual disorder and a lack of self-control, especially over the body. Prior to the eighteenth century, Anglo-Americans connected the idea of someone's mental and emotional state being affected and represented by fluids within the body.¹⁹⁴ These beliefs, originating from antiquity, explain mental illness through a theory surrounding "four bodily humors: blood, phlegm, choler (yellow bile), and black bile."¹⁹⁵ It was believed that mental illness was brought about by an imbalance of these bodily humors and fluids.

Visual disorder as a representation of abnormality can be seen in Charles Darwin's *The Expression of Emotions in Man and Animals* from 1872 where Oscar Rejlander photographed many figures to help Darwin categorize emotion as seen in his six portraits of babies displaying strong emotions (fig. 18).¹⁹⁶ Also relevant to the study of mental illness is G. B. Duchenne de Boulogne's *The Mechanism of Human Physiognomy* that featured a series of images captioned "Electrical contraction of the eyelids, the forehead with voluntary lowering of the jaw: terror..." from plate 63 where a man's face is captured while he is experiencing electrical stimulation (fig. 19).¹⁹⁷ His

¹⁹⁴ Lynn Gamwell and Nancy Jones, *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914* (New York: Cornell University Press, 1995), 15.

¹⁹⁵ Ibid.

¹⁹⁶ Charles Darwin, *The Expression of Emotions in Man and Animals* (London: John Murray, 1873).

¹⁹⁷ Guillaume-Benjamin Duchenne, *Mécanisme de la Physionomie Humaine* (Paris: Jules Renouard, 1862).

crazed and wild expression builds upon the stereotypical depiction of madness as being evident in disordered and chaotic facial features.

Although a theory used to explain mental illness prior to the 1700s, Americans in the nineteenth century also thought of mental illness as caused by the connection between bodily fluids and the state of one's mental health.¹⁹⁸ Scholar of American art, Sarah Burns, discusses this significant connection between the fluids of the body and the mind. For the nineteenth-century American public, those who were labeled mentally ill were considered physically filthy because of their lack of control over their body. Citing a contemporary writer, John Bassett Chapin, Burns concluded that in the nineteenth century people believed that "acutely manic patients tended to be garrulous, out of control, filthy, obscene and delusional."¹⁹⁹ Another 19th-century writer, Edward Charles Spitzka wrote, "these patients rave, tearing and breaking everything within reach, besmear themselves with their excrement or even devour it, and shout at the top of their voices."²⁰⁰ These writers illustrate the popular belief that madness was connected to a lack of control over the body. Art historian and philosopher Georges Didi-Huberman asserts that "madness was not supposed to be an abstract loss of reason, but a simple disorder, 'a simple contradiction within reason.'"²⁰¹ It is because of this belief in their lack of control over their own body and this contradiction of reason, that the mentally ill were perceived to lose control over their emotions and eventually their mind.

¹⁹⁸ The nineteenth-century is a critical time period for the history of health care reform as it is considered by many to be the beginning of modern psychiatry.

¹⁹⁹ Sarah Burns, "Ordering the Artist's Body: Thomas Eakins' Acts of Self-Portrayal," *American Art* 19, no. 1 (Spring 2005), 85.

²⁰⁰ *Ibid.*, 85.

²⁰¹ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge: MIT Press, 1982), 4.

Influenced by Enlightenment ideologies, mental health care since the eighteenth century, and throughout the nineteenth century, became heavily rooted in the study and classification of facial features for diagnostic purposes, a practice defined as physiognomy.²⁰² French physician and neurologist Jean-Martin Charcot (1825-1893) created a documentation of female hysteria at La Salpêtrière, a French mental institution for women during the nineteenth century. Charcot's photograph *L'Iconographie Photographique de La Salpêtrière* from 1876 alludes to the practice of diagnosing a mental disorder because of awkward and unnatural positions of the neck and body (fig. 20). The female patient appears to be throwing her head back in laughter, while clapping her hands, as if she might topple over. French physiologist Paul Richer's nineteenth-century study also provides an example of how awkward movements of the neck or wrists signified hysteria. His engraving published in *Traité Clinique et Thérapeutique de l'Hystérie, d'après l'Enseignement de la Salpêtrière: Mystérie Normale ou Intraparoxystique* from 1891 labels these unnatural positions as "hysterical contractions," which suggests how important controlling the body was to curing oneself of mental illness (figs. 21 and 22). Involuntary movements of the body, as defined in these engravings, evokes a lack of control over the mind as well.

Another common iconographic symbol often repeated in representations of the mentally ill depicts the individual with mental illness with an uncomfortable gaze or an averting one. Goya's *Yard with Lunatics* from 1793-4 serves as an emblematic example of how individuals with mental illness either gaze uncomfortably at the viewer or avert

²⁰² Giorgio Bordin and Laura Polo D'Ambrosio, *Medicine in Art* (Los Angeles: Getty Publications, 2010), 129.

their gaze and therefore lack individuality (fig. 23).²⁰³ Depicted in Goya's painting are a number of figures who all appear to be engaged in inhuman and abnormal behavior. Two figures clash together aggressively in a physical dispute at the center of the composition whose nakedness reinforces their primitiveness and bestiality. A number of unnerving individuals surround these quarreling ones. On the left stands a ghoulish figure with wide eyes and open mouth. On the opposite side of the composition sits an alert individual whose piercing, dark eyes gaze towards the viewer in a penetrating way. All of these figures are presented on a similar plane in the composition, and a large, blank space emerges at the foreground of the composition. Julia Kristeva's theory of the abject, illuminates why Goya depicted such a void between the depicted disorders and the viewer.²⁰⁴ According to Robert Snell's *Portraits of the Insane: Théodore Géricault and the Subject of Psychotherapy*, Géricault's five portraits of monomania from 1822-1823, including *Monomaniac of Child Abduction* (fig. 24), *Monomaniac of Military Command* (fig. 25), *Monomaniac of Theft* (fig. 26), *Monomaniac of Gambling* (fig. 27), and *Monomaniac of Envy* (fig. 28), all emphasize a feeling of isolation and claustrophobia, adding to the iconography of mentally ill individuals as being represented as "the other" or separate from society.²⁰⁵ In *Monomaniac of Child Abduction* (fig. 24), *Monomaniac of Envy* (fig. 28), and *Monomaniac of Gambling* (fig. 27), the gazes of the individuals represented are unrelenting and fixed, which adds to the anti-social isolation evoked by

²⁰³ For a more in-depth discussion of Goya's *Yard with Lunatics*, see Peter K. Klein, "Insanity and the Sublime: Aesthetics and Theories of Mental Illness in Goya's *Yard with Lunatics* and Related Works," *Journal of the Warburg and Courtauld Institutes* 61 (January 1, 1998): 198–252.

²⁰⁴ Ben Campkin and Rosie Cox, "Introduction: Materialities and Metaphors of Dirt and Cleanliness," in *New Geographies of Cleanliness and Contamination*, Ben Campkin and Rosie Cox, eds. (London: I.B. Tauris, 2007), 5.

²⁰⁵ Robert Snell, *Portraits of the Insane: Théodore Géricault and the Subject of Psychotherapy* (London, Karnac Books, 2017), 14.

the compositions. The men depicted in *Monomaniac of Military Command* (fig. 25) and *Monomaniac of Theft* (fig. 26) each distance themselves from the viewer through their poses. In *Monomaniac of Military Command* the older man is shrouded in shadow, whereas the face of the figure in *Monomaniac of Theft* is well lit; however, he seems to be leaning back, away from the viewer.

The final iconographic marker of mental illness I offer is a gendered and feminized representation. Connected to the idea of fearing a lack of control of the body, particularly emotions, depictions of the insane have often been feminized. Jane E. Kromm in “The Feminization of Madness in Visual Representation” argues, “The stereotype of muscular, seminude raving male lunatic retained a central position among masculine stereotypes of mental disorder until the early eighteenth century, when it was supplanted by the Augustan preference for defining madness as a defect in reasoning.”²⁰⁶ Building upon this idea, art historian Sarah Burns wrote that, historically, the iconography of madness for female lunatics is visual disorder.²⁰⁷

During the nineteenth century, visual representations of madness often emphasized melancholia and hysteria, both emotional disorders typically connected to women. These madwomen were portrayed lacking emotional and sexual self-control, particularly exemplified in Tony Robert-Fluery’s painting entitled *Pinel Delivering the Inmates* of 1876, which depicts Philippe Pinel rescuing inmates of the well-known women’s institution La Salpêtrière hospital in Paris, France (fig. 29). Evidenced by her

²⁰⁶ Kromm, “The Feminization of Madness in Visual Representation,” *Feminist Studies* 20, no. 3 (1994): 508.

²⁰⁷ Burns, “Ordering the Artist’s Body,” 102.

indecent clothing and wild hair and expression, the central figure of the composition is depicted as a sexual creature with a lack of control.

The Use of Photography as a Medical Tool

Rosler claimed that photography rendered its subject matter as victims, which is further complicated if the individual depicted is mentally ill.²⁰⁸ Due to the control photographers wield in their ability to frame and compose a subject according to their own agenda or perceptions, the subject could theoretically be called a victim much like Foucault's medical gaze creates victims of the unhealthy. Documentary photographers shape the representation of their subjects. The photograph becomes ideological and enters the social order and hierarchy, no matter how hard the artist tries to maintain objectivity.

The victim could be replaced by the patient, since in the earliest years of photography's origins the camera quickly took on medical and diagnostic connotations in a close relationship to medicine in diagnosing and documenting disease. 19th century medical practices reflect photography's use as a seemingly objective tool, as in the works by Dr. Hugh Welch Diamond during the 1850s and J.E.D. Esquirol's *Des Maladies Mentales* of 1838; these doctors used photography to diagnose mental illness and criminality, concepts grounded in social class.²⁰⁹ Esquirol's framing of illness was a manipulation of medical imagery, laden with scientific and rational certainty, which is vital to photographers' ability to communicate disorder. Other scholars, such as Jennifer Mnookin in "The Image of Truth: Photographic Evidence and the Power of Analogy,"

²⁰⁸ Martha Rosler, "In, Around, and Afterthoughts (On Documentary Photography)," 178.

²⁰⁹ John Tagg, *The Burden of Representation: Essays on Photographies and Histories*, 77-81.

support the idea that photography can inherently connote truth.²¹⁰ Along with Mnookin, Jordan Bear explains how Victorian photographers sacrificed the objectivity of their own medium through combination printing and darkroom editing in *Disillusioned: Victorian Photography and the Discerning Subject*.²¹¹ Mnookin and Bear's claims that dismantle the authority given to photography as a medium are instrumental for investigating the layers of meaning found in Eisenstaedt, Cooke, and Bublely's photographs of the mentally ill community, as they also take on similar connotations of credibility and certainty because of the medium itself.

Peter Hamilton and Roger Hargreaves' work, *The Beautiful and the Damned: The Creation of Identity in Nineteenth-Century Photography*, examines the camera's role in society and celebrity culture and its use in science for classification purposes during the 1800s.²¹² In both instances photography was relied upon to categorize and classify groups of people, those defined as beautiful, such as celebrities, and those identified as "the damned," such as the criminal and the insane, lining up seamlessly with Foucault's notions of power. Hargreaves and Hamilton particularly seek to find where these two categories of photographs inform each other and interrelate; they survey portraiture's role in society as a medium of classification and as a means to formulate and define identity from the years 1860-1900.

²¹⁰ Jennifer Mnookin, "The Image of Truth: Photographic Evidence and the Power of Analogy," *Yale Journal of Law and the Humanities* 10, no. 1 (1998): 1-74.

²¹¹ For more on how images were produced and read in the nineteenth century see Jordan Bear, *Disillusioned: Victorian Photography and the Discerning Subject* (University Park, PA: Penn State University, 2015), 6.

²¹² Roger Hargreaves and Peter Hamilton, *The Beautiful and the Damned: The Creation of Identity in Nineteenth Century Photography* (Burlington: Lund Humphries, 2001).

Hargreaves and Hamilton posit that social status is fashioned through portraiture. Citing Classical themes of heroism and beauty these authors situate the cult of personality and celebrity that was so prevalent during the nineteenth century within a western European context.²¹³ Yet, they argue that as individuals fashioned and conceptualized the ideal, its opposite was also defined, such as the criminal, the ugly, and the evil. In regards to this othered section of society, they suggest, “For them was devised another system of surveillance, and in the nineteenth century it increasingly forms part of scientific knowledge.”²¹⁴

Hamilton and Hargreaves explain how portraiture can be a lens through which to examine the ideals of Victorian society, specifically those of the rising middle class. Offering Henry Peach Robinson’s photograph *Fading Away* from 1858 as an example, they describe cultural attitudes towards the family unit, death and memory (fig. 6).²¹⁵ The popularity of cartes de visite beginning in the 1850s is also emblematic of a reliance on photography by the middle class as a means to represent their own identity and social class. Hargreaves and Hamilton describe *The Beautiful and the Damned* as a “history of looking,” which begins in the nineteenth century with the rise and growth of an urban middle class.²¹⁶ The cartes de visite “enabled a new way of visual ordering, free from the constraining formula of a pre-ordained hegemony.”²¹⁷ These cards were used by celebrities, political figures, and members of middle class society as representations of their individuality and as a way to order themselves within the social hierarchy; however,

²¹³ Hargreaves and Hamilton, *The Beautiful and the Damned*, 2.

²¹⁴ *Ibid*, 4.

²¹⁵ *Ibid*, 12.

²¹⁶ *Ibid*, 17.

²¹⁷ *Ibid*, 47.

these images were tied to convention, as many props, backgrounds, and poses were repetitively used across social classes, which illustrates the power imbalance between the photographer and the sitter.²¹⁸

Visually ordering society for the beautiful and the ideal brought with it a new way to classify and categorize the derelicts of society. Photography was used as objective evidence of criminality and a medium of surveillance and control throughout the nineteenth century.²¹⁹ Hamilton and Hargreaves include a discussion of Dr. G.-B. Duchenne de Boulogne's study of the muscles of the face and their relationship to expressing emotions using dramatically lit photographs to elucidate this investigation.²²⁰ Connected to this study is the history of physiognomy and its rise in popularity due to Enlightenment philosophy.²²¹ Conclusively, given photography's role throughout history as a complicated method of documenting, representing, and even diagnosing, the photographs of those who are mentally ill are multifaceted and laden with many meanings and layers.

²¹⁸ Arjun Appadurai, "The Colonial Backdrops" *Afterimage* 24, no.5 (1997): 4.

²¹⁹ Hargreaves and Hamilton, *The Beautiful and the Damned*, 57-58.

²²⁰ *Ibid*, 61.

²²¹ *Ibid*, 64.

CHAPTER 4

DOCUMENTARY PHOTOGRAPHERS AND FILMMAKERS, 1936-64

Disordered and Disoriented:

Alfred Eisenstaedt's Exposé of the Pilgrim State Hospital in *LIFE Magazine*

Alfred Eisenstaedt's documentation of the Pilgrim State hospital in New York that was featured in *LIFE Magazine* in 1938 depicted the mentally ill individuals he captured on camera in a way that emphasized their disorder. Eisenstaedt was an American photographer born in Germany and was hired by *LIFE Magazine* in 1936 where eventually 90 of his photographs were published on the cover.²²² He would become most well-known for his photograph on the cover of *LIFE Magazine* titled *V-J Day in Times Square* that showed a sailor passionately embracing a nurse in a kiss to celebrate the end of WWII.

LIFE Magazine had become widely popular by 1938, and its emphasis on "showing" the public the world, as demonstrated by director Henry Luce's mission statement, illustrates why mental health might have been a particularly poignant topic and why so many of Eisenstaedt's photographs were featured.²²³ Luce set the political tone for *LIFE Magazine* in 1941 in his famous editorial "The American Century," wherein he promoted a type of conservatism that emphasized the mission of America as an international leader in freedom, democracy, and consumerism.²²⁴ *LIFE Magazine* was

²²² Charles Hagen, "Alfred Eisenstaedt, Photographer of the Defining Moment, Is Dead at 96," *The New York Times on the Web*, August 25, 1995, <http://www.nytimes.com/learning/general/onthisday/bday/1206.html>.

²²³ Sentman, "Black and White: Disparity in Coverage by *Life Magazine*," 501.

²²⁴ Chris Vials, "The Popular Front in the American Century: *LIFE Magazine*, Margaret Bourke-White, and Consumer Realism, 1936-1941," *American Periodicals* 16, no. 1 (2006): 75.

particularly innovative in its development of the photo-essay that combined a series of photos with text.²²⁵ Within *LIFE Magazine* the “hard news” articles typically showcased men and the soft “features” or “lifestyle” stories included women that reinforced stereotypical gender roles indicative of the 1940s and 50s.²²⁶

As a news event and an exposé, the photo-essay on mental illness in which Eisenstadt’s photographs were included declared, “Mentally balanced people shun and fear the insane. The general public refuses to face the terrific problem of what should be done for them. Today...they are still the most neglected, unfortunate group in the world.”²²⁷ The *LIFE* author went on to declare that Eisenstadt’s photographs show “the dark world of the insane and what scientists are doing to lead them back to the light of reason.”²²⁸

These statements are embedded in what Foucault would call the language of psychiatry, which exerts extreme power over both the mentally unhealthy and the magazine’s readers. The patient’s world is described as “dark” and as something that should be shunned and feared. As John Tagg noted, harkening back to Bentham and Foucault, photography has the ability to control through surveillance. Through these photographs, power over the mad is exerted, first by setting mentally unhealthy people into separate bins from the rest of us, and second by recording it through photography.

²²⁵ Dolores Flamiano, “Larger than Life: Collective Memory and Gender in *LIFE Magazine*’s Photographic Essay, Photographic Pin-up, and Commemorative Photojournalism” (PhD diss., Chapel Hill, 2000), 8 <http://login.ezproxy1.lib.asu.edu/login?url=https://search-proquest-com.ezproxy1.lib.asu.edu/docview/304609192?accountid=4485>.

²²⁶ *Ibid.*, 25.

²²⁷ Ben Cosgrove and Eliza Berman, “Strangers to Reason: *LIFE* Inside a Psychiatric Hospital, 1938,” *Time*, September 30, 2014, <http://time.com/3506058/strangers-to-reason-life-inside-a-psychiatric-hospital-1938/>.

²²⁸ *Ibid.*

The binary worlds of sanity and insanity are emphasized in the corresponding text, and Eisenstaedt's visuals reinforce this treatment of the subjects. In an image captioned, "A woman patient in a camisole becomes violent," a female figure (her gender identified by the caption) can be seen in the background of the composition (fig. 30). Most immediate to the viewer in the foreground of the composition are dark forms that extend both vertically and horizontally, making up the bars of perhaps a prison or cell. These bars are closest to the lens of the camera as Eisenstaedt must have been shooting this photograph from the other side of the bars, separating himself from the figure on the floor. The bars are blurry and out of focus due to their immediate proximity to the camera and become a lens themselves through which to visually situate the sole figure in the photograph. The female figure lays upon a glassy, tile surface with her legs straight in the air, while her back rests upon the ground. She is caught in a moment of dynamic, even violent movement, as the only part of her body that is visible is a fragment of her due to her position as well as the horizontal bars in the foreground of the composition, which cut a line through the back of her knees. Eisenstaedt conveys a sense of disorientation for the viewer because he took the shot from behind the bars. Beyond the bars in focus is a woman whose buttocks and legs are centralized in this composition, which appear in the air, and lies curled up on the ground. The camera catches her in a moment that completely disrupts her body, deemphasizing her humanness and individuality, and objectifying her.²²⁹ The shooting technique reinforces this ambiguity

²²⁹ For more on the objectification of those with mental illness and disabilities see Diane Arbus's body of work depicting individuals with down syndrome, such as figure 31. Particularly relevant is Susan Sontag's discussion of Arbus as a photographer of "found objects" in Susan Sontag, *On Photography* (New York: Picador, 1973), 46. Also, see David Hevey, "The Enfreakment of Photography."

as the bars and unusual pose disorient the viewer and communicate the distress and abnormality of the depicted individual.

Abundantly clear in this image though, despite the fragmentation of the body, the blurred bars, and the disorienting view, is the space the figure occupies. The bars, glassy-tile ground, walls, and window, all convey the space of an institution, which reinforces the mentally ill and disordered identity of the lying figure. The clarity of the space communicated by this image reinforces the dominating power of that space—the mental institution—as the figure is completely disrupted and re-figured by the physical elements of that place. The space itself is quite ordered in contrast to the body, which recalls Charles Nègre’s documentation of the Imperial Asylum of Vincennes where in *The Refectory* taken in 1858-59 Nègre emphasized the order and stillness of the physical space of the asylum (despite the many figures depicted in the image) (fig. 32). The repeated vertical rows of the light fixtures and the horizontal beams of the ceiling establish a repetitive order that is conveyed by the building itself. Underscored by Foucault’s discussion of discipline and power in *Discipline and Punishment*, I contend that Eisenstaedt’s image in figure 30 displays the overwhelming authority of the physical space of the mental institution in its design and in its power to train the mentally ill individuals to conform to the power of that institution, and perhaps to assure readers that such people are contained.²³⁰ The dehumanizing space of the mental institution trained the patients to emphasize their own illness in reaction to the camera in the same way that Foucault established how institutions (such as prisons, hospitals, and schools) used separation and discipline to train conditioned behaviors in response to that power wielded

²³⁰ Foucault, *Discipline and Punishment*.

by the institution. The separating and disciplining practices of the mental health care professionals reinforced the power dynamic between the care givers and the patients and the wider, “normal” public. Such divisions are also evident in the image described above by Eisenstaedt of the patient curled up on the floor where he emphasizes the distance between the viewer and the mentally ill individual and between himself and the patient. To create these separations he relied on the physical characteristics of the institution, such as the bars and the overwhelming isolation that surrounds the patient due to the glassy floor and absence of other figures.

The separation dictated by the physical confines of the mental institution is also seen in Eisenstaedt’s photograph titled “Dementia praecox exiles the young to a world of their own. Manic-depressive gazes continuously through barred window” (fig. 33). The artist conveys isolation, loneliness, and separation in the same way that figure 30 does; however, in appearance and construction it is quite the opposite. Rather than through bars, Eisenstaedt is likely positioned within the same general space as the patients as the view is unobstructed by bars or windows. The space appears to be outdoors, although confined by a chain link fence that extends beyond the composition, reinforcing the confinement of the space. Depicted centrally in the composition appears to be a child (which is supported by the corresponding caption) in oversized, dark clothing, standing with their back to the camera with their toes shoved into the spaces of the chain-linked fence in order to get a view of the world beyond. Their hands grasp the fence above their head with their arms raised, and a ship in a body of water appears in the blurry distance beyond the reach of the depicted figure. The face of this figure cannot be seen, reinforcing their anonymity and lack of individuality. Here again, the physical

confinement of the institution itself reinforces the separation of the mentally ill individual and the normal world beyond its walls, represented by the body of water and ship that can be vaguely seen in the image. Eisenstaedt's photographs and the corresponding text illustrate a dependency on the order of the outside world as a foil to the disorder of mental illness in order to designate, separate, and isolate insanity.

Containing mental illness emerged as an integral goal for psychiatrists, and similarly, depictions of the individuals suffering from mental illness convey the need to control the body, which is seen in Eisenstaedt's documentation. One image that illustrates this need for control depicts a sterile room in the Pilgrim State Hospital with four bathtubs (fig. 34). In each bath is a patient, but only the top of their heads are visible, as a canvas had been placed over the top of the bath with a hole cut out for the bather's head. This canvas resembles a straight-jacket and was likely used to keep the patient from attempting suicide. The published caption in *LIFE Magazine* for this image said, "Continuous-flow bath is the best method for calming excited mental cases. With their bodies greased, the patients can remain in the baths for hours, gradually fall asleep."²³¹ Not only is the treatment prescribed to "excited mental cases" as a means to control the bodies of the patients, but Eisenstaedt's framing technique reinforces this necessary control. The photograph is beautifully harmonious and balanced, as the rows of baths repeat and recede backwards into the composition. Eisenstaedt cropped the individuals so that their faces were not visible to the viewer, thus the heads become disembodied, abstract, and unreal. The image includes a caregiver in the composition, as a nurse acts almost as a visual anchor in the composition, in the background and at the

²³¹ Ben Cosgrove and Eliza Berman, "Strangers to Reason: *LIFE* Inside a Psychiatric Hospital, 1938."

apex of the triangle created by the row of baths, who appears to be tending to the bath of the furthestmost patient. The inclusion of a caregiver shifts the tone of the photograph, as balance, authority, and control are enacted by the position of the nurse, the position of patients in straight-jacket baths, and the visual composition itself. In *Madness and Civilization*, Foucault establishes how society dealt with mental illness through silence and separation, and the psychiatrist was situated as the silencer of mental illness, which is particularly relevant in this photograph.²³² The silence of mentally ill individuals is depicted in this photograph as well due to the only figure in action—the nurse. Their “physical” silence is exaggerated by the fact that only their disembodied heads are visible to the viewer as the straight-jacket baths obscure our view of their whole bodies.

Eisenstaedt’s photograph of an individual assumed to be suffering from manic depression also reinforces disorder and abnormality, as the figure is depicted with his back towards the viewer, with arms raised against a chain-link fence in oversized clothing (fig. 33). Eisenstaedt reinforces the distance between the viewer and this mentally ill individual as his disordered body separates him visually from the viewer.

Cropping Inhumanity:

Jerry Cooke’s Photographic Study of State Hospitals seen in *LIFE Magazine*

In 1946, Albert Q. Maisel published a scathing and revelatory exposé of two mental health institutions, Philadelphia State Hospital at Byberry in Pennsylvania and Ohio’s Cleveland State Hospital, which critiqued the state of mental health care in America.²³³ Titled “Bedlam 1946: Most US mental hospitals are a shame and a disgrace”

²³² Foucault, *Madness and Civilization*.

²³³ Maisel, Albert Q. “Bedlam 1946: Most US Mental Hospitals are a Shame and a Disgrace.” *LIFE Magazine* 20, no. 18 (1946): 102-118.

and published in *LIFE Magazine* with shocking and heartbreaking photographs by Jerry Cooke, this article has been cited as influential to mental health reform beginning in the latter half of the twentieth century in the United States, as many state hospital administrators required improvements in hospital conditions following this publication.²³⁴ While little is known of writer Albert Q. Maisel, Jerry Cooke was an emigrant to America in 1935 from Ukraine and eventually became interested in photography and *LIFE Magazine* due to his aunt, Cecile Kutschuk, who worked at the Associated Press.²³⁵ Cooke began at *LIFE* as an apprentice to other photographers, including Alfred Eisenstaedt, during the 1940s, which perhaps explains their shared interest in mental health institutions.²³⁶

Despite the reforms enacted as a result of Maisel and Cooke's exposé, the language in this article and the photographs that accompany it continue to reinforce historical stereotypes of mental illness, as they deemphasize the mentally ill individual's humanity and reinforce the feminized notions of madness and hysteria. Cooke's photograph published on the first page of Maisel's article captioned, "A patient lies unattended at Cleveland State Mental Hospital," resembles typical representations of insanity, madness, and other variations of mental illness seen in Western European medical journals, photographs, and art (figs. 35 and 36). Three other photographs of

²³⁴ For the impact of this article upon mental health care reform see, "Bedlam 1946," *PBS*, accessed December 2, 2016, <http://www.pbs.org/wgbh/americanexperience/features/primary-resources/lobotomist-bedlam-1946/>; Steven P. Carpenter, *Mennonites and Media: Mentioned in It, Maligned by It, and Makers of It: How Mennonites Have Been Portrayed in Media and How They Have Shaped Media for Identity and Outreach* (Eugene: Wipf and Stock Publishers, 2014), 23; David Forgacs, *Italy's Margins: Social Exclusion and Nation Formation since 1861* (Cambridge: Cambridge University Press, 2014), 207.

²³⁵ "Jerry Cooke," *The Jerry Cooke Archives Inc.*, accessed January 6, 2017, <http://www.jerrycookearchives.com/jerry-cooke/>.

²³⁶ *Ibid.*

Cleveland State Mental Hospital by Cooke published in the article also emphasize certain characteristics or practices typically attributed to the mentally ill, which all reinforce difference and highlight inhumanity. While Cooke's images sympathetically portrayed mental illness, they simultaneously propagated stereotypical misconceptions of the mentally ill community.

Cooke's most prominently featured image depicts five patients in a barren room located in Cleveland State Mental Hospital (fig. 36). Two-thirds of the bottom-half of the composition features a hard, tile floor. One female figure appears in the foreground of the image, lying on the floor in a fetal position with her back towards the viewer. Her head, dress, and the bottom of her feet are visible and appear to be covered in dirt. Cooke's framing of this image places this figure in visual isolation with bare flooring surrounding her. In the background, moving from left to right, appear two separate wooden benches with two individuals perched on each bench. The first bench faces the viewer and is against the back wall of the room. One individual in a tattered gown sits rigidly upon this bench with their back straight, hands folded in their lap, and their feet firmly planted in front of them. A second figure rests awkwardly upon the bench with their head resting on the back of it and legs stretched out horizontally. Towards the right of the composition is another bench, and Cooke cuts a part of it out of the frame. Two figures sit upon this bench, one with their arms wrapped around their body and one reclining with their head propped up by one arm. These four individuals in the background of the composition seem blurry and unfocused relative to the main focus of the photograph, which is the female figure curled up on the floor in the foreground. One window is featured, but the rest of the room, including the walls and the floor, is

unadorned. The isolation of the figure on the ground communicates the alienation of the entire group, as each figure is depicted in an abnormal position due to their gestures and postures.

Significantly, Eisenstaedt and Cooke were males who documented female patients in asylums. Like Foucault's medical gaze which alerts the observer to a language and imposes the social order on the observed figure, Kaja Silverman's notion of the patriarchal gaze also exerts power over the subject of photography by alerting the viewer to significant notions of femininity as well as the typical perceptions of mad females. Many of the figures Cooke documented were females, which reinforces the feminization of the figures depicted.

Maisel's publication included three other photographs of Cleveland State Mental Hospital that also strip away the identities of the individuals pictured. An image captioned "A patient in a straight-jacket at a hospital for the mentally ill" appears on the second page of Maisel's article with a bold tagline in capitalized letters over the top of the image that reads "Restraint" (fig. 37). This photograph prominently features a line of benches up against a wall, which visually cut across the photograph diagonally and create a strong visual line from the right bottom corner of the photograph towards the upper-left corner. The dilapidated furniture, barren floor, and dirty walls comprise the setting for two figures. One individual sits upon a bench in the upper-left corner of the photograph. With their legs curled up into a ball, this figure appears out of focus and blurry. A second, assumedly female, figure is the central focus of the composition, who also sits upon a bench. Her arms are folded into a dirty straight-jacket and her head is bowed, hair

obscuring her face. Her left leg, ankle, and foot appear swollen and bruised or are perhaps dirty, and the caption “Restraint” reinforces her isolation and constraint.

The viewer’s inability to see the female figure’s gaze becomes the central focus of the composition, as her face tips downward and her hair shrouds her face, removing her individuality and even perhaps her humanity. Looking to historical depictions of female madness, the two central figures in Tony Robert-Fluery’s painting entitled *Pinel Delivering the Inmates* of 1876 bear a striking resemblance to the main patient in figure 37 under the caption of “Restraint.” Robert-Fluery’s painting (fig. 29) communicates the necessary restraint and authority needed to tame and control the wild, sexualized, and uncontrollable figures depicted as the inmates. The patriarchal figure of Pinel establishes this need for control. The woman depicted to the right of the composition conveys a sense of contortion and lack of containment, illustrated by her writhing and twisting body, and the awkward gestures of her hands, face, arms, feet, and legs that all appear to be in tension. This twist and contortion of the body in *Pinel Delivering the Inmates* (fig. 29) echoes the contortion and awkward limbs of the main female of figure 37 by Cooke. Her arms and legs are at odd angles to the rest of her body, which conveys a comparable tension to the painting by Robert-Fluery. With these similarities in mind, the female figure in Cooke’s photograph is further feminized by the history of representations of mental illness, reinforcing her own illness as being a feminine one.

Imbued with the communicative power of a medium bolstered by connotations of truth, Cooke relied upon the historical stereotypes and tropes often seen in visual depictions of the mentally ill to evoke sympathy and disgust from his viewers. Cooke’s image of a solitary, naked man emphasizes the subject’s awkward and unnatural

positioning of his head and deemphasizes the subject's humanity by capturing the man's naked body (fig. 38). This image appears on the sixth page of the article and is captioned "A patient at the Cleveland State Mental Hospital." Cooke cropped this image vertically, which emphasizes a long window in the upper-half of the composition. The solitary figure depicted sits with his head pronouncedly bowed, and his body appears frail and malnourished. Much like Goya's representation of lunatics (fig. 23) where the inhumanity and bestiality of mentally ill individuals are emphasized, this photograph evokes pity by emphasizing the lack of care provided by the institution, but also reminds the viewer of the subject's primitive nature.

Maisel included testimonials that spoke to the brutal treatment prevalent in the Ohio State Hospital:

An attendant and I were sitting on the porch watching the patients. Somebody came along sweeping and the attendant yelled at a patient to get up off the bench so that the worker-patient could sweep. But the patient did not move. The attendant jumped up with an inch-wide restraining strap and began to beat the patient in the face and on top of the head. 'Get the hell up...!' It was a few minutes—a few horrible ones for the patient—before the attendant discovered that he was strapped around the middle to the bench and could not get up.²³⁷

While this heart-breaking statement elicits sympathy, the text and the images work together to underline differences between the photographed subject and the assumedly, normative viewer. Maisel's article emphasizes the inhumane treatment provided by the caregivers in the mental institutions highlighted; however, despite this altruistic aim the images and text simultaneously emphasize the differences exuded by individuals with mental illnesses. Additionally, Foucault's discussion of the authoritative power of the caregiver in the institution becomes deeply poignant considering the abuse described in

²³⁷ Maisel, Albert Q. "Bedlam 1946," 105.

this testimonial.²³⁸ The power to discipline and punish the patients further separated and isolated them from society. The division established in Cooke's image of the naked man in figure 38 evokes the same separation between the viewer and the patient as his nakedness and malnourished body alienates him. The walls of the institution appear to loom over and surround the weak and frail figure, once more establishing the authoritative power of the physical institution itself to confine, control, and separate.

Cooke's images establish divisions between the subject and the viewer by framing the patients in awkward and unnatural positions. The last spread of the article includes the fourth and final image in this series by Cooke. The caption of this image reads "In a patient's room at Cleveland State Mental Hospital," and the image captures one individual lying in the corner of a room on a rumpled and lumpy mattress (fig. 39). Peeling paint and the deterioration of the room's infrastructure are clearly visible. The only figure captured in the photograph lies mostly face-down and their back and legs feature prominently as they extend into the foreground of the composition. Contained within the frame of the photograph on the right is a doorknob and the edge of the door to the patient's room. The person lying on the floor elicits sympathy because of the dire circumstance depicted, but the photograph also eliminates any individuality, as the face and head are obscured. The camera performs as a device of control that echoes the control of the institution itself in the act of framing, cropping, trapping, and silencing the figures depicted. Additionally, the caption included with this image is devoid of any personal or individualizing details, which emphasizes the lack of individuality depicted in the photograph. While it could be argued that by photographing these figures, Cooke is

²³⁸ Foucault, *Discipline and Power*.

providing them with a voice, this can be countered with the decisive moments Cooke chose to freeze and frame for dissemination to the public. The identities of these photographed individuals are not amplified as they are dehumanized and their individuality is removed, not only by the treatment provided by the institution but by Cooke's framing techniques as well.

Didactic Diagnoses:

Esther Bublely's Documentation of State Mental Institutions for *Ladies' Home Journal*

In 1949, Joan Younger, an American journalist, and Esther Bublely, an American photographer, published a series of articles in the *Ladies' Home Journal* exposing the state of the mentally ill in America. These articles revealed the inhumane treatment of many patients suffering from a variety of different disorders. Younger's text and Bublely's photographs worked together to entreat the viewer to become more educated and informed on the topic of mental health. Yet, in this very supplication the journalist and photographer revealed deeper meanings and attitudes associated with the mentally ill in 1940s America. Furthermore, the article and photographs together became a didactic message about the best way to diagnose and treat mental illness.

Bublely was a daughter of Jewish-Russian immigrants, and she began her career in 1942 for Roy Stryker, head of the Office of War Information's (OWI) photographic section. She was given her first official assignment from Stryker for the OWI in 1943 where she produced her most prominent body of work known as the *Bus Story*. She captured this series of images by riding Greyhound buses along the east coast from Chicago to Memphis, photographing travelers along the way and uncovering issues of

race and social class. Upon leaving the OWI in 1943, Stryker continued to work with Bublely on another documentary project, which was created for Standard Oil Company in New Jersey.²³⁹ Clearly influenced by her time working with Stryker, Bublely published her documentary images in *Ladies' Home Journal* in 1949 that focused on mental illness and health.

Ladies' Home Journal became an influential monthly periodical throughout the first half of the twentieth century that targeted middle-class, white women who were adapting to the changing landscape for a simultaneously modern yet idyllic and traditional housewife.²⁴⁰ Founded in 1883 by Cryus Curtis and Louisa Knapp Curtis, the magazine reached a readership of one million by 1904, continuing to be the top-selling women's magazine into the 1950s and was termed a "handbook for the middle class."²⁴¹ By 1910 it was estimated by the magazine's producers that one in five American women were reading it.²⁴² According to Helen Damon-Moore in *Magazines for the Millions: Gender and Commerce in the Ladies' Home Journal*, the magazine presented gender and commerce as inherently and undeniably linked through curating articles and advertisements entirely directed towards the ideal American woman, providing an overt construction of female identity.²⁴³ In 1897 the Curtis Publishing Company also purchased the *Saturday Evening Post*, which was originally intended to be a "sister"

²³⁹ Bonnie Yochelson and Tracey A. Schmid, *Esther Bublely: On Assignment* (New York: Aperture, 2004) 6-7;

²⁴⁰ Jennifer Scanlon, *Inarticulate Longings: The Ladies' Home Journal, Gender, and the Promises of Consumer Culture* (New York: Routledge, 1995), 2.

²⁴¹ Scanlon, *Inarticulate Longings*, 4-8, 14; See also Helen Damon-Moore, *Magazines for the Millions: Gender and Commerce in the Ladies' Home Journal and the Saturday Evening Post, 1880-1910* (Albany: State University of New York Press, 1994), 1.

²⁴² Damon-Moore, *Magazines for the Millions*, 1.

²⁴³ *Ibid*, 2.

magazine to *Ladies' Home Journal*, except *Saturday Evening Post* would be targeted to men.²⁴⁴ Just by the function of these two magazines being created to appeal to men and women separately resulted in *Ladies' Home Journal* continuing to define itself as a women's magazine that specifically explored female identity or even more specifically white, middle-class female identity.

Particularly during the 1940s, motherhood was a central, or perhaps the central, defining characteristic of female identity for white, middle-class, American women.

Jennifer Scanlon argued:

...the *Ladies' Home Journal's* domestic ideology essentially urged its readership to expand their role as consumers rather than producers, to accept the corporate capitalist model and their home-based role in it. It did this by presenting fragments of opinion—in this case fiction, advertisements, and editorial matter—and then organizing those fragments into a whole which could be called the 'consensus' view...the magazine promoted the idea that there were many choices for women to make, but that the average woman—the middle-class woman with aspirations—was represented by the consensus view.²⁴⁵

The type of motherhood promoted by *Ladies' Home Journal* was self-sacrificial and accommodating, privileging the needs of the children above a mother's.²⁴⁶ This magazine certainly explored female autonomy and even women entering the workforce; however, motherhood was prized as the ultimate responsibility, which is exemplified by a feature titled "Don't Divorce Your Child" by Dorothy Thompson in the January 1947 issue that emphasized the importance of the ideal family unit including a mother and a

²⁴⁴ Damon-Moore, *Magazines for the Millions*, 2.

²⁴⁵ Scanlon, *Inarticulate Longings*, 7-8.

²⁴⁶ Sarah Burke Odland, "Unassailable Motherhood, Ambivalent Domesticity: The Construction of Maternal Identity in *Ladies' Home Journal* in 1946," *Journal of Communication Inquiry* 34, no. 1 (2019): 70.

father, reflecting how sacrificing for the good of the children was the privileged and more esteemed decision in a marriage.²⁴⁷

Along with the leading topic of motherhood, other content in *Ladies' Home Journal* was comprised of articles that often at least related to the role of wife or mother, which included fictional stories, often romance and love stories, advice columns, personal interest articles on motherhood and family, and educational features on how to be a woman and mother. These types of articles appeared throughout *Ladies' Home Journal's* history; however, such themes were particularly prevalent throughout World War II and beyond as women faced upheavals and transitions in gender roles, autonomy, and identity. The topics explored in *Ladies' Home Journal* poignantly attempted to address concerns relating to female identity, particularly motherhood and the ideal wife, which meant the publication took on the voice of advice, education, and didacticism to convey the best way to navigate a changing world for women. For example, throughout the 1940s Eleanor Roosevelt wrote a monthly advice column titled "If You Ask Me..." where women could write to the magazine and Roosevelt would offer solutions and advice. Many of the questions asked related to womanhood, motherhood, education, and marriage. Other reoccurring feature articles focused on marriage, motherhood, and understanding the nation and the world in a surface level way. Such features included a number of alluring titles, for example, "Making Marriage Work," "This Is the Way the World..." and "How America Lives." Throughout the magazine, these articles were juxtaposed against advertisements for beauty products, soap, refrigerators, toothpaste,

²⁴⁷ Dorothy Thompson, *Ladies Home Journal* (January 1947): 6.

mattresses, and laundry detergent.²⁴⁸ Holistically, the content was centered on presenting an ideal woman, modern yet traditional, that promoted a certain amount of autonomy and education while simultaneously upholding some traditional ideals relating to women's roles.

According to Sarah Burke Odland, "*Ladies' Home Journal* provided a complicated—even ambivalent—portrayal of domesticity, the magazine regarded material identity as an unassailable ideological position."²⁴⁹ Odland further argues that anxiety caused by the devastation of the war, as well as the ambiguity and fluidity of gender roles as a result of the war effort, influenced the voice of *Ladies' Home Journal* following the war to focus on the importance of motherhood in a post-war era for rebuilding the nation and the world, citing Elizabeth Look's 1946 letter to the editor wherein she proclaimed, "If it were not for fine, brave mothers, who would train each new generation—mold the youth of our land into useful, worthy citizens?"²⁵⁰

The magazine's focus on motherhood, led editions to publish articles on health and medicine, particularly as it related to providing proper treatment and care for children. The articles often were cautionary and educational, resembling public service announcements for mothers desiring to provide the best care for their children. For example, during the year of 1948 articles related to health included titles like "How Well Are You?" (September) and "Mountain Mothers—Mountain Maternity Center. New Steps

²⁴⁸ These features and advertisements were observed in many issues of *Ladies' Homes Journal* during the 1940s.

²⁴⁹ Odland, "Unassailable Motherhood," 66.

²⁵⁰ Ibid, 68.

in Medical Care,” (October).²⁵¹ In 1950 an educational article taught “Protecting Your Child from Polio” (July) appeared, underscoring the tone of these health features that related to conveying the importance of self-sacrifice in the ideal mother.²⁵²

Despite these articles, health care appeared as a minor topic of consideration, although it held a significant role in the magazine’s advertisements, which were as influential as the articles. According to Scanlon:

Advertisements competed with and, in fact, often surpassed the editorial matter in making a connection with the reading audience. This work explores the tensions between the advertising and editorial matter in the pages of the *Journal*, in the work lives of the women who wrote advertisements to encourage other women to consume, and in the lives of women consumers, who simultaneously struggled against essentialist definitions of womanhood and embraced the goods and the promises of the consumer culture.²⁵³

Explored even less frequently than health care was mental health, although in relation to a woman’s role as a wife and mother, it appeared in educational guides to overcoming “the blues.” For example, in October of 1948 a special feature was included titled “Why Do Women Cry?”²⁵⁴ and in February of 1947 psychiatry professor Leslie B. Hohman wrote a feature titled “Don’t Let It Get You Down,” which explored coping with mental stress.²⁵⁵

These articles notwithstanding, mental illness was relatively unexplored in *Ladies’ Home Journal*, which is perhaps why Joan Younger’s four-part feature in 1949

²⁵¹ Norman H. Bundesen and Gladys Denny Shultz, “How Well Are You?” *Ladies’ Home Journal* (September 1948): 44; Margaret Hickey, “Mountain Mothers—Mountain Maternity Center. New Steps in Medical Care,” *Ladies Home Journal* (October 1948): 23.

²⁵² Norman H. Bundesen, “Protecting Your Child from Polio,” *Ladies’ Home Journal* (July 1950): 133-34. Seen in Jacqueline Foertsch, *Bracing Accounts: The Literature and Culture of Polio in Postwar America* (Fairleigh Dickinson University Press, 2008), 186.

²⁵³ Scanlon, *Inarticulate Longings*, 79.

²⁵⁴ Gretta Palmer, “Why Do Women Cry?” *Ladies’ Home Journal* (October 1948): 44.

²⁵⁵ Leslie B. Hohman, “Don’t Let It Get You Down,” *Ladies’ Home Journal* (February 1947): 168-69.

on this topic was so significant for the publication and its readership. Bublely and Younger's series of articles on mental illness were a didactic effort, meant to expose the average housewife, the targeted reader of this magazine, to this important social issue. The first article in the March issue declared the purpose of the articles, which was to bring "the major aspects of the problem together into a readable, cohesive whole" in order to "get something done to help the mentally ill."²⁵⁶ The author explained her objective:

The first article deals with the more than half a million who are hospitalized for mental disorders. The second deals with what mental illness is and how to recognize it. The third discusses methods of at-home prevention. The fourth suggests ways to better community facilities to combat and cure mental illness, the nation's No. 1 health problem today.²⁵⁷

In the text, Younger pronounced the importance of a woman's knowledge, education, and participation in the reform of mental health care in America and called for assistance in making it the nation's priority. Contained within the pages of *Ladies' Home Journal* were titles like "Mental Illness: Public Enemy Number One," "What is Mental Illness?," "Mental Illness Begins at Home," and "Psychiatry Needs You," which were jarringly juxtapositioned against ads that promoted commodities like laundry products, laxatives, and estrogenic hormone cream. With lively ad headlines such as "Make your feet look light and little: Lady Slippers," "For YOUNG Curves? For VERVE!" and "Bestform: To Give Your New Bosom Allure," Younger's articles on mental illness provided a sobering contrast, emphasizing the series' importance and significance.²⁵⁸

²⁵⁶ Joan Younger, "Mental Illness: Public Enemy Number One," *Ladies' Home Journal* 66, (March 1949): 214.

²⁵⁷ Ibid.

²⁵⁸ Ibid, 214-15.

Esther Bubley's image of a young female schizophrenic illustrates that mental illness as a fault of the patient, aligned with the public (fig. 40). The central image in the spread included in the 1949 April edition of *Ladies' Home Journal* features a young woman, which correlates to the article's headline called "What is Mental Illness?" The title implied that the author of the article would enlighten the reader about the signs, symptoms, and cures for mental illness. The word "is" in the title of this article is poignantly underlined to communicate the purpose of this article to correct this commonly misunderstood and taboo topic. Bubley depicts a female with schizophrenia (fig. 40 and 41), a woman of small build standing in a mostly bare room. She appears close to the foreground of the composition with the camera tightly framed around her face, shoulders, and upper torso. She wears a simple tunic that appears wrinkled and poorly fitted. The woman's hands reach up together, one on top of the other, which almost entirely cover her face. Only her eyes and her cheekbone are visible, and her eye is tightly shut, completely obscuring her gaze from the camera. The room that surrounds the figure is mostly comprised of a brick wall and a barred window that lets in some light. The main figure comprises the entire left-side of the image, which also takes up three quarters of the left page of this article's spread. The photograph spills over to the right page, across the binding of the spread, which physically frames the central figure as the visual focus. Towards the right side of the composition another figure appears to be seated in a chair facing a window; her head is down and obscured by her arms reaching up behind her head. The gesture of the two individuals pictured shows an intentional representation of mental illness as something to be covered and ashamed of. The closest woman to the camera appears to be consumed by humiliation when confronted by the

camera. Her hand placement suggests failure as she hides her face from view. Her pose suggests her shame, as if it were her own failure or weakness that brought upon her current state of wretchedness.

Younger's accompanying text reinforces and adds to Buble's image of shame and failure through emphasizing the individual choices that lead to mental illness (or the assumed agency). Younger's article begins by seeking to define mental health, which is presented as being linked to behavior that is socially acceptable:

A state of mental health is a state of happiness; our life, our behavior, is purposefully directed toward what we want in our inner hearts. A lot of camouflage has been draped over our basic desires, probably to protect them from injury, but it's been repeatedly found that when these trappings are stripped away we all want to love, to be loved, and to have some reason for being. It is only when we have failed to learn how to live in order best to correlate those needs with socially acceptable behavior that we go astray.²⁵⁹

Younger also includes a reference to Dr. Karl Menninger's book *The Human Mind* from 1930 that defined mental illness as, "the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment, or the grace of obeying the rules of the game cheerfully. It is all of these together. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition."²⁶⁰

It is not surprising that the example of socially unacceptable behavior for a woman was presented as one who shirks her duties to be a happy and content wife and mother through the article's opening example of a Mrs. Templeton with "involutional melancholia." The article begins:

²⁵⁹ Younger, "What is Mental Illness?" *Ladies' Home Journal* 66, (April 1949), 236.

²⁶⁰ *Ibid*, 37.

When Mrs. Templeton was in her late forties, she began to cry rather easily and feel very depressed. Sometimes she'd pace up and down, moaning softly to herself. On really "bad days" she'd wake up so unhappy she didn't feel like getting up and she would lie in bed, her face pressed against the pillow, doing nothing all day except now and again when she sobbed like a child...She also became short-tempered—quite unlike the smiling, gentle person she'd always been. She was touchy where once she'd been able to take a joke; irritable where once she had been gay and laughing. Her husband was annoyed at first in the change in her, but he was a kind and thoughtful man and he soon began to wonder if perhaps his wife was ill.²⁶¹

Younger also reinforced the idea that mentally ill individuals were inferior due to their choices; she concluded that the causes of mental illness "lie in the attitudes we take toward events, unhealthy attitudes which we build up as we grow, attitudes which make us incapable of handling stresses and strains which mentally healthy people meet and deal with successfully."²⁶² Younger continued, "Cure for mental illness comes with the changing of handicapping attitudes. Buried frustrations can best be brought to light through psychiatric consultation, guidance or analysis, each of which seeks to help the patient to face his conflicts so that the emotions and intellect can work in harmony. This facing-up is highly successful in arresting mental illness in its early stages."²⁶³ Younger emphasizes choice in what individuals can do when faced with mental health challenges to alter "handicapping attitudes," firmly placing the problem and the solution squarely on the shoulders of the mentally ill individual. The subheading Younger included in the article communicated the individual responsibility of those with mental illness to take care of themselves: "To refuse to face the symptoms of mental illness is like locking the door and throwing away the key."²⁶⁴ Poignantly paired with Bublely's image where the

²⁶¹ Younger, "What is Mental Illness?" 236.

²⁶² Ibid.

²⁶³ Ibid.

²⁶⁴ Ibid, 237.

faces of the mentally ill are obscured and hidden as if in humiliation, this caption ultimately shames the pictured figures. The text proclaims that mental illness could be cured quite easily through the discipline of one's own attitude, necessitating only a choice. This attitude speaks to a larger assumption that the person with the illness was defective and at fault, being unable to cope with the normal vicissitudes of life, resulting in mental breakdowns and malfunctioning.

The cures and technological advances in medicine boasted by Younger's article illustrates the desire of practitioners in the field of mental illness to promote a public image of curative abilities in contemporary medicine and science. According to Michael Wearing, "Professions produce discourses that rationalize, objectify, and construct the professional worlds of 'the other'—the patient, the client, the mentally ill person."²⁶⁵ The composite perception of the mentally ill was part of a construct of professional science and medicine of the 1940s. Joan Younger explained in this same article that patients who were in the more severe stages of a mental illness could be perhaps cured by "shock treatment (insulin, metrazol or electric), warm baths, drugs (like sodium pentathol, the so-called truth serum) and glandular treatments..."²⁶⁶ Yet, she qualified this statement saying "it is not known precisely how these treatments function. This means, of course, that great care must be taken to restrict their use to experts operating under controlled conditions."²⁶⁷ Not only were medical practitioners administering insulin shock treatments but surgical lobotomies as well during the 1940s, suggesting invasive and

²⁶⁵ Michael Wearing, "Professional Discourse and Sensational Journalism: Media Constructions of Violent Insanity," *Australian Journal of Communication* 20 (1993): 84.

²⁶⁶ Younger, "What is Mental Illness?", 236.

²⁶⁷ Ibid.

drastic methods to “cure” the mentally ill.²⁶⁸ Likely, because mental illnesses were so inexplicable and misunderstood this increased the public’s fear of the mentally ill. Sander Gilman suggested that “visual stereotypes are the product of the application of existing paradigms to those aspects of the universe which a culture has defined as inherently inexplicable.”²⁶⁹ Therefore, the misunderstandings of the mentally ill contributed to the creation of stereotypes.

To communicate the source of a cure, Bublely captured the efforts of a nurse in an image published with Younger’s article, “Psychiatry Needs You.”²⁷⁰ (fig. 42) This image emphasizes the white and clean uniform of the nurse who is depicted reading with a mentally ill patient. The nurse becomes emblematic of the sterile, clean, and curing power of medical authority. This image frames doctors, institutions, and science as the healing order amidst the disordered patients.

In essence, Younger’s article and Bublely’s images acted as a didactic tool due to the way Bublely composed her images, the educational nature of the text, and the publication in which this work appeared. All of these aspects played a central role in how audiences would have encountered, understood, and implemented the information presented, and the poignant reminders and tips about mental health in this article reveal the contemporary discourse on mental illness for women and their families during the 1940s.

²⁶⁸ Robert Whitaker, *Anatomy of an Epidemic* (New York: Crown Publishers, 2010), 49.

²⁶⁹ Gilman, *Seeing the Insane*, xi.

²⁷⁰ Younger, “Psychiatry Needs You,” *The Ladies’ Home Journal* 66 (June 1949): 40.

Disorder, Disorientation, Inhumanity, and Didacticism:

The Snake Pit (1948), *The Three Faces of Eve* (1957), *Spellbound* (1945), and *Marnie* (1964)

In the same era that Eisenstaedt, Cooke, and Bubley were documenting asylums, filmmakers were depicting mental illness in film. Like photographers, filmmakers use emotional tools to elicit reactions from their viewers that vary from sympathy and shock to repulsion and horror, which ultimately present the mentally ill individual as disordered and lacking humanity while disorienting the viewer. The messages in the films communicate to the audience that treatment and cures are found in the patriarchal authority of medicine. These ideas are particularly found in *The Snake Pit* (1948), *The Three Faces of Eve* (1957), *Spellbound* (1945), and *Marnie* (1964) and themes that emerge in these films echo the messages conveyed in Eisenstaedt, Cooke, and Bubley's photographs.

Representations of mental disorders in film often contain sensational and shocking aspects meant to incite the viewer. Unique to its medium, film can represent mental illness from a variety of perspectives.²⁷¹ Film's ability to emphasize realism or an illusion thereof, exemplified by Italian Neorealist works like Vittorio's de Sica's *Bicycle Thieves* (1948), makes mental illness a particularly poignant topic for filmmakers.²⁷² Echoing the style of documentary photographers, films like *The Snake Pit* use editing, lighting, camerawork, and mise-en-scène to suggest realism to the viewer and sometimes

²⁷¹ Michael Fleming and Roger Manvell, *Images of Madness: The Portrayal of Insanity in the Feature Film* (Rutherford: Fairleigh Dickinson University Press, 1985), 19. Also, see Kelly Kretschmar, "Framing Femininity as Insanity: Representations of Mental Illness in Women in Post-Classical Hollywood" (Master's thesis, University of North Texas, 2007), 2.

²⁷² Vittorio de Sica, *Bicycle Thieves* (New York: Joseph Burstyn and Arthur Mayer, 1949).

to disorient them.²⁷³ Film relies heavily upon psychiatry and psychoanalysis, which emphasize the relationship between memory and mental illness, and is directly featured in *The Three Faces of Eve* (1957) and *Marnie* (1964).²⁷⁴ The use of flashbacks within the film's narrative is often a device to represent mental illness. Additionally, the representation of insanity has become a prevalent component of the horror genre, to shock, frighten, and create a strong emotional response from the audience, which reinforces the mentally ill subject as an othered group in films.

Filmmakers demonstrated an interest in mental illness and its potential to engage public interest as a subject matter early on in its history in avant-garde art and horror films. German Expressionist film *The Cabinet of Dr. Caligari* (1920) represents an early example of filmmakers using mental illness as a dramatic narrative device to incite horror, fear, and emotion.²⁷⁵ Directed by Robert Wiene, this silent film tells the story of a mad hypnotist, Dr. Caligari, who uses a sleepwalker named Cesare to commit murders for him. An early art film, *The Cabinet of Dr. Caligari* presents settings with walls at odd angles to distort and elongate the scenes and uses sharp contrasts of light and dark to increase the shadows on the set, thus altering the reality represented.²⁷⁶ The skewed filming techniques attempt to allow the spectator to see the world as seen by an individual with mental illness.²⁷⁷ This film uses fear to incite and excite the spectator's

²⁷³ Anatole Litvak, *The Snake Pit* (Los Angeles: Twentieth Century Fox Film Corporation, 1948).

²⁷⁴ Nunnally Johnson, *The Three Faces of Eve* (Los Angeles: Twentieth Century Fox Film Corporation, 1957).

²⁷⁵ Christopher Sharrett, "Review of *The Cabinet of Dr. Caligari*," *Cinéaste* 25, no. 4 (2000): 48–50; Robert Wiene, *The Cabinet of Dr. Caligari* (Weimar Republic: Decla-Bioscop, 1920).

²⁷⁶ For more on *The Cabinet of Dr. Caligari*, see David Robinson, *Das Cabinet des Dr. Caligari* (Basingtoke: Palgrave Macmillan, 2013); and Siegfried Kracauer, *From Caligari to Hitler: A Psychological History of the German Film* (Princeton: Princeton University Press, 1947).

²⁷⁷ Otto F. Wahl, *Media Madness: Public Images of Mental Illness*, 3.

emotional reaction to the insanity and unpredictability of Dr. Caligari's and to elicit a bodily response from the viewer.²⁷⁸ Similar to *The Cabinet of Dr. Caligari*, German crime film *The Testament of Dr. Mabuse* (1933), directed by Fritz Lang, also criminalizes mental illness, emphasizing its relationship to terror and fear.²⁷⁹

Mental illness as a “gross” characteristic of a character in film is a repeated trope in horror films, but psychological thrillers use fear and anxiety over mental illness, to elicit responses from spectators. Demonstrating a link between psychology and crime, psychological thrillers use anxiety, paranoia, and suspicion, along with plot twists and altered realities, to thrill audiences. These works rely upon the stylistic techniques of the film noir movement popularized during the 1940s to achieve this heightened state of mood and emotion.²⁸⁰ As the era of classical Hollywood cinema began to decline, more experimental films like film noir and psychological thrillers emerged during the 1940s-60s. Psychoanalysis as a practice became popularized and psychology emerged as a central component of thrillers like *Gaslight* (director, George Cukor, 1944), starring Charles Boyer and Ingrid Berman, that tells the story of a young woman who believes she is suffering from anxiety but is actually being emotionally abused by her husband.²⁸¹ Using high contrasts of light and dark, tension-filled non-diegetic music (sound for which

²⁷⁸ For more on the effects of horror and fear on spectators, see Linda Williams, “Film Bodies: Gender, Genre, and Excess,” in *Genre, Gender, Race, and World Cinema*, ed. Julie F. Codell (Malden, MA: Blackwell Publishing, 2007), 23-37.

²⁷⁹ Fritz Lang, *The Testament of Dr. Mabuse* (Hungary: Nero-Film, 1933).

²⁸⁰ For more on the link between psychological thrillers and the noir movement in literature, see Philip Simpson, “Noir and the Psycho Thriller,” *A Companion to Crime Fiction* (2010): 187-197; and Biesen, “Psychology in American Film Noir and Hitchcock's Gothic Thrillers.”

²⁸¹ For more on the decline of the Hollywood classical period and the rise in popularity of psychoanalysis, see Kretschmar, “Framing Femininity as Insanity,” 9; George Cukor, *Gaslight* (Beverly Hills: Metro-Goldwyn-Mayer, 1944).

the source is not implied or visible on screen or in the story), and an emphasis on crime, Cukor conveys fear and suspense typical of the film noir movement.

Films representing mental illness often rely upon psychoanalytic theories that emphasize memory and childhood development as sources of conflict, and this topic was often used as a means to resolve the storyline. *The Snake Pit*, *The Three Faces of Eve*, *Spellbound*, and *Marnie* show characters suffering from mental disorders who find cures for these ailments with the help of a psychiatrist who guides them towards discovering the traumatic, childhood memories that have plagued them and ultimately caused their illness. The storylines of *The Snake Pit*, *The Three Faces of Eve*, and *Marnie* resolve in satisfactory Hollywood endings through the female protagonists' ability to remember and accept memories in their childhoods. The importance of the past to the storyline manifests in flashbacks being central to the climax and resolution of the story, much like in the secrets revealed through flashbacks in endings depicted in film noir.

The patriarchal authority of males is highlighted in both *The Snake Pit* and *The Three Faces of Eve* through the representation of psychiatrists and the spaces they occupy. Film studies scholar Sheri Chinen Biesen links the rise of topics like psychology, psychiatrists, trauma, and mental illness in films as a result of a myriad of factors, most relating to the transformative impact of WWII, as many European directors fled Europe for America and Freud's theories relating to the practice of psychoanalysis gained acceptance in popular culture.²⁸² Common to many films is confidence in the scientific veracity of psychiatry and psychoanalysis is illustrated by the authority of a male doctor, who appears in both *The Snake Pit* and *The Three Faces of Eve*.

²⁸² Biesen, "Psychology in American Film Noir and Hitchcock's Gothic Thrillers."

The Snake Pit showcases problems with mental health institutions depicted as an overcrowded space of despair. Directed by Anatole Litvak, this film explores the despair, ambiguity, and turmoil caused by a female identity crisis and offers motherhood and faithful marriage as the answer to this confusion. Based on Mary Jane Ward's 1946 semi-autobiographical novel, *The Snake Pit* tells the story of Virginia Cunningham's experience in a state mental health asylum. The hierarchy of the floors of the hospital symbolize the sanity of the patients. The closer a patient gets to the ground floor, the closer the patient is to sanity and to eventual release back into society. Each floor decreases in amenities and freedom going upward, as the highest floors include patients who incoherently drift through the dilapidated halls and listlessly stare out of the barred windows.

Despite this despair and chaos, Virginia finds coherency and stability in her conversations with her psychiatrist, Dr. Kik, which usually take place within the walls of his orderly and comfortable office. She is met with kindness and reason by Dr. Kik in brightly lit scenes, which starkly contrast against the dark, shadowy spaces of the patient quarters where Virginia is surrounded by females who include nurses and patients that treat her with disdain for much of the film. It is the patriarchal figure of the psychiatrist that restores order to Virginia's experience in a mental health institution and provides the cure for her fractured identity.

In *The Three Faces of Eve* film director Nunnally Johnson chronicles the true story of a young woman named Eve, played by Joanne Woodward, who suffers from multiple personality disorder. Eve's identity appears fractured into three separate personalities, which include: 1) Eve White, a submissive, fragile woman who cannot

handle the demands of motherhood, 2) Eve Black, a sexually deviant personality (based on the standards of the time period) who lacks restraint and control, and 3) Jane, a character who exudes restraint and confidence that emerges as the ideal woman of the post-WWII era.²⁸³ The setting of the film takes place mostly within the walls of a psychiatric hospital where Dr. Curtis Luther treats Eve's multiple personality disorder. Similar to *The Snake Pit*, *The Three Faces of Eve* presents the psychiatrist as the sympathetic, reasonable authority that coaxes the proper and appropriate personality of Jane out through psychiatric and hypnotic practices. Eve's treatment sessions take place in Dr. Luther's office space at a psychiatric institution. The room appears more like an academic setting, as it is lined with books and comfortable furniture, illustrating the scientific and rational pursuits of psychiatry as an institution. In the setting of his office, Dr. Luther explains to another male colleague, "The truth is neither Eve Black nor Mrs. White is a satisfactory solution. Neither of them is really qualified to fill the role of wife, mother, or even a responsible human being. A victory for either would be disastrous, no solution whatsoever."²⁸⁴ Dr. Luther clearly stands as the authority for deciding what kind of behavior is appropriate for Eve connected to her qualifications as wife and mother, which was certainly promoted as the ideal qualities for women during the 1950s.²⁸⁵ It is through his active, male gaze, that the female's mental disorder is viewed and

²⁸³ Kretschmar, "Framing Femininity," 31.

²⁸⁴ Nunnally Johnson, *The Three Faces of Eve* (Los Angeles: Twentieth Century Fox Film Corporation, 1957).

²⁸⁵ Kretschmar, "Framing Femininity," 31.

understood. The film relates the story of how the male psychiatrist, uncovers the virtuous, stable woman trying to emerge from the other flawed personalities of Eve.²⁸⁶

The film techniques in *The Three Faces of Eve* also reinforce the patriarchal voice of authority as the voice of reason in opposition to the female voices of Eve. At the beginning of the film before the narrative begins, a man speaks directly to the audience. He describes the veracity of this story of Eve and her experience with multiple personality disorder. Throughout the film this male voice becomes the narrator in a series of voiceovers that explain the task the psychiatrist faced in helping Eve. Art historian and film theorist Kaja Silverman describes in *The Acoustic Mirror: The Female Voice in Psychoanalysis and Cinema* the patriarchal authority endowed to male voiceovers, also evident in *The Three Faces of Eve*.²⁸⁷ The narrator speaks from a superior position of knowledge, reinforcing the disorienting dialogue of the female character.

Similarly, Virginia's descent into madness is narrated at the beginning of *The Snake Pit* by her husband. His male voice contrasts strongly with Virginia's voiceovers, which act as her personal thoughts in the opening scenes where her disorientation, paranoia, and hallucinations are evident through her stream-of-conscious ramblings and questions to herself. These films present the comforting voices of sanity, clarity, and reason as male voices.

²⁸⁶ For more on the importance of the active male gaze and the passive subjectivity of the female in cinema, see Laura Mulvey, "Visual Pleasure and Narrative Cinema," in *Visual and Other Pleasures (Language, Discourse, Society)*, 14–26 (New York: Palgrave Macmillan, 1989), 19.

²⁸⁷ Silverman, 48.

Spellbound similarly uses memory as a component of representing mental illness. Also influenced by characteristics of the film noir movement, *Spellbound* heightens tension, suspense, and unease through exploiting a spectator's potential fear of an individual with mental illness as someone who is ambiguous, mysterious, morally uncontrollable, and someone to be feared. Directed by Alfred Hitchcock in 1945, *Spellbound* tells the story of a psychiatrist named Dr. Constance Peterson, played by Ingrid Bergman, who protects and assists a patient suffering from amnesia. The amnesiac John, played by Gregory Peck, appears to have murdered someone, and Constance helps him to recover his memory to prove his innocence. In one scene Constance and John share an intimate kiss in his office at night. Just prior to this scene, Constance walks the hallways towards his office, which are shrouded in shadow, foreshadowing eventual tension. As they embrace, John pulls away and the camera cuts from his face to the lines on Constance's bathrobe, suggesting the camera is now representing John's viewpoint. Immediately, foreboding music in a minor key conveys eeriness and mystery. The camera pulls back to show John grabbing Constance by the arms in a gesture of alarm. The music contributes to John's ambiguity as a central character, suggesting to the audience that he could potentially harm the female protagonist. Once John recovers his memory through the help of Constance, the true murderer is revealed. John's amnesia as a mental disorder, which causes him to sleep walk and attempt to stab another doctor, is communicated through paranoia, fear, mistrust, and confusion, which are themes often used in film noir movies to represent mental illness as a cinematic trope.

While *Spellbound* features film noir characteristics, it also features stylistic experimentations in camerawork and mise en scène that will become a part of many films' representations of mental illness throughout the 1960s. In "Images of Intellect in Film Noir" scholar of film noir Sheri Chinen Biesen argues, "Hitchcock initially wanted to film *Spellbound* with clinical documentary realism, but instead incorporated eerie dream sequences based on stylized designs created by Salvador Dali."²⁸⁸ The dream sequence provides clues into John's desires and the illness he suffers from through an elaborate, surrealist set that plays with enlarged, distorted objects like masks, eyes, and cards to disorient the viewer. Just before John describes his dream, Dr. Alexander Brulov, Constance's mentor, explains "Dreams tell you what you are trying to hide," illustrating the popularity of Freudian psychoanalysis during this time. Enlarged objects in distorted scales twist reality in the dreamscape and allow the viewer to take part in the disorientation achieved in dreams and various mental states, illustrating a stylistic innovation and experimentation in regards to representing mental illness in films.

Stylistic experimentation to represent mental illness continues to be seen throughout films in the 1960s. Camera techniques and editing offer the spectator a view into the psychological state and anxiety of the mentally ill individual. As the Classical era of Hollywood came to a close in the 1950s a transition to sensation, shock, and spectacle characterizes some of the experimentations of filmmakers in the 1960s. *Marnie*, a film directed by Alfred Hitchcock, reflects an interest in shock and spectacle using mental illness as a theme to achieve this sensation.²⁸⁹ The movie tells the story of a

²⁸⁸ Biesen, "Images of Women's Intellect in Film Noir," in *Smart Chicks on Screen: Representing Women's Intellect in Film and Television*, ed. Laura Matton D'Amore (New York: Roman and Littlefield, 2014), 46.

²⁸⁹ Alfred Hitchcock, *Marnie* (Universal City: Universal Pictures, 1964).

young woman named Marnie, played by Tippi Hedren, who appears to be a kleptomaniac and a compulsive liar. Her employer Mark Rutland, played by Sean Connery, discovers her problems and forces her to marry him as he attempts to discover the reason for her illnesses. In moments of emotional distress throughout the film, the camera focuses on Marnie's face in a close-up and flashes of red appear across the screen to emphasize her anxiety. These stylistic devices convey to the viewer her distress and confusion, and subjectively characterizes mental illness.

To compare these films to the photography created in the same period reveals striking similarities in their tone and messages. Similar to the dilapidated halls and overcrowding depicted in *The Snake Pit*, Cooke's documentation of the Cleveland State Mental Hospital in 1946 uses a straight style with sharp focus to emphasize the dirty quarters of the patients he captured.²⁹⁰ Regarding Cooke's image "A patient in a straight jacket at a hospital for the mentally ill" (fig. 37), the detailed image and clear focus recall the styles of Lewis Hine and Jacob Riis that sought to emphasize realism and echo the framing techniques of the camera in *The Snake Pit* that position the figures closely in the frame. Cooke chose to frame the subject so that her dirty feet would be visible in the composition and included smudges on the walls and furniture that surround her. Similar to horror films and psychological thrillers, these images invite sympathy, emotion, shock, and even disgust. The individual pictured shields her face with her hair, making her anonymous, further subjecting her to the view of the camera, similar to the anonymity of the women walking the halls of the insane asylum.

²⁹⁰ Albert Q. Maisel, "Bedlam 1946: Most US Mental Hospitals are a Shame and a Disgrace," *LIFE Magazine* 20, no. 18 (1946): 102-118.

Where film used foreboding music, as seen in *Spellbound*, popular print media used text to emphasize drama and spectacle in the published images. Juxtaposing Cooke's image with the word "Restraint" communicates to the reader the problems with the treatment of mentally ill individuals (fig. 37), but also dramatizes the image as well. Buble's documentation of the mentally ill and resulting publication in *Ladies' Home Journal* relies upon text as well to communicate meaning and to elicit an emotional response from the magazine's readership. Buble's photograph of a young woman suffering from schizophrenia was published in April 1949 as part of a four-part series on mental health by Joan Younger. The article's headline asks "What is Mental Illness?" (fig. 40).²⁹¹ The answer appears visually in Buble's photograph that depicts a close-up of a young woman's face (fig. 41). Despite the proximity of the camera, her face is not visible as her hands cover her face in a gesture of humiliation and despair. The close up of the camera heightens the tension in the composition, recalling the editing and camerawork in films like *Marnie* and *The Snake Pit* that convey drama and intensity, often in an attempt to convey the feelings of the mentally ill protagonist.

Communicating feelings of intensity was a characteristic of images of the mentally ill, but photographers also conveyed ambiguity and disorientation through cropping techniques that relate to the disorientation conveyed in *Spellbound*'s dream sequence or *Marnie*'s use of tight framing and close-ups. Alfred Eisenstadt's documentation of the Pilgrim State hospital in New York that was featured in *LIFE Magazine* in 1938 demonstrates this practice. In an image captioned "A woman patient in a camisole becomes violent" Eisenstaedt conveys a sense of disorientation due to the

²⁹¹ Younger, "What is Mental Illness?" 36-37, 234-239.

bars that disrupt the surface of the composition (fig. 30). These bars appear extremely close to the camera and blur the foreground of the image. Beyond the bars in focus, appears a woman whose body is presented in a fragmented way due to the camera angle. Just as *Marnie*'s director used light and close-cropping techniques to show Marnie's mental distress this image communicates the figure's mental disorder by cropping the image in a way that disrupts and fragments the body and heightening the contrast of light and dark.

Both filmmakers and photographers rely upon the tools unique to their respective media to represent the mentally ill in ways that reinforce stereotypes of this community. While the representations of mental illness in both media look varied in appearance, the resulting meaning and message conveyed by films and photographs are often the same. The strangeness and "otherness" of individuals suffering from mental illness are often used as ways to evoke drama, sensationalize the work to make it more thrilling, and elicit an emotional response from the viewer.

Delivering Treatment: New Deal Mobile Health Clinics

As a point of comparison to depictions of mental health, Farm Security Administration (FSA) photographers Dorothea Lange, Russell Lee, and John Collier documented mobile health clinics in Oregon, Idaho, and Maryland between 1939 and 1943, which offer a foil to depictions of mental illness as these focus on health in general, often emphasizing health rather than disease.²⁹² These FSA photographs of mobile health

²⁹² For more on FSA photography, see Hank O'Neal, *A Vision Shared: A Classic Portrait of America and Its People 1935-1943* (New York: St. Martin's Press, Inc., 1976); Gilles Mora and Beverly W. Brannan, *FSA: The American Vision* (New York: Abrams, 2006); and John Stoeckle and George Abbott White, *Plain Pictures of Plain Doctoring: Vernacular Expression in New Deal Medicine and Photography* (Cambridge: MIT Press, 1985).

clinics created in the context of the Great Depression record an extensive New Deal medical program, evoke the transitory nature of the 1930s in America, and symbolize the migratory laborers themselves. More important to this study is they present a case study for how “normal” health ailments are represented and their sterile environments for care. As the migrant traveled from farm to farm, communities formed around the traveler, establishing itinerant populations. As images of health, order, and cleanliness, these images serve as reminders of the propagandistic effort to promote the optimistic idea that the nation was healing from the devastating effects of the Great Depression and provide a stark contrast to the images of Eisenstadt, Cooke, and Bublely as representations of healthy individuals.²⁹³ The mobile health clinics were sterile, clean, pristine, and spaces of familial support while the photographs inside asylums featured disordered and dirty spaces of despair and loneliness, emphasizing both the divide between health and disease and health and mental health.

As migratory camps were set-up throughout America for laborers traveling westward, the nation evolved into a thoroughfare as more people were constantly on the move. Automobiles became more representative of homes than an “A-frame” and a “white picket fence” and communities had to adapt to the transitory lifestyle of migrant workers. As America plummeted into a debilitating drought and economic crisis, the New Deal programs of Franklin Roosevelt were quickly established to combat the resulting problems incumbent upon a nation crippled by a stagnant economy and unyielding soil. For a nation beset by malnutrition and disease, access to health care for

²⁹³ For more on the propagandistic nuances of FSA photography, see Michael L. Carlebach, “Documentary and Propaganda: The Photographs of the Farm Security Administration,” *The Journal of Decorative and Propaganda Arts* 8 (April 1, 1988): 6–25.

many of America's communities most affected by the Great Depression was scarce, particularly for women and children, and when care was available, it was far too costly for many farmers and laborers to afford.²⁹⁴

Under the direction of the US Department of Agriculture's Farm Security Administration (FSA), an extensive medical care program funded by the federal government was established and maintained from 1935-1947.²⁹⁵ The overall mission of the FSA was to investigate and provide relief to rural farmers and communities feeling the effects of the Dust bowl and Great Depression. It was because of this relief mission that the medical care program was established, mainly out of concern for the migratory camps and communities that had little access to health care.²⁹⁶ Among many of the migratory camps, sanitation for large transitory groups of people would have been difficult to accommodate, increasing disease and the need for better health services in rural communities.

It was within this cultural milieu that health care clinics were set up in many rural communities and labor camps to provide better access to treatment. Most of these clinics were permanent structures created to support and supplement care for struggling families living in the government-sponsored camps but sometimes for farmers living in the surrounding communities.²⁹⁷ However, some of the camps were completely mobile, with

²⁹⁴ For more on the distribution of costs in the New Deal medical care program, see Michael R. Grey, "The Medical Care Programs of the Farm Security Administration, 1932 through 1947: A Rehearsal for National Health Insurance?," *American Journal of Public Health* 84, no. 10 (October 1, 1994): 1678-87.

²⁹⁵ Grey, "The Medical Care Programs of the Farm Security Administration," 1678.

²⁹⁶ *Ibid.*

²⁹⁷ Grey, *New Deal Medicine: The Rural Health Programs of the Farm Security Administration* (Baltimore: Johns Hopkins University Press, 1999), 85.

as many as 200 moveable tent platforms in one camp, which included sanitary facilities and mobile health clinics.²⁹⁸

Participation in the health care program was entirely voluntary and given by Agricultural Workers Health Association staff members.²⁹⁹ According to Michael R. Grey:

The overarching organization and philosophy of the migrant health program were consistent from region to region: comprehensive acute medical care, government subsidization of costs, emphasis on prevention and health education, and accommodation of the local medical community...Health services provided to agricultural workers were comprehensive; they included medical, surgical, hospital, and dental care; prescription drugs, diets; and nursing.³⁰⁰

Lange, Lee, and Collier's roles in the FSA were to document the need felt by rural communities, which ultimately created a portrait of human suffering in America.³⁰¹

Under the direction of Roy Stryker, who later proclaimed that through the collection of images that made up the FSA file he had "introduced Americans to America," these photographers were sent out to document struggling communities.³⁰² The images produced resulted in governmental aid, enacted to assist families in need. The images created as part of the FSA file were considered documents that seemingly provided objective evidence of the desperate circumstances of many rural communities.³⁰³

²⁹⁸ Grey, *New Deal Medicine*, 85.

²⁹⁹ Ibid.

³⁰⁰ Ibid.

³⁰¹ For more on the "portrait" of American culture created by FSA photographers, see Michael Lesy, *Long Time Coming: A Photographic Portrait of America, 1935-1943* (New York: W.W. Norton & Company, 2002); F. Jack Hurley, *Portrait of a Decade: Roy Stryker and the Development of Documentary Photography in the Thirties* (Baton Rouge: Louisiana State University Press, 1972). For more on the holistic vision of Roy Stryker, see Roy Emerson Stryker and Nancy Wood, *In This Proud Land: America 1935-1943 as Seen in the FSA Photographs* (Greenwich: New York Graphic Society, 1973).

³⁰² Colleen McDannell, *Picturing Faith: Photography and the Great Depression* (New Haven: Yale University Press, 2004), 6.

³⁰³ For more on documentary photography, see William Stott, *Documentary Expression and Thirties America* (Chicago: The University of Chicago Press, 1973).

However, despite their intention to show how migratory workers suffered, these images of the mobile clinic offer a stark, positive contrast to the care presented in documentary photographs of the mentally ill taken during the same time period.

Dorothea Lange is particularly known for her ability to frame an image effectively to communicate the poignancy and importance of the relief needed from FSA programs, such as in her iconic work *Migrant Mother*.³⁰⁴ However, she takes a more positive approach in her image of a mobile health trailer located in a migratory camp in Oregon, wherein she provides a glimpse into the cleansing and ordering effects of governmental assistance provided to families in need (fig. 43). According to the caption she included with her image, she recorded “Doctor examining children in trailer clinic. FSA mobile camp, Klamath County, Oregon.” The focus of Lange’s photograph centers on the large and commanding presence of a doctor, dressed in a clean, grey suit, with a stethoscope in hand. His focus is on the patient in front of him, who appears to be a young girl, whose naked innocence echoes the trust of her gaze, as her head tilts up to meet the eyes of the doctor. He appears to be checking the young girl’s heartbeat while a female attendant, either a nurse or a mother, in the background is attempting to take another young child’s shirt off, likely the next in line to be seen by the doctor.

The semblance of balance and the orderly process of seeing the doctor pictured in Lange’s photograph are emblematic of the overarching goals of this government assistance. By taking part in the government medical care program, the laborers could counteract the dirtiness and chaos of a life on the move with the positive and ordering

³⁰⁴ See Anne Whiston Spirn, *Daring to Look: Dorothea Lange’s Photographs and Reports from the Field* (Chicago: University of Chicago Press, 2008).

power of an institutionalized health care program. Furthermore, this image provides a stark contrast to the photographs of Eisenstaedt, Cooke, and Bublely where the compositions evoke chaos, disorder, and tension rather than balance, stability and cleanliness.

Like patients at mental institutions, of the many members of the mobile camps the most impacted individuals were the women and children participating in the governmental health care program.³⁰⁵ One important objective of the medical care program was to provide assistance to women, particularly during childbirth.³⁰⁶ According to a statement made by the FSA's chief officer in 1939 after the program had been initiated, "the families require less care...the general Farm Security Administration program has already shown results in healthier families, particularly the children."³⁰⁷

The impact of the health care program upon the wellbeing of children in the migrant camps is demonstrated in Russell Lee's photograph of a trailer clinic in Wilder, Idaho (fig. 44). Lee's image was captioned, "Wives and children of farm workers in the trailer-clinic at the FSA migratory labor camp mobile unit...In this particular clinic, serum for prevention of wood tick fever was being administered." Lee's image contrasts sharply with other documentary photographs created during this era that capture the despair and hopelessness that permeated the lives of mothers and their children. Instead of depression, Lee captured two women sitting comfortably on a bench within the cozy walls of the mobile health clinic, engaged in conversation. One mother to the left of the composition holds two infants on her lap. The women and their surroundings evoke the

³⁰⁵ Grey, *New Deal Medicine*, 86.

³⁰⁶ Ibid.

³⁰⁷ Grey, "The Medical Care Programs of the Farm Security Administration," 1681.

cleanliness, even sterility, of the mobile units. The windows of the trailer are covered in curtains and the relaxed and even intimate atmosphere demonstrated by the women illustrates how these units functioned as sites of assistance, hope, and community. Photographs also show the subject's faces, which is entirely different from the photographs of Eisenstaedt, Cooke, and Bublely at the mental hospitals. Eisenstaedt, Cooke, and Bublely's obscured or hid the subjects' faces, which dehumanizes them.

Reinforcing a sense of community, John Collier's image of an itinerant dental trailer not only illustrates how comprehensive the government health program was, but also how these mobile units brought some stability to transient communities on the move (fig. 45). Collier's observational style of photographing perhaps encouraged his subjects to feel at ease, which is evident in his image of a traveling dentist located in Maryland.³⁰⁸ The caption of his photograph identified the main figure as Dr. G.L. Caldwell, a "trailer village dentist who keeps regular office hours in his trailer dental clinic." Pictured to the left of the tall figure of the dentist is a young woman, who smiles up at him. Behind the female figure is a sign displayed on the exterior wall of the trailer, which displays the office hours. The normality represented by the dentist's regular hours would have likely increased the sense of stability felt by a transitory group, in direct contrast to the isolation represented in many of the photographs of mental health institutions and is especially different from the separation presented in *A Snake Pit*, where those suffering from acute mental illness are relegated to the top floors, as far from "normal" society as possible.

³⁰⁸ For more on Collier's photographic philosophy, see John Collier and Malcolm Collier, *Visual Anthropology: Photography as a Research Method* (Albuquerque: University of New Mexico Press, 1986), 5.

Traveling clinics were evidently instrumental in providing steadiness and hope, which was achieved by access to health care, and a strong sense of community for people on the move, despite the inherent transient quality of the communities that medical trailers serviced. Young children and mothers were clearly impacted by this program, which reinforced the optimistic message the government aimed to convey. Lange, Lee, and Collier's photographs documented and promoted the communities who were positively affected by this program and therefore pictured one more aspect of the transient lifestyle of a laborer striving for hope amidst the austerity of the Great Depression. Surprisingly, these images of individuals seeking health care treatment create a very different portrait of medical care in America than what is represented in mental health institutions of the same era. The conclusion that can be drawn from this glaring contrast is that mental illness was considered unique and different from common health ailments and the resulting representations reflect that widely held perspective.

CHAPTER 5

CONTEMPORARY PUBLIC ART FOR THE MENTALLY ILL

To this point, I have considered mental health through the lens of documentary photographers and filmmakers in the 1930s and 1940s immediately prior to the great deinstitutionalization that started in the mid-1950s and that continues to today. In this final chapter, I look to public art as a tool to explore contemporary social perceptions of mental illness and how its treatments might be improved through the use of the humanities and visual arts.

Public Art for the Mentally Ill

Works of art that adorn the exterior or interior of insane asylums, mental health institutions, or psychiatric hospitals, or works created for the mentally ill community, are evocative representations of and to individuals with mental illness. It is evident that the number of public works commissioned for mental hospitals is fewer compared to the number of works created for other medical institutions. In this chapter, I investigate how public works created for mental hospitals or created in relation to spaces for the mentally ill convey the anxiety surrounding mental illness that was prevalent throughout the latter half of the twentieth century and continues today. These works show how artists today struggled to represent the mentally ill community in meaningful ways.

While there are many explorations of mental illness in contemporary art, this chapter will focus on four different projects as case studies, illustrating the diverse and multifaceted field of public works created with this particular community in mind. Ekkehard Altenburger's *House for a Gordian Knot* at Nottingham's Institute of Mental Health intentionally keeps its community in mind as its purpose was to inspire creativity

among doctors and patients at the hospital. Herbert Baglione's *1,000 Shadows* project in Parma, Italy, explores the fear often associated with the mentally ill community and the institutions that provide care. Anna Schuleit's installation in a Boston mental health hospital, titled *Bloom*, explores the heartbreaking shaming of many mentally ill patients and also alludes to the difficulties these individuals have with healing because of the lack of community and support other individuals with physical illness, rather than mental illness, often enjoy. Finally, the Faces of Mental Health Recovery Public Art Project in Pennsylvania explores the power of photography to shape and re-conceptualize the face of mental illness, as it involved mentally ill individuals in the development and creation of this project. All of these works and projects bear witness to the complexity of representing the mentally ill, something that suggests why there has been a dearth of public art created for this population. I consider how the unifying and exploratory purposes of public art could be more successfully implemented to decrease the alienation that is prevalent in the mentally ill community.

Historical Public Art for the Mentally Ill

Public art is a relatively recently defined field of art that is highly embedded in community and is often made possible by designated public funds. In a seminal text in this burgeoning discipline *Public Art: Theory, Practice and Populism*, Cher Krause Knight expands the previously held definition of what public art means and suggests that the perspective of the viewer should be privileged above the critics in the art world and the final product itself. Knight also challenges artists to engage audiences as an integral

participant in works of public art.³⁰⁹ Knight's main argument considers the importance of hearing, validating, and recognizing the voices of individuals as active, rather than passive, contributors in the creation of art in the public sphere.

Public art that is created with a broad public in mind can be especially poignant and successful as the works become a part of the communities or neighborhoods they occupy. In *Not Here, Not Now, Not That! Protest over Art and Culture in America*, sociologist Steven Tepper examines the capacity of public art to successfully define, represent, and reflect the cultural values of a community.³¹⁰ When an artist creates a work for a specific community as a public work, the work's ability to successfully represent a group's collective values is a strong indication of its success. Shaped by the audience for whom it was intended, its lasting effect eventually impacts and shapes the community in return. Public art becomes a living, dynamic representation of a community's values through its unique creation and the fact that it occupies a public space.

The definition of public art sheds light on how to examine public works created for the mentally ill community or by individuals struggling with mental illness. The most commonly found works of public art that fit into this category often include works on the interior, exterior, and/or grounds of mental or psychiatric hospitals. These projects therefore take on connotations of community, identity, and cultural values in the same way that public art does, as defined previously by Knight and Tepper. The mentally ill

³⁰⁹ Cher Krause Knight, *Public Art: Theory, Practice and Populism* (Malden, MA: Blackwell Publishing, 2008).

³¹⁰ Steven Tepper, *Not Here, Not Now, Not That! Protest over Art and Culture in America* (Chicago: University of Chicago Press, 2011), 249.

community is particularly affected by the implications of communal assistance and identity, as support has often been key to patients' recovery from illness.³¹¹

Conclusively, public art created with the mentally ill community in mind could offer insight into the perceptions and representations of this alienated cohort.

The most well-known, historical example of a public depiction of madness for the mentally ill as an audience was at Bethlem Hospital in London during the seventeenth century with sculptures depicting two stereotypical diagnoses of mental illness, *Melancholia and Mania (or Raving Madness)* (fig. 46). These sculptures adorned the entrance gate of this insane asylum and were created by Caius Gabriel Cibber in 1680.³¹² A depiction of these sculptures remains, revealing how they might have appeared. The etching depicts a figure titled "Melancholia" on the left who appears naked and is depicted leaning alongside an architectural feature. He is on his side, with one leg and one arm bent in a reclining pose. The details and features of the individual's body are minimal, as hair is not depicted, but some muscular definition is evident. The mouth of this figure is turned down to evoke sadness and indifference. "Mania" is represented on the right. Similar to "Melancholia" this figure is nude, bald, and shown in a reclining pose. However, the facial features of "Mania" are scrunched, with a furrowed brow to suggest anger, and a chain is clearly displayed that binds the figure's hands.

The two sculptures were placed so that anyone entering the asylum would walk below them and be confronted by them. As patients arrived at the hospital they were

³¹¹ Anne Harrington, "Healing Ties," in *The Cure Within: A History of Mind-Body Medicine* (New York: W.W. Norton & Company, 2008), 175-204.

³¹² Jane E. Kromm, "Hogarth's Madmen," *Journal of the Warburg and Courtauld Institutes* 48 (January 1, 1985): 238.

greeted by the two most commonly used labels to define mental illness during the seventeenth century. These public works reinforced the types of diagnoses that could be offered for the patient walking under them into the institution and created the backdrop for how future artists might consider how to create works that could be a part of a mental health hospital and could serve as a unifying work for the mentally ill community.

House for a Gordian Knot in Nottingham, England

A sculpture by Ekkehard Altenburger titled *House for a Gordian Knot* stands on the grounds of Nottingham's Institute of Mental Health building on the University of Nottingham's Jubilee Campus (fig. 47). Unveiled in June of 2013, *Gordian Knot* was created to commemorate the opening of the Institute, which is integral for the United Kingdom's interdisciplinary study of mental health.³¹³ Installed on the lawn, its pristine, white color starkly contrasts against the bright red of the Institute's façade. Almost ten feet in height and constructed of Italian Carrara marble, the sculpture features a large rectangular plinth made out of Bargdellio marble, which is grey and striated with varying lines. Upon this base rests large, circular shapes that bulbously appear to grow out of each other. Perched upon these organic, bubbling shapes appear ropes knotted together in a complex manner and the ends of the ropes that comprise the knots are not visible.

Altenburger references the Classical Gordian Knots, which require creative problem-solving skills to disentangle them. Historically the knots are associated with a

³¹³ "House for a Gordian Knot: New Sculpture Celebrates Opening of Nottingham's Institute of Mental Health," Centre for Medical Humanities, accessed December 9, 2015, <http://centreformedicalhumanities.org/house-for-a-gordian-knot-new-sculpture-celebrates-opening-of-nottinghams-institute-of-mental-health/>.

legend revolved around Alexander the Great's legitimacy as a ruler in 333.³¹⁴ Five Greek and Roman sources communicate the account, including Arrian, Curtius, Plutarch, Justin, and Marsyas of Philippi. Although accounts vary, the narrative of Alexander the Great solving the Gordian Knot becomes a part of Alexander's claim to legitimately become a ruler.³¹⁵

The legend begins in the city of Gordios where, amidst warring Phrygians, it was prophesized that a man in a wagon would come to the city, who would bring peace and become king.³¹⁶ Ultimately, such a man came, although accounts of who was in the wagon differ, and the wagon itself was also a complicated knot. According to Classical texts, it was proclaimed that whoever could untie this difficult knot would rule Asia.³¹⁷ Two versions of how Alexander the Great accomplished the knot exist. One describes that he cut the knot with his sword, revealing ends to untie the knot. An alternate account describes how Alexander pulled a peg from the wagon that held the knot in place, thus allowing him to untie it and illustrate his great, intellectual prowess.³¹⁸ Either way the story is told, Alexander could claim legitimacy according to legend, and thus the narrative represents the idea that thinking outside the box is required in order to solve the Gordian Knot and succeed.

Ekkehard Altenburger's decision to depict the Gordian Knot and refer to its legend reveals a compelling understanding of the complex issues facing the mentally ill

³¹⁴ Brendan Burke, "Anatolian Origins of the Gordian Knot Legend," *Greek, Roman, and Byzantine Studies* 42 (2001): 255.

³¹⁵ Ibid

³¹⁶ Ibid.

³¹⁷ Ibid.

³¹⁸ Ibid.

community. It is evident that throughout the history of mental health care, researchers, physicians, and patients alike have often encountered difficult and challenging situations that do not have simple answers. Altenburger explains:

After some initial sketches, I started to work on a three-dimensional model, which led to the form of a sculpture, which I gave the name “House for a Gordian Knot.” The riddle of designing a sculpture for the new Institute of Mental Health building was in the end elegantly resolved and the name naturally grew towards the sculpture. It will also be a reminder for both patients and practitioners to ‘think outside the box’ and this sculpture will hopefully provide a daily inspiration for both patients as well as staff. I am absolutely delighted with the result and hope that the sculpture will become an intricate part of the Jubilee Campus and bring a smile and inspiration to those who pass it.³¹⁹

Altenburger’s sculpture suggests that the institute is a “house” for “Gordian Knots,” making the work an invitation of inclusion towards those with difficult problems.

Altenburger clearly states his intent to communicate to patients and practitioners that coping with and treating mental illness requires creativity and adaptability and is a group project. *Gordian Knots* represents a poignant attempt by an artist to embody the mentally ill community through sculpture. Yet, the narrative of this piece relies heavily upon a Classical story, making it less accessible without explanation. Thus, while this piece reveals a thoughtful attempt by an artist to accurately represent the mentally ill community it perhaps falls short of this objective.

1000 Shadows in Parma, Italy

Brazilian street artist Herbert Baglione is known for his eerie and spindly creatures that appear on streets, buildings, and in other public spaces. His repetitive motif began an ongoing series titled *1000 Shadows*. According to Baglione:

It took 15 years for the idea of the shadows to stop being a loose element in my extensive line of work...and to turn into a project. In July 2013 I painted the

³¹⁹ Center for Medical Humanities, “House for a Gordian Knot.”

shadows in an abandoned psychiatric hospital, in the town of Parma in Italy, and thus the project *1000 Shadows* was born. The artistic interference with shadows changes according to the places where they are inserted, as well as the external interpretation from the image, and this is very interesting.³²⁰

1000 Shadows includes ghostly figures that occupy spaces in Rio de Janeiro, Brazil and Niort, France, among others. But most significant to this study is Baglione's first site in the *1000 Shadows* project, which was an abandoned psychiatric hospital in Parma, Italy, in 2013. The painted ghostly figures within the Parma hospital share common characteristics. All are extremely elongated, stylized, and black, appearing on the walls and floor of this abandoned mental health institution and are poignantly juxtaposed with dilapidated, empty wheelchairs. The photographs Baglione took of these installations became the documentation of these unnerving works.

The first image in Baglione's series of photographs that document the figures he painted in the hospital in Parma depicts a shadowy individual on the wall, who appears to have fallen out of a wheelchair (fig. 48). A rustic, peach-colored floor dominates the lower half of the composition. A diagonal line where the floor meets the wall cuts the composition horizontally through the middle. The wall appears to be a faded grey or blue and is dramatically peeling off in large chunks. Beneath this layer of paint is a pink or beige color that reinforces the dingy quality of the walls. Near the base of the wall, the ground is covered in debris, paint chips, and grey dust. Along the right-hand side of the composition is a wooden door frame that is barely visible but is mostly cut off by Baglione's framing technique. The photograph prominently features an old, brown wheelchair in the foreground of the composition. It is turned to face the back wall at an

³²⁰ "News.UpperPlayground," Upper Playground, accessed December 12, 2015, <http://www.upperplayground.com/blogs/news-upperplayground/tagged/1000-shadows>.

angle. Baglione painted a black, shadowy figure along the floor and wall so that it appears to have fallen out of the wheelchair. Its legs extend from the base of the chair along the floor and its elongated, spindly figure appears along the wall. Only a small portion of the individual's head appears as the doorframe appears to cut it off as well as one of its hands. Depicting this figure with missing body parts violently presents them as damaged or fragmented, suggesting abuse in mental institutions as well. There is space behind the wheelchair and this void invites the viewer to visually place themselves within the narrative of this installation, as if the viewer was pushing the wheelchair and ran into the wall, resulting in the patient tumbling onto the floor.

Baglione depicts another figure and wheelchair; however, its body is completely intact (fig. 49). Similar to Baglione's first image (fig. 48), a wall comprises most of the composition and a horizontal line created by the floor cuts across the lower-half of the photograph. A greyish-blue layer of paint is extensively peeling off, revealing a beige layer beneath. Towards the lower, left-hand side of the composition is a broken wheelchair, whose cushion is absent and its front wheels are broken off and one appears to be missing. It faces outward and the black, spectral figure appears to emerge out of the legs of the wheelchair, curves alongside the floor and swoops up onto the wall. The figure's legs are extremely thin, elongated, and ribbon-like. Minimal, curved, white lines denote its chest and ribcage. The only other features depicted are the figure's genitals and his eyes, which appear to be white slits that gaze out at the viewer.

In Baglione's third image, four shadows loom along the walls and floor (fig. 50). The same dilapidated surroundings are the backdrop for the silhouetted figures. Towards the foreground of the composition are two individuals whose legs emerge out of the

floorboards and underneath a table pushed up against the wall. These figures are elongated and stylized and are similar to the other figures depicted in the series, but in this case are clothed in shorts. Both of these ghosts are headless in the composition. The figure closest to the viewer is clearly beheaded and the second appears to be headless but an off-white wheelchair blocks its head from view, thus the chair visually cuts this figure's head off. Towards the background a third individual materializes, which appears to have emerged out of the wheelchair depicted towards the right side of the composition. This individual stretches across the floor towards the wall. Its torso curves up onto the wall and its chest runs into a doorframe and disappears. The fourth and final figure appears in the upper-right side of the photograph and is unrecognizable, as only a small portion of a black silhouette is visible to the viewer.

The fourth photograph of the psychiatric hospital in Parma by Baglione depicts two figures, each connected to a wheelchair (fig. 51). The angle of the camera in this photograph displays a large, arched hallway, including multiple doors. The building's deterioration and poor condition are apparent through the obvious dirt, and crumbling walls are seen by the visible paint chips that curl up while still attached to the wall. The viewer is first confronted by a teal and brown wheelchair that sits in front of the composition towards the right side. A figure emerges out of the back wheels of the chair and extends towards the wall where its chest is cut off by a doorframe. A second figure depicted distantly down the hallway stands bent forward so that its head is even with its knees. A wheelchair sits next to the wall where this individual is situated.

The fifth and final image in Baglione's series does not contain a single figure (fig. 52). Instead, an extremely dilapidated wall is featured with the words "main stream"

stylistically written in black paint across it. Lines emerge out of the letters organically, like vines, and a star takes the place of the dot of the “I.”

Collectively, these images all evoke an eeriness, and the mysterious and pitiful state of the insane asylum contributes to this mood. Perhaps most important to the final product of these photographs was the setting itself—the abandoned insane asylum, which has been an important symbol in the controversial history of mental health care. Yanni explores how the space, structure, and design of the insane asylum influenced the ways medical practitioners and administrators treated mental illness. Yanni concludes that it became symbolic of mental health treatment.³²¹ Despite the asylum losing its favor as a preferable site for mental health care during the twentieth century, it is an icon of treatment, and the stigmas that surround it, such as fear and unease, continue. Baglione’s use of abnormal and stylized looking figures to signify the patients who once occupied the spaces within this asylum also references the stereotypes used to set the mentally ill apart from society. The word “mainstream” also alludes to the normative practices used to designate and diagnose insanity. The question of how “mainstream” and “normal” are decided is certainly being asked in this mysterious display of ghostly figures.

All of these images capitalize on this eerie quality and the controversial history of an abandoned insane asylum through the use of ghostly figures and menacing shadows. These installations and their photographic documentation, while perhaps evoking pity from the viewer towards the mentally ill community, further reinforce divisions. Julia Kristeva’s theory of the abject illuminates why works like Baglione’s could be so detrimental to increasing understanding and acceptance towards the mentally ill

³²¹ See Yanni, *The Architecture of Madness: Insane Asylums in the United States*.

community.³²² Baglione's images use the terrifying quality of abandoned buildings to reinforce fear of those suffering from mental illness, thus widening the gap between the mentally ill and society.

Bloom in Boston, Massachusetts

Bloom was a site-specific installation in the Massachusetts Mental Health Center by installation artist Anna Schuleit, which took place in November of 2013.³²³ Massachusetts Mental Health Center had been in operation for over 91 years, and it was closing to make way for the creation of a new building. First started in 1912, this center was called the Psychopathic Department of Boston State Hospital and throughout the decades it became known as a place that treated and cared for acute psychiatric patients.³²⁴ The contemporary installation created by Schuleit consisted of over 28,000 potted plants that filled the hallways, rooms, and basement of the center. For four days visitors could view this colorful array of natural life confined within the infrastructure of a building usually off-limits to the public and experience a symbolic offering of care, love, and support to the patients who did not receive this kind of treatment while they inhabited the hospital.³²⁵ A recording of ambient, everyday noises in the hospital while it was still in use played while visitors viewed each colorful space. The artist sought to

³²² Ben Campkin and Rosie Cox, "Introduction: Materialities and Metaphors of Dirt and Cleanliness," in *Dirt: New Geographies of Cleanliness and Contamination*, edited by Ben Campkin and Rosie Cox, (London: I.B. Tauris, 2007), 5.

³²³ Anna Schuleit, "Bloom: A Project for the Massachusetts Mental Health Center," accessed December 12, 2015, <http://www.1856.org/bloom/main.html>.

³²⁴ "Bloom: 28,000 Potted Flowers Installed at the Massachusetts Mental Health Center," *Colossal*, accessed December 13, 2015, <http://www.thisiscolossal.com/2012/03/bloom-28000-potted-flowers-installed-at-the-massachusetts-mental-health-center/>.

³²⁵ Schuleit, "Bloom: A Project for the Massachusetts Mental Health Center."

imbue life into a colorless building and flowers provided a poignant medium as they can symbolically convey the power of hope and healing.³²⁶ Schuleit explains her creation:

Bloom is a reflection on the healing symbolism of flowers being given to the sick when they are bedridden and confined to hospital settings, with the astounding, persistent exception of long-term psychiatric patients, who receive few, if any flowers during their hospital stays. Walking through the hallways of an institution, still to this day, one cannot find any flowers in the rooms. *Bloom* is created in the spirit of offering and transition. *Bloom* encompassed thousands of square feet of historic indoor space that was being left to abandonment.³²⁷

Following the four-day event, all of the flowers were donated to other hospitals, shelters, and state institutions.³²⁸

While the essence of this installation was performative, photographer John Gray documented the rooms and the potted plants of color that transformed the spaces in the hospital before the hospital was demolished. One type of plant dominated each specific space and this is evident in Gray's series of photographs as one color is evident in each of the images. Pictured in one of Gray's photographs is a blanket of red Regina mums, which take up every inch of the visible floor space in a hallway (fig. 53). Filling hallways with one color of flowers was a visually powerful way to alter the spaces of the hospital and provide a rich and altering experience for the viewer. A few doors and a water fountain are the only other accoutrements of the hospital that are visible except for swaths of red. Another photograph depicts a different hallway, this time in the Child Psychiatry unit, and a large rectangle of white tulips completely fills the space as light spills in from the window above (fig. 54). In a hallway that connected the historic part of the Massachusetts Mental Health Center with the research annex, the floor was

³²⁶ Schuleit, "Bloom: A Project for the Massachusetts Mental Health Center."

³²⁷ Ibid.

³²⁸ Ibid.

completely covered with blue African violets (fig. 55). The walls are white and the light streaming from the windows on both sides of the hallway contrasts sharply with the deep color of the flower in this photograph. The final hallway documented by Gray depicts a long axis where white mums plentifully resemble white clouds (fig. 56). The flowers extend from the foreground of the composition towards the background. Barely visible is another part of the hallway where orange tulips were situated. The tulips extend into treatment rooms, as seen in another image by Gray (fig. 57). In this image of the tulips the camera focuses on the stems and flowers using a closer angle, which blurs the walls of the hospital, reinforcing the stark and vibrant orange of the flowers.

Gray documented some of the other spaces in the hospital, which included some waiting rooms for patients and the basement. Pink Heathers emerge from the floor and are spaced in between tables and chairs in one photograph (fig. 58). Gray's final image depicts the basement of the hospital, which was covered in 5,600 square feet of live sod (fig. 59). The photograph features the stark, somewhat dirty, walls of the hallway, pipes that run along the ceiling, and lockers found at the end of the hall.

These images, along with the descriptions by Schuleit and other vestiges of the project appear on her website, which features some of the reactions from some of the patrons who visited the event.³²⁹ One guest's experience of the installation illustrates the visual power of the flowers:

I walked through *Bloom* with a close friend of mine who has spent a great deal of time inside similar hospitals. He was close to tears and repeated (sic) said he felt the desire to jump into the flowers, sum (sic) bold for the freedom and the celebration of his own growth and healing. We recognized that *Bloom* brought beauty and wonder to what has always been an inherently taboo subject matter.³³⁰

³²⁹ Schuleit, "Bloom: A Project for the Massachusetts Mental Health Center."

³³⁰ "Bloom: 28,000 Potted Flowers Installed at the Massachusetts Mental Health Center."

The visitor takes note of the bold use of flowers in Schuleit's installation and communicates the profound experience that resulted from the living exhibition. Such a visual and dramatic display created by the flowers attempts to deconstruct the taboo labels society has often assigned to mental illness.

Schuleit's placement of certain types of plants in well-chosen spaces illustrates a thoughtful integration of a patient's experience into her design as an artist. A patient specifically reacted to the treatment of the basement as a striking concept and wrote, "My therapist's office was in the basement and the floor is covered in grass. Grass does not bloom but it cushions and it is in the right place. It is the foundation, it softens everything. Conceptually it is brilliant."³³¹ Scholar Patricia C. Phillips explains the intimate quality that public art evokes, which can be experienced in the viewer involvement incorporated into *Bloom*.³³² Schuleit created an individualized experience for a varied and diverse group of people, making it intimate yet communal.

Not only did *Bloom* create an intimate experience for some visitors but it also provided healing and growth for others. Another prior patient of this hospital wrote of her experience going through Schuleit's installation:

My mother told me, 36 years ago, "Hang on. They'll find a cure." I was suffering alone until I came to MMHC. And today...oh so grateful...beyond any words, so grateful. Lives and sufferings have been redeemed here, and today we celebrate and honor, all of us, in this place, for better or for worse. Today, we flourish. The list of what we cannot do grows shorter and shorter. We become comfortable in a world of three dimensions; we gladly surrender the fourth, fifth, and sixth.³³³

³³¹ "Bloom: 28,000 Potted Flowers Installed at the Massachusetts Mental Health Center."

³³² Patricia C. Phillips, "Temporality and Public Art," in *Critical Issues in Public Art: Content, Context, and Controversy*, ed. Harriet F. Senie and Sally Webster (Washington and London: Smithsonian Institution Press, 1992), 304.

³³³ "Bloom: 28,000 Potted Flowers Installed at the Massachusetts Mental Health Center."

From the reactions from the mentally ill community it is clear that the space of the asylum or the hospital can be redeemed, despite the controversial nature of its history. Schuleit's use of natural materials linked with a building that had previously given care to individuals still living perhaps better speaks to the experience of contemporary mentally ill individuals.

Faces of Mental Health Recovery Public Art Project in Pennsylvania

I'm the Evidence/Mental Health Campaign (ITE/MH) is a project that celebrates mental health recovery.³³⁴ It began the *Faces of Mental Health Recovery Public Art Project*, which sought to use the power of photography to engage individuals struggling from mental illness and the individuals, communities, and organizations that can and do support them.³³⁵ *Faces* began in Perry County, Pennsylvania, in 2013 and also took place in Montgomery County, Pennsylvania, in 2014 and is a two-pronged public project, consisting of a workshop where individuals in recovery from mental health trauma and issues come to learn techniques to create self-portraits of themselves and an exhibition where these portraits are exhibited.³³⁶

In Perry County, the exhibition, titled *Faces of Mental Health Recovery*, took place at the historic Landis House where each of the portraits were displayed on the interior. On the outside of the house, large posters of some of the individuals hung from the portico (fig. 60). One of these posters depicted Shelley Bishop, the owner of Support

³³⁴ "I'm the Evidence/Mental Health Campaign (ITE/MH)," *I'm the Evidence/Mental Health Campaign (ITE/MH)*, accessed December 13, 2015, <http://www.itecampaign.org/>.

"I'm the Evidence/Mental Health Campaign (ITE/MH),"

³³⁶ Relevant to this contemporary work is Mary Ellen Mark's documentation of the female patients of Oregon State Hospital in Ward 81. Mark embedded herself within the institution for 36 days, and the resulting images show a wide range of faces that depict individuals with mental illness. See "Ward 81," *Mary Ellen Mark's Poignant Scrapbook*, accessed February 2, 2018, <http://www.maryellenmark.com/text/magazines/american%20photographer/911T-000-001.html>

the Journey, Inc. (fig. 61), an arts business whose purpose was to assist those suffering from mental illness and the communities that surrounded them. Bishop has been an advocate for mental health care for 27 years and suffers from mental illness herself.³³⁷ Her portrait closely frames her face. Her eyebrows are raised and her lips are upturned into a natural and genuine smile. Her image's natural, light-hearted quality closely resembles other portraits created in the exhibition.

In the following year *Faces* was then brought to Montgomery County. Similar to the program in Perry County, the program began with a workshop for individuals who had suffered from or who currently were suffering from mental illness. The group of individuals created their own self-portraits that were then exhibited at Parkhouse Hall, a building on the Montgomery County Community College campus. Large posters of these portraits were hung along the facade of the front of Parkhouse Hall (fig. 62). One of these images included a female named Jan Blumenthal, whose biography included with her likeness describes her unique experience in the mental health field: "She experienced 15 to 20 hospitalizations in her lifetime. During those traumatic times, she was puzzled by her life, not realizing then that she was experiencing mental illness."³³⁸ Her portrait is raw and exudes happiness. The text linked with her likeness communicates a complexity that can be difficult to conceptualize in a self-portrait.

This project harnesses the power of the photograph, as a medium often associated with "truth," to attempt to accurately represent mental illness in a sympathetic and

³³⁷ "Faces of Mental Health Recovery Public Art Project | Perry County," accessed December 14, 2015, <http://itecampaign.org/art/perry-county/>.

³³⁸ "Faces of Mental Health Recovery Public Art Project | Jan Blumenthal," accessed December 14, 2015, <http://itecampaign.org/art/portfolio-item/jan-blumenthal-montgomery-county/>.

positive light. Imbued with scientific and rational credibility, photography's ability to communicate disorder or mental illness is problematized by manipulative practices and the medium's subjective qualities. Recalling Mnookin's conclusions on photography's inherent qualities related to truth or perceived truth, the smiling and happy portraits seen in *Faces* challenge much of the photography that has captured the mentally ill historically, as it has often reinforced the patients' otherness to evoke pity and even revulsion.³³⁹

The strength of this project is most profoundly found in its engagement of mentally ill individuals. Incorporating individuals who suffer from mental illness into the project as the central creators certainly answers the call of Cher Krause Knight in *Public Art: Theory, Practice and Populism* to engage the people as active participants in public art making.³⁴⁰ Allowing this community to take part in the construction of how they are represented imbues the resulting works with authenticity, and thereby the works become more accurate depictions of this community, a practice that provides a medium of expression for often silenced and marginalized members of society. In "Word of Honor" Arlene Raven argues that the most moving art is that which draws a community together.³⁴¹ The individual portraits and the biographies that accompanied them in *Faces of Mental Health Recovery* speak to the diversity of the mentally ill community. Rather than following the most prevalent, historical depiction of mental illness and presenting patients as raving mad, disordered, chaotic individuals who lack personality, depth, and

³³⁹ For more on the evidentiary power of the photography, see Jennifer Mnookin, "The Image of Truth: Photographic Evidence and the Power of Analogy."

³⁴⁰ For more on public engagement see, Knight, *Public Art: Theory, Practice and Populism*.

³⁴¹ Arlene Raven, "Word of Honor," in *Mapping the Terrain: New Genre Public Art* ed. Suzanne Lacy, (Seattle, Washington: Bay Press, 1995), 162.

even humanity, these portraits humanize each individual as well as mental illness as a disease.³⁴²

Faces also explores the idea that individuals struggling with mental illness can perhaps find recovery and a community to embrace them. In “On Being Sane in Insane Places (and Responses),” psychologist D. L. Rosenhan conducted an experiment where eight pseudo-patients that were categorized as sane admitted themselves to a psychiatric hospital, complaining of hallucinations. Once admitted these patients reverted back to sane behavior and none were ever detected as pseudo-patients. If discharged they were labeled as “schizophrenic in remission” rather than “cured.”³⁴³ Conclusively, Rosenhan explains how labels can be problematic and therefore, they can have adverse effects in the recovery process.³⁴⁴ *Faces* seeks to communicate to the mentally ill community that recovery is possible despite the chronic nature of many mental illnesses. Whether or not this is accurate or “true,” this message is important to consider since this was created by and for individuals with mental illness.

Accepting mental illness as a social construction, reinforces how important public art can be to define, alter, or shape identity for this community, and even change medical practice. In relation to both Andrea Nicki’s examination of the close relationship between psychiatric disability and prejudice, abuse, and traumatic experiences³⁴⁵ and Foucault’s definition of mental illness as a social construction of the Age of

³⁴² For more on the stereotypical depiction of mental illness, see Jane E. Kromm, *The Art of Public Frenzy: Public Madness in the Visual Culture of Europe, 1500-1850*; Sander L. Gilman, *Seeing the Insane*; Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*; and Julie Anderson, Emm Barnes, and Emma Shackleton, *The Art of Medicine: Over 2,000 Years of Images and Imagination* (Chicago: The University of Chicago Press, 2011).

³⁴³ D. L. Rosenhan, “On Being Sane in Insane Places (and Responses),” *Science* 179 (1973): 252.

³⁴⁴ *Ibid.*, 379-399.

³⁴⁵ Andrea Nicki, “The Abused Mind: Feminist Theory, Psychiatric Disability, and Trauma.”

Enlightenment heavily influenced by an age of reason that was organized by categorized discipline and rational authority,³⁴⁶ mental illness as a signifier of abnormality has been shaped by centuries of pictorial representations. More recently public art can be a powerful tool to shape a community's history and identity and alter the cultural and iconographic narrative of mental health and disability. Little work has been done to analyze this genre, and these case studies of mental illness in the public sphere illustrate new representational means to reconsider the meaning of mental disabilities and disorders. While *House of a Gordion Knot*, *1000 Shadows*, *Bloom*, and *Faces of Mental Health Recovery* are diverse as works of art, they all evoke sympathy towards a group that has suffered injustice and discrimination. Yet, the problems of representing such a complex group of people are also evident in the ways in which the stereotypes of mental illness are propagated by these very works of art. What we need is more experimentation and more artists creating public art geared towards the mentally ill so that the controversy and democratic debate so often spurred by public art can begin to evolve and alter public perception of mental illness as an identity.³⁴⁷

Public art can certainly play a significant role in reshaping the face of mental illness and deconstruct how care is given to this ostracized community. The works by Ekkehard Altenburger, Herbert Baglione, Anna Schuleit, and the program managers and artists of the *Faces of Mental Health Recovery* exhibition are representative of some of the types of public works created for and by those affected by mental illness. As such works increase, perhaps this community might redefine itself. More public art that

³⁴⁶ Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*.

³⁴⁷ For more on the democratic debate resulting from public art, see Tepper, *Not Here, Not Now, Not That! Protest over Art and Culture in America*.

actually involves the mentally ill in its development, construction, and exhibition will perhaps shed light on an alienated and misunderstood community.

Conclusion

Photographers and filmmakers during the WWII period explored mental illness as a complex, marginalized community contributing to the cultural milieu that led to the great deinstitutionalization of the second half of the twentieth century. Viewed in a historical context, commonalities among the photographic depictions of mentally ill individuals emerge that deemphasize humanity and individuality and highlight disorder and patriarchal, psychiatric authority that also emerged in popular films. Perhaps if we continue to explore the ways in which this marginalized community has been represented historically, we might come to understand how our current views about mental illness have been shaped by the characteristics, stereotypes, and iconography that have emerged in the majority of visual representations of mental illness.

Eisenstaedt, Cooke, and Bublely reveal the continuation of othering practices found in state institutions and popular magazines during the 1930s and 40s; perhaps we are not so far removed from these practices in 2018. Accessible mediums like photography, film, and public art and the field of the medical humanities are especially poised to improve public perceptions of the mentally ill, and it is through involving the mentally ill community in the creation, dissemination, and production of works of art, including art, photography, film, and public art, that individualized, humanized, and sympathetic portrayals of mental illness can be created, and thus begin a new perception and definition of this wide-spread, complex, *Gordian Knot*.

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