Art Education and Disability Studies Perspectives on Mental Illness Discourses

Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree
Doctor of Philosophy in the Graduate School of The Ohio State University

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2009

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Abstract

This dissertation critically examines mental illness discourses through the intersecting disciplinary lenses of art education and disability studies. Research from multiple disciplines is compared and theorized to uncover the ways in which discourses, or language systems, have oppressively constructed and represented “mental illness.” To establish interdisciplinary common ground, art education research on disability and disability studies research on art practices are reviewed and juxtaposed. Building on these reviews, art education and disability studies discourses are critically examined and elaborated to advance anti-oppressive scholarship on mental illness. In particular, I examine art education’s adoption of special education language, and I explore the limited employment of art practices within disability studies. As an interdisciplinary example, I write about my experience of mental illness and some of the art processes I have used to make sense of mental illness as both a stigmatizing label and as a matter of complex embodiment.

My research shows that oppressive, ableist discourses persist in such diverse forms as popular visual culture and special education legislation, while art education and disability studies are generally invested in challenging oppression. Such discourses reinforce stigma by misrepresenting mental illness and by excluding first-hand perspectives of people who experience mental illness and subsequent stigma. Disability studies scholars have used performance and writing to critically express self-revealing,
self-disclosing, and therefore educative discourses. Other than performance and
literature, however, there are few scholarly examples of using contemporary art
practices to critically engage mental illness and other disabilities. As research, guided by
my own embodied knowledge, I construct an example of how art education and
disability studies practices can be integrated to construct critical disability discourses
that challenge stigma and ableism.

The dissertation suggests that interdisciplinary dialogue between art education
and disability studies can effectively disrupt oppressive discourses through critical
contemporary art practices and creative writing. Art educators can utilize disability
studies scholarship to further divest ableist discourses and practices. Art educators can
also contribute to disability studies by strategizing art practices that critically explore
disability discourses in the many fields that comprise disability studies. Together, art
education and disability studies can address the many areas where disability and art
meet, socially, culturally, and pedagogically.
Dedication

To cats—Ancient Egypt got it right
Acknowledgments

I could not have had a better advisor than Dr. Jennifer Eisenhauer. Her scholarship and intelligence, as well as her attention to important matters, and her flexibility and compassion have allowed me to write a dissertation of which I am proud for the right reasons. Nor could I have had a better committee. Brenda Jo Brueggemann, Jack Richardson, and Kevin Tavin have been immensely supportive, asking important, challenging questions. Hopefully my dissertation bears witness to their impressive academic credentials not only as scholars but as mentors.

I also wish to acknowledge the endearing support of my life partner, Lori, whose candid feedback, editorial adeptness, and personal patience has been essential. I mostly thank her for her companionship and love, for helping me through my worst hours.

I cannot overemphasize the importance of the personal and emotional support others have given me, especially my cats Mister Kitten and Jasmine. I also thank my dad, Tom; my brother, Bill; my sister, Elizabeth; my aunt, Martha; my counselors, Dan Bastin, Larry Needleman, and Andy Solovey; my confessor, Monsignor James Ruef; my choir director, Paul Thornock; my cohorts and professors who demonstrated their support, especially Jennifer Eisenhauer, Candace Stout, and Kevin Tavin, plus Kendra Girardot, Loring Resler, Teresa Roberts, Bob Sweeney, David Darts, and Pat Stuhr; and my good friend Gregory DeNardo. Without their support, I could not have written this, and I may not have survived.
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Chapter 1
Critiquing Mental Illness Discourses

Background

This study addresses mental illness discourses—concepts steeped in language—through the critical lenses of disability studies and art education. The history of mental illness discourses in the West reflects the shunning and oppression of people with mental illness by religious and medical institutions and society at large (Donaldson, 2002; Martell, Addis, & Jacobson, 2001; Nicki, 2001; Price & Shildrick, 2002; United States Department of Health and Human Services (USDHHS), 1999; Wyden, 1998). Historic discourses of madness characterized people with mental illness as foolish and stupid, demon-possessed, sickly and unclean, inhuman, freakish, childish, effeminate, and utterly irrational (Foucault, 1965/1988). The advent of psychiatry and other medical discourses reframed madness as “mental illness” (Foucault, 1962/2008a), using scientific chicanery to pathologize people with mental illness as biomedically different from others and absolutely in need of confinement (Foucault, 1962/2008a, 1965/1988; Gilman, 1976, 1982, 1988). Such images persist in contemporary society, stigmatizing people with mental illness as dangerous, worthless villains (Wahl, 1995) who can’t be trusted or believed, and who are utterly incompetent. In contrast, self expressions of
people with mental illness have begun to emerge in literature and the arts, providing a rich corpus of information relevant to disability studies and art education.

**Visuality of Mental Illness**

Michel Foucault (1965/1988) discusses the key importance of visuality in the discursive construction of madness and mental illness as something medically deviant, fundamentally different from normal human experience. After the Renaissance, madness slowly became organized according to symptomology through images (Foucault, 1965/1988, p. 133) until the asylum stood as the preeminent symbol of madness, which became criminalized through association with representations of prison (Gilman, 1988, p. 24). Also in the eighteenth and nineteenth centuries, science and pseudoscience devised imagery as evidence that madness was linked to biomedical deviance. Physiognomy and phrenology invented illustrations of facial expressions, skull shapes, and imaginary brain maps as means of “observing” madness as physical deformity. Jean-Martin Charcot (1825–1893), founder of neurology, also relied heavily on photographs and cinematography to document performance as objective medical evidence. Dysfunction, the characteristic of biologic inferiority, was evidenced by the inability to perform rationality. Similarly, Charles Darwin (1809–1882) used photographs to establish a hierarchical taxonomy of animals. Darwin’s research was used to legitimize physiognomy and to correlate insanity with sub-human animal behavior, showing insanity as an evolutionary regression (Gilman, 1982, p. 184). Early photographer Dr. Hugh Diamond (1809–1886) also used photography to document mental illness as visual (Gilman, 1976), and he even attempted to treat mental illness
by showing photographs to patients. And, as Gilman (1998) suggests, the patterns of physiognomy and phrenology “are not merely historical but are operative today” (p. 49) in such fields as contemporary neuroimaging, which revives Charcot’s strict biologism and secures the traditional sane/insane distinction of visual mental illness representations.

Contemporary popular culture also problematically visualizes mental illness (Wahl, 1995) by melding classic stereotypes with current mental health industries, namely psychiatry, psychology, and pharmaceuticals. Otto Wahl (1995) exclaims, “The mass media … do not stop at suggesting that those with mental illnesses look different from others, even when they do not. Their images also communicate that people with mental illnesses are different in many fundamental ways” (p. 42). Studies of television reveal that most mentally ill television characters are displayed as having no family connections, no jobs, no moral code, and no chance of being cured (Wahl, 1995). Viewers see these characters as outcasts who are undesirable, unlikeable, and unworthy of respect or empathy (pp. 43, 97). They are also portrayed as violent, at a rate seven times greater than in reality (p. 66). People with mental illnesses are the only minority group portrayed on television as villains more often than as heroes (Gerbner, cited in Wahl, p. 66).

Sadly, popular visual culture is the primary source of information about mental illness (Robert Wood Johnson Foundation, cited in Wahl, 1995, pp. 87–88), and studies suggest this translates to negative attitudes about mental illness. People who are unfamiliar with mental illness often assume television representations have been
researched and are accurate, as are other health conditions (Wahl, 1995, p. 88).

Furthermore, television blurs fact and fiction about mental illness in “reality” television and popular psychology shows like Dr. Phil. The myth that people with mental illnesses are violent has consequently increased in recent years, despite an increase in public awareness of mental illness (Phelan, Link, Stueve, & Pescosolido, 2000, p. 188). The profoundly negative image of people with mental illness collectively contributes to stigma (Wahl, p. 97), the implications of which Jennifer Eisenhauer (2008a) argues is “important for art educators to understand” (p. 17).

*Stigma of People with Mental Illnesses*

Erving Goffman’s (1963/1986) classic text on stigma emphasizes the role of visuality in its social construction: “The Greeks, who were apparently strong on visual aids, originated the term *stigma* to refer to bodily signs designated to expose something unusual and bad about the moral status of the signifier” (p. 1). The term evolved to include religious and then medical dispositions, the visible presence of a physical disorder.

Following Goffman, early research on stigma has been measured in terms of social distance (Phelan et al., 2000, p. 190). The current consensus on stigma is that it involves a steadfast belief that a group or individual of equal or lesser stature is fundamentally different from most in identifiable, undesirable ways. The term is used differently across disciplinary lines, however. Though the differences of use are subtle, they are significant. Stigma may refer to *attributes* by which a group or individual is socially rejected, but also to the processes by which stigmatization takes place, hence, a
“cognitive structure” (Corrigan, 1998). The dispute seems hinged on Goffman’s declaration, “the term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed” (p. 3). Goffman is not suggesting that stigma has evolved away from attributes, but that it is the contexts of attributes that determine stigma. This slippage demands close examination lest the persistent role of visuality in constructing stigma be forgotten. Steven Hinshaw (2007) offers an entry point into this examination by explaining secondary or modified labeling theories, which contend that labels can “produce stigmatizing responses on the part of perceivers, as well as internalization of such negative reactions on the part of the individual” (p. 41). People believe they are what others say about them, and they behave how they understand such people behave. Labels act as branding mechanisms in which the label, for instance, “mental patient,” is inscribed as a virtual mark, an indelible stain.

At least considerations relevant to this research project are generally omitted in anti-stigma literature on mental illness. First, people with mental illnesses have been dismembered, literally, through psychosurgery (Valenstein, 1986) procedures including lobotomy and electric shock, as well as sterilization and castration. Whether the scars or labels (exterior stigmas referring to deep-tissue stigmas) are concealable doesn’t even begin to scratch the surface of what these stigmas mean subjectively. The possibility that the illness or stigma may be concealable does not diminish the effect of stigma. Second, the trend in applying current mental illness labels posthumously to famous people, especially artists, is problematic in several ways. For example, psychiatry scholar
Kay Jamison (1993) implies that artists such as Vincent Van Gogh had bipolar disorder, that this contributed to his “creative genius,” and argues that “depressive and artistic temperaments are [… overlapping and are] casually related to one another” (p. 237). The evidence for these claims is contentious (Jamison, 1993), and such stories may perpetuate and initiate mythical, sensationalized representations of artists and people who experience mental illness. Third, mental illness labels are so widely stigmatized that they have been exploded as ubiquitous euphemisms and metaphors. It is almost impossible to make it through a day without hearing “crazy,” “schizophrenic,” “psycho,” “insane,” “nuts,” and the like, and no place seems to be exempt, including children’s media, as Eisenhauer (2008a) mentions. While it is unimaginable at present to use disparaging terms about racial and ethnic traits, it continues to be widely accepted with mental illness. In part, this is because disability metaphors are aesthetic judgments about who is and is not valued (Siebers, 2008), and the nature of this aesthetic judgment needs further examination.

Wahl’s (1999) Telling Is Risky Business: Mental Health Consumers Confront Stigma explores why most social scientists agree mental illness is stigmatized, and why mental illness epitomizes stigma.

Those given psychiatric labels … are seen as different from others—weak and flawed, less capable and less competent, with undesirable characteristics, such as dangerousness and poor grooming. Their opinions and feelings, presumed clouded by mental confusion, are not respected. Mental illness is seen as a prime example also of a trait with master status: it intrudes into all aspects of our
relationships; it casts doubt on the labeled person’s ability to be a good parent, spouse, employee, or even citizen. (p. 13)

To confirm the widespread stigmatization of mental illnesses, Wahl summarizes post-war research on stigma. Surveys of general public attitudes (pp. 14–15; 20–22) indicate that people with mental illnesses are considered dangerous, aggressive, morally flawed, morally weak, emotionally weak, weak in personal character, likely to commit violence, and responsible for choosing to be ill. Other studies show greater disdain for labels regarding mental illnesses (as opposed to encounters with actual people) than labels regarding leprosy, alcoholism, mental retardation, felony convictions, and all other disabilities. Health care professionals also stigmatize mental illness, describing hypothetical patients with psychological problems as more apathetic, hostile, irritable, moody, argumentative, disorderly, immature, impatient, irresponsible, selfish, dull, gloomy, and aloof than hypothetical medical patients in general (pp. 16–18). Studies have also shown that mental health professionals approach and interact more negatively with people whom they are told have mental health problems when such people actually have no symptoms or histories of mental illnesses (pp. 16–18). Even when these people act normally—that is, when they cease to report and/or perform symptoms of mental illnesses—mental health professionals treat them according to their stigma rather than diagnosing them as mentally healthy; they stop listening.

Finally, Wahl discusses stigma-based discrimination against people with mental illnesses (pp. 21–23), especially in the workplace, housing, and health care. The major limitation of Wahl’s review is that most of the data is old (p. 22), but even so it helps
locate the parameters of stigma of mental illness. NAMI Director of Research, Laura Lee Hall (1999) offers a summary of how deep stigma of mental illness is in her Foreword to Wahl’s *Telling is Risky Business*:

At the close of the twentieth century and what has been deemed “The Decade of the Brain,” people with certain brain disorders—schizophrenia, bipolar disorder, major depression, and others—are arguably the last group of individuals who, by virtue of an illness, are socially outcast. It is still socially acceptable for cartoonists, policy makers, health-care professionals, and the public-at-large to mock, stereotype, avoid, and otherwise denigrate people who experience a mental illness. (p. ix)

Stigma research has increased significantly in the last decade (Mak, Poon, Pun, & Cheung, 2007), specifying what constitutes stigma and how it is manifested, and confirming Wahl’s findings. Bruce Link and Jo Phelan (2001) respond to critiques that stigma is too vaguely defined by conceptualizing stigma from a strict sociological perspective, addressing its nature and consequences (p. 364). They propose four interacting components of stigma—differentiation and labeling, stereotyping, separation of us/them, and status loss and discrimination—which together produce stigma in the context of power imbalance. Patrick Corrigan and colleagues have also been instrumental in conceptualizing and mapping the stigma of mental illnesses, and in discussing the effects of stigma. Notably, Corrigan has helped distinguish public and self stigma (Corrigan & Watson, 2002), determine effective treatment and advocacy strategies (Corrigan, 2000, 2004; Corrigan, Kerr, & Knudsen, 2005; Corrigan & Penn,
1999; Corrigan, Watson, & Ottati, 2003), identify explanatory models used in behavioral science (Corrigan, Kerr, & Knudsen, 2005), and establish “Self-Stigma of Mental Illness Scales” (SSMIS) (Corrigan et al., 2006; Fung, Tsang, Corrigan, Lam, & Cheng, 2007). As cited above, Phelan et al. (2000) re-implemented a 1950s survey and compared the results, which indicated that public awareness about mental illness has improved, but that people with psychosis are two and a half times more often considered violent in the recent survey, which the authors suggest may be caused by visual culture misrepresentations. Incompetence and functional impairment were also mentioned significantly more by participants in the recent survey. These and other studies reveal the depth and breadth of the stigma of mental illness.

_Criticism of anti-stigma discourses._

Despite a widespread consensus, not everyone agrees that mental illness is stigmatized in visual culture. Media studies scholar Steven Harper (2005), for example, argues:

academic anti-stigma criticism is a little over-generalized, and has tended to rely on fallacious arguments and a limited definition of violence. Moreover, I suggest that anti-stigma discourse, in the process of critiquing popular culture images of mental illness, sometimes derogates the popular culture in which these representations are found. (p. 461)

Harper specifically cites Wahl’s (1995) _Media Madness_ as moralizing and dismissive of the horror film genre and its aims. Harper is basically concerned that anti-stigma literature downplays the statistical correlation between mental illness and violence—it
is not a “great myth” as Wahl claims. Harper’s specific criticisms are valid, but he wrongly advances the myth that violence and mental illness are correlative generally and exclusively. Violent behavior is typically common when mental illness is compounded with substance abuse, and few mental disorders are explicitly linked to violence (Wahl, 1995). Harper, like Wahl, does not provide a thorough statistical analysis, and while it might be worth processing statistical data to verify that people with mental illness are disproportionately portrayed negatively more than others, Wahl’s point is that popular visual culture vilifies mental illness, and he suggests this should no longer be acceptable for any oppressed minority.

From a social science perspective, Mak, Poon, Pun, and Cheung (2007) conducted a meta-analysis of empirical data on stigma and mental health to address what they call “inconclusive findings, varying from strong negative to zero correlations” (p 246). The analysis indicates that people trying to recover from mental illness demonstrate observably diminished recovery when stigma is perceived, but that perceived stigma is not correlative with worsening conditions. This study accounts for where stigmatization is observably associated with mental illness, but it does not explain how or why, nor does it elaborate on how stigma is experienced or its effects thereof.

Responses to criticisms of anti-stigma discourses.

Link and Phelan (2001) identify the main challenges to the stigma concept as being that (1) many stigma researchers are outsiders who cannot understand stigmatized populations first-hand, and (2) the studies on stigma are too narrow and
disparate. Their development of four components of stigma in the context of power structures attempts to pull fragmented research strands together by considering the relationships present in the research. Moreover, they convincingly defend their decision to use the term “label” over “attribute” and related terms because “label” emphasizes that stigma is a discursive ascription rather than a neutral description of a condition (p. 368). Arguably, some mental disorders and other disability labels do refer to observable conditions, so the implication that stigma corresponds to attribute is not entirely unfounded; but unlike stigmas such as skin color that can be hypothetically reduced to a physical characteristic that could conceivably be a non-issue like hair and eye color, most mental illnesses are innately impairing even without stigma. Patrick Corrigan and David Penn (1999) liken the effects of serious mental illness to a two-edged sword with disease symptoms on one side and stigma on the other. Many mental disorders are also invisible, unnoticeable, and even indiscernible in everyday contexts, adding to the complexity of mental illness stigma. In this sense, mental illness stigma is fundamentally discursive ascription.

More work needs to be done to flesh out the meaning of stigma in relation to mental illness, as something located and experienced at both public and personal levels, as Corrigan and colleagues suggest. Wahl (1999) also recognizes the lack of research that “tell[s] us clearly what the actual experiences of mental health consumers” (p. 23) are. To understand the stigmatizing impact of visuality and other discursive measures, research needs to consider the complex ways in which mental illness is personally and socially experienced.
Self Expressions and Representations of Mental Illness

In addition to a wealth of representations of mental illness created by people who do not experience mental illness, there are also expressive works generated by people who have been diagnosed with or experience mental illness. In some cases these works are absorbed into other discourses of mental illness, and in other cases they qualify as self representations. There is arguably a fine line between self expression and self representation, but for practical purposes I am using “self representation” to refer to artifacts that are generally regarded as deliberate, coherent personal expressions of mental illness experiences, and “self expression” to refer to artifacts that are generally regarded as indecipherable or in need of hermeneutic translation by people who do not experience mental illness.

Expression through art.

An example of self expression is constructed in the concept of “Outsider Art,” particularly the presumption that artists in psychiatric hospitals don’t know they are producing art, don’t know why they produce art, or don’t know what they mean to communicate—as opposed to mainstream artists who may openly acknowledge similar characteristics. The distinction is that mentally ill artists are uniquely possessed and driven by their illnesses. In his book Obsession: A History, Lennard Davis (2008) discusses examples of mental patients who obsessively produced art, such as Adolf Wölfli who created over 25,000 pages of writing and drawing in his lifetime. Wölfli became an artist as a coproduction of the contemporaneous obsession with “obsession,” namely that of his doctor who obsessively observed Wölfli and published his work.
Much of Outsider Art regards the art as evidence of the “mysterious mind” of mentally ill people and the hope of “getting inside” that mind—the thesis of psychoanalysis. Remarkably, Davis posits that Sigmund Freud, neurologist and founder of psychoanalysis, was an obsessive writer, plagued by bouts of depression that rendered him unproductive, by great fear of such debilitation, and by consequential addictive cocaine abuse (pp. 134–135).

Foucault (1965/1988) also discusses the public obsession with madness in his concluding chapter of *Madness and Civilization*. Foucault argues that the pervasiveness of “mad art” causes the sane/mad binary to implode. Foucault explains that “madness” is understood as irrational and incoherent, and art is traditionally understood as highly rational and coherent. Such artists as Van Gogh and Nietzsche arguably produced some of their greatest works during episodes of madness. Foucault implies that our wide acceptance and appreciation of “mad art” reveals that madness is not completely irrational or incoherent, and that mainstream discourses are not completely rational or coherent. Expressions of madness are commonplace, or “normal,” and are valued in Western culture, particularly in creative arts. Despite Foucault’s blurring of the sane/mad binary and his insistence upon the wherewithal of most mentally ill people, he is not suggesting that the work of Van Gogh, Nietzsche, or others is necessarily a self representation of madness; however, they may be, and arguably Foucault’s own work (1971/1972, 1965/1988, 1964/1995, 1999/2003, 1962/2008a, 2003/2008b) stands as a critical self representation of madness, given its function and Foucault’s subjective
experience as a psychiatric patient and psychiatry professor (Eribon, 1991; Macey, 1993; Miller, 1993).

**Autopathography.**

There are, however, self representations in literature, in the genre disability studies scholar Thomas Couser (1997) defined in *Recovering Bodies as autopathography*, autobiographical narratives of illness or disability. Couser is interested in illness narrative as life-writing, which can come to represent an entire life “to the degree that the writer identifies the self with the body” (p. 14) and engage contemporary politics of the body (pp. 14–15). *Recovering Bodies* devotes considerable attention to subjectivity on conditions that “have been ... particularly stigmatizing or marginalizing” (p. 15), although mental illness narratives are curiously omitted, partly because “dysfunctions like schizophrenia and depression raise complex and largely independent issues—such as the representations of altered consciousness—that [Couser] was ill equipped to address” (p. 17).

Since *Recovering Bodies*, disability studies scholars and others have contributed personal narratives about their experiences with mental illnesses, often rebutting stigmatic and oppressive discourses. For example, Andrea Nicki (2001) discusses how people with mental illnesses are ridiculed for exaggerating or fabricating their conditions and for not just “snapping out of it,” and Elizabeth Donaldson (2002) describes how people with mental illnesses are blamed for their illnesses and are considered weak-willed and cognitively inferior. A perennial concern in academic self representational narratives on mental illness is the professional danger of “coming out”
as a person experiencing a mental illness. In “Invisible Disorder: Passing as an Academic,” Hilary Clark (2007) critiques the academy for its marginalization and intolerance of mental illness and its effects. “We are the silent sufferers, whose exclusion or marginalization is rarely recognized” (p. 128). Clark laments her difficulty in “passing as an academic” because of her performance-sapping disability in the context of an academic culture which “is geared to and rewards a particular kind of academic: highly focused, organized, ambitious, skilled at writing grant applications … —in other words, programs based on the science model” (p. 128). Clark opens her story by enlisting Jamison’s (1995/1996) well-known autopathographic memoir, An Unquiet Mind, in which the esteemed psychiatry professor reveals that her main concern about “coming out” with mental illness is professional reaction. Clark reinforces Jamison’s concern, suggesting “there is no illness, except perhaps AIDS, that bears the shame still attached to mental illness and that is hidden so well in the academy. Even the most highly educated academics shy away from those lonely souls ....” (Clark, p. 128).

Furthermore, I add that K–12 educators and junior academics run additional risks where tenure protection is unavailable, if they lack collegial and institutional support. Lastly, Clark (2007) reminds us of stigmatized children and adolescents in schools, enlisting her son “whose ongoing ADHD characteristics ... leave him vulnerable to impatience of his teacher and principal, and to his classmates’ teasing and bullying” (p. 129).
Statement of the Problem

The above aspects of mental illness discourses explicitly intersect the critical domains of disability studies and art education, suggesting an interdisciplinary discussion could be valuable. Since little interdisciplinary dialogue between these fields exists, it is unclear how discourses of mental illness might be negotiated through such an exchange. To frame the research problem as an interdisciplinary concern, it is first necessary to characterize the converging interests of the two fields, particularly disability studies, since this dissertation is properly located in art education. This section briefly explores disability studies, summarizes the contextual relationship of disability studies to art education, and presents the overarching research question and sub-questions.

Interdisciplinary Contextualization: Art Education and Disability Studies

Disability studies is an interdisciplinary project that addresses disability as a sociopolitical category of people (Goodley & Rapley, 2002; Linton, 2006) who experience marginalization and oppression. Disability studies collectively includes academics, professionals, and activists who theorize disability, most of whom identify as disabled or have close, intimate ties with the disability community. In academic terms, disability studies “spans the human sciences—literary studies, art history, anthropology, sociology, post-colonial studies, theory, feminist studies, and so on,” and “places disability in a political, social, and cultural context, that theorizes and historicizes ... disability in similarly complex ways to the way race, class, and gender have been theorized” (Davis, 2006b, p. xvi). The crisis of disability is not one’s
biomedical condition but rather ableism, just as racism, not race, is a problem (Brown, 2001). To this end, the epistemological positions of disability studies are that disability is socially constructed, that disability must be viewed in terms of historic attitudes and political structures, and that valid research must empower people with disabilities (Brown, p. 155).

Disability has been addressed in art education literature since the early 1930s (Blandy, 1991), although most of the research falls outside the objectives of disability studies. Before the 1970s, art education research on disability was mostly concerned with general K–12 classroom objectives, and, since then, with special education and art therapy discourses. The earliest body of work to seriously confront ableism in art education research is by Doug Blandy and colleagues (Blandy, 1989a, 1989b, 1991, 1993, 1994, 1999; Blandy, Branen, Congdon, & Muschlitz, 1992; Blandy, Panscofar, & Mockensturm, 1988). Soon after the 1990 passing of the Americans with Disabilities Act (ADA, 1990), which was significantly influenced by people with disabilities (Rasky, cited in Blandy, 1991), Blandy (1991) argued for art education to adopt a sociopolitical model of disability, which encourages self advocacy, in place of the longstanding functional-limitations model. In this piece, Blandy locates art education literature within Robert Funk’s overview of disability history to reveal the problematic consensus that disability is essentially a matter of impairment (function) requiring accommodations (limitation)—such thinking is referred to in disability studies as the medical model, the major discourse of ableism. In 1994, Blandy suggested that the field
of art education was complacent in teacher preparation regarding disability, and he called for art educators to respond with what amounts to disability studies initiatives.

In the past two decades, art education literature has increasingly dealt with disability (Bertand & Mervis, 1996; Blandy, 1989a, 1989b, 1991, 1993, 1994, 1999; Blandy et al., 1992; Blandy et al., 1988; Carrigan, 1994a; Dufrene, 1994; Eisenhauer, 2007, 2008a; Golomb, 1996; Golomb & Schmeling, 1996; Gerber & Guay, 2006; Guay, 1993a, 1993b, 1994b, 1995; Ishii, Ishii, Ishii, & Toshiro, 1996; Johnson, 1995; Kläger, 1996; Knight, 2005; Kraft, 2004, 2006; Lund & Massey, 2004; MacGregor, 1994; Milbrath & Siegel, 1996; Nyman & Jenkins, 1999; O’Thearling & Bickley-Green, 1996; Schiller, 1994; Wexler, 2005; Winner, 1996). Much of this research has been concerned with traditional matters of inclusion, accommodation, and therapy (Eisenhauer, 2007, p. 7), appealing to special education, whose framework is derived from the Individuals with Disabilities Education Act of 2004 (IDEA, 2004), formerly PL-142 of 1975. The IDEA is not a product of self advocacy, and it categorizes and terms disability in ways that most disability studies advocates would consider problematic, particularly in how mental illness is represented. The constitution of the Special Needs Issues Group (SNAE) of the National Art Education Association (NAEA) (Special Education & the Arts, n.d.-a) (See Appendix A) and recent NAEA publications (Gerber & Guay, 2006; Nyman & Jenkins, 1999) reflect this disunity, for instance by categorizing mental illnesses as “emotional and/or behavioral disorder” (Hunter & Johns, 2006). In contrast and sometimes in concert, a small collection of art education research, including Blandy’s, has reiterated evolving disability advocacy measures, calling for

Eisenhauer (2007, 2008a, 2008b) recently has expanded Blandy’s description of disability as a sociopolitical orientation (p. 8) in two important ways. First, Eisenhauer (2007) aligns art education with disability studies by confronting ableism as the sociopolitical issue at hand (p. 8). Second, she discusses mental illness as disability and highlights the fact that it is almost always overlooked. Eisenhauer’s (2007) discussion of Petra Kuppers’ *Traces* critiques historic representations of mental illnesses and describes the ways in which “mental health system survivors” challenge stigma through performance and video. In addition to making space for the voices of survivors, Kuppers also provides the audience with a rare opportunity to observe survivors without the routine stigmatizing depictions in visual culture, a problem Eisenhauer (2008) addresses in a more recent article. Mental illness representations in children’s literature and media go beyond visual cues to include demeaning language such as “crazy, mad, ‘losing your mind’, nuts, ‘driven bananas’, twisted, deranged, disturbed, wacko, cuckoo, loony, lunatic, loon, insane, and freak” (Wilson et al., 2000, as cited in Eisenhauer, 2008a, p. 16), and are negatively portrayed in the same ways as in other media. Mental illness is also ubiquitous in children’s media, for example in Disney films, of which
85 percent reference mental illness (Lawson & Fauts, 2004, in Eisenhauer, 2008a, p. 16). Despite this, recent critiques of Disney in art education overlook mental illness, which Eisenhauer identifies as a missed opportunity within the field:

While the representation of mental illness in art, medical images, and popular media has repeatedly been shown to be negative, inaccurate, and stereotype-laden, the field of art education has not yet given sustained attention to the critical engagement of these representations in visual culture. (Eisenhauer, 2008a, p. 18)

Eisenhauer’s (2008a) critique of visual culture and art education serves as an example of her (2008b) call to recognize disability studies in the field. Her work looks beyond disciplinary boundaries toward the possibility of conducting art education research as disability studies.

But art education is not alone: mental illness is arguably under-researched and underrepresented in social sciences and the humanities, although it is beginning to emerge as a serious research interest in disability studies (Price & Shildrick, 2002). The abovementioned “autopathographic” narratives of mental illness are useful, but their popularity points to the lack of attention to art—i.e., fine art, critical design, visual arts—as a valuable mode of critical inquiry and self expression. Most of the attention to “the arts” within disability studies has been geared toward literature (Crutchfield & Epstein, 2000), and in some cases performing arts and performance art (Kuppers, 2003; Sandahl & Auslander, 2005a).
Thus, the need for expansion of critical research on discourses of mental illness in both fields echoes Eisenhauer’s invitation to art educators back to disability studies. The interest in both fields in disability and creative self expression in general, and mental illness discourses in particular, suggests a fruitful ground of this overdue and promising interdisciplinary alliance. Conversely, the disciplines of art education and disability studies span “the arts,” which disrupt mainstream, institutional discourses of madness and mental illness (Foucault, 1965/1988).

Research Question and Sub-questions

Drawing on disability studies scholarship, this research project advances the art education discourse on disability as a sociopolitical orientation (Blandy, 1989a, 1989b, 1991; Eisenhauer, 2007, 2008a, 2008b; Guay, 1994b; Kraft, 2006; Wexler, 2005) to challenge ableism by critically engaging discourses of mental illnesses in art education. The overarching research question for the dissertation is how can discourses of mental illness be engaged critically through the intersection of disability studies and art education? This question will be guided by the following sub-questions:

(1) How can art education and disability studies perspectives be intersected to advance each other’s critical understanding of mental illness discourses?

(3) How can ableism, specifically mental illness stigma, be challenged by creative academic writing and artistic practices, and what knowledge does this generate?

By examining the literature of art education and disability studies along with creative representations of mental illness, including autopathography, this dissertation works to critically address discourses of mental illness with the goal of contributing to the advancement, reflexivity, and interdisciplinarity of both fields.

Design of Study

Theoretical Framework

Disability studies could arguably be named a methodology itself, through which the research questions could be adequately addressed. But because disability studies can mean different things in different disciplinary contexts, I employ disability studies as a theoretical framework, a lens for addressing art education. In the sense that art education is the site in which my work is properly located, disability studies is the paradigmatic lens through which I investigate art education. In the sense that this research is interdisciplinary, the lens is reversible. In return, art education is mirrored as a lens through which I explore and expand disability studies. That this research begins at the site of art education is less important than the potential of interdisciplinary exchange, and I mention it to clarify rather than to fix my position as a researcher.
Artifacts

The artifacts I examine to address my research question are as follows: (1) disability studies literature, including works on disability theory, visuality, mental illness and psychiatry, stigma, and autopathography; (2) art education literature, including the SNAE–SED/Arts (n.d.-b) reading list (Appendix A), NAEA books on “special populations,” and art education articles published in refereed journals over the last twenty years; (2) Foucault’s works that critically address mental illness, especially *Madness and Civilization*; and (3) my own autopathographic artworks, which are self representational expressions of a three-year episode of severe major depressive disorder (MDD), which has spanned most of my doctoral studies.

Organization

The remainder of the dissertation is organized by the above research questions, although each chapter theoretically overlaps others and all are qualitatively interwoven. The outline of the dissertation is as follows:

Chapter 2, “Discourses of Mental Illness,” closely examines discourses of madness and mental illness according to Foucault, Sander Gilman, and Wahl. The centerpiece of the chapter is Foucault’s (1965/1988) *Madness and Civilization: A History of Insanity in the Age of Reason* as a pivotal work in critiquing mental illness discourses. *Madness and Civilization* is an archaeology (p. ix) of madness, a telling of its untold history or present history. Consequently, Foucault’s work is controversial in terms of its historic accuracy and completeness, so I compare it beside Gilman’s (1976, 1982, 1988) critical history scholarship on mental illness representation and Wahl’s critical
psychology scholarship on mental illness stigma and representations in contemporary visual culture. Chapter 2 first discusses the history of mental illness discourses in the West since the Renaissance, noting the major sources of institutional power which have influenced these discourses. Next, Chapter 2 discusses the “constitution[s]” of mental illness (Foucault, p. x), including (a) the role of visuality in historic and contemporary discourses, (b) the ways in which madness and mental illness have been categorized, and (c) the conceptual constitution of madness as animality through patriarchal assumptions. Third, I address Foucault’s concluding chapter, his discussion of “mad art,” and I speculate the relevance of this chapter as a precursor to disability studies, a work that yields valuable theoretical insight but which also points to the significance of subjectivity, thus framing the work as an autopathographic example, of sorts.

Chapter 3, “Art Education and Disability Studies: A Chiasmus,” establishes an interdisciplinary relationship by introducing the fields of art education and disability studies to each other. Chapter 3 reviews research in each discipline that is relevant to the other. This chapter is essentially a literature review of both fields as a means of justifying interdisciplinary dialogue between them while establishing a precedent for future critical interaction. The chapter is set up as a chiasmus, a crossing organized in a reciprocating pattern. After briefly introducing the fields, I examine art education literature in terms of its artifacts, its people, and its interest in bodies. An interdisciplinary interlude between visual culture and disability studies serves as a transition into the reciprocating discussion on disability studies in terms of community, bodies, and artifacts. Because little research on mental illness representation exists in
either field and the purpose is to establish general relevance for interdisciplinarity, the exchange concerns disability in general rather than mental illness.

Chapter 4, “A Chiasmic Critique of Disability Studies and Art Education,” offers another chiasmic crossing between the fields, thus setting Chapters 3 and 4 as a larger chiasmus. Chapter 4 critically works away from the convergence set by Chapter 3. It is much more specific, and its form is not truly reciprocal but more like a repetition. The first section utilizes a disability studies lens to critique art education literature. After reviewing art education’s attention to disability, it critiques art education’s allegiance to special education discourses, challenging, in particular, the framing of students with certain mental illnesses and other conditions as behavior problems. The second section discusses disability studies literature’s attention to the arts, and then it challenges the way art and artists are taken up in disability studies, particularly emphasizing the lack of attention to art, other than performance, as a viable outlet for creative expression and self representation of disability perspectives. In both sections, some of the findings of Chapter 2 are factored into the critique along with the critical lens of the other field.

Chapter 5, “An Accidental Art Autopathography,” can be seen as replacing the missing interlude from chapter 4, or as a culmination of Chapter 2, 3, and 4, the penultimate, pinnacle effort of the dissertation. Chapter 5 is an autopathography in which I critically discuss my experience of MDD through autopathographic artworks, an “accidental” tribute to Foucault’s *Madness and Civilization*. After working through the events leading up to, during, and following the episode and the resulting art practices
and works produced therein, I discuss the implications of publicizing this information in the context of academia, both generally and in terms of the involved fields.

Chapter 6, “Reflections and Recommendations,” resolves the dissertation by synthesizing the above research and by outlining recommendations for art education and disability studies to further explore mental illness representation. The conclusion lays a foundation for interdisciplinary conversation between disability studies and art education, which includes suggestions for research and ends with an invitation to collaboration between the fields. General and specific recommendations are offered.

Methodologies and Methods

This dissertation is primarily, but not entirely, conceptual. Two methodologies are utilized in this research, discourse analysis and autopathography. Below I explain how each address the content, along with the methods that are used to carry them out. I also outline autopathography as a research methodology in this section.

Discourse analysis.

I use the term “discourse analysis” generally, not to be confused with specific meanings in disciplines outside art education and disability studies, or with specific common meanings from previous time periods. I am mostly analyzing literature, not proper conversation. Chapters 3 and 4 employ discourse analysis as a methodology for comparing and analyzing formal disability studies and art education literature across disciplines. Considerable attention has been given to reviewing scholarly literature and formal documents within these fields. The language used in formal documents, especially where disability and mental illness are represented, is compared to self
representations of disability and disability studies theory, which is a product of subjectivity, or complex embodiment (Siebers, 2008). A pointed example of this is the comparison of language used in the legislation of the IDEA (2004) and special education and art education discourses to the language of disability studies discourses in Chapter 4. Another example is the analysis of the special themed “Visuality-Disability” issue (Davis & Smith, 2006a) of Journal of Visual Culture in the “Interlude: A Visuality-Disability Chiasmus” section of Chapter 3, which is used to unite disability studies and art education in the context of the dissertation.

Although the dissertation does not expressly work toward an application of “Foucauldian” discourse, the examination of Foucault’s work in Chapter 2 constitutes a discourse analysis. In looking at Madness and Civilization, I am not merely regurgitating Foucault’s theory, but reorganizing and repackaging it according to disability studies. And in the Foucauldian meaning of “discourse,” I am recognizing that within theory Foucault’s work constitutes a particular and unique discourse, or system of thought. But more than that, I am using Foucault in an atypical way by suggesting his work is autopathographic. In this way, I suggest it is discourse as talk—mad talk—harkening the roots of “discourse analysis,” specifically “conversation analysis,” which came from the doctoral work of Harvey Sacks, who, studying under an unknown Erving Goffman, analyzed “the circumstances in which it is not taboo to ‘talk to oneself’,” which is taken as the “first sign of madness” (Gillen & Petersen, 2005, p. 147). This liberal application of the methodology is played out in Chapter 5, which is, literally, me talking to and about myself, a mumbling, mimicking utterance, following after Foucault.
Autopathography as methodology.

The unorthodox method of Chapter 5 is more than a trite allusion to Goffman, however. As suggested, it attends to the genre of autopathography exemplified in Couser’s (1997) book. I am using autopathography as a generative, processual methodology in which the telling of a story explores the interspace of autobiography and autoethnography. In a strict sense that a pathography is a biography about illness, an autopathography is an autobiography about illness. It can be an account of one’s experience, often close to or indistinguishable from a memoir. Autobiography is essentially a matter of subjectivity, and, as such, autopathography adds well-needed self representations to the corpus of mental illness representations.

To further distinguish autopathography from its parent methodologies, an explanation of autoethnography is in order. Autoethnography is primarily interested in the social contexts of the subject and circumstances, and it is necessarily research. The exploratory ethnographic alternative text by Arthur Bochner and Carolyn Ellis (2002), *Ethnographically Speaking: Autoethnography, Literature, and Aesthetics* characterizes autoethnography as a kind of ethnography, a research methodology of qualitative inquiry, that socially contextualizes the story rather than looking at its teller—it does not primarily look at self (Sparkes, 2002). Couser (1997) draws on Arthur Frank’s (1995) *The Wounded Storyteller: Body, Illness, and Ethics*, a compilation of patient testimonies, to conceptualize autopathography as imbued with vulnerability, narrative, and artistic inquiry, which are key components in *Ethnographically Speaking*. Frank’s own research, which is mainly ethnography, not autoethnography, poignantly combines
these traits, for example, in his (2002) essay “Between the Ride and the Story: Illness and Remoralization,” which begins by likening the medical industry and fast food industry to rides. This likening becomes a metaphor of the trope “rides,” which opposes the trope “stories.” “Whereas the ride wants from us, the story wants for us. The story wants for us in relation to others; thus the scope of ‘us’ expands through the medium of the story” (p. 365).

Yet, as ethnography, not autoethnography, Frank’s (2002) essay lacks the punch of self realized practices, such as the performances created under Kuppers’ (2000) direction and the autopathographies described earlier, which directly challenge the discrediting and dismissal (Foucault, 1971/1972) of people with mental illnesses. Such examples raise the need for further subjective writings about mental illness experiences that generate new information regarding how mental illness unfolds in one’s life, how stigma is received, and how these experiences happen within social, cultural, and political contexts. The methodological autopathography I propose, then, seeks to incorporate the reflexivity and social contextualization demanded of ethnographic research as demonstrated by Frank (2002), but reserves the right to claim subjectivity as demonstrated by such authors as Caminero-Santangelo (1998), Casey (2001), Clark (2007), Donaldson (2002), Jamison (1995/1996), Nicki (2001), Saks (2007), Schiller and Bennett (1994), Solomon (2001), and Styron (1990).

It is in this vein that I embark on an autopathographic discussion of my art practices and ensuing artworks that relate to my depression and involuntary institutionalization in Chapter 4. My experience of major depressive disorder (and
several other diagnoses, some correct and some not), involves a steep decline of mental and physical health, involuntary institutionalization, and a long struggle with pharmaceuticals and life issues that threatened to end significant aspects of my life including my academic career—even life itself. In the process of the illness experience, I engaged art practices to make sense of my experiences, including some which friends and family drastically misinterpreted, and others that address stigma and mental health systems. I explain how I have drawn upon the artistic practices of psychogeography (partly for irony), which artist “kanarinka” (2006) defines as “the production of affect in relation to the geographic environment” (p. 34), a field of playful, exploratory investigation which began with the Situationist International (SI) movement in 1958 and which has evolved into “an exciting convergence of artistic and cartographic practices” (p. 24). Following Couser and others’ call for autopathographic narrative in academia to fill the void created by the silencing of stigma, my autopathographic research serves to combat ableism by illuminating mental illness for the art education and disability studies communities through my art.

Foreground

As a final note, it seems necessary to punctuate the silence surrounding mental illness—akin to the silence that has surrounded sexuality and violence against women—by explaining its prevalence as an astonishing global health concern. In 1992, the World Health Organization (WHO) embarked on a monumental independent, evidence-based research effort (Murray & Lopez, 1996) named the Global Burden of Disease (GBD) project as “a response to the need for comprehensive, consistent and
comparable information on diseases and injuries at global, regional and national levels” (WHO, 2008a). GBD reports indicate that mental illness accounts for approximately 11 percent of disease burden worldwide and 21 percent in high-income countries (Hyman, Chisholm, Kessler, Patel, & Whiteford, 2006). Detailed analysis of the data released in 1996 indicated that major depression was the fourth greatest specific health issue; it is projected to increase to the second leading cause of disability worldwide (Murray & Lopez, 1996), the greatest among women and children (National Alliance on Mental Illness (NAMI), 2006), by 2020. The 2002 GBD estimates unipolar depressive disorders as the third most prevalent specific health burden (WHO, 2008b), the leading cause of productivity lost due to disability worldwide (WHO, 2008c), and the most prevalent health problem in high income countries such as the United States (WHO, 2008b). The economic consequence of untreated mental illness in the U.S. exceeds $100 billion annually. Major depression is strongly associated with suicide (Angst, Angst, & Stassen, 1999), the third leading cause of death for young people in the U.S. (National Center for Injury Prevention and Control, n.d.), accounting for 14 percent of all teenage deaths (Martell et al., 2001). Depression is also strongly linked to other disabilities as a matter of comorbidity (Wells, Rogers, Burnam, Greenfield, & Ware, 1991). The U.S. Surgeon General (USDHHS, 1999) reported in 1999 that over twenty percent of U.S. residents will have one or more mental illness episodes within a given calendar year, and recent data suggests that 26.2 percent of adults struggle with a diagnosable psychiatric condition.
Despite objections to mental health professions and their data (Kirk & Kutchin, 1992; Kutchins & Kirk, 1997), people diagnosed with mental illnesses are routinely incarcerated and stripped of civil rights to vote, marry, raise children, and to refuse drug treatments. They are denied necessary treatment, kept from working, prevented from renting homes, and left, literally, for dead. Mental illnesses are real and many people experience them. Most of the people who understand mental illness have either experienced it or are close to someone who has. Yet many do not understand mental illness, and few places teach about it. One site that doesn’t know enough about it is academic art education. If the above statistics are at all accurate, then approximately a fourth of the readers, a fourth of their colleagues, a fourth of art teachers and their colleagues, a fourth of students, will find it personally relevant at some point. Most of the rest will know someone who would. But if the statistics are terribly wrong, then it will only apply, at most, to society.

Limitations

While the dissertation strives for important interdisciplinary contributions, its boundaries are evident. The point of inquiry must also serve as the point of departure. The most obvious limitation for the field of art education is that it does not find its way into the K–12 classroom in these pages. I do not directly address curriculum issues, or legal or ethical issues in schools. Nor do I fully address special education, even though Chapter 4 opens this critical discussion. Similarly, I do not address art therapy, which is obviously adjacent to this discussion. Outsider Art is another close area that deserves more critical attention than I am able to provide in these pages. Another limitation is
that in terms of contemporary visual culture, I have only engaged my own art. There is plenty of material that could be and should be addressed. There are other examples in art education of “missed opportunities” (Eisenhauer, 2008a) that necessitate further criticism. Similarly, there are particular language issues in art education that I barely addressed, such as the use of disability metaphors including prosthesis. Another unfortunate limitation that comes from approaching disability studies so closely to Jennifer Eisenhauer’s (2007, 2008a) accomplishments is that no new entry points for discussion have been forged. The majority of conditions and experiences that constitute disability identity remain largely excluded from the field of art education.

In terms of interdisciplinarity, more critical emphasis has been directed to art education, the major field of this dissertation. More critical work on disability studies would be helpful. It is also unclear at this point how accommodating either field will be of the other. A potential limitation is the sparseness of discussion between the two fields. It is possible that specific theories in art education could inform disability studies in ways I have neglected, and vice versa.

A general limitation is the absence of work with human subjects: other people who experience mental illnesses, people who experience other disabilities, art students or teachers, people in disability studies who make art, and so on. The prospect of collaborate work other than performance art could be useful.

Also for the sake of disability studies, I do not address the disability arts movement, instead emphasizing academic approaches to art. This is not to devalue the disability arts movement, which could be highly relevant to this discussion.
Aside from what I don’t do, there are some things I can’t do. The immense diversity between different mental health experiences is a concern that needs to be acknowledged. Mental illnesses cannot be accurately represented by any discussion as narrow as a dissertation. This research addresses ableism through opportunistic examples, and is sure to leave out important examples; furthermore, my privileges regarding race, gender, ethnicity, social class, education, sexuality, and most ability, prevents me from addressing important issues regarding intersectionality. This study is a microcosmic example of disability, and it is always necessary to understand that although disability is a cultural identity, it is comprised of multiple, smaller cultures and very disparate social and corporeal experiences. Consequently, this study cannot fully answer how disability studies and art education might converse, or how mental illness should be framed within such a discussion. Juxtaposing these discourses and drawing attention to the highly relevant issue of mental illness and ableism attempts to expand this young discourse rather than to resolve it.
Chapter 2
Discourses of Mental Illness

And what, in fact, were the typical products of the twentieth-century scientific or pseudo-scientific mind? Anthropology, psychoanalysis—fabulation run riot. Using the highest methods of storytelling and all the arts of priesthood, Freud had staked his claim on the veracity, though not the falsifiability, of science.
—Ian McEwan, 1998, *Enduring Love*

This chapter intersects the scholarship of Michel Foucault, Sander Gilman, and Otto Wahl to critically examine discourses of mental illness. For more than a decade and a half, continental philosopher and historian Foucault (1971/1972, 1965/1988, 1964/1995, 1999/2003, 1962/2008a, 2003/2008b) launched critique after critique against the then-present history of psychiatry and its wielding of institutional power. This lifelong scholarly project began with two books, *Mental Illness and Psychology* (1962/2008a) and *Madness and Civilization* (1965/1988), which argue that “madness” and “mental illness” are discursive constructions. A *discursive construction*, as I use the term, is a concept or system of knowledge that is developed and expressed in language—a product of language with limitations, as such. For Foucault, “mental illness” is a discourse of psychiatry, superseding discourses of “madness,” tainted with pre-modern Christian theology and distorted principles of natural sciences and
pseudoscience. Historian Sander Gilman (1976, 1982, 1988) elaborated the critical history of mental illness, devoting much attention to static visual representations such as illustration, photography, and painting, in both the arts and sciences. Gilman argues that representations of madness and mental illness work to systematically separate it from the normal, sane world. Psychology scholar Otto Wahl (1995, 1999) has contributed extensive research on contemporary cultural representations of mental illness, exposing the deleterious effects of misrepresentation and the perpetuation of stigma.

I chose these scholars in part for the connectedness of their research, in part for their diverse perspectives. In terms of chronology, Foucault addresses the arts between the Renaissance and early twentieth century, Gilman addresses late nineteenth and early twentieth century visual culture, and Wahl addresses contemporary visual culture. The works cited above provide a composite review of the images that represent mental illness in the West. However, the research goals, methodologies, and outcomes are significantly different. For my purposes, this is beneficial rather than problematic, as each approach is alone inadequate, but together they afford a critical interdisciplinary study of mental illness representation.

Wahl’s research is closest to home. In Media Madness: Public Images of Mental Illness, he (1995) uses qualitative and quantitative social science research methods to discuss the ways in which popular media such as children’s movies, newspapers, and prime-time television follow stigmatizing discourses. His follow-up book, Telling Is Risky Business: Mental Health Consumers Confront Stigma reiterates the stigmatizing effects of
media, and adds considerable discussion of how stigma impacts everyday people with mental illness, how to combat stigma, and what people with mental illness would like others to know. Both books are straightforward and use accessible, familiar research, with the clear aim of increasing public awareness about the experience of people with mental illness.

Gilman’s research is traditional academic history, providing extensive review of art and design representations of mental illness. His (1976) edited book *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* critically examines the use of photography in science to visualize insanity, while *Seeing the Insane* (1982) provides a comprehensive overview of different visual technologies from painting to photography, from the Renaissance into the twentieth century. His work on mental illness pairs well with Wahl’s, as the material discussed dates just before Wahl’s, and it adds a humanities perspective to Wahl’s social science outlook. Gilman also bolsters Foucault’s nontraditional, theoretical research by corroborating much of Foucault’s argument without citing Foucault.


[T]he constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue … in which the exchange between madness and reason was made. The language of psychiatry, which is a
monologue of reason about madness, has been established only on the basis of such a silence.

I have not tried to write the history of that language, but rather the archaeology of that silence. (1965/1988, pp. x–ix)

Foucault iterates this silence by excavating seventeenth through nineteenth century temperaments about madness as a discourse that evolves according to its own historic past along with broad epistemological trends. Foucault’s attention to these trends uncovers cultural themes that have been repackaged and redistributed, thus implicating the present. The exposition of madness, which has been “reduced to silence” and existing only “as seen” (p. 250), confronts the medical model of mental illnesses as a recent invention of psychiatry, which is steeped in patriarchal discourses of theology and classical mythology. In his archaeological works, Foucault is pointing out the actual entanglement of mental illness representations in language, which has historically attempted to describe its invisible, immaterial properties in visual, material terms. As of recent, in terms of how it is different from normal mental patterns by describing it with scientific language, but which denotes behaviors and descriptive symptomatic thoughts. Foucault draws attention to this tension by unpacking the historic collusion of myth and science so that we might see it today. He is accounting for the presumption that madness becomes entangled in its own linguistic code and its utterances (Foucault, 1964/1995), he (1965/1988) is accounting psychoanalysis by framing it in its own terms: discursive terms.
Another reason I chose Foucault is for his subjective, authorial position.

Foucault was concerned with the issue of authorship like his contemporaries, but unlike Barthes (1977a, 1977b) who privileges text and denies authorship as a myth, Foucault (1969/1998) recognizes the importance of the author and author function. Theory aside, Foucault also exercised his authorial rights—*Mental Illness and Psychology*, for example, is a major revision of a book originally published in 1954 which Foucault did not allow to be reissued. His estate also had a provision protecting drafts from being published posthumously. Most importantly, from my standpoint, the writer Michel Foucault is embodied in his extensive critical work on mental illness (1971/1972, 1965/1988, 1964/1995, 1999/2003, 1962/2008a, 2003/2008b). Not only was Foucault a psychiatric professional, Michel was also a psychiatric patient (Eribon, 1991; Macey, 1993; Miller, 1993) who experienced significant depression and other psychological problems while he earned his academic degrees. According to Didier Eribon (1991), Foucault’s “fragile” psychological health resulted in multiple suicide attempts, self cutting, lucid behavior, and repeated institutionalization (p. 26). Foucault’s academic contributions to mental illness discourse, as a response to lived experiences, models the kind of autopathography I called for in Chapter 1. *Madness and Civilization* is not a proper autopathography as defined by Couser (1997), but it is an example of creative, published research that is self advocating and revealing. The story of Foucault’s experience as a psychiatric patient may be overshadowed by the text, but it is no less present than that of the “mad art” of Van Gogh, Artaud, and Nietzsche he discusses. His embodied experience is no less significant than those of the mental illness narratives.
(e.g., Caminero-Santangelo, 1998; Casey, 2001; Clark, 2007; Donaldson, 2002; Jamison, 1995/1996; Nicki, 2001; Saks, 2007; Schiller & Bennett, 1994; Solomon, 2001; Styron, 1990). My use of Foucault in this chapter borrows from queer theory tradition. As queer theory embraced Foucault’s subjectivity and scholarship as an oppressed gay man, I embrace Foucault’s subjective archaeological critique of mental illness discourses including visual culture representation.

The following synthesis of Foucault (1965/1988, 1964/1995, 1962/2008a), Gilman (1976, 1982, 1988), and Wahl (1995, 1999) uncovers the discursive means through which mental illness is constituted in two main sections: (1) historic conceptualizations of mental illness and (2) constitutions of mental illness. The first section begins by discussing Foucault’s (1965/1988) account of how the concepts of “madness” and then “mental illness” were produced according to broad systems of knowledge in historic periods—systems Foucault later (1966/1970) calls epistemes—from the Renaissance through the twentieth century. The second section explores the “constitution of madness as a mental illness” (Foucault, 1965/1988, p. x) and its evolution with regard to representation. The final section of this chapter entertains Foucault’s “conclusion” of *Madness and Civilization*, which discusses the subversive emergence of madness in late nineteenth and early twentieth century arts and letters. To the extent that Foucault’s work is a sort of autopathographic account of madness, I conclude by illuminating implications for a creative scholarly future for critical self representations of mental illness experiences.
Historic Conceptualizations of Mental Illness

*Madness and Civilization* shows how shifts in epistemology affected the ways in which “madness,” now branded “mental illness,” has been conceptualized. This section examines Foucault’s critical archaeology of mental illness, in conjunction with more recent research, to see if it is still relevant. The essential epistemological shift in modernity was from Christian theology to scientific reason. Foucault’s archaeology is not concerned with the power struggle between religion and science, but rather the confluence of the two, masked by the illusionary science/religion binary. For Foucault, the ontological assertion that nature is the root of reason is no more convincing than religion’s parallel claim. Science is not observation, but the telling of stories of observations and the formulation of discursive theses. Moreover, Foucault posits that psychiatric practice is inherently unscientific and moralistic, borrowing its knowledge generously from myths of the past and using discursive methods as well as methodologies. The doctor as *medical personage* assumes the chair of the priest, acting not as a scientist but as a wise man, “Father and Judge, Family and Law” (p. 272). The shift from madness to mental illness is not one of replacing religious theology (myth) with scientific reason (truth), but the exchange of one institution for another: Roman Catholicism for psychiatry, priest for doctor, church for asylum. By organizing this exchange into its major chronological epistemes, I sort out the fragments of Foucault’s archaeology to map the evolution of thinking surrounding mental illness, and to validate Foucault’s overarching critique.
Renaissance Theology: The Roman Catholic Church

From Foucault’s (1965/1988) text, the authority to conceptualize madness seems to have belonged to the Church leading into classicism. In the Renaissance, and presumably before, madness was associated with folly and with death, the vice of dreaming. Indeed, the image of the idiot/fool/wildman/madman (Foucault’s terms—I use madperson hereafter except in direct quotations) is one and the same, frequently appearing in illuminated manuscripts as recognizable by the symbol of the staff of madness (Gilman, 1982, p. 18). Madness was understood, according to Foucault, as a sign of human weakness, its nature regarded as the “guilty innocence of the animal in man” (p. 82) but not illness (p. 74). Christ had honored madness by surrounding himself with lunatics and even choosing “to pass in their eyes for a madman” (p. 80). Christ assumed madness in his Passion and crucifixion, bearing the “signs of the human condition and the very stigma of fallen nature” (p. 80) placing madness as “an object of respect and compassion” (p. 81). Before the seventeenth century, “ignorance and madness” (p. 79) was the pride of secular humanity, the foolishness of knowledge, as Bosch’s painting, Ship of Fools (1490–1500) illuminates. Ascending the canvas is the ship’s mast, a large tree with a skull perched atop as is customary of the staff of madness, along with other symbols of immorality common to iconography (Gilman, 1982, p. 47). Foucault enlists the mast as a reference to the relationship between Adam and Christ (the “second Adam”): Whereas “the genealogical tree of the Vices, that of the Old Adam, had pride in its root, Folly now leads the joyous throng of all human weakness” (Foucault, 1965/1988, p. 24). Surely, this “forbidden tree, the tree of
promised immortality and of sin ... now forms the mast of the Ship of Fools” (p. 22). As the Tree of Adam became the Cross of Christ and Christ was sent away from the world and for all to see, madpersons were placed on ships and sent from port to port. As Christ returned from death, similar ships would “return to the world” (p. 175) to amuse and assuage the guilt of those who had banished mad family members. But “The great theme of the madness of the Cross, which belonged so intimately to the Christian experience of the Renaissance ... changed and somehow inverted its meaning” (pp. 78–79). From Gilman’s standpoint, the most important allusion of Bosch’s painting is to confinement, other examples of which can be found in illustrations of the Middle Ages. Such imagery suggests that the eventual idea of the asylum “is but an extension of the early modern view that the insane should be contained, if not for treatment, then to isolate them from sane society” (Gilman, 1982, p. 44).


As reason came to the forefront of Western thinking, Foucault (1965/1988) posits, the Christian idea of madness waned and madness came to be viewed as a lowly form of humanity. As reason gained stature, madness was best described in terms of unreason, not as a cause of unreason, but as its natural, empirical form. Science oversees madness during this epistemological shift, but in its tenure it reinvests the myths of religion into its schema. Science solicited the endorsement of religion, a phenomenon that happened through confinement, in such institutions as the Hôpital Général in Paris where madpersons, prisoners, the poor, and the unemployed mingled (p. 39). Such “hospitals” had nothing to do with medicine; they were semijudicial structures (p. 40),
often run by the government under a political relationship that marked Church and state as simultaneously competitive and complicit (p. 43). Across Europe, similar houses of correction were set up as workshops, effectively pairing madness with other forms of inferiority and setting up a treatment, or perhaps in the case of madness, as retribution. The themes of work and retribution recur throughout the history of madness discourses, reiterating the story of the Fall of humankind. What Foucault leaves out of the Tree–Cross story is the expanse of the story of the Fall in Genesis, in which God’s punishment for disobedience is the installation of human purpose in childbearing and work—punishment that is to be cherished. And all because of our greed for knowledge, for which madness was a sign before the Enlightenment:

If madness is the truth of knowledge, it is because knowledge is absurd, and instead of addressing itself to the great book of experience, loses its way in the dust of books and in idle debate; learning becomes madness through the very excess of false learning. (p. 25)

And later, this “excessive” pursuit of “false learning” and “idle debate”—an anti-progressive rhetoric that survives to date—was to be seen as an affront to nature, just as it was formerly an affront to God. “Pride was the sin of man before the Fall; but the sin of idleness is the supreme pride of man once he has fallen, the absurdf pride of poverty” (p. 56). “The rule of work would remain in effect until the end of the eighteenth century ...” (p. 51). And during this time, poverty, before it was considered socially necessary, was presumed to be caused by “a relaxation of morals” (p. 59) which amounted to a kind of non-being, at first as a reversion to animality and later as a
progression or perversion to alienation. Madpersons were liable for their incapacity to work, deserving of “natural punishment of a moral evil” (p. 158), and rightly subject to the auspices of punishers who enforce productivity. Thus, madness mocks God, nature, reason, and man, and thus finds its place in various institutions of confinement during classicism.

In the mid-eighteenth century, according to Foucault, madness is swept up in a sudden frenzy over contagious diseases. Mythical images of leprosy were transferred to madness as a sign that marked “the corruption of morals as well as the decomposition of the flesh” (p. 203). This conceptualization was deeply visual and demanded a visible response, the imprisonment of madness to protect the public. Even prisoners needed to be protected from madness. Madness was no longer simply confined, it was pathologized and criminalized as a reincarnation of leprosy of ages past.

*Modern Medicine: Psychology as an Institution*

Foucault’s (1965/1988) archaeology aligns social concern for madness with the French Revolution rather than the asylum: “So great was the confusion of those years; so difficult it was, at the moment when ‘humanity’ was being re-evaluated, to determine the place madness was to occupy within it …” (p. 240). If madness could infect prisoners, was it because madness is a *product* of confinement? As economic theory developed, Foucault asserts, poverty was recognized as necessary for wealth to flourish, and this relieved madness of its debt, challenging the unjust nature of banishing them to jails and work camps. Madness was on the verge of liberation along with other oppressed statuses. All but the most dangerous prisoners were released, and some
madpersons were released to hospitals and family members. But most madpersons, by virtue of their visible unreason, were deemed unfit for society. Prisons were unsuitable for confining them, so they were sent to hospitals such as Philippe Pinel’s (1745–1826) Bicêtre, which in turn released others who had been there. Madness was secured at last in what evolves into the asylum.

Foucault (1965/1988) exposes two historic figures, Pinel and Samuel Tuke (1784–1857), a devout Quaker, as key influences in conflating morality with the institutionalization of psychiatry and the rise of the asylum. Tradition holds, according to Foucault, that Pinel would “liberate” madness by professionalizing it, treating it according to its own symptomology by its own arbiters: the rise of the asylum.

But Foucault reveals that “The legends of Pinel and Tuke transmit mythical values which nineteenth century psychiatry would accept as obvious in nature” (p. 243). Pinel’s asylums, Bicêtre and La Salpêtrière, claimed to dispel religion in favor of a purely medical overlook, since religion was believed to cause madness. But Pinel’s qualms with religion had to do with its iconographic forms, not its moral content, and he endorsed “Natural” religion, with values of family and work and of “moral and social uniformity” (p. 268).

According to Foucault, the asylum uses four means of assuring moral synthesis. Silence is the first. Ostracizing the madperson causes great anguish until s/he becomes ashamed and ready to be delivered. “The language of delirium can be answered only by an absence of language (p. 262). Recognition by mirror is the second means. As the madperson observes others acting mad, s/he sees her/himself as objectively mad
(p. 264), and despises her/himself before being able to recognize or to know her/himself (p. 265), and is hence cured by reason. Perpetual judgment is the third, because for the others to work, the madperson must constantly be aware of the threat of punishment. This set of ideals suggests a move toward the restoration of agency to people with mental illnesses, and that is partly true. It approaches agency just long enough for people to become culpable for their madness, but it never comes close to the cure. But, as Foucault (1962/2008a) worked out in Mental Illness and Psychology,

... placing our credit in man himself and not in the abstractions of illness, we must analyze the specificity of mental illness, seek the concrete forms that psychology has managed to attribute to it, then determine the conditions that have made possible this strange status of madness, a mental illness that cannot be reduced to any illness. (p. 13)

The status of madness as illness is the constitution through which mental illness is institutionalized, securing its location in the world within the asylum to completing the imagery of leprosy as permanent. The asylum as the institutional capital of psychology takes full control of madness. The fourth assurance, then, is what Foucault calls the medical personage, the most important of the four. The “liberation” of madness emphasizes the importance of the liberator over the liberated and acts of liberation—first with Pinel and Tuke, then with Freud and his disciples. Curiously, the physician, who formerly played no part in confinement, is employed not as a scientist but as a wise man (Foucault, 1965/1988, p. 270), a moral and social figure for instituting order. The physician-as-personality is to be smart and cavalier, kind but stern, “Father and Judge,
Family and Law” (p. 272). The promise of cure was conditional, demanding the patient’s rigorous submission to the doctor-patient relationship, which Freud would make absolute.

The two key figures adjacent to Pinel—Tuke and Freud—provide insight to the religious myths surrounding the asylum. Tuke, competing against Pinel, offered an overtly religious “retreat” for madness that sought to liberate madness through nature and puritan ideals under the supervision of a wise doctor. In Tuke’s retreat, religion played “the double role of nature and of rule” (Foucault, 1965/1988, p. 244) in ways indistinguishable from Pinel’s. By putting madness under moral rule, it would cease to scare and instead be afraid “in the hands of the pedagogy of good sense, of truth, and of morality” (p. 245). Tuke placed the burden of moral responsibility (p. 246) on the madperson to promise to restrain him/herself, suggesting mental illness is a farce, a product of weak will and a dull mind. Tuke’s asylum organized guilt so that it became objectified for the Other in a nonreciprocal relationship in which the madperson was observed—but not from afar as within classicism; rather, the madperson performed in person, an outsider invited in to perform the role of stranger, “[a] passage from a world of Censure to a universe of Judgment” (p. 250). For Tuke, madness is evaluated by its visible acts rather than its motives, reduced to silence.

In the nineteenth century, psychoanalysis would hear madness, but as unreasonable gibberish, doubling the monologue of the mad rant and giving the keeper supreme authority which comes from not being mad. The doctor-patient relationship would take on a familial form with Christian overtones, in which the madperson
assumes a minority status or childhood under the “prestige of patriarchy” (Foucault, 1956/1988, p. 253). Thus, madness is reinvented as a rebellion against the Father (p. 254)—the position which spans all patriarchal discourse in the West. The move toward a simulated family institutionalizes “familial” responsibility, forever pardoning those families who sent their mad to sea. At last, Freud strips away the structures Pinel and Tuke set up (p. 277), transferring all authority to the doctor (p. 278). Gone are silence and observation. Gone is madness’s recognition of itself as its own spectacle. Madness is silenced and visualized, stripped of all power and authority, reiterating the forgotten signs of incest and punishment (p. 255). Its hosts, people with mental illnesses, are discursively configured as patients, perpetual (feeble, hence disabled) children of the institution, forever in need of treatment. The remaining essence and truth of psychiatry, for Foucault, is the doctor-patient relationship, as the promise of cure demands exclusively the submission to this lone principle (p. 267).

Summarizing Foucault (1965/1988), the episteme of madness in the modern West moved from theology to philosophy to psychology. Roman Catholicism authored mental illness in the sympathetic image of Christ, the image of unavoidable human imperfection. As philosophy supplanted theology and reason supplanted God, the position of mental illness shifted, now an emblem of weakness relative to human ability and therefore notably distinct and undesirable. The moralistic underpinnings of theology eventually resurfaced, and madness was blamed for its inferiority until it is finally institutionalized by the advent of psychology in the twentieth century. Psychology now possesses all authority over madness, and our understanding of mental
illness through this authority is a collusion of theology and science, which Foucault
charges is therefore inexplicably corrupt, unnatural, and unreasonable.

Sharply contrasting the facts of Foucault’s perspective is Marcel Gauchet and
Gladys Swain’s (1980/1999) traditional history of the emergence of the asylum. In their
view, the asylum emerged as a responsible measure intended to communicate with and
cure (and, then, to release) the insane, and as a remedy for isolation and
homelessness—the latter of which, at least, is a current problem in the U.S. resulting
from the closing of state asylums. But Foucault is not pretending to offer a
comprehensive history, but an excavation of the silence of a monolithic history that
continued, at the time of his writing, to privilege reason and to mute people identified
as having mental illness. Foucault’s critique is relevant because of the problematic
position of reason in discourses of mental illness representation, and for its timely need
to reevaluate the mid-twentieth century asylum, which was hardly a paragon of
benevolence or democracy.

Constitutions of Mental Illness

Foucault’s overarching aim of writing *Madness and Civilization* is to speak the
silence created by the “constitution of madness as a mental illness” in the “language of
psychiatry, which is a monologue of reason about madness” (p. x). For Foucault “mental
illness” is a discursive constitution of Early Modernism that repackages inventions of
past epistemes under the auspices of medicine. The various representations of madness
and mental illness in the West since the Middle Ages share an ableist premise: that
people with mental illnesses are recognizably different from and inferior to the normal
majority. Gilman (1988) concurs, “… the idea of mental illness structures both the perception of disease and its form[,] … the ‘seeing’ of an illness …” (1988, p. 19). The visualization and categorization of mental illness as observable deviance works to construct a clear line between sane/insane or healthy/mentally ill minds, or, in biomedical terms, bodies. This constitution is not one that cherishes diversity, but that arbitrates human rights and even humanness itself.

The following sections explore three aspects of how mental illness has come to be constituted along a continuum of shifting epistemes. First, the “Visuality of Mental Illness” section discusses how the role of visualization, as a social process, has used imagery and observation of performances as evidence of mental illness as deviation from normality. Second, I discuss the discursive mapping of mental illness as a contentious discursive project of contemporary psychiatry, specifically the DSM-IV-TR (APA, 2000). In discussing the discursive representations of mental illness, the critical work of Foucault and its continuation in the anti-psychiatry movement are important because they poignantly amplify the underpinnings of animality–patriarchy and visuality in contemporary psychiatry. However, in the context of disability studies it is also important to recognize what is helpful about medicine, and in the context of disability studies and art education, it is important to determine what is pedagogically useful. Throughout the section, therefore, I insert counter arguments, not only to balance the critique but to prepare for the final section of the chapter, Foucault’s discussion of “mad art” and its pedagogical potential. Third, I theorize animality–patriarchy as a derivative concept from Foucault (1965/1988) in which people identified
as mentally ill are positioned as beasts, subordinate creatures in need of paternalistic intervention.

**Visuality of Mental Illness**

In *Madness and Civilization*, Foucault (1965/1988) constructs an archaeology of the key importance of visuality in the constitution of mental illness. He describes a progressive stripping of the agency of people with mental illness in Early Modernism, until madness was silenced and existed only as seen (p. 250). Foucault engages visual images as artifacts of cultural values and epistemological trends, paying close attention to how visual images and performances have been used hermeneutically as technological evidence of morality discourses. Since *Madness and Civilization*, a significant body of work has critically addressed visual representations of mental illness from art to medical imagery to popular culture (Cartwright, 1995; Eisenhauer, 2008a; Gilman, 1982, 1988; Kuppers, 2003; Philo, 1996; Ross, 2006; Stafford, 1991; Wahl, 1995) but most of this research overlooks Foucault. In this subsection section, I integrate Foucault’s archaeological work with more recent research to advance the critical understanding of how visuality constitutes mental illness in contemporary visual culture.

*Premodern visual culture.*

*Madness and Civilization* opens with a review of Renaissance madness representations in the arts, especially visual modes: Bosch is employed to open the discourse that is disrupted by Nietzsche, Artaud, and Van Gogh in the final chapter on “mad art.” For Foucault (1965/1988), Bosch’s *Ship of Fools* amounts to more than a
metaphor for or foreshadowing of the asylum—it visually embodies the Christian understanding of madness as an indication of the Fall of Man and the imperfect state of humankind. Christ was seen as “ignorance and madness” (p. 79) in his day, and the failure of the world to see this was the pride of secular humanity, the foolishness of knowledge. Because Christ willingly took on madness and all other problems and sin, madness deserved empathy along with other human imperfection. Thus, Foucault contends, the Renaissance was “strangely hospitable, in all senses, to madness” (p. 37).

On the surface, Gilman seems to disagree, contending that Bosch’s Ship of Fools indicates the ongoing need to distinguish madness from sanity and to banish and oppress mentally ill people. But Gilman (1988) also posits that Renaissance artists were skeptical of the concept of normality, as evidenced by portraits of people with mental illnesses. The art and literature of the Renaissance reflect its conceptualization of madness as complex, pervasive, and reflexive, which is arguably “strangely hospitable” compared to later conventions.

Foucault (1965/1988) argues that madness became separated from society through its increasing objectification, as indicated by its presence in theater. Madness had been on stage since the Middle Ages, but in classicism, it became shown as a distant phenomenon, a form of animality to which humans could not relate. Madness became “a thing to look at: no longer a monster inside oneself but an animal with strange mechanisms ...,” the inconceivable mystery of “man without thought” (p. 70). And this image became a metaphoric device: Through the image of madness, “the theatre develops its truth, which is illusion” (p. 35). “Madness is the trompe-l’oeil in the
tragicomic structures of preclassical literature” (p. 34). Madness in the theater is visualized as one’s belief in something imaginary as real, which is ironically the goal, or “truth,” of theater: it means to convince the audience that it is real. As such, Foucault argues, theater is madness. Foucault cites examples where unreal scenes are deceptively presented to the audience as real, from the perspective of a madperson, the illusion of which is later disclosed. In such cases, audiences are led to believe that people with mental illnesses have no idea what is really going on—their experiences are not real. They are not real; they cannot be trusted. But Foucault is also critiquing the rhetoric devices used in theater as a means of condemning all discourse as rhetoric. The claim that classical theater is madness bolsters Foucault’s eventual conclusion that madness and Early Modern art are undeniably coexistent, which he argues nullifies the rational/mad binary as imaginary and impossible. The postulate that discourse can represent truth, Foucault suggests, is mad by its own definition and terms.

This presumed scopic effect of the madperson was consistent with the beliefs of influential papal physician Paulus Zacchias (1584–1659), which Foucault (1965/1988) examines. Madness operates as a visualizing-visionary dream, the spawn of passion and inspiration. “Delirium is the dream of waking persons,” (p. 103) which inverts the ancient view that dreaming was a kind of madness. Like theatre, dreams are elusive and erroneous, the two components of classic insanity (p. 104). But madpersons are not victims of illusion; rather they deceive themselves (p. 104). Hallucinations alter the representation whereas deliria alter the relation to the truth which takes place in perception (p. 105). And some madness distorts physical truth while other madness
distorts moral truths, the “illusions of self-love, and all our passions when they are carried to the point of blindness” (p. 105). Thus, madness apparently acquires blindness as a paradoxical disability metaphor, seeing to the point of dazzlement, illusion and error; seeing what is visible as void, as nothingness. This nothingness turns out to be the “non-being” of the madperson her/himself (p. 115). Concisely, madness is dazzled (i.e., “blind”) reason. All of this is realized by observing madpersons, who perform madness through “conduct and conversation … of a delirious discourse.” Indeed, “discourse covers the entire range of madness” (p. 99), and it is through “sane” discourses that visual forms of madness are worked out.

The “seeing” of madness becomes increasingly distorted in the seventeenth and eighteenth centuries, according to Foucault (1965/1988) as theoretical attention shifts from the substantive causes of madness to their qualitative transmissions. Observations are simpler and more apparent but less rigorous and acute: “We have passed from a simple notional description … to a qualitative realm, apparently less organized, simpler, less precisely limited …” (p. 130). Contrary to strict observation, images of madness are figured post hoc from qualities to substances:

... the enterprise did not proceed from observation to the construction of explanatory images; that on the contrary, the images assured the initial role of synthesis, that their organizing force made possible a structure of perception, in which at last the symptoms could attain their significant value and be organized as the visible presence of the truth. (p. 135)
For example, hysteria was observed as a disease of women, particularly idle women (p. 149), sometimes consuming the entire body. When it consumed the body, its “old myths of uterine displacement” (p. 143) allowed the disease to be moved from the nerves to the brain, from which it “traversed corporeal space so rapidly and so ingeniously that it was virtually present through the entire body” (p. 146). It was then identified as a “disorder of the spirits” (p. 147) “based upon a movement of the animal spirits” (p. 148). At the threshold of nineteenth century moralization, madness entered the domain of unreason: “What had been blindness would become unconsciousness, what had been error would become fault, and everything in madness that designated the paradoxical manifestation of non-being would become the natural punishment of a moral evil” (p. 158).

As madness became organized around such symptomology and its images in the seventeenth and eighteenth century (Foucault, 1965/1988), the asylum gradually became the symbol of insanity, closely aligned to other symbols of confinement such as prison (Gilman, 1988, p. 24). Late in the eighteenth century, Foucault (1965/1988) explains, the understanding of madness as a qualitative transmission exploded and madness suddenly became feared as a contagious disease. The fear of spreading diseases (p. 202) involved people banished in institutions—criminals, madpersons, the poor, and the sick—and the institutions themselves. The historic image of the leper assumed all these groups, marking their unreason by “an imaginary stigma of disease” (p. 205). The cyclical ontology of mental illness as disease was finally formalized through the resurrected visual myth of leprosy as an image of unreason. Through confinement and
the imaginary of the asylum, the ship of fools that departed in the Renaissance was moored at the hospital (p. 35) completing its imaginary voyage, signifying mental illness as permanent and demanding security, the metaphor shifting to the individual who is “going” crazy (Nicki, 2001). Medicine was enlisted as a guardian, not to cure madness, but to protect the public from “the dangers that exuded through the walls of confinement” (p. 205). Here, madness would remain visible, now under the auspices of its seer, the psychiatrist: “The science of mental disease, as it would develop in the asylum, would always be only of the order of observation and classification” (p. 250). Here is where madness finally became “judged only by its acts,” “responsible only for the part of itself which is visible,” “reduced to silence,” no longer existing “except as seen” (p. 250).

Meanwhile, during the eighteenth century, science and pseudoscience had emerged as powerful vehicles for visualizing mental illness. Physiognomy was the first: it is the pseudoscience of observing character traits through physical appearance, a post hoc rhetoric with ableist underpinnings that lacks scientific validity. It is the scientization of performance, the transfer of speculation to evidence. Pinel used physiognomy as a diagnostic tool that unquestionably worked into etiology (Gilman, 1982, p. 73). In terms of representing madness, physiognomy posited that madness was visible in facial expressions and postures, which were regarded as scientific evidence.

In the nineteenth century, Franz Joseph Gall (1758–1828) extended physiognomy into another pseudoscience, phrenology, which proposed that the brain is comprised of sections that together determine personality and that skull surfaces
signify this determination and can therefore be read. Although phrenologists were entirely wrong about brain regions and their functions, the project resulted in the widespread production of fantastic brain maps that claimed scientific validity. These speculations were made possible by first discerning personality characteristics of socially deviant people and then comparing their skulls to each others’ and to “normal” skulls. Like physiognomy, phrenology was primarily promoted through illustration.

Phrenology and physiognomy were used as propaganda to support racism and eugenics by slavery advocates, Nazis, and others, but they also influenced emerging scientific discourses on evolution (Gilman, 1982) and neurology (Cartwright, 1995), which began as a project of empiricism that used visuality to rank order body types (Rose, 1978/1986) according to racist, sexist, ableist, and other hegemonic ideologies. Along with medical illustration, neurology founder Jean-Martin Charcot relied heavily on photography and cinematography as documentable objective evidence (Cartwright, 1995). Charcot defined inferiority in terms of biological dysfunction, which he believed was assessable by observing social performances—dysfunction was evidenced by the inability to perform rationally. Indeed, this “rationality” may be theorized as a white, male, heterosexual (and so on) construct, but mental illness performances epitomize this brand of dysfunction, effectively positioning people with mental illnesses as most inferior of all. Similarly, Darwin used photographs to establish a hierarchical taxonomy of animals. His primary aim was to support his theory of evolution through documentation of visible, emotional expressions in animals including humans. Darwin’s research was used to legitimize physiognomy and to correlate insanity with sub-human
animal behavior. “The insane, for Darwin, were those who, through their illness, had lost the protective structure by which man controls his expression of emotion” (Gilman, 1982, p. 184). The projects of physiognomy, phrenology, and early neuroscience appeal to art’s longstanding commitment to scientific inquiry, exemplified in Leonardo DaVinci’s work, which, interestingly, developed alongside the ship of confinement metaphor. The history of mental illness in visuality teaches us the perils of visual rhetoric in objectifying people and validating science, which is always evolving, and always discursive, as absolute truth.

Contemporary visual culture.

Before addressing contemporary scientific imagery, it is worth examining contemporary popular visual culture, which problematically represents mental illness (Wahl, 1995) according to classic stereotypes from the abovementioned discourses. Wahl’s (1995) Media Madness: Public Images of Mental Illness presents a thorough study of recent visual culture representations of people with mental illnesses, in such diverse mediums as television, film, toys, comics, advertisements, time-based news media, illustrated children’s books, and print media, of which the range of expression is immense. It is also pervasive: roughly 10 percent of all movies and television programs feature characters identified as having mental illnesses (Wahl, 1995, pp. 5–6), as multiple studies show, and mental disorder is the most commonly depicted disability in feature films (p. 4). Unfortunately, the wide range of images mostly adheres to superficial, stereotypical norms that perpetuate harmful stigma (Wahl, 1999).
Wahl (1995) describes the common visual markers of people depicted as mentally ill in static visual culture drawings and cartoons, such as straightjackets, long and unkempt hair, wild and glassy eyes, large noses, and open mouths (p. 38)—all of which were promoted in historic images as Gilman (1982) revealed. Wahl notes that extreme portrayals of people with mental illnesses depict them as monsters and as animals, which harkens Gilman’s exposé on Darwin. Wahl also cites Jum Nunnally’s 1950s study of mass media representations of mental illnesses, in which Nunnally concluded that mass media seeks to show mental illness as recognizable even where it is not, a practice rooted in pseudoscientific visuality. Thus, static visual culture encourages people to, as Wahl has heard, “declare that they can tell that someone is mentally ill just by looking at them. ‘It’s in the eyes,’ some have said …” (p. 37). “The mass media … do not stop at suggesting that those with mental illnesses look different from others” (p. 42). In fact, Wahl recounts that Hollywood has refused to cast actual people with mental illnesses for mental illness roles, not because they were ill, but because their appearances were too normal.

Nunnally discovered that many believe mentally ill people both “look and act different,” exhibiting bizarre behaviors such as laughing, mumbling, and staring. But contemporary media characters designated as having mental illnesses do not just exhibit passive, typical behavioral quirks—they are overtly violent criminals. One study by Wahl (1995) revealed that television characters identified as having mental illnesses are violent at a rate seven times greater than in reality (p. 66). A fourth of TV characters with mental illnesses murder someone, usually a man killing an unknown woman. A
study of minority group representations in television (Gerbner, cited in Wahl, 1995, p. 66) revealed that people with mental illnesses are the only group portrayed as villains more often than as heroes. Moreover, violent characters with mental illnesses are inaccurately labeled, for example as “psychotic” when “psychopathic” is meant, and they are routinely the target of violent revenge. Television misrepresentations wrongly corroborate the myth that people with mental illnesses are dangerous and unpredictable, deserving of punishment and loathe, when in fact mental illnesses are rarely responsible for causing crime (Wahl, 1995). In British media, which is similar in many ways to U.S. media, mental illness is overrepresented as violent across media, from entertainment to news: the most common category of representation of mentally ill people by far is as “harmful to others” (Philo, McLaughlin, & Henderson, 1996, p. 48).

Wahl (1995) argues that mass media representations not only suggest mentally ill people look and act different, they “communicate that people with mental illnesses are different in many fundamental ways” (p. 42). Although people with mental illnesses may at times behave differently because of their illnesses, television suggests they are deeply detached from normal social connections. Wahl (1995) synthesizes studies of prime time television and soap operas, in which three fourths of characters with mental illnesses had no family connections, and fewer had identifiable jobs than able peers and those who had jobs were often terrible at their occupations. People with mental illnesses are depicted as fundamentally evil and immoral (Gerbner, cited in Wahl, 1995), incurable (Wahl, p. 76), incompetent, and failures (p. 97), consistent with Gilman’s (1988) assessment: “The tradition of visually representing madness in the form of
various icons ... points toward the need of society to identify the mad absolutely” (p. 48). Because such characters are excluded from the everyday social world around them, viewers cannot relate to or empathize with them (Wahl, 1995, p. 43). They are seen as undesirable, unlikeable, and unworthy of respect or empathy (p. 97).

Despite a trend in increasing awareness of mental illnesses (Phelan, Link, Stueve, & Pescosolido, 2000), the myth that people with mental illnesses are violent has actually increased in recent years (p. 188), possibly because of the influence of contemporary visual culture. Popular visual culture is the primary source of information about mental illness (Robert Wood Johnson Foundation, cited in Wahl, 1995, pp. 87–88), and studies suggest this translates into negative attitudes about mental illness. Audiences unfamiliar with the intricacies of mental illness often wrongly assume television representations have been researched and are accurate as is the case with other health conditions (Wahl, 1995, p. 88). The boundaries of fact and fiction are blurred in television representations of mental illnesses through the collusion of police chase documentaries, actual police chases, crime documentaries, crime histories, undercover sting documentaries, fictitious police shows, court television, legal drama, medical drama, medical documentary, health documentary, psychology shows, daytime television and talk shows employing pop psychology and psychiatry/psychology “experts,” news media, and psychopharmaceutical advertisement. The consistency of overrepresentation of violence across media, including legitimate news, implies accuracy, and it hints that other aspects of fictional representations, such as antisocial tendencies, are probably accurate. Indeed, attitudes about people with mental illnesses
are profoundly negative, resulting in what collectively amounts to stigma (Wahl, p. 97), as mental illness is represented as a “master status,” or sole identity, of persons who have them, a problem Otto Wahl’s research confirms (Wahl, 1995, p. 42; 1999, p. 12) and elaborates, and the implications of which Eisenhauer (2008a) argues is “important for art educators to understand” (p. 17).

Contemporary scientific imagery is also important to understand, as Gilman (1988) suggests the patterns of physiognomy and phrenology “are not merely historical but are operative today” (p. 49). Lisa Cartwright’s (1995) *Screening the Body* suggests that current scientific discourses are intermingled with other scopic regimes of visual culture, which presumably includes those dealing with mental illness, namely psychiatry, psychology, pharmaceuticals, and neurology. Cartwright is primarily concerned with feminist implications of medical gazes, but her theorization of microscopy and X-ray technologies as means of decomposing the body illuminates mental illness representation. Her discussion of the decomposition of the body through visual technologies challenges the biomedical monolith of which Foucault warns.

Of importance to mental illness discourses is neuroimaging (brain mapping), a powerful set of technological tools that has credibly advanced our understanding of brain activity and cognition, including mental illness. Discussing the role of neuroimaging in understanding vision, Irene Schiferl (2008) argues that recent neuroscience technologies dispel myths of right/left brain discourses, which have been used in art education literature to privilege realistic drawing over other forms of artistic expression. Schiferl reminds that brain research should be used carefully, and that art
education scholars must keep up with the constant development of neuroscience, as “so far, [neuroimaging experiments] are not suited to showing how all the localized neural activity works together to produce our daily experience of vision” (p. 77).

Nor can neuroimaging fully explain mental illness, warns psychiatry and neuroscience scholar Elliot Valenstein (1998). Neuroimaging has shown differences in brain activity, linking some mental illnesses to genetics, which is both promising and disconcerting. Despite the fact that material evidence of many mental illnesses is nonexistent (Valenstein, 1998), neuroimaging visualizes difference between “healthy” and “ill” patients, reviving Charcot’s strict biologism and securing its discourse as objective and irrefutable, as Cartwright (1995) critiques. With complete authority, neuroimaging could be used to “prove” that illness does not exist, and it could be used to advance problematic bioethical (Asch, 2001) actions involving prenatal testing and selective abortion, newborn rights, right to medical care, physician-assisted suicide, euthanasia, and so on. Thus, it is important to recognize neuroimaging as a discursive practice that constructs representations of the socially situated phenomena that collectively encompass “mental illness.”

_Categorization of Mental Illness_

Another way to approach the constitution of madness is to examine how it has been categorized: what constitutes and does not constitute madness, and how different kinds of mental illness are similar and dissimilar. Although Foucault (1965/1988, 1962/2008a) gave this matter considerable attention, he could not have imagined the unprecedented importance of the current _Diagnostic and Statistic Manual of Mental_
Disorders (DSM-IV-TR, APA, 2000). The DSM is the official desk reference used by all psychiatry and psychology professionals for diagnosing and treating mental illness. It solely dictates the guidelines for psychiatry and purportedly uses an atheoretical system of descriptive classification. The “atheoretical” methodology of the DSM and its categorization of mental illness are problematic in many ways (Clark, 2007; Kirk & Kutchins, 1992; Kutchins & Kirk, 1997; Lewis, 2006; Prendergast, 2003; Valenstein, 1998; Wilson & Beresford, 2002), warranting a critical examination through Foucauldian archaeology and other research, in order to reveal some of the current discursive contentions about mental illness.

Foucault (1965/1988) uncovered several issues of representation by reviewing the categorization of mental illness in the Renaissance. Foremost, Foucault’s archaeology reveals that what we now refer to as “mental illness” was sometimes not “mental,” sometimes not “illness,” and sometimes “false illness” (p. 276). Hysteria, which Foucault implies was a gender-based construct, was theorized as a disease of the spirit (p. 147) that originated in the womb and spread to the brain and then through the entire body (p. 146). Hysteria and its feminine counterpart, hypochondria, were gradually accepted into the domain of madness, and their proximal relationship was perennially contested (p. 136). Sometimes they were considered diseases of the nerves, other times diseases of the mind (p. 139), and although both eventually came to be known as madness, hysteria was never absorbed into the lexicon of medical imagery but remained located in the body (p. 143). Mania and melancholia were sometimes regarded as opposites, sometimes concurrent, sometimes causal of one another, and sometimes
unrelated. And although neither necessarily exhibits classic characteristics of delusion, both were readily accepted into the fold of madness. Like demonic possession, some mental illness was understood to be a product of urbanization, particularly in idle and frail women (p. 156)—it is the “natural punishment of a moral evil” (p. 158). At times it was confined, at times regulated, at times punished, at times cured. At times it was simply irrationality and the outcomes thereof. Some mental illnesses were believed to be invasive substances, particularly when categorized as part of the bodily humors, the four theoretical basic bodily fluids of Classical antiquity, which were reanimated in the Renaissance. To highlight the disparity of categorizing madness, *Mental Illness and Psychology* presents a litany of abstrusely related mental illnesses: hysteria, psychasthenia, obsessions, phobia, mania, depression, paranoia, chronic hallucinatory psychosis, hebephrenia (the psychosis of adolescence), and catatonia (Foucault, 1962/2008a, pp. 4–5). Foucault contrasts different postulates about the nature of these illnesses to show that mental pathology requires methods of analysis different from those of organic pathology and that it is only by an artifice of language that the same meaning can be attributed to “illnesses of the body” and “illnesses of the mind.” (p. 10)

Specific mental illnesses cannot be immediately located in the body, but are invariably diagnosed and categorized through discursive means that differ fundamentally from biochemistry. Foucault suggests, “[i]t is doubtful whether any illness is separable from the methods of diagnosis, the procedures of isolation, and the
therapeutic tools with which medical practice surrounds it” (p. 12), an issue that Bradley Lewis (2006) suggests continues to plague contemporary psychiatry. As the doctor-patient relationship became the only reality of psychiatry (Foucault, 1965/1988, p. 276), mental illness was negotiated through the discourse of psychiatry, explicitly the observations of psychiatrists.

Prior to the establishment of psychiatry, “mental disorders were at best loosely classified, and there were no generally accepted criteria” (Valenstein, 1998, p. 154). The first efforts to categorize mental illness in the U.S. came not from psychiatry, but from the 1840 census. The most influential figure in categorizing mental disorders in the early twentieth century was German psychiatrist Emil Kraepelin, who published eight editions of *Textbook of Psychiatry* between 1883 and 1915 (p. 154). As Kraepelin revised his book, he kept notes on his own patients and their progress, using his own data as empirical evidence, which resulted in, among other things, grouping disorders previously assumed unrelated. The textbook refused to speculate on causes of mental disorders, favoring emphasis on prognosis. This approach has been called “descriptive psychology” because it did not offer insight as to cause and origin, and it did not gain popularity during the wave of psychoanalysis through the latter twentieth century with the boom of psychopharmacology and the advent of the *DSM-I* (APA, 1952) and its revisions, which “have been atheoretical and basically descriptive in nature” (Valenstein, 1998, p. 158). The original *DSM-I* (APA, 1952) was widely criticized because there were many patients who did not fit any of the categories, so the *DSM-II* (APA, 1968) added categories, but the *DSM-III* (1980) marks a major paradigm shift in the field. Once a
simple desk reference, the *DSM-III* became assumed full authority over psychology and psychiatry protocol. Four times the length of its predecessors, the *DSM-III* and subsequent revisions utilize empirical research to categorize and treat mental illness. Psychiatry has largely abandoned marginally effective psychotherapy practices (counseling) in favor of neurology and psychopharmacological treatment strategies (drugs), which arguably influences how mental illness is categorized and therefore represented in biomedical, psychopharmacological terms. Treatments for serious mental illnesses have undoubtedly improved as a result of the advances in research and the clinical use of the *DSM-IV-TR*. The improved constitution of mental illness in biomedical terms has proven effective and even life-saving for many.

Critics of the *DSM-IV-TR* (Clark, 2007; Kirk & Kutchins, 1992; Kutchins & Kirk, 1997; Lewis, 2006; Prendergast, 2003; Wilson & Beresford, 2002), however, dispute the legitimacy of this paradigm shift, arguing that the field and its mode of representation are too narrow. Psychiatry scholar Bradley Lewis (2006) critiques *DSM-III* as a shift from one invalid approach to another, inspired by the deinstitutionalization of state-run mental hospitals, low public opinions of the field, and critical pressure from civil rights advocates and scientists. By grafting itself into the discourse of rigorous scientific method, psychiatry has averted attention from its continued poor validity by promising constant research-based revision. Valenstein (1998) reminds that drug treatments were discovered by accident, and some are scarcely more effective than placebo or non-drug treatments. He suggests that material evidence of many mental disorders is not only poor, but diagnostic methods and methodologies are incongruous with the complex
social manifestations of mental illness. Social work scholars Herb Kutchins and Stuart Kirk (1997; Kirk & Kutchins, 1992) challenge the DSM and the pervasiveness of mental illness diagnoses that arise when the DSM is applied to what they see as normal life problems.

Putting such debates aside, it is certain that much remains unknown about the brain, and that as social and cultural markers rapidly change in contemporary times, so too do diagnostic techniques and labels. The DSM-V, which is tentatively scheduled to be released in May 2012 (APA, 2009), will likely once again significantly change how mental illness is represented. Such frequent shifting exacerbates confusion and skepticism about the legitimacy of mental illness as disability (Clark, 2007; Gabel, 1999; Lewis, 2006; Wilson & Beresford, 2002). It is also clear that the APA has no intention of giving up its rein over the field or diminishing the power imbalance of the doctor-patient relationship. We must remain cautious of the stock we place in professional representations of mental illness and continue to explore critical responses to the monologue of psychiatry.

**Animality–Patriarchy: A Familial Constitution of Mental Illness**

The final aspect of the constitution of mental illness I theorize is the hybrid concept *animality-patriarchy*. “Animality” (Foucault, 1965/1988, p. 21) refers to the contextual framing of man as fundamentally deliberate, docile, and moral, and beast as fundamentally instinctual, dangerous, and amoral. People with mental illness have long been visualized as animalistic (Foucault, 1965/1988, Wahl, 1995) to imply that they are inept and therefore sub-human. Because, presumably, they cannot reason, people with
mental illness are regarded as incapable of making responsible decisions, and their supposed preclusion of ethics renders them dangerous and unpredictable. This brand of dehumanization embodies ableist notions of “fully human” as a matter of general and choreographic appearance, and it supports evolutionary meritocracy that justifies human violence against other living things. A close examination of animality also reveals the processes of patriarchy at work. The dehumanization of madness is enforced through the specific channels of emasculation, feminization, and infantization, which I suggest amounts to an ableist hegemony whereby the doctor-patient relationship is organized in familial terms, from Father as supreme-being to beast as lowliest. For this reason, I have chosen to expand Foucault’s (1965/1988) and Wahl’s (1995) discussions of animality and Foucault’s (1965/1988) and Gilman’s (2003) discussions of gender and race (etc.) issues, not because these are either scholar’s primary concerns, but because animality–patriarchy theoretically encapsulates the gamut of contentions in how mental illness has been represented.

The classical period, Foucault (1965/1988) tells us, understood animality of madness as a sign of the innocence of madness and as proof that “the madman was not a sick man” (p. 74). This theme resurfaced in the eighteenth and nineteenth centuries, as Tuke confirmed through observation that madpersons were impervious to sickness: “It was common knowledge in the eighteenth century that the insane could support the miseries of existence indefinitely. There was no need to protect them; they had no need to be covered or warmed” (p. 74). But during the Renaissance, animality had been taken to reveal “the dark rage, the sterile madness that lie in men’s hearts” (p. 21). Likewise,
the nineteenth century “knew” that “[u]nchained animality could be mastered only by discipline and brutalizing” (p. 75). Pinel had noted, for example, that a farmer once cured madness by using madpersons as beasts of burden and brutally beating them (Foucault, 1965/1988). This “cure” was not a restoration of sanity to the insane person, but a rite of passage from man-beast to beast, the abolition of man (p. 76). The “madman” was still not regarded as a sick man, but now this was because he was no longer “man.”

Humans were no longer “rational animals” as Aristotle asserted—now it was understood that humans had evolved, through reason, into something different, superior to animals. This evolution not only dissolved the threat of madness to sane people, it also relieved society of the moral obligation to treat madness humanely, the guilt of which had necessitated the ship of fools. As the voyage ended with the asylum, so too did the responsibility of Medieval madness which had been “supported and cared for in the community,” and treated with medical interventions that were consistent with other medical practices (Roffe & Roffe, 1995). Finally, madpersons could be permanently cast away in asylums to be punished for their “anti-natural violence of animality” (p. 78).

The image of the asylum cooperatively reflected the visual legacy of animality, Foucault (1965/1988) suggests. Pinel had organized the asylum as a “site of moral syntheses where inmates born on the outer limits of society were eliminated” (p. 260), and its visual design transmitted conventions devised for controlling animals and prisoners, an architecture of cages and shackles (pp. 71–72) and punishment. “[I]t was this animality of madness which confinement glorified” (p. 78), even through the
upheaval of the Revolution when prisons became recognized as inappropriate sites for treating madness. Despite mental illness becoming technically decriminalized, it still needed to be confined for its own good.

Then in the nineteenth century, the creation of the doctor-patient relationship as the lone reality of mental illness was written as a “new structure of language without response” (Foucault, 1965/1988, p. 251), which I argue refined the image of animality to its paternalistic, familial underpinning. The beast that had “escaped domestication” in the Renaissance (p. 21) was to be tamed once for all. As the ethical responsibility to madness was expunged, the psychiatrist legally presumed the unwanted paternalistic role of nuclear families and the Church in caring for and disciplining the infirm. And “[t]he physician could exercise his absolute authority in the world of the asylum only insofar as, from the beginning, he was Father and Judge, Family and Law” (p. 272). He was expected to dominate patients by being stern and non-threatening, but ready and willing to immediately punish patients—in the spirit of punishing animality—whenever they disobeyed him (p. 272).

Foucault examines an example cited by Pinel, in which an unruly seventeen year old girl who had slipped into delirium was cured by the keeper of the asylum. Foucault quotes Pinel’s account of the event:

the keeper, in order to tame this inflexible character [...] expressed himself forcibly concerning certain unnatural persons who dared oppose their parents and disdain authority. He warned the girl she would henceforth be treated with all the severity she deserved, for she herself was opposed to her cure and
dissimulated with insurmountable obstinacy the basic cause of her illness.

(pp. 272–273)

Moved by this new rigor and these threats,

she ended by acknowledging her wrongs and making a frank confession that she had suffered a loss of reason as the result of a forbidden romantic attachment. ... [consequently,] a most favorable alteration occurred ... she was henceforth soothed and could not sufficiently express her gratitude toward the keeper who had brought an end to her continual agitation, and had restored tranquility and 
calm to her heart. (p. 273)

Foucault reports that Pinel’s conclusion is that the medical personage was successful not by responding to “an objective definition of the disease or a specific classifying diagnosis, but by relying upon that prestige which envelops the secrets of the Family, of Authority, of Punishment, and of Love” (p. 273). Foucault cites this characterization of the doctor-patient relationship to illustrate how the familial, “paternal authority” (p. 274) compromises the scientific integrity of psychoanalysis.

But Foucault’s example does more than this: it harkens his archaeology of hysteria and hypochondria, in which femininity is visually pathologized as mental illness through a patriarchal discourse. The image of the madwoman discussed above implicates the patriarchal coalescence of mental illness and inferior body type images. Gilman (2003) elaborates patriarchal discourses in nineteenth century European body politics, in which sex, sexuality, race, and health were all visually pathologized. He explores these visualizations as part of a systematic (colonial) ranking of bodies with
the white, heterosexual male at the top and black, lesbian female at the bottom. The “lascivious, apelike sexual appetite of the black,” for example, was believed to have gone “so far as to lead black women to copulate with apes,” suggesting a polygenetic difference between races (Gilman, p. 139). Black sexuality was also linked to “deformed” genitalia, which purportedly indicated the excesses of lesbianism (p. 142), and the “presence of exaggerated buttocks” of the “Hottentot” confirmed that “female genitalia are more primitive than those of the male,” a postulate echoed by Freud (p. 146). Such sexuality images were conflated with prostitution, pathologized as disease, alongside the myth that dark skin was a kind of leprosy and that syphilis was a form of leprosy rooted in Africa (p. 146). Although, Gilman does not mention it, this contentious legacy continues to be exploited in AIDS rumors, such as that Africans acquired AIDS through bestiality, which (un)naturally extends to queer sex.

The importance of Gilman’s (2003) research is that it further works out the complexities of rank ordered bodies, where undesirable characteristics are observable as visible signs of evolution. Under the guise of patriarchy, the crude binary of (“civilized”) man/beast can be genealogically unpacked, recognizing other familial beings and the categories by which they are ranked. Women are represented as feeble and dirty, as primitive, as are people of the lower classes and third-world nations. Feeble, dirty, primitive people are sub-human, as the lowliest beings are non-humans. The “beast” is identifiable as s/he who has no dealings with civility, beings which have not “mastered” themselves and others. The essential, “natural” categories of ranking beings are genetic—sex, race, and species. After that are categories that are most important to the
Western idea of civility as progress and evolution: ethnicity, social class, profession, intelligence, athleticism, health, physical appearance, and possibly material assets, to name a few. To an extent, these summarize discursive attributes. Finally, we add predominantly discursive categories, such as personality, temperament, and demeanor. Matters of preference fit into this section, because, existentialism aside, people are indeed pathologized for their taste, sexuality, style, and so on, especially as they deride traditional family values.

Extending Gilman’s (2003) research to representations of mental illness, we find such themes converging at the familial context of animality. A common image of depression, for instance, is the broken woman—hunched over, defeated, often sitting by a window, permanently confined to the home. We presume she does not work, and that she is no longer capable of performing her “womanly” duties (of cooking, sex, and so on). In essence, she is in deep hibernation, detached from the hustle and bustle of the professional world.

Regarding children, mental illness is often infantized as a part of its animality, especially in children’s animated media. Wahl (1995) points out that it is visually apparent which character is “Wakko” in the Peabody and Daytime Emmy award winning cartoon series, Animaniacs. Beyond Wahl’s critique, I would add that Animaniacs is a good example of how mental illness is both animalized and infantized in children’s programming. “Wakko” is a direct descendent of the classic parent Warner Brothers production, Loony Tunes series, most notably Daffy Duck, one of many cute, laughably disabled characters. In such programming, a child-like innocence is often paired with
disability in animal characters, which dodges the issue of representing childhood
disability in people. In Disney films, such as those examined by Eisenhauer (2008),
characters that are supposed to have mental illnesses often exhibit characteristics of
both children and animals. Such characters are often placed under the direct authority
of human children.

Such imagery reflects the trend that people with disabilities are infantized
throughout their lives (Mairs, 2002). But performer Cheryl Marie Wade references the
Jerry Lewis telethon to suggest a general attitude of disdain toward disabled adults:
“The minute you’re not a cute kid, by the way, you might as well, you know, be a
gargoyle as far as they’re concerned” (Snyder & Mitchell, 1996). Indeed, for mentally ill
characters, youth only temporarily constrains the latent, inevitable savageness of
beasts. When these beasts grow up, hence cutting the leash of familial control, they
become dangerous and evil, as contemporary visual culture reminds. An example of this
is the hyenas in “Lion King,” in which the beastliness and craziness of the bunch are one
and the same (Lawson & Fouts, 2004). Wahl’s (1995) research on television dramas
suggests, furthermore, that mentally ill adult characters are evil, incompetent,
antisocial, and expendable. Their anti-familial position renders them subhuman.

The sexual nature of adults with mental illness is extraordinarily alarming, as
Wahl (1995) discusses regarding the prototypical serial killer-rapist in horror films. But
the effects of this danger can be found as far as the “G-rated” end of the Hollywood
spectrum. The lovable, Academy Award winning cartoon skunk Pepé Le Pew, is clearly a
deluded stalker, a sexual predator with nuanced underpinnings of biracialism, inter-
species intercourse, s/m, and sometimes bi-sexuality. And it is his delusion and its sexual implications that establish Pepé as a remarkable character, not his unsolicited sexual assaults. The inappropriateness of his sexual preferences—a skunk pursuing a cat—confirms his mental illness, even if it is merely indicative of grandiosity rather than deviance.

These images of mental illness as animality illustrate social regression and distance, as Foucault (1962/2008a) and Gilman (1982) illuminate. Social evolution allowed dialogue to become a mode of interhuman relation, so “[t]he patient who is incapable of dialogue regresses through this whole social evolution” (Foucault, p. 23). But the broad implication of this is even greater: “... every illness suppresses one or other [sic] form of behavior that society in its evolution has made possible and substitutes for it archaic forms of behavior” (p. 23). The doctor-patient relationship which grows out the asylum and its reference to animality (Foucault, 1965/1988) is one of power and punishment: the doctor-as-keeper acts as the oppressor, the beastly patient as the oppressed (pp. 252–255). Thus, mental illness takes its place in the familial hierarchy. Under the care of the doctor-as-father, the disabled patient/infant/beast is helpless, mute, lacking any survival skills or agency. In essence, they are like pets or domesticated farm animals—not fully human but fully mastered by humans. Along with minorities, women, and children who are regarded as subordinate humans, people with mental illnesses are regarded as sub-human, derided and controlled for their social and civil ineptitude.
But isn’t this just an oversimplification—an unreasonable tirade of sorts, a rant? A *mad* rant? The representation of mental illness often is oversimplified, and that is precisely the point. When people who have or are identified as having a mental illness, the discourse surrounding mental illness is grafted onto their former identity, often overshadowing the former self. As Wahl (1995) argues,

> [m]embers of the public, if they are to make fair decisions about issues related to mental illness, need to understand the nature of the media images of mental illness that may shape their ideas and the relationship of those images to the facts of mental disorder. (p 13)

We also need to understand the core ideologies that shape these “natures” and their historic precedents. We need to evaluate our predispositions about mental illness and question the horrifying tradition of how people with mental illness have been treated and how they/we continue to be treated. And, regarding representation, we need to listen to alternative messages to the animality-patriarchy discourse and ask how self-representations of mental illness can increase our understanding of mental illness as complex and unresolved, as personal and social, as discursive.

The Challenge of Madness in/to Art

In his conclusion to *Madness and Civilization*, Foucault (1965/1988) calls on the arts, specifically “mad art,” to break the silence created by psychiatry. He sets up this postulate by explaining that the consensus of the classical period was that madness and art were fundamentally incompatible—whatever was mad could not possibly be art, and whatever was art could not possibly be mad (p. 268). This supposed incompatibility had
to do with classical presumptions about discourses of art and madness. Art was understood to be a part of language, of cultural production, which was necessarily rational. Madness was understood to be devoid of reason and therefore unproductive—its language was empty, separate and different from the rest of Discourse (Foucault, 1964/1995). Then Goya referenced a dark, still world of madness that contrasted the vision of his contemporaries Pinel and Tuke. Goya’s madness implied humankind’s “last recourse: the end and the beginning of everything” (Foucault, 1965/1988, p. 281). But all of these works were only about madness—their power was restricted to a foreshadowing of modernism, in which the images transmit to Antonin Artaud and Nietzsche, along with Van Gogh and a host of other “mad artists” discussed by Foucault (1965/1988), for whom “mad art” is something entirely different (p. 285).

This “mad art” reveals the absolute presence of madness in early Modern discourse as exotic, desirable productivity, thus contradicting psychiatry discourses that write off its utterances as a mad rant. According to Foucault (1964/1995), the reason madness was understood as the “absence of work” is that its language (a) did not say anything, and (b) did not draw from or contribute to anything except itself. It was a nonsensical language with no motive, no outcome—empty utterance. But the plethora of work that explodes out of madness in Early Modernism cannot be muted or overlooked. For Foucault (1965/1988), this work does not indicate that the barrier between madness and art has been dissolved, but it rather points to the anxiety about madness as a threat to the construct of work, or sanity. In “Madness, the Absence of Work,” Foucault (1964/1995) works through the becoming of madness in literature, not
because literature opens the door to madness, but because its practices morph into a resemblance of madness. Literature becomes its own utterance (p. 296), no longer about what it says, but the void it creates (p. 297). Thus, the incompatibility of madness and art–work becomes dangerous, a threat to the possibility of art–work or at least its abolition.

Artaud’s madness, Foucault (1965/1988) suggests, “is precisely the absence of the work of art, the reiterated presence of that absence ...” (p. 287). Likewise, Nietzsche’s mad claim, “in the perspective of the work of art ... is the very annihilation of the work of art, the point where it becomes impossible and where it must fall silent” (p. 287). “And Van Gogh, who did not want to ask ‘permission from doctors to paint pictures,’ knew quite well that his work and his madness were incompatible” (p. 287). But the work clearly is art. At this point, I argue, its author becomes necessarily important—not as-author per se, but as a factor of the work that gives the work its madness, the very relationship of which is supposed to revoke its credulity. Now the institution organized by Pinel has declared him insane, and now his best works emerge from the height of his madness, from the asylum. Van Gogh’s paintings are indisputably of madness. For the modern artist, “[m]adness is the absolute break with the work of art; it forms the constitutive moment of abolition, which dissolves in time the truth of the work of art” (p. 287).

But why should it matter that art is abolished when madness has already abolished humankind? Foucault (1965/1988) explains of Nietzsche’s work, “[w]hat made it impossible makes it immediate for us; what took it from Nietzsche offers it to
Through madness, such works engage within themselves the world’s time and masters it. “[B]y the madness that interrupts it, a work of art opens a void, a moment of silence, a question without answer, provokes a breach without reconciliation where the world is forced to question itself” (p. 288). Thus, “[t]he moment when, together, the work of art and madness are born and fulfilled is the beginning of the time when the world finds itself arraigned by that work of art and responsible before what it does” (p. 289). The triumph of madness in a world that measures itself by the excess of mad art is that it forces the world to justify itself before madness (p. 289).

In conclusion, Foucault is suggesting that the arts, including visual art, challenge normalizing discourses of reason. Mental illness has always been with us, represented in very different ways that reflect shifting philosophical tides, social and cultural events, and enduring, sometimes anachronistic values. In Western society, madness has generally been alienated and distorted through representations that suggest it is not a part of everyday life, that it is incapable of speaking intelligibly about itself. Thus, discursive constitutions of mental illness, including visual images, scripted performances, philosophy and theology, and legal and medical texts, are limited and can be misleading because of, among other things, the absence of voices that describe mental illnesses from the perspective of those who experience it. But mad art exposes this imaginary. It reveals that mental illness does have a voice and that its words are intelligible. In writing this chapter, I have attempted to illustrate that these things are true, not only by synthesizing the research of Foucault, Gilman, Wahl, and others, but
by unearthing Foucault’s works, especially *Madness and Civilization*, as an exemplar of mad art in an academic sense. Through his own experiences of the mental health industry, Foucault has researched and produced scholarship that realizes the unspoken truth of the history of psychiatry, providing a loose model for the kind of interdisciplinary scholarship that could emerge from a collaboration between fields such as disability studies and art education, and he leaves us with an artifact, a text, worthy of examination for insight about how mental illness can be expressed through art. Not only are the utterances of mental illness coherent and meaningful, the language of mental illness about itself is suitable for expression in the arts. Unlike other discourses of art and mental illness, such as art therapy and Outsider art which are purportedly translated through hermeneutics into another “sane” language, Foucault demonstrates that people with mental illnesses are capable of speaking for themselves, through the arts, as work—legitimate cultural production that is, in its madness, fully human.
Madam, I swear I use no art at all
That he’s mad, ‘tis true, ‘tis true ‘tis pity,
And pity ‘tis ‘tis true—a foolish figure,
But farewell it, for I will use no art.
—Polonius (W. Shakespeare), Hamlet Act 2, scene 2, 92–99

Introducing Art Education and Disability Studies

The terrain of academia is increasingly professed as interdisciplinary, transdisciplinary, post-disciplinary, and so on. Such professions value the sharing of knowledge beyond traditional boundaries, aspiring to advance scholarship through collaboration of diverse perspectives. The academic branch of disability studies is an example of a fundamentally interdisciplinary project, with “intellectual roots in the social sciences, humanities, and rehabilitation sciences” (Albrecht, Seelman, & Bury, 2001, p. 2). Despite this interdisciplinary display, disability studies programs are typically housed in traditional departments, and disability studies literature indicates a dominant presence of the humanities, especially English. Conversely, evolving disciplines are growing exceedingly impossible to map, as Brent Wilson (2003) explains about the field of art education, which has grafted into its domain the already expansive, transdisciplinary project (Tavin, 2003) of visual culture. In the advent of
post-disciplinary crossings, disciplinary identities inevitably become diffused making room for new conversation that uncovers insights previously overlooked.

In a fairly recent column in NAEA News, Jennifer Eisenhauer (2008b) invited socially minded art educators to recognize disability studies and to consider disability as a unique and important part of art education’s agenda. This invitation to art educators elicits Eisenhauer’s (2007, 2008a, 2009) research, which characterizes a dialogue between disability studies and art education about overlapping issues that have been identified as important within both fields, particularly the representation of mental illness. This chapter responds to Eisenhauer’s invitation by forging a chiasmus, or crossing, of the two fields. It is an exercise that asks: what can art education clarify for disability studies? What can disability studies clarify for art education? To qualify this discussion, I first review art education’s attention to disability and disability studies’ attention to art. Following this introduction, I explore art education’s relevance to disability studies in two parts: artifacts, and bodies and community. In crossing, I then explore the community, bodies, and artifacts of disability studies as they are relevant to art education. The interchange of ideas between art education and disability studies invokes an expansive and introspective dialogue among these (inter)disciplines, brightening the possibility of each, and opening the door for dialogic critique, which I entertain in the next chapter.

Art Education Attention to Disability

Art education has been interested in disability since the 1930s (Blandy, 1991). It mainly pertained to the general objectives of K–12 art classrooms until the 1970s, and
then to special education and art therapy, using “a language of inclusion, accommodation, mainstreaming, and therapy” (Eisenhauer, 2007, p. 7). The most recent attention to disability by the National Art Education Association (NAEA) confirms Eisenhauer’s statement. NAEA has published two books dealing with disability in the past decade, Andra Nyman and Anne Jenkins’ (1999) *Issues and Approaches to Art for Students with Special Needs* and Beverly Gerber and Doris Guay’s (2006) book *Reaching and Teaching Students with Special Needs through Art*. Reportedly one of NAEA’s bestselling books, *Reaching and Teaching* is firmly positioned within special education discourse. The same is generally true of NAEA’s formally recognized interest group, “Special Needs in Art Education” (SNAE), which was established in 2001 (NAEA, 2008b). The SNAE website (http://www.southerntct.edu/~gerber/SEDarts/NAEASpecialNeedsIssuesGroup.htm) currently links to an extensive bibliography titled Special Education and the Arts (SED/Arts) References (See Appendix A), which mostly consists of research from the 1970s–1980s that promotes special education concerns, including art therapy (Anderson, 1992, 1994; Kelley & Moore, 1980), curriculum and learning materials modification (Carrigan, 1994b; Milne, 1981; Platt & Janeczko, 1991; Rodriguez, 1985; Wellman, 1994), IEPs (Gair, 1980; Morreau & Anderson, 1984), integrating mainstreamed students (Anderson, 1975; Copeland, 1984; Heinisch & Gerber, 1988; Pazienza, 1984; Shuler, 1988), classroom management strategies (De Chiara, 1994), teaching measures that target self-esteem (De Chiara, 1982) and social skills (Haeny, 1989), and fostering creativity and decision making skills (Gerber, 1994; Guess, Benson, & Siegel-Causey, 1985; Hajcak, 1980; Houghton, Bronicki,
& Guess, 1987; Miller 1986; Morreau & Anderson, 1986). This research usually contextualizes disabled learners as somewhat helpless, requiring extraordinary services that are provided by special education professionals and other classroom teachers in public school settings.


Much of this literature fits within the universal design paradigm that Ron Mace conspired, which asserts that product and environmental design should be accessible to the broadest spectrum of users possible and remain flexible rather than presuming an
idealized norm. The premise of universal design is “inclusive” because it starts by considering the broadest possible spectrum of users and uses rather than the average user. Universal design strives to please all users and to minimize the need for future upgrades that exclusive environments inevitably demand. In the context of art education, researchers have importantly discussed issues of educating disabled people in such diverse sites as schools (Schiller, 1999), art classrooms (Guay, 1993b, 1995; 1999), and museums (Andrus, 1999), community arts programs (Blandy, 2003; Lund & Massey, 2004), university-sponsored school programs (Keifer-Boyd & Kraft, 2003), institutions (Wexler, 2005), and cyber charter schools (Knight, 2005). Alice Arnold (1999) explains that architecturally inclusive environments benefit all people, not just those with disabilities, which is most practically visible in such examples as curb cuts in sidewalks, legible signs, and artworks displayed at heights visible to children help nondisabled people as well as certain disabled people. Likewise, the cognitive and social benefits of art education are valuable to all, so art education standards should not be shortchanged by therapy methodologies that seek to ameliorate impairment. Curricular approaches to art education should serve learners of all abilities. Art environments should disband “special” curricula, Blandy (1989b, 1994) argues, and focus on how to make the common aims, goals, and objectives of art education (1989a, 1989b, 1991, 1993; Blandy et al., 1988) available to all learners. Thus, art educators have been challenged to assess the ways in which they construct classroom environments (Blandy, 1988) and to “discard those art education practices that are incongruent with the sociopolitical orientation” (Blandy, 1991, p. 139) by restructuring environments so that
they are supportive of disabled people (Blandy, 1993). Inclusion, Blandy (1999) argues, is not just physical accommodation of people with disabilities, but also “the accommodation of the cultural expressions of this community” (p. 40).

Gloria Pappalardo (1999) notes that the most important thing to realize about people with disabilities is that they are, first of all, people. [Nondisabled people] need to see what disabled people can accomplish rather than emphasizing limitation. Claire Clements (1999) discusses the person-centered approach, as opposed to a systems approach, which activates “the right to be informed, the right to choose, and the right to be heard” (p. 143). Education is seen as fostering self-actualization, and acknowledgement of disabled people’s abilities rather than disabilities is framed as congruent with widespread social values as well as the law. People with disabilities are regarded as an integral part of society (Clements, p. 143) whose contributions cannot be measured in dollars and cents (Kraft, 2006). To that end, Blandy (1988, 1991, 1999) recognizes that disability is a cultural, minority identity informed by the shared experience of disabling environmental factors. Disabled people are considered equally valuable, contributing members of society (1989b, 1993, 1994, 1999; Blandy et al., 1988).

But these valuable contributions often go unnoticed. Blandy argues that an aesthetic anxiety about disabled people (1991) exists, which must be challenged through critical aesthetics. To thwart ableism, art educators must introduce a disability aesthetic (1999) in which self-representations of disability become a regular part of the visual lexicon promoted at art education sites. Blandy (1999) introduces a number of
disabled artists, who create “art that self-advocates, is self-referential, is at times socially activist, and which documents the experience of being disabled” (p. 39), using diverse media, including performance artist Cheryl Marie Wade, photographer David Hevey, painter Ernie Pepion, Bob Flanagan and partner Sheree Rose, and cartoonist John Callahan.

Toward this aim, Alice Wexler (2005) critically discusses artworks created by institutionalized disabled people, unveiling the “ambivalence with severe physical and mental abnormality [which] runs deep in pedagogy” (p. 210). She raises several important theoretical and historical points on how disabled people have been represented in the arts as “sideshow” (p. 212) freaks separated from “normal” society. Wexler critiques the institutional oppression of cognitively and psychologically disabled people and their art, forging a path for further examination of institutional treatment of people with disabilities and how the creative output of people with disabilities are misinterpreted according to ableist discourses. Following her critical discussion, Wexler discusses the work of Judith Scott and Larry Bissonnette who were institutionalized for extended periods and whose artistic practices are integral to their identities.

Jennifer Eisenhauer (2007) responds to Blandy’s research by exploring disability culture and art to challenge ableism as a key sociopolitical issue in art curricula (Eisenhauer, 2007, p. 8). She evolves the sociopolitical orientation by introducing the affirmation model, which promotes the cultural contributions of disabled people. Eisenhauer discusses performance artists Mary Duffy, Petra Kuppers, and Carrie Sandahl, all of whom she notes are “disability artists” rather than “artists with
disabilities” such as the artists Wexler (2005) considers. Disability artists deal with
disability experiences and confront ableism and the discursive “sideshow pedagogy”
that constructs disability as property (p. 11). Pedagogically, Eisenhauer’s discussion of
Kuppers’ *Traces* is key to this research project as it offers a self-advocating critique of
the historic misrepresentation of mental illnesses. Kuppers describes ways in which
“mental health system survivors” challenge stigma through performance and video. In
addition to making space for the voices of institutional survivors, Kuppers provides
audiences the opportunity to observe the actual corporeal performances of disabled
people rather than created images which are interpreted in their absence. The
unexpected, peaceful performances of these survivors raise important questions about
stigmatized expectations and representation that static images cannot.

Eisenhauer (2008a) builds on this research in another article, focusing specific
attention on mental illness discourses that have been overlooked in art education.
Drawing from Foucault, Eisenhauer expands Wexler’s brief account of the historic
context of disability representations by critically engaging historic and contemporary
representations of mental illness in visual culture. The projects of phrenology,
physiognomy, and psychiatric photography objectified patients as specimens for
analysis and confirmed the branding of stigma, effectively marked “the Other” and
delineated boundaries between “us” and “them” (p. 16). Eisenhauer then examines how
this “underlying desire to police boundaries of normality” (p. 16) discursively persists in
contemporary media targeting children. Mental illness is represented through
demeaning language such as “crazy, mad, ‘losing your mind’, nuts, ‘driven bananas’,

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twisted, deranged, disturbed, wacko, cuckoo, loony, lunatic, loon, insane, and freak” (Wilson et al., cited in Eisenhauer, 2008a, p. 16) and through related visual cues. This discursive representation is ubiquitous—for example 85 percent of Disney films reference mental illness (Lawson & Fauts, cited in Eisenhauer, 2008a, p. 16)—yet it is overlooked in art education critiques of Disney (p. 17). Eisenhauer (2008a) points out the missed opportunity to include ableism in sociopolitical pedagogy:

While the representation of mental illness in art, medical images, and popular media has repeatedly been shown to be negative, inaccurate, and stereotype-laden, the field of art education has not yet given sustained attention to the critical engagement of these representations in visual culture. (p. 18)

The body of critical art education research on disability works to rethink the ways in which disability is socially constructed and to learn from people who experience disability. The research challenges art educators to understand disabled children as complex individuals involved in reflexive construction (Davis & Watson, 2002, p. 170). Such research suggests that the field of art education is aligned with the aims of disability studies, would benefit from interdisciplinary dialogue with disability studies, and would be receptive to what disability studies has to offer.

**Disability Studies Attention to Art and Visual Culture**

Disability studies scholarship has given some—although I argue not enough—attention to art and visual culture, the attention often being indirect, coming from discussions of corporeality or media representation. The relationship of visual culture studies to disability studies is almost as old as disability studies itself, as the first major
anthology, the first edition of *The Disability Studies Reader* (Davis, 1997) included works discussing visuality, including a piece by well-known visual culture theorist, Nicholas Mirzoeff (1997/2006a). As a young field, the lack of scholarship in artistic expression reflects disability studies’ budding, its need to define itself in political terms and to reject the hegemonic framing of disability according to the medical model. Now firmly established, disability studies has begun to seriously entertain subjectivity and personal expression, and while it has mostly privileged written expression, artistic expression and critical visual culture are becoming increasingly recognized as valuable contributions to the field. In this section, I provide a brief overview of how art has been engaged in disability studies.

At least three major disability studies anthologies currently circulate, and each includes multiple discussions of art and visual culture. In Sage’s *Handbook of Disability Studies* (Albrecht et al., 2001), “art” and “images of disability” are frequently addressed, both in terms of critical history of works about disability (Mitchell & Snyder, 2001) and cultural expression in the disability arts movement (Barnes & Mercer, 2001). MLA’s *Disability Studies: Enabling the Humanities* (Snyder, Brueggemann, & Garland-Thomson, 2002) more eagerly engages the arts, as expected by its title. Two chapters stand out as particularly relevant here: Rosemarie Garland-Thompson’s (2002) “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography,” and Sharon Snyder’s (2002) “Infinities of Forms: Disability Figures in Artistic Traditions.” Several chapters discuss corporeality and the importance of artistic expression. Routledge’s *The Disability Studies Reader, 2nd Ed.* (Davis, 2006b), confirms the growing interest in disability
studies in artistic expression and visual and performance art and culture. For example, internationally known visual culture scholar Marquard Smith (2006) compares turn of the century invisible prosthetics with the techno-fetishism displayed in Matthew Barney’s Cremaster 3, which proudly emphasizes Aimee Mullins’ transparent, designer prosthetic legs. The book contains several chapters on visuality and two important pieces on blindness, Nicholas Mirzoeff’s (2006a) “Blindness and Art” and Georgiana Kleege’s (2006a) “Blindness and Visual Culture: An Eyewitness Account.” The inclusion of visual culture scholarship in Davis’s (2006b) reader is reciprocated the same year in a special “Visuality–Disability” issue of Journal of Visual Culture (Davis & Smith, 2006a), which I later argue is a promising invitation to art education researchers. Finally, Davis’s (2006b) book concludes with a section of creative works, a theme paralleled by the longstanding premier U.S. journal on disability studies, Disability Studies Quarterly—a step toward recognizing art making as a valuable, scholarly mode of exploring disability culture and issues.

In a much more direct and convincing fashion, The Review of Disability Studies journal (Roman & Frazee, 2009a) recently devoted an entire issue to discussion of an event on “self and collective disability representations” (Roman & Frazee, 2009b, p. 3). The catalogued event, “The Unruly Salon,” took place at Green College, University of British Columbia between January and March 2008, hosting frequent “performances by professional artists and scholars with disabilities” (p. 3). The event “invited the public to learn and hear the voices of people with disabilities as distinguished artists, scholars and members of our community” (p. 3). This issue delivers on the journal’s mission to
publish “poetry, short stories, creative essays, photographs, and art works” (Pfeiffer, 2004, p. 8), in addition to research and forums. Not only does this issue publish art works, it also discusses artists’ visions, motives, and processes, which are highly important to art education.

Additionally, all of the major journals have taken some interest in art and visual culture in the past decade, coinciding with major trends in disability studies. The sporadic interest in art and disability (e.g., Newbury, 1996) became remarkably visible in a 2001 special issue of Disability Studies Quarterly, 21(2), on advertising and people with disabilities, including exploitative television such as the Jerry Lewis Telethon (Haller & Relph, 2001). Following a lapse in interest, art and visual culture have been engaged in scholarly disability studies journals in the past few years (Caraballo & Rodas, 2008; Heenan, 2006; Millett, 2008a, 2008b; Taylor, 2005).

Art and visual culture have been discussed at length in disability studies books, documentaries, and conferences, as well. Notable book examples include Susan Crutchfield and Marcy Epstein’s (2000) edited volume Points of Contact: Disability, Art, and Culture; Carrie Sandahl and Philip Auslander’s (2005a) edited book Bodies in Commotion: Disability and Performance; and artist and disabled person Petra Kuppers’ books such as Disability and Contemporary Performance: Bodies on Edge (2003) and The Scar of Visibility: Medical Performances and Contemporary Art (2007). Such books imply that the arts are broadly related and are relevant and necessary to disability studies.

The interest of art education scholars in disability and the interest of disability studies scholars in visual culture including art bolster the importance of collaboration
between the fields. Scholars in both fields are interested in learning about content in the others’ fields of expertise. The remainder of this chapter, then, presents the means by which each field complements and clarifies the content of the other in useful ways that invite interdisciplinary dialogue.

Art Education Illuminations for Disability Studies

In the introduction, I highlighted the overlapping interest between the two fields, noting the research base as well as Eisenhauer’s (2008b) invitation to the field. Although art education is a small, specialized field, it has much to offer disability studies. Its research crosses, often synthesizing, social science and humanities methodologies in interesting, creative ways. The creative processes and content that emerge from art education differ from those of the humanities, which mostly engage writing. Art making and the processes thereof open new possibilities for expressing disability experiences. Art education also reaches a broader audience than disability studies, namely learners outside higher education, in environments such as preschool, primary, secondary, and community education sectors. Involving these practices and people could significantly enhance and extend disability studies.

This section explores how art education can enhance disability studies. First, I review artifacts of art education, in terms of both its academic research and student outcomes in academia and in the field. I then discuss the community and bodies of art education, including the people that comprise art education from preschool to higher education, and the theoretical positions of the body within art education literature, since disability studies is inextricably concerned with matters of the body.
Art education deals almost exclusively with the critical examination of fine art and visual culture artifacts, some of which have been overlooked in disability studies. Much artwork has been critically examined and considerable attention has been given to art criticism, which has supplanted traditional, formal approaches to interpreting art. Unfortunately, only two articles (Blandy, 1999; Eisenhauer, 2007) specifically discuss disability artists, and the majority of fine art examined in the field does not address disability. Neither art education nor disability studies has given considerable attention to disability art, with the narrow exception of performance art in disability studies literature, but the tradition of critically engaging fine art in art education is rich and robust, suggesting fertile research ground for engaging disability artists and visual representations of disability in art if Eisenhauer’s (2008b) invitation is accepted.

Another important aspect of art education is its paradigm shift (Tavin, 2005) from a discipline-based approach to a critical visual culture studies approach, which politically positions the field close to disability studies. The alignment of art education with visual culture studies expands the study of artifacts to a broad range of culturally relevant artifacts beyond fine art, including crafts, design, television, movies, advertisement, consumer products, the Internet, and so on. As a kind of cultural “studies,” visual culture uses critical inquiry similarly to disability studies. It is the recognition of multidisciplinary content in historical context, the “in-betweens or interstandings of phenomenological, substantial, and pedagogical issues” (Tavin, p. 204, 2003). And visual culture is chiefly invested in the theoretical keyword visuality.
which refers to social facts of sight, as opposed to vision, which refers to the physical operation of sight (Foster, 1988).

The study of visual culture artifacts is important because disability is ubiquitously represented in visual culture, and because visual culture has a much broader audience than fine art. For instance, Eisenhauer (2008a) cites examples of how “visual culture is saturated with negative and inaccurate representations of people who have mental illnesses” (p. 14) in such common consumer products as children's toys and popular children’s literature and movies. Art education’s expanding interest in visual culture artifacts, including Internet social networking, gaming, television (including edutainment), movies, design and advertisement, museums, amusement parks, toys, and so on, could be useful for developing critical exploration of visual culture artifacts from a disability studies perspective.

Contrasting the visual culture disposition, which asserts that predominant information channels have shifted from textual to visual (Mirzoeff, 1999), some art education scholars reject privileging the visual. For example, Kerry Freedman (2003) notes that “[v]isual culture is inherently interdisciplinary and increasingly multi-modal” (p. 2). Paul Duncum (2004), furthermore, explains that “[a]ll cultural sites that involve imagery include various ratios of other communicative modes and many employ more than vision” (p. 252), and “no matter how important the visual characteristics of contemporary cultural sites are ... they all involve other sign systems and appeal to multiple perceptual systems” (p. 253). Duncum’s approach to visual culture is disability
sensitive by virtue of its inclusivity. Disability studies would be well-served to address visual culture artifacts, and using such inclusive strategies could be pedagogically useful.

Beyond recognizing multi-sensory phenomena of visual culture, Paul Bolin and Doug Blandy (2003) support a material culture approach to examining cultural artifacts. Bolin and Blandy explore artworks and artists that are primarily non-visual, advancing the conversation about art and other artifacts to include artists and art audiences with limited visual perception. According to Blandy (personal communication, January 16, 2008), this discussion deliberately recognizes disabled learners who are often omitted from consideration in visual studies. The recognition of disability and people with disabilities is essential to satisfying the aim of art education as defined by Efland, Freedman, and Stuhr (1996): “The fundamental reason for teaching the arts is to enable students to understand the social and cultural worlds they inhabit” (p. 73).

Consequently, beyond the critical examination of cultural products and ensuing theories, art education is fundamentally concerned with cultural production. Like other academic disciplines, art education is concerned with student work that responds to its research. The primary mode of student production for many disciplines, especially in human sciences and the humanities, is writing. The related field of general teacher education focuses also on curriculum building, while traditional arts disciplines emphasize (re)enacting various scripts and, in the case of art, producing objects, images, and performances. Art education involves all of these, but it is organically interested in students’ conceptualization, design, and production of creative art. Art education research engages art making as a pedagogical venue for critical inquiry. The many
possibilities for art making also serve as alternative ways of learning, knowing, and communicating for people of diverse abilities. Student artifacts, as Kuppers (2000) and others have shown, can provide rich insights about socio-cultural phenomena such as disability for artists and audiences.

Art Education Community and Bodies

As the above discussion of products and productions suggests, the art education community is necessarily comprised of diverse bodies. Whereas disability studies is implemented in the academy, art education spans preschool through adult community education. The thrust of art education addresses K–12 education, often differentiating elementary and secondary goals and objectives. Preschool, community education, and sometimes “special” education are also treated as unique foci. In the academy, art education usually offers courses in undergraduate teacher training for preservice general classroom teachers and art specialists, and sometimes graduate research seminars, professional graduate credits for art teachers, general electives, and studio art training for preservice art teachers. The extended community of art education includes parents and guardians, school administrators, interdisciplinary K–12 and higher education colleagues, and miscellaneous audiences of student art work.

For K–12 public schools, arts education is mandatory in most U.S. states (Arts Education Partnership, 2008), which, combined with young people’s interest in art, results in a large contingency of child and adolescent art students. Not only are K–12 art students varied in their artistic interest and aptitude, they are also different in terms of cognitive, perceptual, physical, and psychological ability, relative to other
school disciplines. The art classroom was historically among the first sites open to mainstreaming (Gerber, 1994), and is often a primary placement (Guay, 1994b; Wexler, 2005) or least restrictive environment for certain disabled students, perhaps in some cases “the best or only way they can learn” (Gair, 1980). The community of art education may be more representative of the diverse range of (dis)ability that exists in society than other learning spaces, or public spaces in general, by including disabled learners. Art education researchers have called for the construction of “flexible, dynamic, and adaptable” (Blandy 1991, p. 139) learning environments to include people of all (dis)abilities (Arnold, 1999; Blandy 1989a, 1989b, 1991, 1993, 1999; Blandy et al., 1988; Guay, 1993b, 1994b, 1995, 1999; Schiller, 1999).

This call for inclusivity goes beyond disabled bodies to the complex embodiment (Siebers, 2008) of disability, the experiences of people with disabilities, which are shared through cooperative learning and interaction, and also through artifacts as implied above. Inclusion, Blandy (1999) argues, is not just physical accommodation of people with disabilities, but also “the accommodation of the cultural expressions of this community” (p. 40). He promotes disability artists who create “art that self-advocates, is self-referential, is at times socially activist, and which documents the experience of being disabled” (p. 39). Such artifacts present a critical disability aesthetic (Blandy, 1999) which counteract the cultural aesthetic anxiety about people with disabilities (Blandy, 1991) and the “ambivalence with severe physical and mental abnormality [that] runs deep in pedagogy” (Wexler, 2005, p. 210). In addition to studying disability artists, students with disabilities contribute to the art education community by
producing their own artifacts, advancing Blandy’s (1999) call for disability to become a regular part of the visual lexicon. The art of disabled learners can help us to better understand the nuances of disabled children as Davis and Watson (2002) advocate.

On a more theoretical level, art education research has also been interested in the politics of bodies and body aesthetics, sometimes in ways that intersect disability studies. Wanda Knight (2006), for example, discusses “E(Raced) bodies in and out of sight/cite/site,” drawing attention to White privilege, of which much (if not all) could be said to operate as an ableist privilege. Similarly, Susan Leshnoff (2006) writes on the art of holocaust children and eugenics, an issue that continues to be relevant and controversial with regard to disability. Another interesting discussion of a particular counterculture movement is offered by Paul Duncum and Stephanie Springgay (2007), who discuss contemporary social anxieties between disorderly and regulated bodies and representations which mediate such anxieties, “particularly issues of gender, violence, technology, health, and death” (p. 1148). Drawing from histories of bodies, the authors propose that popular culture has been more celebratory of open (disorderly) bodies than historic western art, and that contemporary art and visual culture, including body modification, are often used to subvert and resist classical, closed (regulated) bodies. Although not all disabilities are physically manifested or visually observed, the visuality and visualization of bodies is certainly applicable to disability studies. Finally, Barrett, Smith-Shank, and Stuhr (2008) offer what could be considered autopathographic (Couser, 1997) accounts of their experiences with cancer. None of the authors identifies as disabled, but the article unquestionably crosses into/through/over the realm of
current disability studies. The authors’ discussion of embodied experiences with impairment and absence of identification with or even acknowledgement of disability culture or visuality serves as an interesting artifact for plotting the chiasmus of disability studies and art education, which seems unsettled as of yet.

Interlude: A Visuality–Disability Chiasmus

Approximating and thus elaborating the chiasmus of art education and disability studies is a visuality–disability chiasmus constructed in a themed issue of Journal of Visual Culture (Davis & Smith, 2006a). The scholarship comprises a truly multidisciplinary academic body, spanning “Art History, Communication Studies, Comparative Literature, Disability Studies, Fine Art Practice, Museum Studies, Philosophy, Psychoanalysis, Urban Studies, and Women’s Studies” (Davis & Smith, 2006b, pp. 131–132), which “seeks to explore the ways in which ‘disability’ and ‘visuality’ so often constitute one another” (p. 132). This dialogue opens for disability studies a concentration on visuality and issues surrounding visual theory, studies, and critique, and for visual culture studies it opens disability theory perspectives that differ from scopic regimes that don’t see disability. This peripheral chiasmus, particularly in discussions of bodies, illustrates an approximate crossing of art education and disability studies.

Many (dis)abled and impaired bodily conditions are accommodated in the discussion, employing and constructing divergent theories. Different aspects of limited sight, for example, are discussed by three authors. Georgiana Kleege (2006b) addresses Braille and other visual indicators of blindness as markers that are for sighted people—
for instance, elevators are among the few spaces that use Braille, but there is often no way to know which floor one is on when the door opens. Sighted people use Braille and other visual markers to conceptualize blindness in visual terms and occasionally these are used as pejorative metaphors. Joseph Grigely (2006) expands the latter point, reprinting several pages of everyday print media quotations that use *blind* and *deaf* as pejorative metaphors that have nothing to do with sensory perception. Fiona Candlin (2006), primarily discussing touch as a way of knowing, presents an art history account of how touch has been visualized, reminding us that touch is not a portal to seeing nor is it indicative of sight. She offers 31 compelling suggestions for creating a tactile art and museum pedagogy that does not rely on visual presumptions. David Benin and Lisa Cartwright (2006), and Rosemarie Garland-Thomson (2006) discuss, looking away from, and staring at, respectively, visibly disabled people. Garland-Thomson regards the object of staring, not the subject, as the one who has control in staring situations, while Benin and Cartwright theorize acts of looking away (from disability) not to refuse a shameful kind of pleasure, but as a sign of identifying with the object. They recommend studying how third-party observers react empathetically when they see someone look away from another, while Garland-Thomson regards person-to-person staring encounters. David Serlin (2006) examines photographs while Julia Kristeva (2006) examines films of disabled people in very different ways, in contexts of French visual culture and French psychoanalysis, respectively. Last, and certainly not least, Lennard Davis (2006c) reminds us that mental illnesses (often invisible) are embodied
disabilities which have been historically visualized; he then discusses cases of “outsider artists” and obsession.

Despite the shallowness of this summary, I have established an overlook at the chiasmus of visuality–disability, emphasizing some of the important ways disability implicates visuality and hence art education, and how visuality implicates disability and hence disability studies. Of all the pieces, Davis’ is perhaps the most difficult to articulate in a sentence or two, so I continue its discussion into illuminations of disability studies for art education.

Disability Studies Illuminations for Art Education

This section responds to Jennifer Eisenhauer’s (2008b) decry for art educators to consider disability as an important and unique part of critical, socially minded art education and to look to disability studies scholarship for guidance, which advances the directives of Blandy’s work from the 1990s. Blandy recognized disability as a cultural, minority identity (1988, 1991, 1999) that is experienced through disabling environmental factors; disabled people are considered equally valuable, contributing members of society (1989b, 1993, 1994, 1999; Blandy et al., 1988). Blandy also boldly argued that an aesthetic anxiety about disabled people (1991) exists and must be challenged through critical aesthetics, which can be accomplished by presenting a disability aesthetic (1999) in which self representations of disability become a regular part of the visual lexicon promoted at art education sites. He introduced a number of key disabled artists, who create “art that self-advocates, is self-referential, is at times socially activist, and which documents the experience of being disabled” (Blandy, 1999,
This call to action appropriately follows art education’s longstanding interest in
disability since the 1930s (Blandy, 1991), especially over the last two decades, in which
a handful of art educators—most notably Doug Blandy and colleagues (1989a, 1989b,
1991, 1993, 1994, 1999; Blandy et al., 1992; Blandy et al, 1988), and most recently
Eisenhauer (2007, 2008a)—have promoted the disability advocacy movement from
which disability studies emerged, unlike special education and art therapy. Disability
studies, adjacent to other critical fields such as cultural studies, literary theory, queer
theory, gender studies, and critical race studies (Siebers, 2008, p. 3), has much to offer
art education in the way of disability theory, artifact analysis, and pedagogy. I discuss
this below as part of a chiasmus, or crossing, between art education and disability
studies, having already addressed what art education can offer disability studies, and
having examined the chiasmus of visuality–disability in *Journal of Visual Culture, 5*(2)
(Davis & Smith, 2006a) as an approximation for this interchange. This discussion
concentrates on the disability community, disabled bodies, and disability studies
artifacts (out and in), the same points of the earlier discussion, in reverse.

Disability Community

Unlike special education, whose constituency has been mainly non-disabled
parents and education professionals, disability studies emerged from the disability
community and remains inextricably rooted within. The disability community is not
professionally centered like that of art education, and it extends far beyond
mainstreamed art classrooms and special education. Disability is diverse, and there is
no common bodily condition shared by all disabled people. Rather, disability is
communal because disabled people share the lived experience of navigating a world
designed without them in mind. *Disabled people or people with disabilities* is a social or
cultural category (Goodley & Rapley, 2002; Linton, 1998/2006) with a minority identity
(Siebers, 2008), whose oppression can be referred to as *ableism*.

Three interesting aspects distinguish disability from other minority identities.
First, disability completely transcends most other group identities including gender,
nationality, race, religion, sexuality, and social class. With the arguable exception of age,
disability plays no favorites. Second, all people are positioned as potentially disabled,
which some feel heightens non-disabled people’s anxiety, including aesthetic anxiety
(Blandy, 1991; Duncum & Springgay, 2007), about disability. While it is possible to
acquire certain identities over time, the obverse is true only for disability— anyone at
anytime can become suddenly disabled. This brings about a third distinction, that
disability is routinely regarded as tragedy and as loss. While disability is not
“contagious,” it is pathologized in our imagination: *imagine the horror of losing one’s legs
or one’s mind!*

The predominant medical model of disability upholds this consideration of
disability as tragedy and loss, the matter of afflicted bodies. The disability community,
however, regards disability in terms of lived experience, particularly of socially
constructed environments that inhibit the ability of disabled people to lead normal
lives. Disability studies has gone to great lengths to critique the medical model through
the development of the social model (Shakespeare, 2006) which distinguishes
impairment from disability. But even though disability is not a product of bodies,
disability remains inherently about bodies. Siebers (2008) proposes a theory of complex embodiment which “views the economy between social representations and the body not as unidirectional as in the social model, or nonexistent as in the medical model, but as reciprocal” (p. 25). The disability community is a community of bodies; disability studies, a study of bodies.

Disabled Bodies

In the above Visuality–Disability interlude, I ended with Lennard Davis’ (2006c) discussion of outsider art and obsession, which contextualizes some key issues about the disabled body in the histories of art and disability. Davis explains how obsession narratives functioned in modernism, authorizing the artist-artwork through marriage of concepts of madness and genius. Indeed, the preeminent mad genius, Vincent Van Gogh, continues to be creatively pathologized, even by disability studies scholars such as Kay Jamison (1993), who “diagnoses” the artist with manic-depressive disorder. Rather than critiquing the “realness” of Van Gogh’s supposed diseases of the eyes and mind as myth, Davis proposes a postmodern, biocultural explanation of disease by examining the pathologization of obsession, which is purely behavioral:

When it comes to obsession, I am first interested in the way a mode of inquiry ... or a set of behaviors, call them ‘repetition, checking, tallying, ordering, stacking, categorizing, or arranging’, move over from, say, uncommon to somewhat common traits to be defined as illness. (p. 244)

Illness, as such, is not a biological, freestanding fact, but “something that emerges from different cultures at different times and is more of a cultural representation of physical,
cognitive, or affective states than it is a bottom-line description of a verifiable object” (Davis, p. 243).

*Discursivity of (pathologized) disabled bodies.*

Many of the recent artists that Davis (2006c) considers were elevated as professional artists because of obsessive art practices or obsessive themes in their work. The appreciation for superhuman commitment and productivity certainly remains admirable in the art world (and undoubtedly in education): from Michelangelo’s tedious painting of the *Sistine Chapel* to James Turrell’s unheralded commitment to his *Crater* project—from Jackson Pollack’s licentious paint slinging to the obsequious drudgery by which the Egyptian pyramids were erected, the art world loves obsession. And while the works stand as a testimony to “the masters,” it is the mind and acts of the mind, the embodiment of obsession, which we esteem. Although the postmodern tendency has been to separate the artist and artwork, Davis explains,

... it is a serious mistake in art history, or any history, to omit the category of embodiedness, of the problematic concerning the instantiation of a subject both in the body and in the mind. Any society will ‘place’ the object and the subject within a discursive framework. Mental distress plays a serious role in that matrix of understanding and misunderstanding. (p. 246)

What Davis’ discussion ultimately provides is not an image of the disabled body *par excellence*, but a prototypical image of the discursive disabled body.

Mental illness, while often omitted from disability discussions, sufficiently represents disabled bodies (assuming “the mind” is part of “the body”) as a biocultural
construction, because its forms are disparate and in constant flux according to cultural contexts of the day. Foucault’s (1965/1988) genealogy of mental illness, along with postmodern critiques of contemporary psychiatry (e.g., Clark, 2007; Kirk & Kutchins, 1992; Kutchins & Kirk, 1997; Lewis, 2006; Paradiso, 2006; Prendergast, 2003; Wilson & Beresford, 2002), reveal the ongoing contention of discursively defining and pathologizing psychiatric disabilities with profoundly limiting scientific knowledge.

Davis (2006c) notes essential steps in the nineteenth century pathologization of obsession: the reassignment of mental illness to the province of medicine, and the redefinition of madness as partial and sometimes desirable. But it seems only “desirable” in its productive output, the body as an expendable machine that will be discredited and banished if and when the proverbial bottom drops out. As laudable as was Jay DeFeo’s ten-year obsession creating *The Rose*, she was quickly dismissed once she became depressed and “lost it” (Davis, 2006c)—in other words, unproductive. This account not only exposes the falseness with which disabled people are deemed “special” (Linton, 1998/2006) and “exceptional”—which I address in Chapter 4—it also serves as a sober reminder that disability is distinctly about human worth in terms of productivity and competency, and that disability presumably stands for incompetence.

*Productivity and performance of disabled bodies.*

Competency is an evaluation of ability which often has to do with productivity, the affirmation of one’s output or contribution to society or net worth. Competency is informed by performance indicators which can include a person’s body image and bodily actions in addition to one’s work products. Hughes and Patterson (1997) argue that
impairment can only be known as “a product of discursive practices[,] ... an effect, rather than an origin, a performance rather than an essence” (p. 333). The body, hence impairment, is lived and is consequently read as a performance.

Disability studies has much to suggest about performing disability, some of which has made its way into art education literature. Jennifer Eisenhauer (2007) discussed three disability artists, all of whom use performance as a communicative medium. Pertinent to this discussion, one of these artists, Petra Kuppers, has worked with mental health consumers to create performances in which the (dis)abled performers move freely and silently through space, refuting stigmatized expectations about “mental patients,” hence challenging stigmatic discourses on disability. This example of disability performance is intentionally pedagogical, working to subvert the cultural exclusion of self representations of people with mental illnesses (Kuppers, 2000). As such, Kuppers' work is positioned within the spectrum of disability performances that intersects art education concerns.

A thorough discussion the many kinds of examples of disability performance valuable to art education is beyond the scope of this research, so I share, instead, a detailed example far removed from those previously mentioned. John Hockenberry (2008), a paraplegic journalist for NPR, recounts a project (not intended as art) in which he drags his wheelchair up and down stairs in the New York subway system, strapped with a concealed microphone and tape recorder. His main experience is not of scorn, ridicule, and appall, as we might expect, but of being completely ignored by all white people while non-whites frequently try to help him. He came to suspect through this
that perhaps race and disability are related. Hockenberry neither chastises white people
nor expounds his rights as a disabled person. Instead, he concludes by remarking of the
unheralded diversity found in the New York subway system and how some choose to
help while others look away, providing us with unsettling problems to further
investigate rather than a list of etiquette rules to follow.

Editors Cynthia Lewiecki-Wilson and Brenda Jo Brueggemann (2008, p. 261)
suggest two pedagogical activities for teachers of writing which are highly relevant to
art education. First, they suggest students could use a variety of media to document
accessibility at school sites and events by finding and navigating “handicapped”
entrances and routes and interviewing subjects who regularly use them. These activities
elicit potential responses in diverse forms such as traditional documentary, graphic
novel and comics, installation art, video art, traditional art such as drawing and
painting, and performance art, as well as critical discussions and written responses to
historic (written and visual) research, inquiry of universal design principles in
architecture including aesthetic considerations. This type of project, regardless of scale,
lends itself to interdisciplinary and collaborative forms of learning. The second
suggestion by Lewiecki-Wilson and Brueggemann is to map public transit routes, and to
consider how maps can be accessible in different ways. This task provides an interesting
design problem in that students need to visualize space as a terrain for different modes
of navigation and consider how to represent such terrain in visual and multisensory
maps. It could also be interesting to investigate how Situationist International
movement and the evolution of Guy Debord’s concepts of détournement, and
psychogeography (kanarinka, 2006), in which urban wandering intermingles theory and cartography (mapmaking), in ways I work out in Chapter 4. While physical impairment and mobility devices present an obvious contention about architectural accessibility, other kinds of disability support the notion that disability as a concept or lens can serve as a foundation for critical inquiry of institutional spaces. Hockenberry’s project suggests that accessibility is not so much about disabled bodies but ableist—and racist, et al.—attitudes about body competency and human worth.

Aesthetics and disabled bodies.

Body competency isn’t just about performance, however; it is also deeply entangled in aesthetics, as Duncum and Springgay’s (2007) discussion of social anxieties about disorderly bodies suggests. David Darts (2008) writes, also, about the “visual culture wars” in which certain kinds of body representations are censored using moralist, aesthetic arguments. Siebers’ (2003) exploration of disability as part of the culture wars significantly enhances these and other entries in the recent critical dialogue about aesthetics in art education (Bresler, 2006; Carter, 2008, 2009; Duncum, 2007, 2008; Efland, 2007; Peters, 2007; Tavin, 2007, 2008). Discussing many of the same controversial artworks as Darts, Siebers demonstrates that arguments for body politics—that is, the determination of which bodies are more and less important—use aesthetic rather than political arguments. The culture wars, which result in the naming of what should be included and excluded in culture, on “statements that label cultural attitudes, minority groups, lifestyles, and works of art as ‘healthy’ or ‘sick’ [which] are not metaphors but aesthetic judgments about the physical and mental condition of
citizens” (p. 182). Disability is judged sick, and is thus excluded from culture through censorship of art, through architecture which embodies ableism in its function of permitting and revoking access, and even by banning visibly disabled people from the public eye, in “ugly laws,” such as an old, former Chicago law which Siebers quotes: “No person who is diseased, maimed, mutilated or in any way deformed so as to be an unsightly or disgusting object or improper person ... shall ... expose himself to public view” (p. 199).

Additionally, Siebers (2003) notes that the site where these exclusions are worked out is not Congress, but institutions such as schools, giving voice to some and censoring others, both literally and figuratively. Indeed, the lack of attention to disability in art education exemplifies what Elliot Eisner refers to as “null curriculum,” the thesis that “what schools don’t teach can be as important as what they do teach” (Darts, 2008, p. 113). Disability is rarely acknowledged as a cultural category in art education, as noted by such major surveys of the field on social issues (Milbrandt, 2002) and curricular concerns (La Porte, Speirs, & Young, 2008) where disability goes unmentioned. If, as Duncum and Springgay (2007) argue, we must “include an understanding of extreme bodies” in art education (p. 1154), then we can no longer omit the critical history of disabled bodies. We must also follow Blandy’s (1999) call to include a disability aesthetic in the lexicon of cultural artifacts, which critique ableist notions of bodies as healthy or sick, regulated or disorderly, and offer self advocating representations of disability. Complementing Eisner, Siebers, citing Jameson, notes
that excluding such representations constitutes a political unconsciousness in which the role of disability in culture is repressed.

Disability (Studies) Artifacts

In closing the chiasmus of art education and disability studies, some comments about disability and disability studies artifacts might further enhance art education. A tremendous wealth of current and historic disability cultural artifacts exists, on which I can only begin to espouse. My hope is that these, in company with the above discussion and recent articles on disability (Eisenhauer, 2007, 2008a), will help move the dialogue between disability studies and art education forward.

The most obvious artifact worth investigating in art education is art. One of the highest profile examples of disability in contemporary art is Matthew Barney’s Cremaster 3 (2002), which features an extensive scene with paraplegic model Aimee Mullins. In the video, Mullins proudly wears different pairs of prosthetic legs, switching roles with Barney as the dominant figure, sometimes as a cheetah. Unlike the animality–patriarchy discourse of madness that I summarized in Chapter 2, Mullins demonstrates agency and power in Cremaster 3, as reported by Smith (2006). In a curatorial catalogue for a tour of the work, Mullins explains,

The clear legs ending ... evolved as a compromise. Originally Matthew wanted me to do that scene without prosthetics. He saw this as a way to express the Masonic theory that you have to lose your lower self in order to reach a higher level. I guess the literal representation of that would have been for me to sit on the sled without any limbs below the knee, but that would have been difficult for
me because it’s very, very intimate. We had a long dialogue about what we could
do instead, and Matthew came up with the idea of making the legs appear like
ejellyfish tentacles because they’re not a human form and they’re clear. It worked
for me because I don’t feel so bare when there’s something between me and the
ground. (p. 315)

As an activist, Mullins’ commentary on disability experience is widely available, and
would be worth considering along with Smith’s critical discussion of the metaphoric and
metonymic implications of prosthesis and the speculation that the application of post-
humanism as a metaphoric theory is really a celebration of de-humanization. For that
matter, it is worth considering wherever posthumanism and prosthesis metaphors are
entertained.

Beyond Cremaster and a few sporadic examples, however, disability is shockingly
underrepresented in internationally known contemporary art, with a few noteworthy
elements. Perhaps the study that most needs to be done, for both fields, is on the
absence of disability themes in contemporary art. By contrast, disability is well
represented in historic artworks and in historic and contemporary visual culture—
sometimes in ways that are overlooked. Nevertheless, it is no easy task to find disabled
internationally known artists doing work about disability, which may be a coincidence
but which may also indicate an exclusive, ableist attitude within the art world, although
I am not suggesting that is the case.

Art historian Christine Ross (2006) seems to have found a way to bring disability
and contemporary art together in her book The Aesthetics of Engagement, in which she
theorizes that the works of such accomplished artists as Ugo Rondinone and Vanessa Beecroft performatively enact clinical depression. At face value, the claim seems weak, and Ross does not cite evidence that most of the artists experience or even care about depression. But from a disability studies perspective, Ross’s methodology likens the experience of depression to her experiencing of the art works. What becomes interesting is the comparison of art experiences and depression, which then inform each other, and, in turn, the reader. Ross does not diagnose the artists with depression, but instead she uses an interesting device for explaining (her own?) embodied experience of disability.

Art educators might also consider drawing from the abundant disability studies materials of poetry and prose, which can serve as “powerful narratives” (Zander, 2007) to accompany visual culture and art, such as Hockenberry’s example discussed above. Resources could include Thomas Couser’s (1997) book of autopathography; Susan Crutchfield and Marcy Epstein’s (2000) book on intersections of disability, art, and culture; the “Fiction, Memoir, and Poetry” section of Davis’ (2006b) reader; and most issues of the free online, scholarly disability studies journal, Disability Studies Quarterly (http://www.dsq-sds.org/).

As a note of caution, not all discussion of disability is productive. Disability stereotypes and myths remain common, and it is easy to perpetuate misrepresentative discourses on disability without consulting disability scholars and people who experience disability first-hand. Three examples of well-known artists come to mind: Chuck Close, Dave Chihuly, and Vincent Van Gogh, all artists who became disabled
during their art careers and who are rumored to have been heavily influenced by their impairments. None of their work is explicitly about disability.

Van Gogh has already been discussed in Chapter 2, as Foucault cited Van Gogh as an exemplification of “mad art,” which is beginning to look problematic in light of this discussion, calling for additional attention. A myth comes to my mind, one I recall from my childhood experience of art education: Van Gogh was the “crazy” artist who cut off his ear. In this myth “crazy” is meant as a euphemism for “silly,” and, at least as I remember, was the common “lesson” on the artist. I’m not sure what this trivial lesson meant, but if my memory serves me correctly, then I can state without reservation that this was not a good lesson. Disability should never be employed as a cheap joke, and mental illness or alcoholism or syphilis—whatever ailed Van Gogh—should not be brushed off as eccentricity. At any rate, I will return to the discussion of diagnosing Van Gogh toward the end of Chapter 4, and again in Chapter 6.

The other examples, both of contemporary, living artists, are a bit more relevant here. Chihuly is the premier glass artist, known for his large, flowing chandeliers comprised of multiple organic funnel shapes, and more recently for installations at arboretums, where glass forms are paired with lily pads, cacti, ferns, and the architectural glass structures of greenhouses. He is also known for the “pirate” eye patch he wears because a car accident in the 1970s resulted in severe trauma to his left eye. Chihuly no longer blows glass himself, but, rather, he choreographs teams of multiple glassblowers. The circulating (false) myth is that Chihuly was incapable of blowing glass because he lost his depth perception and that his disability forced him to
strategize a means of compensating for this loss—or perhaps he was able to “see” [in a metaphorical sense] an opportunity through his loss of sight. Such are the myths and misappropriations of disability. Interestingly, the biography on Chihuly’s website attributes his teamwork to his father (http://www.chihuly.com/intro.html), and it makes no mention of his sight. Instead of relying on “common sense” myths and stereotypes of “The Hypothetical Blind Man,” who, like the madman (Foucault, 1965/1988; Gilman, 1982), is a composite of past metaphors and misunderstandings, Kleege (2006a) reminds that fortunately “we have today a great many first-hand accounts of blindness” (p. 393).

Early in his career, Close painted large photorealistic portraits, using photographic grid projection, a common system for the style. He later opted to paint abstract designs in each grid square, with varying technologies, to yield images that are abstract at close range but representational from afar. In the 1980s, Close became paralyzed and has used specialized adaptive technologies since to continue painting. Again, it is easy to interpret his early work as “skilled” and his later work as “novel,” or to imagine through storytelling the heroic tenacity Close must have had to strap the paintbrush to his wrist and forge ahead against all odds. The severity of Close’s limitations makes it too easy to describe the artist as “overcoming great odds” or “reaching deep within” instead of studying and valuing the contribution to the art world that Close made as a nondisabled artist and as a disabled artist. Any discussion of Close as a disabled artist should include research about his experience with disability, which is hardly harrowing (hint: he doesn’t enjoy it).
Finally, inspired by the possibility of misappropriating Close’s adaptive devices, I conclude by adding to Charles Garoian’s discussion of disability performance artist Bob Flannigan. In his piece responding to AIDS and aesthetics of health, Garoian (1997) championed Flannigan for his installations about cystic fibrosis, which “represent the pedagogy of autobiography” and challenge stereotypes of medicalized society through lived expertise (p. 20). Summarizing five illness metaphors, Garoian concludes with pedagogical suggestions for the art classroom, one of which is to “discuss the concept of metaphor in art and its ideological characteristics, its ability to objectify and stereotype illness and disease, to marginalize the afflicted” (p. 21). Along these lines, disability studies adds the reminder that disability should not be misrepresented as metaphor, just as other corporeal conditions are not acceptable to misrepresent. This includes all disabilities and all adaptive devices, such as wheelchairs, canes, prosthetic limbs, braces, hearing aids, and so on. Nor should these be considered cosmetic adornments like tattoos and piercings. It is important, from a disability studies perspective, to always remember that the disabled body is one that is oppressed and contested by ableist discourses that function similarly to racist discourses.

Transition

This chapter has worked to establish a relationship between disability studies and art education. It demonstrated what each field can provide the other. For art education, disability studies provides an organized, scholarly perspective that approaches disability as embodied experience. It is manifested in literature about disability theory, advocacy measures, cultural commentary, and creative expressions.
In terms of theory, disability studies has already partnered with visual culture studies, and it has also produced a wealth of creative artifacts about disability, and critical discussions of some art and visual culture. Disability studies also offers art education a thorough and nuanced understanding of the different kinds of disability experience, the issues surrounding disability, and aspirations for the future.

What art education specifically needs from disability studies are (1) a critique of the field and suggestions for dismantling ableist discourses, and a (2) more robust attention to art. In the first case, there is a lot to be done. In response to the dissertation focus on discourses of mental illness, the findings of Chapter 2, and the challenges that have been laid out in the field along these lines (Blandy, 1988, 1989b, 1993, 1994; Eisenhauer, 2007, 2008a, 2008b), the most immediate work for disability studies is to critique the language art education uses to conceptualize and define disabled students, specifically its adoption of special education discourses and the IDEA (2004). Related to that, disability studies can help to critique other discourses surrounding mental illness in art education, namely art therapy, Outsider Art, and psychoanalytic theory. Regarding disability in general, the use of metaphors for social failure or imminent cultural threat needs to be critiqued. The dialogue on disability in the Special Needs in Art Education caucus, which has been receptive and welcoming to concepts that advocate for disabled students, needs to be continued. For example, this year SNAE hosted my presentation (Derby, 2009) of a paper titled “Overlooking Disability (Studies) in Art Education,” which was well attended and, to my knowledge,
appreciated by the audience. Art education and disability studies are ready to dialogue and these are some of the ways in which disability studies can be helpful.

What disability studies has not provided, as of yet, is a body of art. Some art has been produced with disability studies aims in mind, but not much, and of that, most is performance art. This could be construed as a practical problem for K–12 art, in that it is difficult to teach art that can’t be experienced directly, and most of the published work on disability performance lacks sufficient audiovisual documentation. This is not to suggest that disability studies scholars become artists, but it would be helpful for them to locate and share the work and perspectives of disabled artists and artists whose work addresses disability.

In crossing, then, what art education can provide disability studies—other than the promise of extending itself to K–12 and other art learners—are the means to incorporate art practices into disability studies curricula. Art education literature regularly develops critical strategies and resource materials for addressing various artifacts of visual culture, particularly in the scholarly-yet-practical journal, Art Education. The kinds of artifacts and the approach to discussing them are broader in art education than in disability studies, although disability is often overlooked. For instance, Paul Duncum (2003) provides instructional resources for addressing family photography, consumer goods, tourist souvenirs, and (teenagers’) bedrooms. While these resources are geared toward upper elementary through secondary art classrooms, they could be adapted for collegiate disability studies classrooms, particularly where no foundation of art education would be presumed. Because art education literature is built
on differing political agendas that may be “friendly” but are not necessarily aligned, its resources tend to be accessible and adaptable.

At present, however, there are no ready-made resources available. For that reason, I have attempted to build the case that art education, which is not primarily concerned with disability, is positioned to converse with disability studies, although there is less, organically, that art education can offer disability studies. And while I believe art education resources are accessible and adaptable, my experience in teaching preservice elementary classroom teachers suggests it is a daunting task—those with limited experience with art or very limited understanding of the pedagogical aims of contemporary art education may prefer direct, concrete, straightforward materials to help them integrate art education practices into the disability studies classroom. Disability studies needs art education to contribute such tangible resources.

But art education can also contribute specific examples of how art processes can critically address, express, and represent disability experiences. Disability studies will benefit from discussions of artwork created by art educators and art learners, particularly in the context of school settings and other public spaces. By learning about the intersection of disability experience with art processes and pedagogy, disability studies scholars will be better equipped to integrate art education into their curricula.

As Chapter 1 established the research problem and premises, and Chapter 2 examined mental illness discourses, Chapter 3 has worked to establish an interdisciplinary relationship between art education and disability studies by showing what the two disciplines have to offer each other. The lack of an existing relationship...
and the gap between professional aims of the two fields has necessitated generalizing
disability (studies) and art (education). Now that I have clarified why the fields are
compatible and how each field can elaborate the other, I turn to Chapter 4 to offer a
critical chiasmus between the fields, returning to the specific topic of mental illness
discourses. Drawing from the potential of each field, I offer new research to expand
aspects of the other that calls for critical attention and expansion.
Chapter 4

A Chiasmic Critique of Disability Studies and Art Education

Chapter 3 established an interdisciplinary chiasmus, a crossing of art education and disability studies. The exchange was deliberately complaisant, a laying of groundwork for an enduring relationship between unknowingly adjacent disciplines with overlapping pedagogical aims. A body of art education research had shifted to a critical outlook on disability, while disability studies had become increasingly interested in creative self-expressions of disability identity and experience. Jennifer Eisenhauer (2007, 2008a, 2008b) had begun intersecting scholarship between the fields, while “real-world” collaboration was underway at such campuses as The Ohio State University, where courses in each field count toward certification in the other. All of this suggested a strong need for the interdisciplinary mingling of Chapter 3, whose primary aim was to elicit the value of each discipline toward the other.

This chapter critically responds to the last. Where I exposed the value of each discipline to the other, I now return to critically expose each discipline to itself through the critical lens of the other. The concerns, and hence this chapter, are inherently less symmetrical, less cordial, less tidy than the last. While the true dialogic crossing of Chapter 3 had a unifying effect, Chapter 4 is thrust from that space along different tangents, pulling fragments out of Chapter 2 to make its arguments. The dust that
settled over Chapter 2’s discussion of mental illness discourses is swept into the pedagogical crosswinds of disability studies and art education. At the same time, the conscription of Chapter 3 with Chapter 2 contextualizes and coordinates them, thus unifying the dissertation and creating communication channels between disciplines.

The first critique examines art education discourses, especially regarding the field’s conformity to special education and the Individuals with Disabilities Education Act (IDEA, 2004) legislation. From my research findings in Chapter 2 and Chapter 3, I argue that the IDEA reflects the medical model of disability and uses language that, by contemporary standards, is anachronistic and oppressive to disabled people, especially people with mental illness. I argue for art educators and organizations to adopt a critical disability studies position, and to realize this position through professional advocacy and pedagogy.

The reciprocal critique examines disability studies research, for which I recommend greater emphasis on strategies for engaging visual culture. I argue that visual culture necessitates more frequent and broader attention, as critical research on disability representation in popular visual culture, art and design, and other social spaces would be useful. But most of my argument lobbies for disability studies educators to study and incorporate critical art making practices into the field’s pedagogical platform. By applying Foucault’s (1965/1988) argument on “mad art” to his own work as an exemplar of self-advocating (art)work on mental illness, I posit that art practices can disrupt hegemonic discourses of mental illness and other disabilities. As a contextual tribute to Foucault’s work, I engage my own critical artwork as a creative
autopathography (Couser, 1997) on mental illness. This closing element aspires to demonstrate different ways art education might be enlisted within disability studies classrooms.

Disability Studies Perspectives on Art Education

Before launching a full-steam critique of art education, some historic contexts of disability in art education need to be sorted out. I begin this section by discussing the recent historic factors of art education discourses on disability, hence mental illness. After establishing this, I discuss (a) U.S. legislative discourses on disability, (b) the ensuing discursive locations of disability in art education, and (c) the categorization of disability in art education.

Historic Contexts of Disability and Art Education

As mentioned earlier, art education has actively researched disability issues since the 1930s (Blandy, 1991). Until the mid 1970s, when disability became associated with the civil rights movement, the literature follows the basic trends of the field as described by Arthur Efland (1990) in A History of Art Education, concerning matters of creative expression, social engagement, and disciplinary tasks. Much of the research was geared toward overcoming specific impairments, but some called for educators to recognize the abilities of disabled students. It was presumed in some cases that art was suitable for rehabilitation efforts, or for building self esteem, and art for disabled students was often viewed as a remedial effort.

The landmark Congressional legislation PL 92-142 (1975), now the “Individuals with Disabilities Education Improvement Act of 2004” (IDEA), was the first of four
pivotal events around which research approaches have shifted in recent times. PL 92-142, the “Education of All Handicapped Children Act,” legally mandated special education for nearly all disabled young people (USDE, n.d.) and instituted the mainstreaming movement. Art educators were and continue to be among the first to welcome disabled students into general classrooms servicing nondisabled peers (Gerber, 1994; Guay, 1994a; Schiller, 1999; Wexler, 2005). Secondly, Discipline-based Art Education (DBAE) constituted a major paradigm shift in art education in the 1980s that emphasized intellectual rigor. By design, DBAE contributed to dissolving problematic (Blandy, Pancsofar, & Mockensturm, 1988; Carpenter & Carpenter, 1999) research traditions that ignore art education objectives in favor of rehabilitation and remedial aims. A third event, probably the most important, was the passage of “Americans with Disabilities Act of 1990” (ADA, 1990), which mandated “reasonable accommodations” in the workplace and in public. The passage of the ADA marks a cultural shift toward understanding disability in terms of diversity and social justice and diversity, which is evident in art education scholarship from the late 1980s (Blandy, 1989b) to present (Eisenhauer, 2008b). The fourth event is the major paradigm shift in the late 1990s and 2000s in which art education research adopted a visual culture studies platform (Tavin, 2003, 2005). Visual culture in art education has been described as a “transdisciplinary project” that “attends to the practices of teaching and learning and focuses on lived experiences with the intention to disrupt, contest, and transform systems of oppression” (Tavin, 2003, p. 198). The visual culture paradigm shift reflects a general
trend in the humanities and social sciences to engage critical cultural research with the aim of advancing social justice.

Disability studies emerged in the 1990s from the same social and academic trends that prompted visual culture studies. In academe, disability studies is an interdisciplinary field adjacent to other critical fields such as cultural studies, literary theory, queer theory, gender studies, and critical race studies (Siebers, 2008, p. 3), with “intellectual roots in the social sciences, humanities, and rehabilitation sciences” (Albrecht, Seelman, & Bury, 2001, p. 2). Recognizing itself as a part of the larger disability rights movement that influenced the passage of the ADA (1990), disability studies values the input of all people with disabilities (Albrecht et al., 2001, p. 2), and it is essentially informed by the experiential knowledge disabled people glean in social contexts. Disability studies strives to disrupt, contest, and transform systems of ableism, particularly the medical model discourse of disability, which frames disability in terms of individual impairments requiring medical intervention. Discourses of ableism, akin to racism (Brown, 2001), are the primary crisis of disability studies, because it is through discourse that certain people are denied social access based on their limitations relative to arbitrary normalization about how people are supposed to function. The academic literature of disability studies promotes political advocacy and the development of disability research, theory, pedagogy, and creative practices that recognize disability as a cultural category (Goodley & Rapley, 2002; Linton, 1998/2006) of people with a minority identity (Siebers, 2008).
overlooked general disability studies concerns, favoring traditional attention to
disability that uses a “language of inclusion, accommodation, mainstreaming, and
therapy” (Eisenhauer, 2007, p. 7).

This “language” implies two discourses: that of (a) art therapy, and that of
(b) special education. In light of Chapter 2, art therapy is necessarily a concern, since it
is by definition “a mental health profession” (American Art Therapy Association, 2009).
Although art therapy is a highly relevant issue to this dissertation topic, it does not
pertain to the scope of the project or its methodologies, as I am not critiquing
therapeutic methods or theories, including art therapy, psychoanalytic theory, and
holistic art education. I will succinctly reiterate one concern from art therapy literature
(Carrigan, 1994a; Schiller, 1999): untrained, regular art educators should never perform
the role of a psychologist by attempting to interpret student art images as psychological
indicators according to common sense. Art teachers should not psychoanalyze students
or substitute art making as “healing” in situations that call for psychological
treatment—children could die. My concern here is not one of efficacy or practice—it is
one of clarification. That stated, K–12 art therapy falls under the umbrella of special
education (Burnette & Lokerson, 2006) which essentially defers to the IDEA, whose
categorization of disability “may be spuriously founded” (Blandy, 1989b, p. 9) and
therefore confusing or misleading to educators. Blandy (1989b) questions the
usefulness of the IDEA in educational contexts because of its propensity to “promote
popular and professional stereotypes” (p. 9) about disabled people, which leads to
stigma. “For example, ...” Blandy writes, “All children with a behavior disorder are not
physically abusive even though this is one of the qualities associated with the disability” (p. 9). In light of Chapter 2’s revelations on discourses of mental illness, this reference to “behavior disorder” bolsters Blandy’s concern about the pretenses of the IDEA and necessitates deeper analysis, which will help, in turn, to critically examine special education and art education discourses on disability, specifically mental illness.

**Origins of IDEA and Special Education Discourses**

PL 92-142, titled the “Education for All Handicapped Children of 1975,” was the first U.S. legislation to mandate education for most disabled young people, a response attributed in large part to family advocacy associations and landmark court decisions (USDE, n.d.). It was revised and renamed the “Individuals with Disabilities Education Act” (IDEA) in 1990, received significant amendments in 1997, and was revised to its current form in 2004, as PL 108-446, the “Individuals with Disabilities Education Improvement Act of 2004.” The IDEA has mandated “free, appropriate public education” (FAPE) to children with disabilities in all states and localities in the “least restrictive environment” (LRE) (20 U.S.C. §1412(a)(5)). It is the essential legislation that mandates all major procedures and services for educating disabled children and young adults, or Special Education as we know it today. Hence, the discourse of contemporary special education is rooted in the language of the IDEA.

The language of the current IDEA (2004) mostly resembles that of the original version, PL-142 (1975). Most of the revisions have involved adding additional parts to the original legislation. A few terminology changes have been instituted, most notably the replacement of “handicapped [child]” with “[child with] disabilities” and hence the
use of people-first language, which are consistent with American Psychiatric Association (APA, 2001) guidelines for reducing bias in language (p. 69). But most of the language is outdated and some of it remains biased, even inaccurate. A key example is the IDEA’s brief definition of disabled people:

(3) Child with a disability.—(A) In general.—The term ‘child with a disability’ means a child—(i) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this title as ‘emotional disturbance’), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services. (B) ... [and which may include a child age 3 through 9] (i) experiencing developmental delays ... in one or more of the following areas: physical development; cognitive development; cognitive communication development; social or emotional development; or adaptive development .... (§1401)

This definition uses APA’s (2001) preference for people first language, but it is “problematic” regarding the term “emotional disturbance,” according to “Guideline 2, ‘Be sensitive to labels’” (pp. 63–65). APA suggests writing should “[r]espect people’s preferences; call people what they prefer to be called” (Maggio, 1991, in APA, 2001, p. 63), and “[a] label should not be used in any form that is perceived as pejorative” (p. 64). APA mentions that emotionally charged and inaccurate terms should not be used and that illness terminology should refer to an illness in proper terms, as an illness. If
“emotional disturbance” is supposed to mean “mental disorder” as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, APA, 2000) uses, or “mental illness” as is commonly used, then it should state this. There is no such thing as an “emotional disability,” as “emotion” is not a locus of conflict. Even in the case of mood disorders, mood is not equivalent to emotion. Nor is a disorder a “disturbance.” Both terms could be construed as emotionally charged and biased. The use of “emotional” and “disturbance” are inconsistent with medical and other professional fields, and the language is biased. This is a reflection of the datedness and problematic organization (Skrtic, 1991) of the IDEA (2004) and special education, and an example of the language from which art education should detach itself.

Moreover, the very term “special education” is directly implicated by APA (2001) bias standards on disability: “Challenged and special are often considered euphemistic and should be used only if the people … prefer those terms” (p. 69). It seems likely that “the people,” learners in special education programs, have never been asked what they want to be called by legislators—I was unable to locate any literature that suggests they have. This communication gap amplifies a fundamental difference between special education and disability studies, the location of voice. Special education is founded on parent and legislative advocacy, whereas disability studies is founded on self-advocacy. The ADA (1990) is much more reflective of self-advocacy principles, much more useful for challenging ableism in educational contexts.

None of this is meant to take away from the incredible gains special education has yielded through the IDEA (USDE, n.d.)—these are undeniable and greatly
appreciated. But the problem of these aging discourses, I argue, is impeding education, including art education, from moving forward. Using the IDEA (2004) definition of disability printed above as the key text around which I build my critique, I will expand this critique to discuss the locations of disability that emerge from IDEA, followed by the categorizations of IDEA and art education.

Discursive Locations of Disability

A core concern about disability locations is the question of where disability is assigned, which I will address in terms of discursive, socio-environmental locations. Reiterating some of the above legislation, the IDEA (2004) sets the primary social location of disability at the site of “a child:” “(3) Child with a disability.—(A) In general.—The term ‘child with a disability’ means a child with [one of several conditions] who, by reason thereof, needs special education and related services” (§1401).

Social locations.

There are four important dimensions of this language. First, “child,” rather than “children,” emphases individuality, echoing the statute’s title and extending itself to the use of the Individualized Educational Program (IEP) as well as the No Child Left Behind Act of 2001 (Burnette & Lokerson, 2006). The IDEA and special education clearly frame disability in individual terms. Art education scholar Doris Guay (1999) insists, “Special needs students are individuals and must be taught as individuals, not labels” (p. 17), which Gloria Pappalardo (1999) reiterates. On one hand, the individualization works to recognize the worth of every child (Kraft, 2006) and activates certain rights (Clements,
Claire Clements (1999) argued that “changing from a systems approach to a person-centered approach—putting the individual first—is the new way of thinking and interacting with people with disabilities in the 1990s,” and that this is part of a “new movement toward an era of community membership” (p. 143). However, “individual” and “label” are not opposite as Guay implies. Disability studies warns that such individualization locates disability as an individual problem, a principle tenet of the “ideology of ability” (Siebers, 2008, pp. 9–10). Locating disability as an individual problem dislocates disability from society, deferring social responsibility to the burden of the disabled. Individualism with respect to disability implies that disability is rare, thus unimportant, despite the relatively large number of disabled people. Gloria Pappalardo’s instruction to art educators on how to treat a person with a disability further demonstrates how individualization undermines disability: “By far, the most important thing to keep in mind is that the student is an individual first—an individual who happens to have a disability” (p. 43). While Pappalardo intends to humanize disabled students through this language, she overlooks the importance of disability culture and identity—people do not just “happen to have a disability.” In discerning core problems of how disability is misrepresented by traditional academic disciplines, Simi Linton (1998) notes “problem 1 is the individualization of disability” (p. 135). She explains, “[t]he current presentation of disability, predominantly in rehabilitation and in special education, individualizes disability—the curriculum fosters the idea that disability is the individual’s or at most the family’s problem” (p. 134).
This last sentence highlights the second problematic dimension of “child,” the paternalistic implications of disability, which I discussed in Chapter 2. Framing disability as a familial problem emphasizes the subordinate position of disabled learners and assigns responsibility to the family-as-caretaker(s) of the learner. This reflects the paternalistic roots of the IDEA, and implies not only that disabled learners are subordinate—even more so than their peers—but that once such learners become adults, they no longer deserve accommodations. This framing bolsters Cheryl Marie Wade’s (Snyder & Mitchell, 1996) remark that Jerry’s Kids are regarded as gargoyles once they grow up, and Otto Wahl’s (1995) research on media images that depict adults with mental illness as unkempt social outcasts. Here it seems the family is receiving services rather than “a child,” reflecting the genesis of the legislation.

The third problem of the term “child” is that the term is used inaccurately. In all but two instances, the IDEA refers to adults receiving services with the “inclusive” term “children” or “child,” for example, “children aged 3 through 21,” “children ... aged 18–21” (20 U.S.C. §1412(a)(1)(B)(ii)), and “... ages birth through 26” (20 U.S.C. §1412(a)(21)(B)(i)). The frequent misapplication of “child” to refer to disabled adult learners is not a simple error; it indicates that the extent to which the IDEA legislation considers the principle characteristic of disability as dependency and helplessness. It also demonstrates Nancy Mairs’ (2002) critique that “society as a whole tends to infantize those with physical and mental limitations ...” (p. 161). It is worrisome that this language continues after many IDEA revisions, as terms like “students” and
“learners” could easily be substituted. Whatever the “reason” is for maintaining this language, the implication is clear.

Fourth, this terminology demonstrates Linton’s (1998) recognition of special education as a medicalized field, by locating disability at the site of the impaired body. The reason people first language is advised by APA, and formerly by disability studies scholars, is that it distinguishes people from the conditions by which they are traditionally stereotyped and defined. It is meant to humanize them. But the way it is used by IDEA and special education does otherwise; it establishes the person as the impairment. The “child” stands as the object of disability, and the discussion is about the disabled object—all of the child’s needs are specified in terms of the disability. Furthermore, in line with the above discussion, Linton’s (1998) critique of special education adds that its “curriculum treats disability as an isolable phenomenon, and ideas about it relate only to it and to people who have particular conditions” (p. 134). In other words, disability is reduced by framing it as a unique circumstance affecting a single child. Linton is not critiquing educators, but the discourse of special education. And it is precisely this discourse which the social model of disability (Shakespeare, 2002) challenges. The social model argues that disability should be understood as an aspect of social interaction rather than as “natural” physical or mental traits (Goodley & Rapley, 2002). Beyond the social model, the disability experience is regarded as an identity “bound by common social and political experience” (Linton, 1998/2006, p. 163) of ableism, and of complex embodiment (Siebers, 2008), which claims that “embodiment and social location are one and the same” (p. 23). The discourse of IDEA that evolves
from “a child” does not work to locate disability within society, or to recognize as an important dimension of disabled learners who are, indeed, people, first and foremost.

Years later, art education discourses continue to perpetuate the medical model, as Gerber and Guay’s (2006) recent publication through NAEA demonstrates in its firm grounding in special education discourses. *Reaching and Teaching Students with Special Needs through Art* emphasizes equipment modifications, classroom logistics, communication issues, behavioral modification strategies, and studio practices for the sake of improving basic literacy, motor skills, and self esteem. While these aims are certainly important to art educators, they do little to disrupt ableist discourses or encourage teachers to critically evaluate and restructure the classroom environments they’ve created or inherited. *Reaching and Teaching* reiterates medical model discourses, perpetuating the teacher/child with a disability binary in which the teacher is the authoritative provider of services and the disabled learner is a recipient of services. The likely rebuttal to my concern is that this is the information art educators want and care about. If that is true—if art educators are only interested in modifying existing tools, curricula, and environments, and not in learning what disabled students experience, value, and desire—then disability studies would argue that a serious social crisis exists in our field. Art education literature must continue to emphasize concepts of disability that support disability advocacy measures regarding social environments.

*Environmental locations.*

Notably, the IDEA (2004) extends the environmental location of the child to public schools, a site Siebers (2003) notes as a place where exclusion based on body
politics is regularly enforced. Siebers’ critique seems at odds with the IDEA’s mandate that disabled children must be taught in the “least restrictive environment” (LRE) (20 U.S.C. §1412(a)(5)), which Kraft (2004) recognizes as the stimulus for the language of inclusion and mainstreaming. The problem with mainstreaming and inclusion is its approach according to a preexisting structure: the exclusive “regular” classroom. The “regular” classroom is a site that regards disabled students as aliens permitted into a preexisting environment that was designed without them in mind—and when the design proves too incompatible, disabled students remain excluded. In examining “least restrictive environment,” it is worth entertaining what may follow: the least restrictive environment, __________? Which clause, qualifier, or criterion best fills the blank? If the response is something like “… as possible,” then to whom, for whom, and on whose terms? The language assumes the regular classroom as a given, a constant, as it works according to a presumption of disparity. It suggests normal and disabled students are fundamentally different and naturally separated. Does a normal environment restrict the disabled student, or does the disabled student restrict the functions of the regular classroom? It is assumed that in certain cases, disabled students and regular classrooms won’t fit, and while negotiations are made in the form of accommodations for the disabled learner, the regular classroom is expected to remain regular, or restrictive, or inaccessible.

Arguing from a special education disposition, Doris Guay (1993b) also called for a “disability friendly environment,” in a way that highlights the disparity between special education and disability studies perspectives. Guay recommends simulation
exercises in which nondisabled students temporarily “take on” disability through such exercises as wearing blindfolds or earplugs or restraining limbs, or by “wear[ing] caps which secretly label them gifted, retarded, nerd, or L.D.” (p. 60). Disability studies scholars are critical of such performances because they do not accurately convey the embodied experiences of disability or impairment. They contend that such charades “focus almost entirely on the phenomenology of the individual body” (Siebers, 2008, p. 28) and overlook “the social construction that turns impairment into disability” (Swan, 2002, p. 288). Disability studies literature suggests either avoiding simulation exercises altogether or reinventing them to focus on the experience of being disabled or on analyzing familiar environments to recognize disabling features that nondisabled people overlook.

By contrast, Blandy (1988, 1989b, 1993) challenged art teachers to critically evaluate their classroom spaces and teaching practices as environments they create, and to restructure physical and social environments to be supportive of disabled people. Blandy’s suggestions support the paradigm of universal design, which disabled designer Ron Mace conspired. From a disability perspective, Mace recognized that much of disability is socially constructed according to designs that fail to include certain potential users. For example, right-handed scissors disable left-handed users, just as left-handed scissors disable right-handed users.

A more in-depth example of how disability is environmentally constructed is stairs, whose uniform design presumes “compulsory able-bodiedness” (McRuer, 2002). The uniform design of stairs defines a “normal” user based on a projected mean ability,
whereby anyone who is outside that mean is disabled. But it is an arbitrary mean and a mythical norm. Most “normal” people would think little of ascending stairs at first, but after a few flights it becomes tiring, eventually unbearable. Certain injuries make navigating stairs impossible. As “normal” people age, stairs become inevitably challenging. Some young people run up stairs, often skipping three and four steps with each stride. They could handle steps five times as large. If it were a contest, elite athletes could manage steps six feet tall with some work. But who could join them? And imagine if high-rise buildings didn’t have elevators, the devices that were originally designed to transport freight. Should tall buildings not exist? They, with their elevators, are efficient. They, with their elevators, are accessible.

Elevators exemplify the universal design principle that product and environments should be designed for the broadest possible spectrum of users. They demonstrate the assertion that everyone benefits from environments that are accessible to all, both industrially and socially (Hehir, 2005). The horizontal counterpart to elevators is pavement. Streets and sidewalks provide essential means of navigating the world that were once unimaginable. And while the potential of pavement is nearly unlimited, parameters have been set like stairs. Lane widths, sidewalk heights, road grades, and so on, are normalized according to mean persons as well as mean technologies. And these means become sacred. Wheelchair ramps and sidewalk curb cuts were once considered extravagant accommodations for the disabled few, an infuriating waste of expenditure. Now, we find people of all kinds using these for convenience and for doing things, like moving furniture, using baby strollers, and riding
bicycles, in ways that could not have been done before. As with elevators, people like them. They also like automatic doors, shallow embankments, signs that are easy to read, good lighting, hand rails, large knobs and buttons, roomy bathrooms, and other “conveniences” that for some are necessary. Everybody likes it when wheelchair users, blind people, people with crutches, and so on, are able to approach, enter, navigate, and fully use public spaces without incident. The ubiquity of universal design measures in architecture, product design, and their popularity attests to the benefits of approaching inclusivity from a universal design perspective.

Fortunately, the universal design paradigm has been taken up by many fields, including general education, which uses adapted variations of the term such as “universal curriculum design,” “universal instructional design,” and “universal design for learning” (UDL). In the same way that universal product and building design starts with accessibility, the principle behind UDL is to build curricula that are accessible to all, not just physically but conceptually. Andra Nyman and Anne Jenkins’ (1999) Issues and Approaches to Art for Students with Special Needs, explores several concerns that intersect or point toward UDL. For example, Guay (1999) builds on Blandy et al.’s (1988) guidelines for instructing disabled students by reminding that disabled students should not be underestimated and that modified curricula must include art education aims, goals, and objectives. She outlines several specific strategies for revising curriculum and for including disabled students in ways that promote positive peer attitudes. From a DBAE perspective, Dorothy Carpenter and Steven Carpenter (1999) argue that art education research on disability has largely omitted critical studio approaches and
ignored art criticism, art history, and aesthetics, which could help disabled students make sense of their worlds. Other chapters in Nyman & Jenkins’ (1999) book argue in favor of expanding knowledge about disability perspective in art education environments (Loesl, 1999) including museums (Andrus, 1999), where accessibility issues differ widely according to different disabilities, suggesting an openness in art education to embrace a complex understanding of disability. Moreover, Blandy (1999) argues that inclusion is not just physical accommodation of people with disabilities, but also “the accommodation of the cultural expressions of this community” (p. 40). Blandy encourages the study of disability artists who create “art that self-advocates, is self-referential, is at times socially activist, and which documents the experience of being disabled” (p. 39) as part of the everyday visual lexicon.

To understand the “experience of being disabled,” which spawned universal design, Tobin Siebers (2008) offers a theory of complex embodiment, which bridges the limitations of the social model and the medical model of disability. Whereas the medical model tends to overemphasize impairment, the social model tends to ignore it, forgetting that the disability experience is fundamentally corporeal. To minimize the social marginalization of disabled people, it is important to understand the “cultural expressions of this community” (Blandy, 1999, p. 40) as expressions of complex embodiment, which “theorizes the body and its representations as mutually transformative” (Siebers, p. 25). In the context of art education, I suggest the themes of expressive self-awareness and cultural education should be merged as a means of advancing dialogue between disabled and nondisabled people, which is the value of
universal design, the potential of complex embodiment. According to disability performance artist and poet Cheryl Marie Wade, exposure to a disability aesthetic “encourages people with disabilities to make art that ‘entertains, enlightens, educates’” (Blandy, 1999, p. 35). Like art, the art of disabled students is educative for others, not just themselves. The artwork of disabled learners also helps art educators to, as Davis and Watson (2002) advocate, better understand the nuances of disabled children instead of categorizing them according to their identified disability. Furthermore, nondisabled learners can use art making, discussions, and writing to explore disability as a matter of complex embodiment. This expanded notion of a critical disability aesthetic (Blandy, 1999) that includes disabled and nondisabled perspectives on disability counteracts the cultural aesthetic anxiety about people with disabilities (Blandy, 1991) and the “ambivalence with severe physical and mental abnormality [that] runs deep in pedagogy” (Wexler, 2005, p. 210). Thus, the theory of complex embodiment and its expression in art provides an opportunity for dialogue that accomplishes the aim of universal design in transforming social environments into fully inclusive locations.

Categorizations of Disability in Art Education Literature

In light of UDL and the theory of complex embodiment, the location of disability within special education yields a striking paradox: special education strives to individualize students, but to accomplish this it brands them as generally “special” and provides services according to specific disability categories. Like any categorization of disability, these categories tend to shift according to social trends and advances in
research, as the autism spectrum exemplifies. In light of Chapter 2, which addresses tensions surrounding the categorization of mental illness, this subsection examines how special education and art education discourses categorize disability, not only in terms of ontological implication, but from an epistemological standpoint.

Blandy's (1989b, 1994) recommendation for art educators to disband special curricula addresses two aspects of special education and how it categorizes disabled students. In the most direct sense, “special curricula” denotes curricula that are modified or adapted, and which differ from standard curricula. Students who necessitate special curricula are then logically referred to as “special needs” learners—students who, under IDEA, qualify for services provided by special education or regular classroom teachers under supervision of special education professionals or paraprofessionals. UDL, when effectively implemented, minimizes the need for adaptation, in contrast to the worry that UDL will encourage an increase in services (Hehir, 2005). In this sense, the use of “special” is minimally contentious.

But Blandy's (1989b, 1994) recommendation also speaks to the pejorative use of the term “special” in education, which Linton (1998/2006) decodes:

Although dictionaries insist that special be reserved for things that surpass what is common ... experience teaches us that special when applied to education or to children means something different.

The naming of children and the education ... as special can be understood only as a euphemistic formulation obscuring that neither the children nor the
education are considered desirable and that they are not thought to “surpass what is common. (p. 164)

The NAEA and much art education literature continue to frame disability in this way, categorizing it under the umbrella term, “Special Populations.” At face value, the NAEA category is confusing, because sometimes it denotes learners served by special education programs (MacGregor, 1994), and other times it refers to both special education and “gifted and talented” groups (NAEA, 2008a). Likewise, Nyman & Jenkins’ (1999) book, addressing “students with special needs,” includes a chapter on “talented students” (Clark & Zimmerman, 1999). Similarly, the label “exceptional child” typically refers to learners in special education (Clements & Clements, 1984; Gersten, Walker, & Darch, 1988; Gfeller, 1986; Henley, 1992; Lund & Massey, 2004; McGookey, 1992; Milne, 1981; Necco, Wilson, & Scheidemantel, 1982; Platt & Janeczko, 1991; Rodriguez, 1985; Uhlin & De Chiara, 1984), while “exceptionality” is confusingly used (e.g., Ballengee-Morris & Stuhr, 2001) as a category that lumps talented and disabled students together.

In the instances where disabled and high-achieving students are homogenized, “special” and “exceptional” are used under ableist pretenses that distinguish learners whose performance deviates from the profile of the arbitrary “normal” student. NAEA’s collusion of “special needs” and “gifted and talented” as “special” establishes a normal/special binary that maps ability on the bell curve, which Lennard Davis (1995/2006c) uncovers as a modern invention meant to promote evolution as an ideal. The bell curve visually reworks the range of human difference in terms of normalcy,
which implies not only that normal is good, but also that above normal is best and below normal is worst. The mere suggestion that gifted and special needs carry similar privileges or merits, or that the terms are interchangeable, is ridiculous. The tenable labeling of a “talented” student as one with “special needs” is not reversible. Disability is not a “gift” or “talent” in the context of contemporary society; when it is presented as a merit, it is done patronizingly with clear patriarchal implications (Linton, 2008), following the discourse of animality-patriarchy outlined in Chapter 2. “Special” indicates feebleness the way “precious” does when it is ascribed to kittens. But unlike kittens, disabled children are not “naturally beautiful” because the disabled body is an affront to nature and beauty; rather, their exemplary helplessness merits exemplary pity, and this is framed as honorary, token beauty. The cases where a student qualifies as both “gifted and talented” and having “special needs,” is likely understood as coincidental, but in some cases where dual stereotypes are evident, it could be “expected.” In such stereotypes as the blind musician and the autistic genius, the talent is conceptualized as an overcoming of the lack that disability affords. At any rate, disability is not itself valued in such a schema. The category of “Special Populations” reveals its own inadequacy, demonstrating that “… schools pathologize difference” and that “differences in performance are ranked, and identities assigned …” (Brueggemann, White, Dunn, Heifferon, & Cheu, 2001, p. 375).

Beyond this critique of “special” and the contentious grouping of disabled and high-achieving students, problems exist insomuch as art education mimics special education. As I have shown, the language of special education is located within the IDEA
legislation, which has been lethargic in responding to the advances of the disability rights movement and disability studies. It continues to define disability in terms of individual impairment and it relies on traditional goals and techniques. Special education has not aligned its efforts with disability studies or UDL, and it no longer remains at the forefront of progressive education.

One of the most visible representations of disability in art education is the NAEA special interest group, “Special Needs in Art Education” (SNAE). SNAE has hundreds of members, and is therefore represented with many presentation slots at the NAEA annual convention. The NAEA website links to SNAE’s webpage, which is one of five webpages of the website titled “Special Education & the Arts:” (1) the homepage titled Home; (2) a webpage describing the brief history of the group titled NAEA Special Needs Issues Group; (3) the CEC Special Interest Group for Teachers of the Arts—CEC is the abbreviation for the special education organization Council for Exceptional Children—which is a small collection of a now defunct news article written between 1994 and 2003; (4) an SED/Arts Organizations page, which lists organizations and hyperlinks to their websites that the author has identified as pertinent to special education and the arts, among which SNAE is included; and (5) an SED/Arts References page, which is a bibliography of publications on special education and the arts (See Appendix A). More than half of the 73 articles and books are from the 1980s, with only five pieces since 1995. Only one piece from the 2000s is listed (Gerber & Gerber, 2003), and it is no longer available. Except Nyman & Jenkins’ (1999) book from NAEA, all of the recent publications reflect traditional special education characterizations of disability. The
recent advances in art education, disability advocacy, universal design, and so on, are not represented because of, if for no other reason, the outdated status of the list. Updating the list to include these advances could help SNAE to realize a broader spectrum of literature in art education concerning disability.

The misalignment between special education and progressive art education is more fairly represented in Gerber and Guay's (2006) recent book, which emphasizes equipment modifications, classroom logistics, communication issues, behavioral modification strategies, and studio practices for the sake of improving basic literacy and motor skills and self esteem. While these are arguably important matters, this book, rumored as one of NAEA’s bestsellers, does little to disrupt ableism. Additionally, the structure of Reaching and Teaching adheres to traditional categories that emerge from special education discourses, which deserve attention in this discussion.

An example of how special education problematically represents disability, namely mental illness, is apparent in the chapter titled “Students with Emotional and/or Behavior Disorders” (Hunter & Johns, 2006). In the section titled “Learning about Students with Emotional and/or Behavior Disorders,” the authors discuss gang issues, IEPs, behavior and health issues, suicide, and other issues affecting behavior, but they do not address underlying impairments or disabilities. Instead of explaining mental health issues, the authors focus on managing students with “behavior problems” (p. 43). This terminology is immediately worrisome, in that students are literally labeled problematic because of their behavior, suggesting classroom rules and order are the focus, not students. This terminology is inconsistent with that of mental health
professions, mental health advocates, and critics of mental health industries. This language mirrors the contentious IDEA categorization of “severe emotional disturbance” (CEC, n.d.), which is a disability category comprised of disparate mental phenomena (Rottenberg, 2005). Critics suggest this category “is neither clear nor comprehensive enough” (Forness & Knitzer, 1992), and it incorrectly denies social distress as a legitimate cause of distress (Costenbader & Buntaine, 1999; Forness and Knitzer, 1992; Merrell & Walker, 2004). The use of “emotional” is inaccurate, as emotions are just one of many phenomena, including schizophrenia, autism, anxiety, post-traumatic stress, everyday stress, pain, depression and mania or other mood issues, psychosis, drug use, and others, that could influence mental health and, consequently, behavior in ways schools find disruptive. The use of “disturbance” is contentious because it refers to school discipline, not learners’ conditions.

Perhaps a more pressing “disturbance” is the poor efficacy of special education in “reaching and teaching” students with mental illness. Tom Hehir (2005), former director of the U.S. Department of Education’s Office of Special Education Programs and instrumental developer and implementer of the IDEA amendments, pinpoints the root of special education’s ineffectiveness and its remedy:

Children with emotional disturbances need not receive a poor education. Researchers and educators have developed approaches that greatly increase the likelihood that these children will be successful in their education and in life. ... For widespread change to occur, however, educators must first challenge their own ableist assumptions about these students. (p. 39)
Grouping students who join gangs and students who are depressed doesn’t seem to be the answer, as the research on mental illness stigma (Corrigan, 1998; Corrigan & Watson, 2002; Corrigan, Watson, & Barr, 2006; Wahl, 1995, 1999) implies. Hehir (2005) explains that many students identified under this category act out because they feel discriminated against and because they do not respond well to authoritative structures. In essence, the casting of unwanted behavior as “emotional disturbance” is conceptually founded on metaphors that associate illness of the mind with social deviance (Danforth, 2007), and is employed not to help identified students learn, but to rationalize isolating them from “normal” students.

To better address these students, educators should reject the disabling implications of this category and redesign classroom spaces according to UDL principles to accommodate students with mental illness and students whose behavior is atypical for whatever reason. At the very least, such spaces would dispel the deeply embedded stigma in special education discourse. As Hehir (2005) calls for the field of special education to refocus its attention on dispelling ableism, I call for art education, as a field that already values socially progressive pedagogy, to do the same. By challenging ableism, art education professionals would do great service to disabled students, teachers, parents, administrators, researchers, and other stakeholders, as well as the at-large disability community, the disability artist community, art education research, and possibly disability studies research. In short, art education scholars should work to align art education and disability studies.
To this point, my critique of art education has mainly centered on special education discourse—how it doesn’t follow disability studies objectives, how it uses outdated and stigmatizing language, that it is too regulated by federal legislation—but there is plenty to appreciate about special education. Michael Bérubé (2008), a well-known disability studies scholar whose son has Down syndrome, praises the education his son has received because of the IDEA and ADA, and reminds us that such rights are invented rights that we must work to maintain, lest they be “uninvented.” I’ve never met a special educator who didn’t advocate for disabled learners or work cooperatively with other teachers. My point has not been to chastise special educators or art educators, but to point out examples where art education aims, goals, and objectives fail to disrupt ableism or recognize the self-advocating voice of disabled people themselves, thus mislocating disability.

Of equal or greater importance to this mislocation of disability in art education literature are what I am calling “vacancies and dislocations,” to use a metallurgic metaphor. In metals, dislocations are gaps in the molecular structure caused by out-of-place molecules and vacancies are gaps where molecules are missing. Together, vacancies and dislocations result in the malleability of metals, allowing metals to be reshaped and strengthened by applying pressure which closes the gaps. A byproduct of the monopoly that traditional special education discourses hold, as indicated by the SED/Arts Readings list (Appendix A), is the vacancy of disability studies perspectives. The first part of this subsection looks away from the presence of IDEA (2004)
mislocations to the vacancies and missed opportunities in art education literature for
combating ableism. Afterwards, I close the critique of art education with a critical
examination of disability metaphors as a dislocation of disability. Unlike special
education discourses that approach disability from a different, problematic, perspective,
the disability metaphor is a rare example of trivializing and misrepresenting disability.

Vacancies: Locating missing research.

The lack of attention to disability studies in art education exemplifies what Elliot
Eisner refers to as “null curriculum,” the thesis that “what schools don’t teach can be as
important as what they do teach” (Darts, 2008, p. 113). Along similar lines, Linton
(2008) theorizes fields like special education as “null hypothesis, not because it is devoid
of substance but because it remains not fully articulated as a distinct field[,] ... more
clearly a reaction to social need than fields determined by a set of principles and ideas”
(p. 137). In art education, disability is rarely acknowledged as a cultural category, for
example in major surveys of the field on social issues (Milbrandt, 2002) and curricular
concerns (La Porte, Speirs, & Young, 2008) where disability goes unmentioned.
Eisenhauer (2008a) also pointed out specific instances where mental illness
representations were left out of certain critical visual culture discussions, but the
problem seems greater, deeper than a few instances. Because disability is categorized as
a matter of special education, special needs, it rarely receives mainstream attention,
even in critical discussion. It is the identity that goes unnoticed, the culture that is
unrecognized, the diversity that is mentioned last, if at all, the issue that is presumed
solved before it is imagined as problematic.
An example of this is Christine Ballengee-Morris and Patricia Stuhr’s (2001) description of culture, in which they dissect culture as personal, national, and global. The authors’ final of six position statements begins:

We want to focus on the dynamic complexity of factors that affect all human interaction: physical and mental ability, class, gender, age, politics, religion, geography, and ethnicity/race. We seek a more democratic approach, whereby the disenfranchised are also given a voice in the art and visual culture education process and the disenfranchised, as well as the franchised, are sensitized to taken-for-granted assumptions implicit in personal, national, and global culture.

(p. 10)

*Personal cultural identity* (p. 7) highlights the complexities of identity that are influenced by a multitude of narrow and broad aspects, which include:

- age; gender and sexuality; social and economic class (education, job, family position); exceptionality (giftedness, differently abled, health); geographic location (rural, suburban, urban, as well as north, south, east, west, or central);
- religion; political status; language; ethnicity (the aspect most people concentrate on when they think about culture); and racial designation.

The framing of the category “exceptionality” defines and categorizes disability in terms of difference, not in terms of experience of impairment or ableism, and it uses terminology that is not from the contemporaneous disability community. “Differently abled” is among the terms “rarely used by disabled activists and scholars,” which “may be considered well-meaning attempts to inflate the value of people with disabilities,
[but] they convey the boosterism and do-gooder mentality endemic of the paternalistic agencies that control many disabled people’s lives” (Linton, 1998/2006, p. 163). The parenthetic term “health” makes little sense in this context, as exceptional health is synonymous with “differently abled,” except with medical conditions that are in remission, and this kind of identity seems to get away from what “exceptionality” implies. Also, the way health is codified in Western culture, it is unclear how exceptionally good health differs from “normal” health. Health is an ableist, medicalized concept whereby the standard is perfect health and illness is its deviant opposite. Thus, “giftedness” is problematic because it has a markedly different correspondence to “unexceptional” than disability. It may be easy to look past this misunderstanding, easy to applaud the inclusion of disability in this laundry list of identity markers, but from a disability studies standpoint it is unsettling. The context of this article presses a brand of multiculturalism that above all seeks to listen to the cultures it represents. The voice of disability culture, identity as a disabled person, is absent from this list. Following the authors’ position statements, I argue for art educators to develop and implement a formal position statement on disability through the NAEA, which should be aligned with disability studies and renounce anachronistic and oppressive disability discourses.

We must also fully integrate critical representations of disability into art education, following Blandy’s (1999) recognition of a disability aesthetic which critiques ableist notions of bodies as absolutely healthy or sick, regulated or disorderly, and offer self advocating representations of disability. Siebers (2003) explains that the culture wars determine which bodies are more and less important through aesthetic arguments.
rather than political ones. “Statements that label cultural attitudes, minority groups, lifestyles, and works of art as ‘healthy’ or ‘sick’ are not metaphors but aesthetic judgments about the physical and mental condition of citizens” (p. 182). Disability is judged sick, and is thus excluded from culture through censorship of art, through architecture which embodies ableism in its function of permitting and revoking access, and even by banning visibly disabled people from the public eye, in archaic “ugly laws” (p. 199), which are used to escort ungainly people—often homeless people who have untreated mental illness—away from the public eye. But Siebers (2003) notes that exclusionary body politics are usually worked out in institutions such as schools by giving voice to some and censoring others. Regarding body politics, Duncum and Springgay (2007) argued that we must “include an understanding of extreme bodies” (p. 1154) in art education, which I suggest necessarily includes historic and contemporary representations of disability. Drawing from Frederic Jameson, Siebers (2003) notes that excluding critical and self representations of disability constitutes a “political unconsciousness” in which the role of disability in culture is repressed.

Applying Siebers’ work on disability and body politics to Blandy’s and Duncum and Springgay’s challenges, I argue that art educators can no longer omit the critical history of disabled bodies in art education. We must reverse the null curriculum of disability by regularly exploring critical discussions and self representations of disability. We must consult people who experience disabilities—their speech, writing, performances, languages, images, material objects—to better understand disability, to find a vocabulary for discussing disability that is culturally sensitive and aligned to
disability theory. I have demonstrated how art education can learn from disability studies to avoid mislocating and miscategorizing disability according to outmoded special education discourses, but there is much critical work to be done. Disability studies offers lengthy discussions about the problematic use of disability metaphors such as prosthesis and blindness, which are common to visual culture literature. In terms of mental illness, disability studies offers much needed critical perspectives on “psychoanalytic theory” that ignores its methodological association with psychiatry. Such devices are often employed in art education and related disciplines without consideration of their implications about disability or the ableist traditions from which they emerge. A sustained interest in disability studies will help to advance these discussions and move the field forward to appreciate disability as a valuable source of knowledge.

_Dislocations: The “madness” of disability metaphors._

Finally, I conclude this section by returning to Charles Garoian’s (1997) pedagogical advice to challenge stereotypes of medicalized society by “discuss[ing] the concept of metaphor in art and its ideological characteristics, its ability to objectify and stereotype illness and disease, to marginalize the afflicted” (p. 21). In light of Foucault’s (1965/1988) critique of “madness” as a discursive invention used to dehumanize people, I have ironically employed it in the subtitle of this section as an obvious example of how commonplace disability metaphors have become and why they should never be used.
Aside from Garoian’s (1997) problematic use of the term “afflicted”—a label many disable people, although not I, reject—he basically grasps the idea. Disability metaphors are from the ableist perspective, the way we see the disabled people act, the way we imagine (without much thought) we’d respond if we were in their shoes. Kleege (2006a) explains in her essay on “The Hypothetical Blind Man” that even the great philosophers who aspired to employ disability metaphors failed to understand disability, such as Descartes, who assumed the “stick” (i.e., cane) has tactile abilities. But most disability metaphors are cheap and easy, appealing to the tired language of stigma with no consideration of the disability experience. They almost always speak to the woeful state of disabled people—what they cannot do, the joys they can never know, their profound ignorance—or the shock value of the futility of their existence.

So it is a bit curious why Garoian (2008; Garoian & Gaudelius, 2001, 2004, 2008) has followed with a flurry of disability metaphors. I suspect the roots of this shift lie in Garoian and Gaudelius’s (2001) adoption of cyborg pedagogy, in which they argue that the cyborg myth can be used as a critical metaphor for critiquing the impact of technology on the post-human body, the fanciful philosophies of which are sometimes “little more than celebrations of de-humanism” (Smith, 2006, p. 316).

The onset of Garoian’s “disability metaphor madness” appears to begin in 2004 (Garoian & Gaudelius, 2004), in which “narcissistic fixation” is used to describe art education’s [unhealthy?] relationship with visual culture. This term is then reused (Garoian & Gaudelius, 2008, p.2) and repackaged as “cultural narcissism” (p. 23) in the book Spectacle Pedagogy, which is peppered with uncritical disability metaphors,
including “metaphor of schizophrenia” (p. 52), “a stuttering aesthetic” (pp. 99, 100, 113, 114), an anxiety metaphor (p. 101), and “dis-eased pedagogy” (p. 119). Garoian also critically addresses “schizophrenic body” (p. 129) as one of four tropes that wound the body through spectacle—although this is a medical metaphor itself. The most offensive of these is a performance piece Garoian describes, in which he enacts stuttering and anxiety metaphors. Garoian begins the performance _hyper/ventilation_ (2005) by speaking “A-A-ART DIED LAST SUMMER …. A-A-ART DIED LAST SUMMER …. WE R-RENTED A COUPLE …” (p. 99) and so on. He then hyperventilates into a sack, symbolizing “the body’s ability to cope with anxiety under the circumstances of information overload about the war” (p. 101). I don’t know if Garoian has experienced the stigma of stuttering or the overwhelming sensation of an anxiety disorder, but I can say that his description of the performance is nothing like the “madness” of my daily experience of anxiety or the panic attack I had for no apparent reason that caused me to think I was literally dying. I am not critiquing Garoian’s adeptness with philosophy, but we disagree on the potential of Deleuze’s “creative stuttering.” Whatever the “rupture” of the stutter might theoretically suggest, the implication of the performance suggests it can be harvested from the stutterer without incident. But this harvesting does nothing for the stutterer or the “hysteric”—the delving into this rupture somehow manages to forget the stigma ascribed to it. The image of Garoian’s performance, as he describes it, does nothing to challenge or even acknowledge the stigma attached to oral communication disabilities and anxiety. It reiterates the cartoons I watched as a kid, presenting such conditions as spectacular, the (hypothetical) person as spectacle.
In case my offensive use of “madness” isn’t enough, Brown’s (2001) reminder that ableism is akin to racism suggests we consider what happens when we substitute a race metaphor for a disability metaphor. I won’t bother to spell this out, but I encourage art educators to imagine themselves at a hypothetical NAEA presentation, like the one in which Garoian re-performed *hyper/ventilation* in 2006 (Garoian & Gaudelius, p. 99), but instead with a race metaphor. I encourage them to imagine their reactions and the reactions they expect of their peers. Do people notice? Do they care?

Lastly, Garoian (2008) recently built a piece around a prosthesis metaphor. Applying Derrida to(ward) arts based research, he theorizes a *prosthetic pedagogy*, an embodied form of art research and teaching that challenges and resists both the disabling stereotypes and stigmas of the amputated [person] as dysfunctional, and the fear and loathing of technological supplements that enable the body’s agency. Indeed, there has existed an interesting correlation between the fear of disabled bodies and their enabling through prosthetic technology .... (p. 224)

Following David Mitchell and Sharon Snyder’s advice, Garoian wishes to “avoid the abuse of disability tropes as ‘opportunistic metaphorical devices’” (p. 223). But the first thing Garoian does in his article is describe the precursory event, the amputation, as a metaphor. After describing the gruesome wounding of soldiers and reporters, Garoian transfers these “wounds” to news media: “As *amputated* bodies of information, these journalists’ disparate, truncated reports have restricted the public’s comprehensive and accurate understanding about the circumstances of the war, thus dismembering the
body politic” (p. 218). The rhetoric of this metaphor appeals to our ambivalence of disabled people, the horror and fear of becoming disabled. It goes beyond misunderstanding the nuances of prosthetics and their meaning in the context of an ableist society to highlight the essential meaning of all disability metaphors: the disability is understood as loss. Garoian goes on to cite a number of disability studies theorists who raise this very point, only to resolutely regard the disabled body as amputated, fragmented [italics added]—objects that have been reduced, whose prosthetics do not complete them, but rather provide a novelty for our exploitation. It is, as Smith (2006) discusses, a use of techno-fetishism that in this case doubly signifies de-humanism.

**Art Education Perspectives on Disability Studies**

As I have demonstrated the ways in which disability studies can critically advance art education, I will now demonstrate the reverse. This section takes a very different route than the first. The groundwork for this section, like the last, was outlined in Chapter 3, which explored the commonalities of art education and disability studies in a broad sense. In particular, I emphasized that art education has a rich history of promoting art making and criticism as important modes of critical pedagogy, strategies that are absent in disability studies literature. As the lack of disability studies perspectives in art education literature constitutes a substantial vacancy, so does the lack of art education perspectives in disability studies literature. This section discusses that vacancy and then, drawing from Chapter 2’s discussion on Foucault, it begins to
reverse the vacancy through a critical exploration of my own art practices that engage my experiences with mental illness as a disability.

*Disability Studies and the Arts*

Before pointing out the vacancies in disability studies, I need to sort out what disability studies research on art and visual culture does provide. In Chapter 3, I reviewed the major disability studies publication that address art and popular visual culture, including the three most widely distributed anthologies (Albrecht et al., 2001; Snyder, Brueggemann, & Garland-Thomson, 2002; Davis, 2006b), the “Disability–Visuality” themed issue of *Journal of Visual Culture* (Davis & Smith, 2006a), the recent *Review of Disability Studies* (Roman & Frazee, 2009a) issue on “The Unruly Salon” art event, individual articles from major journals (Caraballo & Rodas, 2008; Haller & Relph, 2001; Heenan, 2006; Millett, 2008a, 2008b; Newbury, 1996; Taylor, 2005), and important books (Crutchfield & Epstein, 2000; Kuppers, 2003, 2005; Sandahl & Auslander, 2005a). This review reveals that disability studies values the arts as an important domain of critical disability expression, although certain expressions are more commonly explored than others. Much of this work is richly theoretical, and a majority of this work critiques images or the social implications of how images are constructed in discourse. This relationship reflects the proclivity of visual culture studies and disability studies to develop theory, as well as the longstanding relationship between the fields. While more and different kinds of critical work on visual culture are needed, as I argue in the concluding chapter, there is undoubtedly a strong theoretical dialogue between disability studies and visual culture studies.

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(Art) writing in disability studies.

Some of this theoretical work also intersects creative processes of art and art outcomes that disrupt ableism. Most of the attention to art comes from academic disabled artists who create and write about their art projects; most of this writing is steeped in theoretical discourse. For example, Tobin Siebers (2000) opens The Body Aesthetic: From Fine Art to Body Modification with Joseph Grigely’s (2000a) Postcards to Sophie Calle, a broadly published work of text-art that is now well-known in the disability studies community. Postcards is a series of 32 short letters written in 1991 by Grigely, a deaf conceptual artist, to nondisabled, internationally famous conceptual artist Sophie Calle. The postcards explicitly respond to Calle’s installation, The Blind, in which Calle asked people born blind to describe “what their image of beauty was” (p. 17), and then designed, built, and installed visual collages based on their responses. Each collage consisted of three framed images: a photograph of the person, the response in printed text, and a photograph of Calle’s choosing that attempted to loosely represent the quotation. Grigely unabashedly challenges Calle’s misunderstanding of blindness, and he repeatedly asserts that it is language which interferes, suggesting Calle’s work problematically attempts to circumvent language by appealing to the privilege of sight rather than acknowledging visuality. Grigely’s Postcards also implicitly challenges Calle’s work by mimicking her artistic process, as Calle regularly generates artwork that literally answers requests or assignments from other artists, friends, and fans. She sometimes asks people to give her a guideline or assignment—it is explicitly
conversational—and her work regularly employs lengthy text, sometimes playing with different accounts of social incidents.

*Postcards* is an example of how Grigely opportunistically inserts disability into the conversation of the art world. Grigely is a working deaf artist whose work is informed by how nondisabled people attempt to negotiate communication with him, a theme that grew out of his collection of things people wrote to him on scraps of paper (because he is deaf). His work, like Calle’s, almost always utilizes text, often as its major content component. Grigely also publishes academic literature that does not discuss his art, for example his (2006) piece “Blindness and Deafness as Metaphors: An Anthological Essay,” which regurgitates snippets of popular print media that uncritically employ disability metaphors, often in tasteless, offensive ways. Interestingly, this “academic” work provides no overt criticism, whereas his “art” is explicitly critical—the art dons an academic cloak, the literature dons an artistic cloak. Grigely’s work cleverly joins art and writing through humanities-based disability theory, asking questions about how disability is represented by disabled and nondisabled people as a discursive process.

But the implication of *Postcards* in its reduced, pure text format arguably shifts dramatically according to its contextual situation. In Siebers’ (2000) book, Grigely’s (2000a) *Postcards* is appropriately organized under the heading “Fine Art and the Body.” It is thus contextualized as a melding of art and research. But in *Points of Contact: Disability, Art, and Culture* (Crutchfield & Epstein, 2000), it functions, ironically, more as “letters” than as “arts.” In *Points of Contact*, it is sandwiched between poetry and prose,
suggesting it is one or the other or both—that its blurring is of the boundaries between written research and creative writing, but not (fine) art. It reads as a commentary on Sophie Calle, not as a reciprocal response, a 1:1, art:art relationship. Grigely’s first publication 16 Postcards in an art journal (Grigely, 2000b, p. 31) was once removed from art, a text version of an original art performance. In Siebers’ book, it is twice removed, a copy of a version of a presumed original. In Crutchfield and Epstein’s book, it is immeasurably removed, no longer situated as art or as a performance—it is a simulacrum (Baudrillard, 1983/1999), a copy with no original.

To strengthen my assertion, I need to go further to question the “point of contact” between art and disability studies. Not only is Postcards immediately positioned as creative writing by the pieces surrounding it, it is also generally situated as creative writing by these contexts of the book. Despite Susan Crutchfield and Marcy Epstein’s (2000) aspiration to contribute to diverse fields including “art and art history” (p. viii), Points of Contact mainly approaches art through writing in two distinct ways, indicative of disability studies. First, “art” denotes a set of artifacts subject to criticism, the kind of work done by art historians and visual culture theorists—critical writing about art, not as art—and typically historic, not contemporary art. Second, “art” connotes creative “literary arts,” the kind of work done by writers, namely those trained in English. What’s missing is the kind of work Grigely does, which mingles art processes and research. My concern is not that such work is incorrectly categorized, but that the importance of art can become diminished and devalued. “The arts” should include fine art, at least, and design.
The two most “arts friendly” disability studies journals also lack attention to contemporary (fine) art, although this may be an indication of the scholarly makeup of disability studies and not its intentions. Recently, the journal *Disability Studies Quarterly* features an issue (Brueggemann & Danforth, 2008) devoted to the theme “Poetry,” and its current format includes a standard section devoted to peer-reviewed creative works (The Society for Disability Studies (SDS), 2009b). The call for entry (SDS, 2009a) to this section invites “[c]reative submissions such as poetry, fiction, plays, essays, short films, or sample performances (on video) with disability themes and issues” but makes no mention of (fine) art. However, the journal demonstrates its current interest in the intersection of (fine) art, theory, and writing, by publishing Eisenhauer’s (2009) piece which describes her art practices and experiences. The other journal, *The Review of Disability Studies: An International Journal*, recently published an entire issue highlighting “The Unruly Salon” exhibit at the University of British Columbia, as mentioned in Chapter 3. This issue confirms the interest of late founding editor David Pfeiffer, whose (2004) rationale for the journal in its first issue invites “… photographs, and artwork related to disability” (p. 8) in addition to other art forms. The “Unruly Salon” themed issue (Roman & Frazee, 2009a), however, was the first instance in which (fine) art was actually showcased in the journal. Whatever the reason, the field expresses interest in (fine) art but rarely realizes that interest in its publication spaces.

*Performance (art) in disability studies.*

Another trend of disability studies research on the arts is the discussion of performance art projects, many of which are collaborative. The book *Bodies in*
*Commotion* (Sandahl & Auslander, 2005a) is a project that emerged from theater (p. v), but which explores “disability as performance across a wide range of meanings—disability as performance of everyday life, as a metaphor in dramatic literature, and as the work of disabled performing artists” (Sandahl & Auslander, 2005b, p. 1). Essentially, the book seeks to mesh disability studies and performance studies through a broad spectrum of interdisciplinary spaces, including “arts education” (p. 6). *Bodies in Commotion* works to expand the role of the arts, which has only significantly participated in the disability studies conversation since the mid 1990s (p. 6). Performance is a potent means of artistically engaging disability because it rejects the notions of static truth and, literally, the static body and mind attributed to certain disabilities—people who can’t move, can’t think, can’t do. The authors use “commotion” because of its meanings as both “disturbance” and “unruliness” as well as “moving together.”

A prototypical example of *Bodies in Commotion*’s aims and the intersection of disability studies and art in general, is the work of Petra Kuppers (2000, 2003, 2005, 2007), who has published extensively on disability performance pedagogy. Kuppers’ project *Traces*, discussed in the book (2005) and elsewhere (2000, 2003), is a multimedia artwork that emerged from a performing art project involving people diagnosed with mental health conditions doing kinetic performance art. *Traces* is one of the few examples of art that directly challenges ableist notions about people with mental illness through self-representation. The participants worked together to find a sense of embodiment (Kuppers, 2003) through inner visualization, which in turn produced performances that visually counteracted the problematic historic
representations of pseudoscience and psychiatry which I discussed in Chapter 2, particularly those of hysteria (Kuppers, 2005). Ultimately, it was decided that video installation—a common mode of expression in contemporary art—was a more suitable mode of representation than the traditional stage (Kuppers, 2005). This new context, which uses video, places the imagery into a new context that Kuppers claims blurs lines between static imagery and real time, between viewer and viewed, challenging audiences to examine their predispositions about people identified as mentally ill.

But some of what Kuppers (2005) implies in her rationale of Traces is debatable. First, she states that the power of Traces lies in the use of new media, which disrupts the unchallenged logic of traditional media. Where Charcot’s photography presented staged performances of mental illness as static truth, Kuppers and her colleagues used video to expose the performative aspect of their work, but also to exercise control over which images would be shared (p. 132). While I agree with this, I suggest that video does not do what performance does. The moving picture arguably adds another dimension of deceit to the rhetorics of theater and photography by combining them. Furthermore, the “logic of traditional media” has been challenged by critics, philosophers, and theorists, who have elaborated that oil painting, photography, and all other media are fiction. But I argued that whatever is called “traditional media” in Western art has been challenged by subsequent media in Western art, up to contemporary art which is debatably self-critical. In terms of media, content aside, cubism challenged the logic of photography by illustrating simultaneous multiple views, Duchamp challenged the ontology of art with his ready-mades. Warhol then restated Duchamp’s thesis by
building Brillo boxes that were semi-realistic but obviously not “real,” thus challenging the notion of originality. In the 1980s, photorealism and hyperrealism painting challenged the traditions of oil painting and photography which told the same lie, reiterating the challenge of Cubism in a new way, by exaggerating their “truth” until it was exposed as farce rather than exposing their lie. In the case of postmodern art, including Warhol and hyperrealists such as Richard Estes, traditional media can be reused in a way that exposes not only the past also the present—it presents itself as problematic.

Another claim Kuppers (2005) makes is that as performance, Traces disrupts the tradition of mental illness representations of performance, by virtue of reciprocity. This argument at face value bolsters the above. Charcot’s photographs documented performance with new technology like Kuppers, and it likely would not have been taken as performance but as representational. It is possible that in the same way, Traces would be viewed not as performance, but as video, the common mode through which images are transmitted. It is unclear, then, if Traces is actually performance. In light of her first claim—that she means to blur boundaries—this would add to the effectiveness. And in an organic sense, if performance is subliminal in Traces as it was in Charcot’s work, the reciprocation Kuppers claims is true. But in a practical sense, it seems unlikely that viewers would unpack this relationship, unless they recognize it as a documentation of performance. If Traces were performed live, then it would certainly disrupt discourses on how mentally ill people are supposed to behave, but it is less convincing that video accomplishes this end. It is important, however, to recognize that Traces is also
installation, which carries another kind of experiential potential. As a hybrid of video, performance, and installation, Traces was reportedly powerful in many ways, but it could not have functioned, I argue, as performance, plus as video, plus as installation. It could not have demonstrated the potency of what each exclusive mode can offer.

But the main potential Traces relinquishes as installation compared to standard video is that it’s no longer accessible; most people will never experience the Traces Kuppers describes. They will only read about its potential to disrupt. And in the pages of books and journals, it no longer functions as any of these art forms, even though it gains new means. Instead of demonstrating the power of performance, Traces, as we encounter it, challenges not only traditional media and the discourses they promote, it challenges the idealism of all media, demonstrating that different modes of communication, different methods of critique, can be engaged to challenge both traditional and contemporary discourses of mental illness. Although Traces remains, by Kuppers’ choice, situated as performance, it asks disability studies to move beyond this boundary. It asks disability studies to expand the boundaries it has set for representing art. Traces inspires the field to explore other possibilities within the broad scope of contemporary art, and to experiment with new ways of intersecting disciplinary discourses.

Pathology and Art in Disability Studies

Pathologized artists.

Looking the other direction, from disability studies to art, a surprising research line converges with Foucault’s (1965/1988) attention to “mad art,” but with
significantly disagreeable implications. Discourses of mental illness long ago adopted mythical traits of “genius” and “creative,” which work to further distinguish it as anomaly. But recently the trend has been acutely revised toward posthumously diagnosing historic figures with specific mental disorders as defined by the current $DSM-IV-TR$ (APA, 2000), and some disability studies scholars have joined in. For example, Kay Jamison, well-known in disability studies for her memoir on manic-depression (1996), wrote a book (1993) that argues in favor of “the link between certain types of ‘madness’ and artistic genius” (p. 48) using strict $DSM-III$ (APA, 1980) diagnostic criteria—assuming, of course, that it is acceptable protocol to posthumously diagnose anyone and everyone. As a psychiatry scholar, Jamison’s method of literally applying contemporary $DSM$ diagnostics ignores many of the problems sorted out in Chapter 2—that mental illness categories are constantly in flux; that psychiatry constantly redefines terms; that psychiatry creates new illnesses and retires others (such as homosexuality which was pathologized until the late twentieth century when APA reneged); that many disorders can only exist in contemporaneous social contexts; that all disorders are discursive; and so on. Jamison presents a strong argument that mental illness as currently defined is correlative with achievement in the arts, past and present, and she admits that not every artistic genius had mental illness. But what her review of this admittedly highly controversial issue fails to recognize is that most people with mental illness are not artists or geniuses of any kind, as most $x$ people are never mostly $y$, where $x =$ cultural category and $y =$ stereotypical achievement or profession (e.g., Black-athlete, Jewish-banker, autistic-mathematician, Asian-mathematician,
Asian pianist, blind-pianist, gay-pianist). Mental diseases/disorders/illnesses/problems like cultural identities are discursively constructed. They are not exclusively biomedical and they are neither absolute nor concrete.

After proving the correlation of mental illness with artists through DSM-III codes, Jamison (1993) goes on to prove widespread conjecture about historic figures and “manic-depressive illness.” Jamison’s methodology applies DSM-III diagnostics to historic texts and constructs genealogical family trees of mental illness, as “[m]odern medicine gives credence to ... literary notions of familial madness” (p. 193). Her posthumous diagnosis is impressive—she diagnoses hundreds of family members—the Tennysons, the Schumanns, the Jameses, the Woolfs, the Hemingways, the Van Goghs—with “recurrent depressive illness,” “(bipolar) manic-depressive disorder,” “unspecified psychosis,” “cyclothymia,” “morphine addiction,” “rage, unstable moods, and/or insanity,” and even “post-head trauma psychosis,” in addition to charting “suicide.” Apropos to this dissertation, Vincent Van Gogh is diagnosed with “(bipolar) manic-depressive illness” even though no one else in his family tree is similarly identified, and neither parent is identified as having any mental illness. The implication of the family tree in the context of the book is that it must have been hidden, perhaps in recessed genes. Or, as a skeptic, perhaps the family was dysfunctional? But more problematic is the assertion that Vincent Van Gogh had “(bipolar) manic-depressive illness” because things he wrote correspond to DSM-III diagnostic criteria for the condition, or, for that matter, that Van Gogh could have been bipolar, since it is a contemporary concept defined in contemporary terms that differ from those of Van
Gogh’s time. Jamison’s categorization of Van Gogh as bipolar is problematic for reasons pointed out in Chapter 2, especially in light of Foucault.

But Foucault (1965/1988) has no problem calling Van Gogh and his artwork mad, similarly to Jamison but with very different implications. Foucault does not diagnose Van Gogh except in placing him under the umbrella of *madness*, which has multiple meanings. Importantly, Van Gogh is not assigned a “mental illness” by Foucault, even though Van Gogh received psychiatric care. In Foucault’s positioning of Van Gogh, the fact that Van Gogh was institutionalized in the asylum quantifies him as “mad,” but this is psychiatry’s assertion, not Foucault’s. Secondly, Foucault is not making a literal assertion that mental illness produces artistry, but that madness coexists with artistry, and that the *notion* of artistry is more at home with madness than it is with strict reason. The kind of “genius” evident in the works of Van Gogh and Nietzsche point toward madness rather than away from it and toward reason. Foucault is critiquing the *notion* of the reason/madness binary through the example of “mad art.” Foucault’s unquestioning use of “mad art” relates to the widespread acceptance and fervid interest in “mad art” by the public, which he uses to counter the social rule that “mad art” is impossible, since art is a product of human civility and madness is an evolutionary regression against it. Foucault does not see art and madness as coalescent forms of exceptionality, but as coalescent forms that contradict discourses about them as exceptional in particular ways.

Finally, it is worth considering two additional works of Foucault to flesh out the value of Van Gogh. First, it is useful, in light of Jamison’s (1993) “genealogies” to
consider Foucault’s (1971/1977b) theory of genealogy on top of his (1965/1988) archaology of Van Gogh in *Madness and Civilization*. Like Foucault’s archaeologies, genealogies expose an untold history, but in the latter sense it specifically uncovers the influence of institutional power on truth, and the implications of truth, as such, on subjectivity (Foucault, 1975/1977a). In a Foucauldian, genealogical sense, Van Gogh’s subjective position was as one who had received the indelible mark of psychiatric institutionalization. Through a genealogical lens, the archaeologies of *Madness and Civilization* and *Mental Illness and Psychology* provide a critical history of how madness was categorized which implicates the contemporaneous psychology of Foucault’s day and ours today.

Where Jamison (1993) steers us away from art and disability studies, Foucault turns us back around, highlighting the value of art and writing in and of madness as critically valuable work. Where Jamison offered a pathological biography, Foucault’s archaeology disrupted the notion of the mad artist, the mad writer, the mad genius. With just one small indulgence, these tangents come together, the critique coming full circle. The indulgence I will now take is to suggest that Foucault’s work on Nietzsche and Van Gogh is autobiographical, an admission of “madness,” a subjective response to institutionalization. Foucault, like Jamison, wrote from the dual perspective of a psychiatry scholar who was also treated for mental illness. Jamison’s (1993) work tells a story that justifies her identification as one who has bipolar disorder; Foucault’s (1965/1988) work tells a story of one who was pathologized. It is a peculiar coincidence if Foucault’ marginalization as a mental patient and as a gay man have nothing to do
with his lifetime professional devotion to criticizing discourses of madness and sexuality. Although Foucault never wrote a “coming out” book on his depression or his queerness, it “comes out” of his works as a kind of *autopathography* (Couder, 1997).

*Autopathography.*

Disability studies scholar Thomas Couser (1997) outlined the concept of *autopathography* in his book *Recovering Bodies: Illness, Disability, and Life Writing:* “Bodily dysfunction may stimulate what I call *autopathography*—autobiographical narrative of illness or disability—by heightening one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life” (p. 5). To frame the genre, Couser compares his book to two others: Arthur Frank’s (1995) *The Wounded Storyteller: Body, Illness, and Ethics*, which presents the testimony of patients as a project of ethical medical sociology, and Ann Hawkins’s (1993) *Reconstructing Illness: Studies in Pathography*, which critiques the ascription of illness myths from a humanities perspective. Couser is more interested in illness narrative as life-writing, specifically in terms of “poetics and politics” (p. 13). For poetics, illness narratives can come to represent an entire life “to the degree that the writer identifies the self with the body” (p. 14). For politics, Couser is concerned with the relationship and distribution of power between self representation and memoirs, and the engagement of narratives with contemporary politics of the body (pp. 14–15). *Recovering Bodies* devotes considerable attention to subjectivity and first-person experiences of conditions that “have been ... particularly stigmatizing or marginalizing” (p. 15).
Although Couser admits “[a]nother obviously stigmatizing condition would be mental illness” (p. 17), he excludes it from Recovering Bodies, stating he “could not keep up” with the fast developing literature on mental illness and that “dysfunctions like schizophrenia and depression raise complex and largely independent issues …” (p. 17). Nancy Mairs (1997) suggests in her Foreword Recovering Bodies is preliminary because mental disabilities “have inspired works that may augment or modify the conventions [Couser] has identified, [and] ample room remains for further investigation” (p. xii). As an example and clarification, some find the term contentious because of the use of pathos (G. T. Couser, personal communication, May 7, 2009), and most of the works I cite do not explicitly accept the term, although they do, I argue, contribute toward its advancement, as Mairs predicted. In addition to advancing disability studies, psychiatrist Stephen Moran (2006) argues that the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) inadequately describes mental disorders as homogeneous, and that clinicians stand to benefit from studying [autopathographic] narratives of mental illness.

Moran refers to the steady stream of mental illness autopathographies that have followed Recovering Bodies, such as those of Hilary Clark (2007), Elizabeth Donaldson (2002), Andrea Nicki (2001), Elyn Saks (2007), and Andrew Solomon (2007), as well Nell Casey’s (2001) “reader on melancholy” (p. 1), Unholy Ghost, which compiles depression narratives of various forms. Many of these narratives describe being stigmatized in ways consistent with research (Angermeyer & Matschinger, 2005; Corrigan, 1998, 2000, 2004; Corrigan, Kerr, & Knudsen, 2005; Corrigan & Penn, 1999;
Corrigan & Watson, 2002; Corrigan, Watson, & Ottati, 2003; Corrigan et al., 2006; Couture & Penn, 2006; Gaebel, Zäske, & Baumann, 2006; Goffman 1963/1986; Hinshaw, 2007; Link & Phelan, 2001; Mak, Poon, Pun, & Cheung, 2007; Phelan, Link, Stueve, & Pescosolido, 2000; Philo, 1996; Ritterfeld & Jin, 2006; Schulze & Angermeyer, 2003; Tanaka, Inadomi, Kikuchi, & Ohta, 2004; Wahl 1995, 1999), providing well-needed self representations to the corpus of mental illness representations, which is imbued with stigma (Cartwright, 1995; Eisenhauer, 2008a; Foucault, 1965/1988, 1962/2008a; Gilman, 1982, 1988; Philo, 1996; Wahl, 1995, 1999). The authors describe how people with mental illnesses are ridiculed (Nicki) and blamed (Donaldson) for exaggerating or fabricating their conditions and marked as weak-willed and cognitively inferior. Clark (2007), following Jamison’s (1996) lead, discusses her fear of coming out in academia, which marginalizes mental illness compared to other illness, especially when it blunts productivity. Other narratives focus more on subjectivity, detailing the internalization of stigma (Saks, 2007) or describing how their illness feels. Some writers clarify their experience in straightforward, linear terms whereas others creatively express the essence of their experiences through fiction, poetry, and prose. Mairs (1997) advocates for even more diversity, calling for interdisciplinary perspectives and suggesting that genres other than autopathography, “both in literature and in the other arts, might yield fruitful insights into strategies for representing illnesses and disability” (p. xii).

As I proposed in Chapter 1, autopathography can be adapted as a research methodology—if it isn’t already. The methodological use I am proposing attends to
Couser’s (1997) concept of critical, creative life writing, negotiating the interstitial space between autobiography and the research paradigm, autoethnography, which needs some explaining. Unlike autobiography, autoethnography is necessarily research (Bochner & Ellis, 2002) with definitive methodological criteria that autobiography does not share. It emerges as a form of ethnography, which is fundamentally descriptive writing, heralding the story as the landmark of authentic communication.

Autoethnography, then, is primarily interested in the social contexts of the subject and circumstances, and should not look at self (Sparkes, 2002) as autobiography may. Despite these parameters, autoethnography is anything but callous, as Arthur Bochner and Carolyn Ellis (2002) demonstrate in their anthology, *Ethnographically Speaking: Autoethnography, Literature, and Aesthetics*. The largest section of the book, “Wounded Storytellers: Vulnerability, Identity, and Narrative,” presents autoethnography as a tribute to Arthur Frank’s (1995) *The Wounded Storyteller*, by which Couser measures his conceptualization of autopathography. *Ethnographically Speaking* closes with a piece by Frank that functions as an apologetic for creative research in general and personally invested autoethnography. “Between the Ride and the Story: Illness and Remoralization” likens the medical industry and fast food industries to “rides,” which evolves into a metaphor for the trope *rides* as opposed to the trope *stories*.

“Whereas the ride wants from us, the story wants for us. The story wants for us in relation to others; thus the scope of ‘us’ expands through the medium of the story” (Frank, 2002, p. 365). And the shape of these stories has become increasingly broad, since Ellis and Bochner’s (1996) *Composing Ethnography: Alternative forms of Qualitative Writing*, “which featured
autoethnographic, poetic, narrative, and performative works” (Bochner & Ellis, 2002, p. 1) and which now includes performance and visual arts (p. 3). But autoethnography can be more. It can be “a term of textual analysis” and “a form of critique and resistance” (Neumann, 1996, p. 191).

On the autobiographical end, methodological autopathography exposes the complexities and heterogeneity of disability and clarifies reasons for behaviors, actions, and appearances that are routinely scorned or trivialized. It discusses the subjective experience of illness in tandem with the cultural experience, which Tobin Siebers (2008) terms the *complex embodiment* of disability. Autopathography takes liberties where autoethnography cannot. It is a dynamic, creative research that makes room for the complexities of personal identity, the cultural and individual aspects as Petra Kuppers (2003) recognizes: “… how can one twist social meaning and personal experience together, or keep them apart? There is no ‘pure’ body, no ‘pure’ self, no ‘pure’ social world …” (p. 8). Also, autopathography as research is a disability studies methodology, grounded in autoethnography, but inspired and shaped by disability theory and creative practices. Petra Kuppers (2003) demonstrates this in a few paragraphs of her introductory chapter of *Disability and Contemporary Performance*, as she discusses the complex aspects of her own disabilities, her experience of coming out as a disabled person, and the impact theory has had on her experience of disability and identity. Kuppers notes that “… many aspects of embodiment are private and exclusive. Sharing the reality of pain with one another, finding a language for it, is highly problematic ...” (p. 7). The rest of *Disability and Contemporary Performance* grows out of this disclosure,
as each chapter uses “conjunctions of art and theoretical writings to shift the images and emotions set in motion by the term ‘disability’” (p. 9). According to Kuppers, the performances about which she writes “take these powers of storytelling, space-making, truth-saying, time-shaping, and make the frames of everyday experiences, private experiences and public knowledge visible” (p. 9).

Through the collection of Kuppers’ (2003, 2007) books, *Points of Contact* (Crutchfield & Epstein, 2000), *Bodies in Commotion* (Sandahl & Auslander, 2005a), and recent autopathographic books (Casey, 2001; Clark, 2007; Donaldson, 2002; Nicki, 2001; Jamison, 1996; Saks, 2007; Schiller & Bennett, 1994; Solomon, 2001), disability studies and independent writers have established a substantial base for the kind of autopathographic research I propose. This collection includes literary arts and arts that take visual form, including dance, theater, video, and performance art. But other than performance art, the creative fields of fine art and design are mostly absent from disability writing. Occasionally, art history (e.g., Ross, 2006) addresses disability, but rarely with any discussion about art processes. Grigely’s (2000a, 2000b) *Postcards* is about his art, but it is not autopathography except abstractly. Grigely critiques Calle’s presumptions about blindness, which seems to reflect his experience of being objectified according to his deafness, but the work is not a literal rebuttal—it is not a blind person’s perspective. Disability studies has not given much attention to the exciting, provocative ways that contemporary art continually reinvents representation besides performance. This critical review of disability studies has worked to uncover the hole in its literature that is ripe for being explored. Having exposed this gap, I
encourage disability studies scholars to place more emphasis on contemporary art, and especially to invite disabled artists to discuss their art work and its processes that explore disability experience and identity.

**Autopathographic Art Perspectives**

With that, I am poised to offer an autopathographic account of artwork I created during a recent three-year episode of major depressive disorder, severe without psychosis (Axis I: 296.33). Borrowing from Kuppers (2003), my sentiment about this project is that

> [v]arious aspects of this personal experience of disability on the edge of private experience, public diagnosis and political identity echo with the complexities of disability as a language marker: many aspects of embodiment are private and exclusive. Sharing the reality of pain with one another, finding a language for it, is highly problematic ...." (p. 7)

Like Kuppers and unlike the autopathographies in Couser’s book, my writing mediates art work that is itself autopathographic. The writing process is, to me, secondary to the autopathographic art practices already engaged. Nevertheless, the writing will function as another critical and creative layer and will add a dimension of accessibility to the work. For disability studies, then, this example will be useful.

My autopathography will also be useful for art education. In particular, my autopathography discusses contemporary art practices. For instance, some of my artwork drifts into *psychogeography* (kanarinka, 2006), a group of art practices Situationist International initially termed as the study of environmental effects on
emotional behaviors (Bonnet, 1992, p. 76) through tactics that upset late capitalistic complacency (Borden, Rendell, Kerr, and Fivaro, 2001). In general, writing critically about art, even one’s own art, encourages deeper understanding of the art and art making processes. The artistic process has its own story, and where these stories intersect or parallel illness, autopathography could be employed as a tool for bringing such information out. It is valuable for artists to be reflexive about their practices, and often artworks provide insight as to the meanings of such processes that could not have been known at the time of execution. Writing about art also serves to mediate the work to audiences. Reflections on artworks with a “critical disability aesthetic” (Blandy, 1991), which self-advocate, are self-referential, are socially activist, and which documents the experience of being disabled (Blandy, 1999, p. 39), can provide an important dialogue between image and audience, helping art teachers and students to better understand the nuances of disabled learners and overcome stereotypes (Davis & Watson, 2002). Autopathographic narratives could counteract the cultural aesthetic anxiety about people with disabilities (Blandy, 1991). As artifacts, autopathographies that discuss artwork and artistic practices could be used pedagogically, both in art education and disability studies curricula.
Chapter 5
An Accidental Art Autopathography

acci dent \ˈak-sə-dənt, -ˌdənt; ˈaks-dənt\

1 a: an unforeseen and unplanned event or circumstance b: lack of intention or necessity: chance <met by accident rather than by design>

2 a: an unfortunate event resulting especially from carelessness or ignorance b: an unexpected and medically important bodily event especially when injurious <a cerebrovascular accident> c: an unexpected happening causing loss or injury which is not due to any fault or misconduct on the part of the person injured but for which legal relief may be sought d—[sic] used euphemistically to refer to an involuntary act or instance of urination or defecation

3: a nonessential property or quality of an entity or circumstance <the accident of nationality>

—Merriam-Webster Online Dictionary (2009)

1. Incidents and Accidents

There was an incident ...
Figure 1. J. Derby, September 1–2, 2006. Labor Day Weekend [comic]
Actually, there were many incidents—countless, as far back as I can remember. But this one was pivotal; it marked a shift from the after-effects of a nervous breakdown to a full-scale obsession with suicide.

The first year of doctoral studies was going well, except for the problems. I hadn’t wanted to move back to Ohio, for one. My goal was to get the hell out of there and we did it—together! After a year of marriage, teaching together in a God-forsaken suburb of Dayton, we packed our belongings and headed west with no place to live. A true adventure. Park City was everything I dreamed of, and I built my adult life around outdoor recreation and liturgy and music at the cathedral in Salt Lake. I couldn’t imagine a better life, despite the growing boredom after a few years. I worried about leaving, even though it would only be temporary, I assured myself. I would be back, but this had to be done—Lori hated Utah. Selfishly, I wanted a Ph.D., another trophy more prestigious than all of my racing trophies combined, and Ohio State was the best choice: The best offer. The best reputation. Lori could work.

At my last Mass at the cathedral, I wept. There would be no more high liturgy, no music and incense paired with erudite homilies. I wept in the mountains, on my road bike and on my mountain bike. I would lose the wilderness, the tall grass, the deep powder snow, the secret lakes, the golden aspen rustling in the gentle winds. I wept at Arches National Park in Moab. Ohio does not have this beauty. There would be no more races, no four-hour alpine training loops, no Romanesque cathedral, no perfect intersection of religion, exercise, scenery, time to think, fragrant pines. No more ...
And the pain medicine—legally prescribed, of course, for a knee injury a while back—no longer made everything beautiful.

The move was rough. The U-Haul broke down several times and we were towed back to Salt Lake. There we were—Lori, me, and my brother Bill, trailing a giant tow truck with a 24-footer and our Acura on a full car trailer. Our worldly possessions stretched across I-80 in a perverse American tribute to the Australian road train, the big engine that couldn’t, dragged back down the mountain that was too much for it. If only we could make it over Parley’s Canyon, and then over the “Three Sisters” mountain chain, we could tough out the rest. Diesel fuel could do it, we were told off the record, but if it ruined the engine we could be charged for it. To me the incident was a simple metaphor: the move was not meant to be.
My first quarter as a doctoral student was divine—the excitement of debate, new ideas, big dreams. I had it all, except what I had lost. It was plenty. I had trouble concentrating, of course. I underwent extensive testing. Some of the news was devastating. “Well, there’s some good news,” my tester said, “your I.Q. is ...” That couldn’t be right. It was not good enough. It wasn’t “good news,” it was terrible! Maybe it was the pain medicine. No, I was a fake, an imposter. I was fucking stupid! I had heard this many times, and deep down I knew it was true. Then my sister Liz almost died—some kind of rare pneumonia derivative that happens once in every five hundred cases. She was comatose and she could survive. She inevitably lost her baby, but she did live. She was alive and our prayers had saved her. It was a miracle! But we guessed she’d wind up back in the hospital. Surely this would take her down. It was too much. Lori was also having a hard time. Teaching in an urban school was taking a toll on her, and the move had set it off. The school was violent. I mean, I wouldn’t want to deal with that—the noise, the confrontations, the cultural barrier, the environment: a brick room painted
dark blue with thirty-some desks smashed into that tiny space, and no windows. And
the fights, the blood, her belongings routinely destroyed.

The person who did my testing wasn’t sure what I had. Maybe attention deficit
disorder (ADD), although there should have been a greater discrepancy between
aptitude and performance. Definitely post traumatic stress disorder (PTSD) from my
childhood. Overall, probably generalized anxiety disorder (GAD)—but she couldn’t say,
because she just did the testing. My psychiatrist would give me an actual diagnosis. I
never mentioned the painkillers. So I met with “Dr. C.,” who never read my chart, the
results of this extensive testing. He asked me fifteen or twenty questions: *Any history of
mental illness in your family?* Yes. *What kind, and who? Do you often feel sad?* No. *Do you
have problems sleeping?* Yes, ever since I can remember—since I was four. *I see. Do you
have trouble concentrating? Do you have friends? Mmm … Was your childhood normal?* He
shook his head. *Oh, poor Lori!* (my tester, not my partner). *You’re a tough one. Well, what
you have is bipolar disorder.* Bipolar disorder. Just like that. I had bipolar disorder. My
grandfather had had it. Liz had it—well, she didn’t, but that’s what I thought so I told
him she did. Close enough. I had bipolar and was prescribed a mood stabilizer. I’d try it
out, then increase the dose. When I was stable, I would be able to concentrate better.

But it wasn’t working, and I was still having trouble concentrating, still. So I was
prescribed a 3 X daily dose of Ativan® to calm me down, on top of the Lamictal®. I
worked thirteen to fifteen hours a day, every day. Then I got Strattera®, on top of that,
for the concentration, and later Adderall® because I couldn’t tolerate the Strattera®.
My desktop background taunted me. I would well up with tears whenever I saw the mountains I missed so badly. It was too much.

Figure 4. [screenshot of personal computer desktop]

I still feel this way, sometimes. I loved school, but I could not make myself read the incredible amount of literature. I never liked reading. It was getting harder. In my third quarter, I took too many hours, and two of four classes weren’t working out. The professors didn’t like the work, especially one. I got a B+ on my first paper. I knew what that meant. So I put everything I had into it. I pushed and pushed. I was burning through the drugs faster, trying to quit before it got really serious. I pushed. I wrote the best damn paper I had ever written, surely good enough to redeem my B+ grade. It was a
solid A. In a couple days I would rest in Vegas. I would enjoy the heat, even though in
June it would be an oven. I would be crashing hard from the drugs. I would be tired
from the stress, from punching holes in the walls and smashing my keyboard. When the
final grades were posted I was scared to look, but I needed to see it. Maybe an A-,probably. But hopefully an A ...

Figure 5. [image of grade on art history paper]

The puzzling episodes had been getting worse and more frequent, and I began
documenting them in late September as a process book (i.e., sketchbook) exercise.

Figure 6. J. Derby, October, 30, 2006. Here We Go Again [calligraphic prose]
Every few days the stress would overwhelm me and I would slip into deep, seething rage. After an indiscernible period it would dissipate and I would stare into the wall, exhausted. I felt no sadness or anger, just numbness. I wanted to not live—not to die, but to not live.

I had been asking for antidepressants, but my psychiatrist was convinced I needed to be stabilized. The stress I developed in June was slipping out of control, but he refused to change my diagnosis. I was bipolar. He told me, “you should become a professor of bipolar disorder, because with bipolar it’s for the rest of your life.” My life had never seen mania, mood stabilizers weren’t making any difference, and my depression had progressed to a life threatening condition. Was this “an unfortunate event resulting especially from carelessness or ignorance” (Merriam-Webster, 2009) of my doctor? Was it “an unexpected and medically important bodily event?” To what extent was it “injurious?” Could it be “an unexpected happening causing loss or injury?” Was it “not due to any fault or misconduct on the part of the person injured?” I wondered if “legal relief may be sought.” My counselor and I had discussed finding a new psychiatrist, but I couldn’t afford anyone out of network, and the OSU medical center turned me away. The person who did my screening agreed my situation was critical, but there were no openings and no waitlist. The only way I could get in was by chance. He would call and if they happened to have an opening that morning, they’d take me—no, no openings; OSU could not provide a psychiatrist, not even an appointment. We discussed the prospect of me entering a hospital, but I didn’t want to do that, at least not in the middle of the quarter. I certainly didn’t want to be that.
My peers and family were worried, too. We had lengthy conversations debating my situation. I reasoned that I had been unhappy for a long time. Why should anyone have to live who doesn’t want to? Should I stay in school? Maybe I could move back to Park City and think things through. Church was the answer. Church wasn’t the answer. I knew this was all my fault (Saks, 2007). But what alarmed people most was not this conversation, but an experimental art video project I had created over the summer. I don’t know how many people saw Disorder (Derby, 2006) but it was at least two more than I invited. Bill understood it—he liked the video. Of course, he (Derby, 1992) wrote, directed, and produced an independent play in high school, After I’m Finished, about a perfectionist student who beat himself with a hammer behind closed doors. Lori understood it. But my Aunt Martha panicked. I thought she of all people would understand this as a vehicle to sort out things I couldn’t talk about. She called daily.

Here’s a brief synopsis of Disorder: The first five of ten minutes is footage of someone, played by me, preparing an omelet: peppers, onions, firecrackers—it eventually explodes.

Figures 7, 8. J. Derby, 2006. Disorder [video stills]
The middle or transition part of the film represents “disorder” through private behaviors and interactions in everyday tasks, such as slapping oneself for hair problems and difficulty driving, using cliché cinematic techniques.

Figures 9, 10. J. Derby, 2006. Disorder [video stills]

The end section is set with the person singing Bach’s version of “Deposuit potentes,” the movement of the Marian canticle *Magnificat* whose text is “He has cast down the mighty from their thrones, and has lifted up the lowly” (International Committee on English in the Liturgy, 1975, p. 669). The camera travels through dark hallways (Figure 11), shows the person in brief contexts (Figure 12), presents an apple impaled with psychopharmacological drugs (Figure 13), and ends with the person floating dead in a bathtub (Figure 14):
The video, like most of my work, attempts to transgress seriousness and crisis with untimely humor and whimsy as a means of engaging friction between cynicism and hope. It’s easy to see how someone could find the video uncomfortable or even disturbing. Predicting this, I wrote two artist statements (see Appendix B) to accompany the video, which I figured would help people who may not understand.
2. Accidental Admissions

It was early Thursday afternoon in November—All Souls Day, incidentally—and I had a lot to do. I had taught my morning class and was preparing to accompany an important guest speaker to lunch. After lunch, I would escort her to her award ceremony. She would give a speech in exchange for a prestigious award from our department. After that, I would do some reading homework for the day or maybe rehearse a couple music pieces before choir rehearsal, which would last until 9:30; then I’d rush home to do the rest of my homework. It was going to be a long night.

A professor found me in the graduate office with several other students. She needed to give me money for the lunch. I noticed we were headed away from her office to another professor’s. The door closed behind me, and was standing facing the two of them, side-by-side. “So what’s going on, John?” What was going on? “I don’t know. What do you mean?” “I heard you made a nice video. Someone gave me a copy of it—So, you know, we were just wondering what you … how everything … I don’t know if you heard …” My memory of the conversation isn’t very good after this. I realized what was happening—a planned intervention, and I was the target. They already knew about my problems, they knew I disagreed with my psychiatrist’s diagnosis. Someone had given them the video, probably out of concern. Had they read the artist’s statements? I couldn’t understand why this was happening, as I had been very open about my depression. So why the intervention? Why the luring into the office, the closing of doors? Why the demand for an account of my mental state, the insinuations, the presumptions? Why the command to walk with them to the on-campus hospital, just to talk with them a bit? Apparently
the video had manifested a truer representation of me than myself. “Okay, I’ll talk to them. Let me get my stuff from the office,” But the game was on. They would only allow this if I agreed to have them escort me. They would not let me out of their sight. They were not going to make that mistake. Whatever.

We walked together across campus to a place I’d never been. I was assured they could help me. This had happened before; I wasn’t the first student, and these people could help. They would help. There were connections, you see, and things were going to happen. It was a strange walk—all these people, going to and from their professional obligations as I did so often, but not this time. I was different from them. I was being transported like an unruly child from one intervention to another. I was not carefree or even free. But I was aware. As a good skeptic, I wasn’t just going to walk in there and lay down my arms. I would set the terms. I would steer the conversation. I would make sure I got the help this time, the right help.

We entered a building on the edge of the medical center complex, the part where the medical buildings blend in with the others. An old building, surrounded by trees and squirrels, undergraduates with no place to go, nothing to do. There’s no way it could have been as sunny or as warm as I remember. My professor said something to someone, maybe a nurse, and somebody guided me to a registration counter.

Formalities. The intake person was asking me routine questions, questions that aren’t important but that have to be asked. Questions I can’t remember. At some point in the routine I interjected the calculated question I’d been rehearsing: “Okay. Now—before I go any further, is there any way I’m going to be locked up against my will if I talk to you
guys?” No. Not only do they *not* do that, they *can’t* do that. I asked again. Then I finished the paperwork, allowed them to take my vital signs, then sat with my professor until I was taken to an examining room.

![Figures 15, 16. [photographs of OSU Medical Center intake room]](image)

It wasn’t very inviting. No furniture except a padded chair with towels on it. What kind of examining room was this? Why the towels? No charts or diagrams or advertisements, no pamphlets; no swabs, stethoscopes, tongue depressors, rubber gloves; no biohazard containers, no trash can; no paper coated gurney or normal chairs; no cupboards, no sink. Just a padded chair, a conspicuous surveillance camera, and towels. The beige paint was all wrong—too dark, too taupe. And that chair ....

After a few moments, a staff member entered and asked me some questions, nothing I didn’t expect. I answered honestly, emphasizing that I was depressed, plain and simple. “Are you having suicidal ideations?” “Yes.” “How often?” “Daily, almost daily.
Maybe weekly, but more frequent in the past month. None in a couple days. Probably every couple days.” “Do you have a plan?” “Yes. I know exactly how I will do it. But I haven’t put the plan in motion and I don’t plan to. There won’t be any ‘attempt’—if I do it, it’ll be for real.” He started explaining how suicidal ideations are a serious matter that demands immediate attention. This isn’t something you can just ignore and medical supervision is imperative. There wasn’t anything the emergency room could do, but ...

Oh, no. No. I knew it—those fucking liars! “Whoa, whoa! You’re not suggesting that you’re going to lock me up, because we already talked about that.” He needed to talk to his supervisor, but his recommendation would be that I should be admitted to the hospital. “But you can’t! They told me!” “Who told you?” “You did—well, not ‘you,’ you, but the nurse who checked me in. She told me you do not and cannot admit me against my will.” “Well, we have a legal responsibility to treat you for your medical condition, and sometimes that requires hospitalization. Like I said, there’s nothing more we can do here, but OSU has a hospital that can. I’ll be back in a few minutes.” “BUT YOU CAN’T! YOU DON’T HAVE THE RIGHT!” “I understand you’re upset, but we have—” “YOU DIDN’T EVEN—you didn’t even ask for clarification. I’ve already talked about these things with my doctor, my psychiatrist, my counselor, and my wife. You will call them immediately. I’m a free citizen and I have not broken the law.” “That’s not how we do things. There are certain procedures we have to follow. I’ll be back in just few minutes.”
Figure 17. J. Derby, November 2, 2006. Self Portrait as Mental Patient, #I–296.33
3. Remembered Accidents

The drugs were working. It was easy to have faith in them, because they had started working just two days into my hospitalization. I only had one lapse of ideation, about a week after I got out, not counting the serious relapse a year later. But despite the drugs working, I was not the same person, and it had nothing to do with the $22,000 medical bill I received because the OSU Harding Hospital was not a provider for my insurance and my clinician, who promised to check, didn’t. I had a bigger problem, a serious mental illness. Not just a nuisance, a disability. Some of it may have been caused by unnecessary side effects of the drugs (Valenstein, 1998), but there was more to it. I was out of it. I tried to apply myself but couldn’t. I couldn’t read. I would sit for hours staring at the first page of an article, trying to read but getting nothing. It was no longer a matter of concentration, but a psychological barrier. My brain wouldn’t let me overwork anymore. Plus I had severe depression. For at least a year, I did not experience any happiness. I don’t know if it was anhedonia, because I think technically I was able to “feel pleasure”—I laughed sometimes and massages felt good—but there was no general happiness inside, nothing even close. I particularly remember driving one day and noticing for the first time in months that I did not feel unhappy, for something like fifteen minutes, and it felt strange. Depression had become a constant, my everyday state of mind, my existence. It was like this for so long I took it for granted. But being accustomed to depression is nothing like being not depressed, the everyday mood most people effortlessly describe as “fine,” a mood I had grown fond of during the thirteen years since my prior depression.
But even that was different. I had quit smoking and then my girlfriend broke up with me. We were serious. I was serious. I had also come off a really challenging semester, and I had put everything I had into getting straight As with a very difficult schedule. Seventeen hours, and I nailed it! Maybe it was the nicotine, I couldn’t be sure. But—what was her name?—I missed my girlfriend. I would lie in bed every night—(Tammy, that’s it)—tears oozing down my face. It was not a pouring sensation but an oozing, tears thick like blood, like tar. I knew it wasn’t normal, and I feared the unmentionable. I may be going crazy! My grandpa was crazy. My sister was crazy. My aunt—God rest her soul—was crazy too. Not that aunt, but a different one, same side of the family. I had seen what happened to Liz, how she withdrew from the world, how she got into drugs—hard drugs, how she didn’t know what was going on and therefore couldn’t be trusted. I had seen it. And I knew I could be headed down the same path. I could see it in myself—it was visible. I would fight this to the death! The tears, the slouching, not shaving. People could tell. I knew this because of my own shock when I framed my self portrait, the one I had drawn from a mirror. Now the drawing became its own mirror, mocking me with my own hideousness, the undesirability and lack of worth that Tammy must have predicted, even though it hadn’t happened yet. It was there, underneath my skin, and at times I could see it so I knew others must have been able to see it as well. I can still remember it ...
I also felt spiritually disoriented, a consequence of leaving the Cathedral of the Madeleine in Salt Lake, the anti-religious prominence of academe, and my lack of access to solitude and recreation, as well as my depression and the drugs. Before my hospitalization, even before my depression emerged, I had already embarked on an extensive art project dealing with social, cultural, and personal aspects of religion. The major work of this project is a diptych self-portrait assemblage whose central theme is
the confluence of psychiatry and the Roman Catholic Church. I was first interested in
the performative and discursive aspects of Roman Catholic liturgy, undoubtedly because
of my spiritual anxiety. I hoped this project could fill the spiritual void, which ironically
formed through chronic overwork. As I researched the idea over time, it became evident
(Figures 19 & 20) that the work was about the anxiety, not the spirituality, and that I
was considerably interested in the seven Catholic sacraments and psychopharmacology.

The *Liberia Editrice Vaticana* (1994), or Holy See of the Vatican, defines the
sacraments as “perceptible signs (words and actions) accessible to our human nature” of
God’s grace (¶1084). What intrigues me about this is that the essence of sacraments is
discourse, not materiality. This definition acknowledges that our “human nature” is
“accessible” through social discourses, rituals that are enacted through “words and actions.” As a Catholic, I regularly received these sacraments, and I wanted to understand them theoretically as well as theologically. As my depression magnified, I explored the contribution of the sacraments to my sense of complex embodiment (Siebers, 2008). Days before being hospitalized, I received the “anointing of the sick” sacrament, which is reserved for rare, urgent health conditions. The healing sacrament I received was necessarily “intincted” with secular sacraments of psychopharmacology. I was drawing from what could be considered two competing discourses of mental illness. As they merged, I produced a series of seven pill bottles (Figure 21) that sit on an altar along the bottom left half of the main panel, one for each sacrament.

Figure 21. J. Derby, unfinished. Sacramental Psychology (altar detail)

In coalescing psychiatry and religion, these pill bottles immediately pose epistemological and sociocultural questions about body, mind, and soul; about science,
religion, and medicine—what is the essence of mental illness, what are its parameters, and how should it be treated? The situation of pill bottles on the altar creates ambivalence, conjuring thoughts of sustenance, ritual, healing, mystery, potion, and transformation. It simultaneously embraces and challenges both institutions. It points to their similar humanitarian aims and their dissimilar ontology and methods. The implied heresy (to both institutions) remembers the profound power of these institutions and consequent damage, hence reminding the need for continual critical attention to religion and psychiatry. After much criticism and shifting social trends, Roman Catholicism remains culturally influential as does psychology, but neither is the sole proprietor of its meaning. Churches and clinics host people of diverse mental conditions and ideologies, and the social meanings of these institutions are influenced by these people in institutional contexts and in everyday interactions outside, with friends, family, and acquaintances.

Specifically, the pill bottles juxtapose cultural rituals of sacraments and medicines. Like medicines, some sacraments are performed publicly whereas others are performed discreetly. Sunday worship is to aspirin as confession is to psychosis medication, for example. Some sacraments are celebrated occasionally and others regularly. Like prescription drugs, there are regulations for each sacrament in terms of who may give and receive it and under what circumstances. The decision to receive sacraments may differ from official dogmatic intent, and the perceived effect of sacramental participation varies considerably from person to person. Sacraments are sometimes taken “off label” in exchange for others or for social reasons. For instance,
non-practicing Catholics may receive communion in the presence of devout friends or family, or strict Catholics may receive communion at Protestant wedding or funerals celebrations as tokens of support. Passing—refusing to receive sacraments—is done for different reasons, and passing may carry personal significance that has nothing to do with sacramental theology. And so on.

This is not a trite analogy, but an indication of the cultural significance of medicines and sacraments. As discursive practices, sacraments have important cultural meaning to those who appreciate them. And they are experienced subjectively, contextualized by social and cultural proximities and remembered as personal and cultural events. Baptism, confirmation, confession, healing, marriage, ordination—these are highly personalized events. Receiving or refusing them in public can be socially significant, as can refusing the most public sacrament, eucharist (communion). Catholics receive it to express their Catholic membership, to meet God, and share as a cultural body. The sacraments contribute deeply to what has been called personal cultural identity (Ballengee-Morris & Stuhr, 2001).

Obviously, sacraments don’t share the chemical power of psychotropic drugs—but this isn’t the interest of my pill bottles. Their purpose is to remember the sociocultural implications of sacraments and drugs. The visible pill, the material pill, has nothing to do with the chemical composition of pills. The visible pill generally represents the medicalized nature of post-industrial society, and certain pills, those prescribed for conditions deemed deviant, represent medicalized identities. Drugs intimately contribute to who we are, especially when we take them daily and when they
are absolutely necessary. We keep them private, hidden in medicine cabinets, purses, desks, and sometimes we move them to even more secretive places where no one can find them. This is mainly done out of fear and shame. It isn’t that we don’t want people to know we take pills, we just don’t want them to know about certain medical conditions. The images of some drugs are incriminating, stigmatizing, and pathologizing because of the conditions they signify. But even more worrisome than the pill itself is the all-telling medical label, as demonstrated by my SS. Cosmas & Damian’s Pharmacy Labels (Figure 22), which effectively reduce the patient to a pathologized recipient of drugs. The psychopharmaceutical label, when decoded of its cryptic language, documents the deviance of people with mental illness diagnoses.

Thus, the display of the pill bottles in Sacramental Psychology suggests a “(be)coming out” (Eisenhauer, 2009) of the cabinet. Each of my labels is a narrative about my subjective experience of relying on drugs and sacraments. The labels mimic the format of those of drugs I possessed when I designed them. The information on each label is a composite of the original drug, an interpretive designation for the sacrament, and my subjective experience of the sacrament, with varying degrees of austerity, sarcasm, and cynicism. The warning stickers are distastefully whimsical but sometimes serious.

The label for Extronn Balm Lilly (upper right) references the sacrament anointing of the sick, the namesake of which is a hybrid of the sacrament’s former title, “Extreme Unction.” The sacrament involves receiving chrism oil that is blessed and dedicated at
Figure 22. J. Derby, 2007. SS. Cosmas & Damian’s Pharmacy Labels
an annual Chrism Mass just before Easter. Traditionally, the sacrament was given on one’s deathbed to absolve sin. The theology has progressed and now the sacrament is distributed more liberally. My parish offered the sacrament publicly, and, reluctantly, I received it because I was worried my depression could kill me. But I partly felt guilty for receiving the sacrament, because I wasn’t fully convinced—maybe I was exaggerating, trying to get attention, causing the problem myself. Maybe I could just “snap out of it.”

It was my fault at least to some degree. And the suicidal ideations—maybe these were exaggerated. Wasn’t I just feeling sorry for myself, as I had been told so many times? What kind of person would pretend to have a fatal sickness? How dare I! And would they know? Would the deacon know I was a complete fucking fraud? I wasn’t even diagnosed with depression (yet). Would he know I was so wrapped up in my own shit that I was ruining my marriage and drinking too much and spreading misery to everyone in my path? That I was pretending to be sick when in fact I was just a fake artist doing fake research that no one would ever see anyway, standing in line pretending to be devout amongst true saintly people, dying of cancer and such? Would they let someone like me serve as a lay minister or sing in the choir if they knew?

No. They would not know. And, yes, I really was sick. My illness was real, and it was appropriate to acknowledge these thoughts as irrational, as a product of my illness. It was right for me to reach out to the church community and beg for help, for support. It would be right that in a few short days, I would be involuntarily admitted. It would be right even though my professors stigmatized me and refused to listen to me, and the incompetent intake person lied to me, and my incompetent case worker neglected to
confirm my insurance would cover the hospital stay, and I was kept too many days for bureaucratic reasons, and I was forced to “voluntarily” admit myself or else be branded incompetent by the State of Ohio and lose several legal rights. It would be right for me to see all of this as divine intervention, even among these accidental, incredible circumstances. Sacraments are complex. Mental illness is complex, complicated.

Figure 23. J. Derby, unfinished. *Sacramental Psychology* (pill bottle detail)

The bottles function as containers, miniature tabernacles, reliquaries, pyxes, or urns. Inside are personally significant objects representing the imaginary sacramental drugs, as suggested by the warning sticker on the *Extronn* bottle (Figure 23). The warning sticker is reminiscent of my worry that my condition was not serious enough, and a reminder of how serious it was. As with all seven bottles, the “sacramental object” is hidden from view, like actual pills. If audiences dare to open the bottles, and they should, they discover ambiguous artifacts. In the *Extronn* bottle, they find nothing in the compartment of the bottle, but instead it is behind the plastic damper of the lid. A
disc has been cut from the gilded palm of God’s hand, an artwork I made inside my choir
folder. When I received the sacrament, I touched my anointed hand to his, reciprocating
the event through touch as a means of thinking through rather than about the body
(Springgay, 2005). It is displayed in similar fashion to how the Blessed Sacrament is
displayed in lunettes of monstrances during Adoration, although few viewers would get
these allusions and no one would know the specific events or be able to detect symbolic
presence of ephemeral chrism.

Viewers may regard the artifacts as mysterious and unknowable, or they may
create their own meanings. The accidents of these sacramental artifacts, as Catholic
theology denotes the bread-ness and wine-ness of the consecrated eucharist, are
ascribed meaning to socially mediate the negotiations of minds. The clear vagueness of
these objects work with the vagueness of the labels to indicate the complex reality of
psychopharmacological drugs, most of which were discovered by accident (Valenstein,
1998), mysterious like the sacraments. They reveal that drugs are not naturally
meaningful, just as they are not chemically natural. As drugs are chemically fabricated,
their meaning is socially fabricated.

Emphasizing the negotiation between the sacrament-drugs and the mind, the
pill bottles are connected to a three-dimensional brain (Figure 24), which resides in a
niche cut out of the upper head, on the right panel. Besides the wires, the brain is
bedecked with firecrackers, alluding to the theory of neurotransmitters and what some
users of antidepressants call “brain zap,” the sensation of electrical jolts in the brain
that occur when beginning the drugs and during cessation. This brain is also saturated
with Lamictal®, leftover mood stabilizers from my likely misdiagnosis of bipolar disorder. The brain, like the pill bottles, is a metaphoric container (Danforth, 2007), a tabernacle, of drugs, remembered drugs, and memories of drugs. Their interaction with each other and with the viewer recognizes that (be)coming out is as an ongoing process of creating connections rather than an event (Eisenhauer, 2009).

Figure 24. J. Derby, 2006. Brain Zap: This Is Your Brain on or off Drugs

Figure 25. J. Derby, unfinished. Sacramental Psychology [artwork]

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In the context of the central target of the self portrait, the connection of the brain and pill bottles amplifies the critical ambiguity of mental illness and its treatment amidst a clear crisis of suicidal ideation. Something is wrong with this person, this mind, this brain. But are the drugs healing or harming the host? Are they correcting a “chemical imbalance” or are they parasitic? Is this connection about drugs or religion, or some combination of the two, or something else? Is it a good or bad relationship, both, or too complex to sort out? The brain and its connection to the sacramental prescriptions illustrates not just the “mysterious mind” of mental illness but the mystery of the human brain/mind in general. It is the most complex organ, the one medicine arguably understands least. Whatever a “stable” or “normal” mind may be, it is nothing like the caricature of the Age of Reason. All minds are chaotic and complex, not just mentally ill minds. This brain is a true brain, a mostly normal brain that does all the things normal brains do, but it is an injured brain, a “neurodiverse” brain, a socioculturally directed brain. The chaos of this brain is not just the impulse of depression but also the static of competing discourses on mental illness from psychiatry to religion to anti-psychiatry, and its stigma of which it is well aware (Corrigan & Watson, 2002; Hinshaw, 2007; Wahl, 1999). This brain asks its audiences to consider these issues and to weigh them carefully—audiences who do not have mental illness, audiences who know someone with mental illness, and audiences who have or may have mental illness. The brain pleads to be read as not only as an ill container, but a container of one’s identity, of one’s self, and to be treated accordingly.
Finding Your Way to
OSU Harding Hospital

1670 Upham Drive, Columbus, OH 43210  (614) 293-9600
www.medicalcenter.osu.edu

Directions
From the North:
Take State Route 315 south to King/Kinnear Exit
Turn left onto Kinnear Road (Kinnear Road turns into Olentangy River Road)
Take Olentangy River Road to King Avenue (third traffic light)
Turn left onto King Avenue
Take King Avenue to Cannon Drive
SEE “PARKING” DIRECTIONS

From the South:
Take State Route 315 north to the Medical Center Drive and King Avenue Exit.
SEE “PARKING” DIRECTIONS

Parking-Hospitals Garage P:
From the North, turn left onto Cannon Drive. Take Cannon Drive to Medical Center Drive (first traffic light). Turn right onto Medical Center Drive. Then...
From the South, at the traffic light continue to go straight onto Medical Center Drive. Then...
...take Medical Center Drive to Westpark Street. The Hospitals Garage is located on your left and is connected to the Medical Center with a walkway bridge on the 2nd floor.

Parking-Patient Parking Assistance:
From North, turn left onto Cannon Drive. Then...
From South, at the traffic light turn left onto Cannon Drive. Then...
...take Cannon Drive to 10th Avenue. Turn right onto 10th Avenue. At the first stop sign go right onto Dodd Drive. Continue to make lefts around the Spirit of Women Park until you arrive at 10th Avenue again. Turn left onto 10th Avenue in front of Cramblitt Medical Clinic and pull directly into Patient Parking Assistance.

Smoking and the use of tobacco products are not permitted inside or outside of any OSU Medical Center building.

Updated on July 27, 2007

Figure 26. OSU Medical Center, 2007. Finding Your Way to OSU Harding Hospital
The artifact *Finding My Way to Harding Hospital* (Figure 27) is a cumulative canvas on which I have abstractly documented a series of related experimental art processes aimed at critically sorting out and better understanding my hospitalization. The foundational image of this project is the above OSU Medical Center document *Finding Your Way to Harding Hospital* (Figure 26), a direction sheet or map designed to help people find the institution. My reimaging of this map follows the pedagogical recommendation of Lewiecki-Wilson who Brueggemann (2008) to “map” institutions (p. 261) by adding my own experience as a means of deconstructing the cartographic rhetoric (Harley, 2001) immersed in the original map.

This particular project is one of a series of psychogeographic experiments, collectively named *Mapping the Institution*, which I created in an art education course on contemporary art. Psychogeography was initially termed by Guy Debord and the Situationist International (SI) art movement as the study of environmental effects on emotional behaviors (Bonnet, 1992, p. 76) through tactics that upset late capitalistic complacency (Borden, Rendell, Kerr, & Fivaro, 2001). The tactics of SI often involved *dérives* (drifts) in which Debord and others would roam the streets of Paris as an experimental practice of collective play (Andreotti, 2000). Occasionally, these performances would foster images and texts, including maps. Psychogeography has since expanded into disparate investigations which transform environments through the production of affect, or embodied sensation, in relation to the geographic environment (kanarinka, 2006, p. 34).
Figure 27. J. Derby, unfinished. *Finding My Way to Harding Hospital* [digital image]
The performative dérive of my project constitutes what Michel de Certeau (1974/1988) calls urban practice (p. 94), in which walking is embodied experience, a way of knowing and of making. The specific inspiration comes from Janet Cardiff, whose multi-media soundscapes narrate experiences of walking through memories of places once walked. Cardiff, as narrator, oscillates between describing her memory and commenting on the soundtrack of walking to places with familiar cues like rushing water and crackling leaves. In studying the OSU document, I noticed an incompatibility with my memory. It didn’t indicate how I found my way to Harding Hospital, accidentally, through walking and wheelchair. It occurred to me that I had never considered my actual journey to the hospital or what that meant. I had neglected to re-search the event as I had re-searched important play sites and landmarks of my childhood, the cornfield where I crashed my motorcycle, the music and art buildings at my undergraduate institution, and so on. I needed to research, reenact, remember the event that formalized my becoming a “mental patient” on that memorable All Souls Day, the “Day of the Dead.” I wanted to understand how this happened and what it could mean to me and to others.

The yellow highlight on the Finding My Way map is superimposed over a section of the OSU Campus Map which is layered underneath the transparent Finding Your Way document. The highlighting charts the route I may have traversed with my escort from the office to the emergency room, as well as my estimated path through a mostly underground maze of secure corridors and hallways from the emergency room to the intake room of Harding Hospital. The second I was informed that I would be
involuntarily admitted, I literally became a detainee, a prisoner of the O.S.U. Medical Center. I tried to escape, plotting a course, accounting for the rounds of the staff. When the moment came, I ran full force and crashed into an emergency exit door, which turned out to be locked. Defeated, I pathetically ran to the opposite end of the hallway, which of course was also locked, while the medical security team that was chasing me down slowed, realizing I had nowhere to go, running around like a madperson on television. Following this scene, I surrendered, and was then stripped of my belongings and restrained in, of all ironic devices, a wheelchair, the very icon of disability. Then I was transported through the tunnels. It reminded me of the two juvenile facilities I was incarcerated in, at age eleven for “emotional and behavior problems” and at seventeen for “unruliness” and substance abuse. Doors were unlocked and relocked behind me as a reminder that I had relinquished my legal freedom by my admission of mental illness. The path visualizes the transformative ritual in which my status was reduced from University Fellow/doctoral student/Graduate Teaching Associate/ Co-president of the Associate of Graduate Students in Art Education to “mental patient.” It also, in a way, visualizes the transition of my subjective identity from “having problems” to “disabled.” Like Cardiff’s work, the recreation of this event and its transparency into an evolving images demonstrates time disappearing into space, time-space as a cohesive event (Schaub, 2005) that is oriented as process and in process (Crang & Thrift, 2000). It was not merely an event, as telling about it has not been (Eisenhauer, 2009).

In charting this route, I noticed it coincidentally resembles the Ohio border, which, if viewed in the right planar perspective, correctly plots Ohio Stadium on the
map as the loosely drawn center of O.S.U. and the city of Columbus. This mapping experiment therefore dialogues with Laura Ruggeri’s Abstract Tours project of “detournements,” (Ruggeri, 2001) in which strict geometric tour routes, which discredit the urban grid and idealized myths of tourism, are plotted and actually traversed (Ruggieri, 2001). Ruggeri asserts that by confronting urban spaces, geometric tourism “generates a set of conditions that disclose the confinement rather than creating illusions of freedom” (p. 54). Although I have not actually attempted to traverse this Ohio-shaped path, the irony of détournements is already in play, because the most intense section of the path, the underground tunnels, is off limits. If I tried to follow this path, I would probably be arrested and sent to jail. I could only retrace this path by repeating the event, by admitting myself. The map therefore raises critical questions about the circumstances of accessibility and disability, the relative meanings of campus monuments as “public” and “private.”

But Mapping Harding Hospital is not just about analyzing cartographic images, it is about how I subjectively experienced them and about reworking these environments, these situations, through artistic practices. By re-searching the campus environment in its real and visual forms, I have pondered how I “found my way” to Harding Hospital, and how this inquiry process amounts to “finding my way” perpetually, as a person who periodically experiences chronic mental illness, as an artist trying to make sense of the world, and as an academic.
4. Out of the Cabinet: Academic Accommodations and Accomplishments

After my hospitalization, I underwent a drastic transformation that affected my life, academics, and art. Sertraline HCL (generic Zoloft®) abated my suicidal ideations, but burdened me with such “side” effects as loss of memory, severe apathy, and sexual complications. Perpetual slouching from my exhaustion resulted in postural deformity, which led to degenerative disc disease in my neck and a chronic sprained upper back that has caused constant moderate to severe pain for two years and counting. I drank often and excessively as a means of relieving my back pain and displeasure, which muscle relaxers and physical therapy didn’t help. I gained forty pounds in about six months. I stopped exercising. I stopped making art work. I nearly lost my marriage. I was bewildered by the possibility of losing everything I had worked for, I had no friends, and my physical health was terrible. In short, my life was a mess.

I had gone from being an overachieving Fellowship student to relatively incompetent. I forgot important engagements, department meetings, and meetings with students. I overslept frequently which resulted in not showing up to teach on one occasion and missing a choir Mass (as a professional), which for both is grounds for termination. No matter how hard I tried, I could not manage to read or write anything. I would stare at the same article or computer screen for hours on end, producing nothing but future muscle atrophy. I piled up independent study hours to avoid difficult course work and took an incomplete that turned into a failing grade. Upon receiving devastating personal news the September after my hospitalization, I immediately relapsed into a severe depression with strong suicidal ideations, and I planned to
enacted my suicide plan from a year earlier; I was within fifteen of thirty-six hours into completing the plan when Lori read my intent and rescued me, as a part of me hoped she would. I did not want to follow through because it would hurt her and my cats and I loved them, but it was too much. I formally withdrew from school, smashed four of my paintings, ironically of my Injury Series, including Knee Surgery, a pivotal work and one of my favorites. I caused a lot of people grief. I then took a paid leave from teaching for a quarter, which another graduate associate had to cover, probably at the expense of my department. I failed to perform duties as AGSAE co-president, leaving all the work to my colleague, and I resigned a year early. I taught a summer course very poorly, frustrating many students and causing problems for my supervisor. I was months late on a publication deadline on a piece I co-authored with three highly respected scholars in my field, and I contributed far less than my share no matter what they say. Paper after paper was late or badly written. In my mind, not only were these things true but more—I was a complete failure, and I could never go back to the boring, pleasant, spiritual life I abandoned.

And yet, they tolerated it—for the most part. Many of my superiors were supportive, and some even seemed to understand. Not all. Some gave me more accommodations than I probably deserved. Most happily complied with the accommodations set by the Office of Disability Studies and other advocacy entities. Others did not. To them, my requests were of laziness, incompetence, at least an indication that I’m not “cut out” for academia. I came off as an arrogant jerk, I was told. I should consider doing something I can handle. I had no right to ask for special

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treatment, not when others had stress to deal with too. If I was incompetent, what business did I think I had being in graduate school, wasting the university’s time and money. Subjectively, I felt both—fully deserving of accommodations and willing to fight for my rights, and at the same time, an undeserving failure, literally not worth the natural resources I waste as a living organism, let alone doctoral student funding.

In light of this, these artworks and this autopathography amount to a tremendous accomplishment. They are a triumph, a testimony to something—the sacraments, those who believed in me, the system, love—something. I can argue that this chapter is the strongest, the most compelling, most important piece of the dissertation. This is what readers will identify with, this is what they will want to publish. It will never, ever be used against me in any way. It will be accommodated in both art education and disability studies on its own merit. The obstacles I’ve faced so far were just misunderstandings, and anyone who hears my story in this way will be stunned, soberly convinced. I will never be denied a job interview because my curriculum vitae outs me as mentally ill. Never will it be a problem that I’ve revealed my illness, my juvenile delinquency, my professional incompetency, my disability. It won’t matter that I’m doing this before earning tenure, a wildly unpopular career move, which some might be tempted to call crazy, even after reading this (but they’ll know better).

I want to believe this, really. I want to finish with a fanfare—I am back in good health and there’s nothing but joy! Nothing can stop me. I see now that things always work out, just like people have said—always. I love writing again, and writing is easy like it used to be. The pain is gone, and no more sleep problems. I am confident about
myself and my work. Anxiety doesn’t prevent me from writing hours on end, sometimes
days. All the ambitions I had will come true. I will make significant contributions to the
field. You will know me and you will like my research. I will edit journals and chair
dissertations that will also change the world. At the end of my career, I will give a big
speech to an engaged audience of the biggest stars in the field and I will recount this
story; naturally, tears will flow and there will be a standing ovation and I will receive a
large plaque to add to my collection, better than the dissertation and the trivial trophies
from cycling. I will mention this because it is a fitting analogy: I almost went pro ….

Figure 28. [photograph of personal trophy shrine]
Chapter 6

Reflections and Recommendations

Reflections

This dissertation has traversed a broad terrain in hopes of better understanding the complex issue of mental illness. There has never been a simple way to understand mental illness because it has been so difficult to locate. Until recently, it was not known that thoughts are electric impulses firing in established patterns. It was not known that these firings are partly dictated by biological parameters but are also malleable, subject to social, environmental circumstances. It was unfathomable to conceptualize the mind as a marvel of chemistry situated in social practices. Before effective chemical interventions were discovered (by accident), mental illness was only knowable and treatable through observation and dialogue, and professional musing. Before psychiatry, madness and mental illness were identified as signs of many different peculiarities, including demonic possession, evolutionary regression, disease, idleness, imprudence, perversion, foolishness, emotion, urbanism, and imbalanced bodily fluids. Whatever madness was, it was assuredly different, and it was elusive. It could not be accessed, only assessed.

Mental illness continues to be puzzling, but it is accessible in many ways, according to the terms of its diverse structural makeup, biochemical to sociocultural.
My goal has not been to get to the bottom of mental illness, but to scratch at its surface. I cast a wide net with the hope of reining in fragments that have drifted from common discourses on mental illness. I contemplated Foucault and his critical archaeology of madness and mental illness discourses and the implications of “mad art” in Chapter 2. In Chapter 1, I asked what disability studies and art education had to offer each other; I established an answer in Chapter 3, which I deployed in Chapter 4. In Chapter 5, I critically analyzed my own artwork which qualifies as “mad art” in the Foucauldian (1965/1988) sense, especially according to my liberal ascription of Foucault’s own work (1965/1988) as such. After exploring these different foci, I return to the research question to organize my findings, in terms of where and how they intersect, and to clarify my research agenda.

In Chapter 1, nestled between the contextualization of mental illness concerns, the principle research question asked:

*How can discourses of mental illness be engaged critically through the intersection of disability studies and art education?*

This compressed question was disseminated in three sub-questions.

*Sub-question 1: The Intersection of Disciplines*

The first sub-question asked:

(1) How can art education and disability studies perspectives be intersected to advance each other’s critical understanding of mental illness discourses?

Chapters 3 and 4 address this sub-question, but rather than review these chapters, it is more useful here to rework this sub-question from multiple angles in order to tease out
its various implications. I first consider the relationship between “discourses of mental illness” and “the intersection of disability studies and art education.” Ignoring Chapter 1, if the primary work of Chapters 3 and 4 is to set up an interdisciplinary conversation, as it seems—if this is taken as the main accomplishment of the dissertation—then why not address something more “visible,” such as quadriplegia, or “invisible,” like blindness? I could have studied Chuck Close whose paintings as a disabled artist are arguably more interesting than his photorealistic paintings, or the Impressionists, who ironically (though not comically) became blind from looking at light, or Dave Chihuly, whose career is hinged on his (dis)ability which prevents him from being a solo glassblower. Why not cognitive disability? I could have built onto the work of Blandy (1989a, 1993; Blandy, Pancsofar, & Mockensturm, 1988), bridging the disciplines at the site of the K–12 art or teacher preparation classroom.

There are multiple reasons, the most important of which is that I wanted to address the importance of discourse to disability studies and art education. Foucault’s (1962/2008a) identification of the impossible application of scientific method to mental illness, and the primary treatment of psychoanalysis, positions mental illness as a rich example of how disability is discursively constructed, and how images function as discursive texts. Even in the post-psychoanalysis phase, mental illness continues to be framed, diagnosed, and regulated through the discursive text of the DSM (APA, 2000), with little reference to material evidence (Valenstein, 1998) or medical theory (Valenstein, 1986; APA, 2000). Mental illness speaks to how disability is medicalized and how it is socially oppressed, as the research on mental illness stigma, which is

Secondly, mental illness exemplifies Tobin Siebers’ (2008) theory of disability as complex embodiment. Mental illness is itself a broad category of conditions, encompassing many issues within disability studies: Some mental illnesses are permanent, but others fluctuate or can be stabilized through treatment, or are temporary. Certain mental illnesses are highly dependent upon medical care, and mental illness is arguably poorly covered by insurance compared to other medical conditions. Some mental illnesses are invisible whereas others create visible cues. The legitimacy of mental illness as disability, as do some people diagnosed with mental illness and some within disability studies question. Certain mental illnesses are more genetic than others; some are likely more environmental than physical and vice versa. The metaphor of mental illness as something in the mind (Danforth, 2007) automatically positions it as complex embodiment. Mental illness is certainly something that is experienced, and in many cases it is undeniably disabling, through physical and/or social reasons. Mental illness is substantially and significantly misunderstood by the general public.

Finally, my first reason for researching mental illness and not another disability is that it is the one I know, the one that has impacted my life the most, through loved
ones and through my own experiences as a mentally ill person. It is in my writing, in my art, not just a topic. As such, I am able to understand and speak about it first-hand, and I have in turn presented my own art and writing to bolster my claims about Foucault’s (1965/1988) work as a self-referential example of mad art–work. Foucault (1965/1988, 1964/1995) posits that madness is the absence of work, and that the presence of madness in art, which is work, threatens the notion of work as rational. But he states that the presence of “mad art” does not dissolve the impossibility of mad art. It seems to be a contradiction, but what Foucault’s insistence actually claims is that madness has not infiltrated work, but that work, through art and literature, has revealed itself to be what it formerly defined as mad. It is from itself, about itself, using its own language—which is what Madness and Civilization is. And this is what my autopathography is: a self-advocating, self-referential exploration of subjective experiences of mental illness in sociocultural contexts—in ways that are relevant to disability studies as well as art education.

Another reversal of the question asks, why art education; why disability studies? This question cannot be posed other than as tongue-in-cheek: these are, respectively, my major field and my interdisciplinary specialization. But what do these fields have to offer each other, and what do they together afford the critical theorization of mental illness discourses?

Chapter 3, and to some extent Chapter 4, specifically rationalize interdisciplinary discussion between the fields. On one hand, disability studies promotes creative expression in the arts, but it lacks participation in certain areas,
including art, especially regarding art making practices other than performance. Thus, art education importantly reaches a broad constituency unavailable to most disability studies scholars, and it is strongly invested in promoting social justice to an extent greater than most arts related disciplines can claim. Despite the smallness of the field, the majority of art education’s major peer-reviewed journals emphasize sociopolitical issues, including two that are dedicated to social progressiveness and diversity, the *Journal of Social Theory in Art Education* and the *Journal of Cultural Research in Art Education*. The selection of “Social Justice” as the theme of the field’s upcoming annual conference in 2010, the NAEA 50th National Convention, speaks to the field’s emphasis on promoting diversity and equity. On the other hand, art education has a history of paying attention to similar cultural, academic movements but has not until recently recognized disability studies as being relevant to social justice concerns (Eisenhauer, 2008b). In this context, disability studies is the cultural and academic movement that deals with disability. In terms of culture, disability is unusually diverse, cutting across social and cultural barriers, but also affecting underprivileged and oppressed culture groups more readily than those with financial means—a paradox worth mention. Because of this, disability studies is unusually interdisciplinary in theory and in practice, its literal situation in academia, thus serving as a model for art educators interested in building interdisciplinary relationships. The work between disability studies and visual culture scholars should impress art educators, as it proves the compatibility of the fields and demonstrates the sincerity of disability studies to include visual culture
perspectives in its conversation. There are no clear reasons why art education or disability studies would be opposed to each other.

But the question why art education; why disability studies is also asked with mental illness discourses in mind. Chapter 4 demonstrates critical intersections of the fields according to matters of mental illness. The critique of art education’s reliance on special education discourses concerns disability in general, but it specifically notes the framing of mental illness and other issues as “emotional” and “behavioral,” and as a nuisance. Disability studies perspectives are used to point out that this language (a) ignores current medical terminology, (b) fails to acknowledge mental illness as such, and (c) pathologizes mental illness in new ways. This framing of learners who have mental illnesses positions them as disruptive, thus finding a loophole in the concept of inclusion that draws from familiar stigma: if students are dangerous, they should not be included. Also, failing to recognize mental illness diminishes the likelihood that teachers will understand students who have mental illnesses. Instead of asking educators to study mental illness, the chapter on “emotional and/or behavioral disorders” (Hunter & Johns, 2006) in the NAEA publication Reaching and Teaching ... (Gerber & Guay, 2006) encourages educators to “get information about emotional/behavioral disorders,” noting that this sometimes pertains to “mental health issues” (p. 45). Instead of emphasizing mental disorders, the authors suggest teachers should become familiar with common medications because they can affect behavior. It also suggests teachers should learn what to do if a student talks about suicide. This is sound advice, but it exemplifies the kind of language special education promotes,
language about student behavior and about classroom procedures. Disability studies suggests that art educators should also learn about the experiences of disabled students and the ways in which psychiatric intervention takes place, to better understand and serve these students. Furthermore, disability studies disrupts the categories of special education, in this case to acknowledge that learners who experience mental illness may not be recognized by special education. While they may not require special education services, it would still be useful to understand their perspectives.

Chapter 4 also uses art education perspectives to recognize the merits of art making practices that are largely omitted from disability studies. Certainly, this applies to disability in a broad sense, as disability studies could generally gain from the things this dissertation has interjected. All disability experience can be expressed through art making practices, and through writing about those practices. Disability studies includes discussions about art and written accounts of mental illness; but there is almost no first-hand discussion of art that addresses mental illness within disability studies, an exception being Eisenhauer’s (2009) article on (be)coming out as an ongoing process of creating connections rather than as an event. Even Traces is not written by Kuppers’ (2005) cohorts who experience mental illness, but by one who does not identify as experiencing or being labeled with mental illness. Furthermore, the suggestion to include autopathographic art on mental illness advances disability studies’ aim to increase self advocacy and agency, as mental illness is silenced by virtue of its stigmatic framing as incoherent (Foucault, 1964/1995). As Foucault (1965/1988) points out, the arts (including literature) are fruitful outlets for expressing “madness,” and, as I
explained in the conclusion of Chapter 4, mental illness experiences in life and in art.

My appeal to disability studies is also attentive to the aims of mental illness advocacy, specifically, because it builds the case for Chapter 5, my autopathographic discussion of mental illness, on which I elaborate below.

These specific points accentuate the general means by which art education and disability studies perspectives have been intersected to advance each other’s critical understanding of mental illness discourses. Generally, disability studies informs art education by providing theory and content that draw from subjective disability experiences to critically disrupt ableist discourses that oppress disabled people including mentally ill people. Art education informs disability studies by promoting critical art practices, including contemporary art making approaches and critical reflection. By soliciting art practices of people with mental illnesses along with their reflections on their practices, disability studies can more thoroughly acknowledge mental illness as an important kind of disability experience, and it can extend discourses of mental illness to include self representations.

Sub-question 2: The Influence of Foucault

The second sub-question posed was concerned with the role of Foucauldian theory:

Before reviewing the influence of Foucault on the dissertation, I need to explain my attention and inattention to the proposed texts. One difficulty in posing the question this way is that Foucault did not produce a cohesive body of work, and his interests, thinking, and approaches changed over time. My attention to Foucault’s critical discussions of mental illness discourses is concentrated on his early work (1965/1988, 1962/2008a), not because of any conflict of his later work with my aims, but because Foucault was most invested in mental illness early on. It was during Foucault’s graduate studies that his psychological problems emerged and were likely at their worst (Macey, 1993). It was out of this, and his work in psychiatric hospitals and prisons as a psychologist (Eribon, pp. 48–49), that this writing emerged. It is impossible, I argue, to divorce Foucault’s early writings from his own experiences, and that is why, from a disability studies standpoint, I chose to focus on them.

I also need to briefly explain my mention of Foucault, but not Wahl and Gilman in this sub-question, since Chapter 2 synthesizes the research of all three (Foucault, 1965/1988, 1964/1995, 1962/2008a; Gilman 1976, 1982, 1988; Wahl, 1995, 1999). Because of Foucault’s personal and scholarly investment in mental health, I identified Foucault as a key scholar in expanding the research outlined in Chapter 1. While this did not necessitate a Foucauldian dissertation, it was clear that his role would surpass that of the other scholars.

In Chapter 2, Foucault’s (1965/1988) Madness and Civilization serves loosely as the organizational tool for dissecting aspects of mental illness discourses, although I incorporate structural elements of Gilman’s (1982) Seeing the Insane. The first section
on historic discourses is mainly attentive to Foucault, who covers the Renaissance and the Enlightenment more in-depth than Gilman or Wahl. My attention to Foucault’s archaeological work uncovers ableist beliefs which remain embedded in contemporary mental illness discourses, namely morality and reason discourses that position madness as animalistic, a thread woven throughout Foucault’s work as well as Gilman’s, which Wahl’s (1995) research bolsters by exposing the presence of animality in contemporary visual culture.

Although Foucault is given far less attention in the second section on the constitution of mental illness, his archaeological survey of the topic underscores the discussion and arguably all such discussions. Foucault is widely credited for spawning the anti-psychiatry movement, although he never affiliated himself with anti-psychiatry (Eribon, 1991). Foucault’s criticism remains relevant wherever psychiatry problematically categorizes and classifies mental illness. Each revision of the DSM (APA, 2000) bolsters Foucault’s concern by drastically redefining diagnostic categories and specific disorders. This critical concern from Foucault is also extended through the critique of art education and special education discourses in Chapter 4. While others (Costenbader & Buntaine, 1999; Danforth, 2007; Forness & Knitzer, 1992; Hehir, 2005; Merrell & Walker, 2004; Rottenberg, 2005; Skrtic, 1991) have critiqued special education categories for different reasons, Foucault’s concern remains fundamentally important: science cannot adequately express mental illness in its terms because mental illness is not exclusively scientific, plus psychiatry continues to lack sufficient knowledge of the brain and mind to definitively identify all mental illnesses. The
methodological appeal to the natural sciences is incompatible with mental illness and madness discourses of the past linger in current definitions.

Finally, Chapter 2 concludes by synthesizing Foucault’s attention to patriarchal rule and to animality. I offer animality-patriarchy as a hybrid theory that illustrates the root of special education’s (and art education’s) hesitancy to wholly consider the subjective experiences of disabled learners, including learners with mental illness. Animality-patriarchy is useful as a marker of ableism for consideration against disability legislation such as special education discourses and research in adjoining fields, including art education.

Thus, Foucault’s (1965/1988, 1962/2008a) critique underscores all of Chapter 4, from the entire first section that critiques the IDEA (2004), special education, and art education, to the second section that critiques disability studies and its inattention to art practices among other modes of creative expression. Foucault’s importance to this challenge is mostly unclear until Chapter 5, except in the contentious critique of Kay Jamison’s (1993) posthumous application of DSM-III diagnostic criteria to Van Gogh. I chasten Jamison for diagnosing Van Gogh as bipolar and for her methodology of constructing a posthumous mental illness genealogy tree. Applying Foucault’s argument, I suggest it is impossible that Van Gogh “was bipolar,” since “bipolar” is a contemporary discursive construct. I question Jamison’s condoning of the “mad artist-genius” myth, and I then turn to Foucault (1965/1988) who also entertains this myth, but with very different implications. Foucault does not diagnose or label Van Gogh, but attends to the historic label assigned to Van Gogh. I indulge Foucault because he
suggests that the genius which society sees in art points toward its visible madness, and, therefore, away from the acute reason art is supposed to express. The truth of genius and madness in art exposes the falsehood of *sanity*, and the sane/mad binary, not madness. Madness is not distinct or separate from other human reality. After entertaining Foucault's treatise on “mad art,” I then talk about how Foucault (1971/1977b) uses genealogy in his later work to uncover institutional power. Then I return to critiquing Jamison, crediting Foucault for steering the discussion of Van Gogh back on track—where Jamison had diverted us away from art and from writing, Foucault (1965/1988, 1962/2008a) returns us to it. Where Jamison outs Van Gogh as bipolar, Foucault outs the bipolar concept of madness as something that is inhuman. Where Jamison applies psychiatry, Foucault denies it. Where Jamison, a then-closeted mental health scholar, outs Van Gogh, Foucault uses Van Gogh more as a means of coming out himself.

Here my rationale becomes contentious—I appear to be “pulling a Jamison” on Foucault. Have I entertained Foucault throughout this research project only to out him as a spectacle to bolster my autopathography and shield me from the backlash it may incur? Or perhaps I’m “pulling a Foucault.” If Foucault was outing himself—which he never actually did, could Jamison have been outing herself—which she did a few years later (Jamison, 1996)? In that case would Jamison deserve the same honor as Foucault? How does this implicate Chapter 5, which I promised would symbolically mirror Foucault’s (1965/1988, 1962/2008a) projects once I exposed them as self-revealing and self-referential?
This contention goes much deeper than my immediate rebuke of Jamison and exaltation of Foucault. My critique of Jamison is legitimate, insofar as her (1993) project problematically implies that DSM-III categories are timelessly correct, and that it advances the genius myth. I am also legitimately, if subtly, challenging Foucault’s encouragement of the mad-artist-genius myth, which contrasts his message. Technically it is not contradictory, because Foucault’s critique is written through the discourses it unsettles, so Foucault is not claiming this concept but pointing out its inconsistencies. It’s doubtful, though, that Foucault would contest this myth—those he elicits, especially Nietzsche, were his heroes. And if Foucault’s historians are correct, he had a bit of genius complex himself, amidst his own perceived (social) failure in graduate school (Eribon, 1991). From a disability studies and an art education perspective, it is important to emphasize that even if there is a correlation between mental illness, art, and genius—whatever these are supposed to mean—the everyday person with mental illness, the one who writes or makes art, is no genius and doesn’t have to be. It is unnecessary to demonstrate that madness is genius to dispel the myth that mental illness is nonsensical, and from a disability studies perspective it is a bad idea, because it perpetuates the myth that disability must be overcompensated, even if by its own virtue (e.g., the blind person whose other senses are extraordinary). Foucault’s (1965/1988) argument around “mad art” critiques the logic of the concept as opposed to Jamison, whose exalts the genius, and that is why I essentially approve of what Foucault is doing and disapprove of Jamison’s project.
My contentious argument is also intended to raise skepticism about this work, to put it under the critical radar along with Foucault’s and Jamison’s. I am doing this not just to be “reflexive” but to emphasize the critical role of art, which often raises more questions than it asks, and often contradicts itself. Is that madness? If I am outing Foucault, it is not as a madman, but as an artist. History—one that has been kept silent in disability studies and art education along with many other fields—has already done the work of outing Foucault as someone who had mental illness. And it has already done the job of criticizing Foucault’s work as being too impractical, too experimental, too radical (Eribon, 1991). Unlike Foucault’s decision to completely rewrite half of Mental Illness and Psychology, to destroy most of his unpublished manuscripts, and to demand that his estate not posthumously publish any he overlooked, Foucault chose to leave Madness and Civilization alone when he revised it late in life (Eribon). He seems to have accepted that a work, once public, becomes its own entity, over which the author is not responsible. My clashing of Jamison and Foucault—two mental health professionals who experienced mental illness, writing about mental illness—was a foreshadowing of my own involuntary “becoming” that was instigated as a result of my artwork, Disorder. My insolent engagement of Foucault and Jamison points critical fingers at that incident, and at Foucault, and at mental health professions, and at myself.

**Sub-question 3: The Impact of Autopathography**

The third and last sub-question, then, asks about using art and writing to disrupt ableist discourses of stigma:
How can ableism, specifically mental illness stigma, be challenged by creative academic writing and artistic practices, and what knowledge does this generate?

I addressed this question, of course, through my autopathographic writing on artwork about mental illness. But the question isn’t about that. It is also asking what each component of this task affords: What does art contribute? What does research contribute? There are many things I would like readers and viewers to glean from my work. I hope it is taken to demonstrate that all mental states and the thoughts they produce are valid and that one’s perceived health should not be calculated as human worth or potential. I want my work to evoke critical thinking that undermines notions of “normal” and “deviant” thoughts, perceptions, moods, and demeanor. I want my work to provoke people, so that they reassess their understandings of people with mental illness, mental disorders, mental health professions, the domain of artistic processes, the domain of valid research, and so on. I hope it will matter—that it will in somehow lead to improved understanding and treatment of people with mental illnesses. I cannot be sure these things will happen. If Foucault (1964/1995) is right, the language of literature, like the language of madness and hence this work, is no longer about what it says; nevertheless, there are some foreseeable outcomes of this work as educative and pedagogically applicable.

First, the artwork itself has afforded personal accomplishment. It provided a space for me to negotiate my illness, a research process that has included self-inquiry and data collection, processing, and synthesis. As experimental artwork, I was able to
confront my thoughts and consider alternative ideas without the impending threat of resolution or judgment. I was able to express unmentionable thoughts openly, with varying degrees of density and transparency. I added new ideas, discarded others, changed my mind, and continued layering ideas to document not only what I presently think and used to think, but the emergent process of critical thought. I also needed to resolve these issues, or at least some of them. I cannot accomplish these things through writing or conversation. As such, the art process was a very important practice for me to disrupt self-stigma (Corrigan & Watson, 2002; Corrigan et al., 2006). It helped me to ask critical questions, to inquire about important ideas, to reflect on statements I made. But this did not happen alone. The artworks became devices for engaging social processes, publication and dialogue. Ultimately this dialogue led to my hospitalization and the treatment that helped me to recover, even if the circumstances were less than ideal. There is no question that the art making process and the sharing of my artworks were very important to me and those concerned for me. Like artworks I’ve produced in the past, these will serve as documents of my former self for future reflection.

The remaining artifacts stand as practical pedagogical resources. As the artworks allude to critical issues surrounding mental illness stigma, they may be shown and discussed in art education environments including public school art classrooms, university classrooms, and art education conferences. They could also be discussed in disability studies classrooms. These works could be compared to other representations of mental illness including written texts about mental illness or disability. Indeed, some of the artworks from Chapter 5 have already been engaged in various university
classrooms. Whatever audiences think of the work, it can at least be used to raise
important, critical issues about mental illness discourses.

The written autopathography provides additional outcomes beyond the
artworks it explores. First, it recycles and reinvents the artworks. The artworks in the
autopathography are no longer immediate artifacts, but legends. They are reconstituted
as “figures” and absorbed into the autopathographic story. They are presented as
evidence of the story, akin to phrenology and physiognomy (albeit with entirely
different motives). The story implies that it is about the artworks, but instead the
artworks become about the story. More simply, the artworks now participate in the
telling of a new story, a different expression of mental illness experiences.

Secondly, my autopathography is potentially more accessible and permanent,
similar to Kuppers’ (2000, 2003, 2005) writings on Traces. Her writings, I argued,
supplanted and diminished the artwork, but they also allowed the artwork to survive
beyond its inevitable short life span as an installation. As published text, her writing is
also available to a significantly broadened audience than that of its original gallery. In
terms of communication, my autopathography is more specific, concrete, and
explanatory than the artworks alone. Autopathography willingly yields to common
language, meeting readers on familiar grounds. In doing so, the autopathography
expresses my subjective experience of stigma, which likely brings it to the reader’s
attention. But after welcoming readers in common language, my autopathography takes
them to the artworks, to the illness they express in non-linear, intuitive ways. The
autopathography thus demonstrates the connection between madness, art, and work,
autopathography brings traces of the artwork, illness, and surrounding events to
readers, which will help some readers to make sense and meaning of the artworks.

But the “broadened audience,” that my autopathography may reach is not
infinite. Few people outside—even inside—academia read dissertations. This will not
be read in airport bookstores or living rooms. It will be read by my dissertation
committee and hopefully future graduate students interested in intersections of art,
mental illness, disability, and possibly Foucault. By publishing my autopathography in
this dissertation, I effectively “broaden” my audience down the hall to nearby offices. So
what is this work’s broad audience?

In a broad sense, it is disability studies: although my particular autopathography,
Chapter 5, has limited potential, my hope is that it will be read by disability studies
scholars who become curious about integrating art practices into their curricula. The
secondary goal of Chapter 5 is to counteract stigma and create new knowledge by
investing art practices into disability studies research and pedagogy. Chapter 5
describes some of the ways I have used art to challenge mental illness stigma, how I
have come to identify as mentally ill and as disabled, and how I have “come out of the
cabinet” in this dissertation.

Its audience is also art education. My autopathography discusses important
aspects of mental illness as disability in the context of art that has not been addressed
within the field. It discusses art that follows the aims of art education, is entrenched in
theory, and relays emergent embodied knowledge that is socially and culturally relevant.
In this sense, it seems my research could more simply be construed as one of the many versions of arts based research (Sullivan, 2006). It probably could. But art is neither the main focus of the dissertation nor the particular means of addressing mental illness discourses, and I have not intentionally used any arts based research methodology. I never intended to write about this work, to include it in my research or call it such, even though I agree that the arts are inherently inquiry-based and, obviously, worthy of consideration in research. The greatest contribution this dissertation makes to art education is not the autopathographic writing itself, but the events which fundamentally position it as a disability studies project, not as an arts-based research project. Chapter 5 is more necessarily about mental illness than it is about art.

The pivotal moment of all the artworks I discussed is my hospitalization, and there is no greater tension than this event. Quietly straddling that event is Sacramental Psychology, whose diptych division must refer to this incredible passage. If the work is divided, if I am divided, if my career is divided, it must be at this point. When it happened, I could only see this as a crime against me, a great display of hegemonic power of the almighty University against its sickliest runt—I was dehumanized through the discourse of animality-patriarchy. But in this dissertation I have tried to be fair, calling it a fortunate event amidst unfortunate circumstances. “It all worked out,” as I was told it would. But it hasn’t. The problem is not over, not resolved. And it can’t be. The odds are that my illness, now reasonably in remission, will return at some point. But what’s more problematic is the ease with which the events unfolded: The ease with which my artwork was acquired and psychoanalyzed. The ease with which my artist
statements and then my in-person testimony about them were dismissed. The ease with which I was coerced into visiting the emergency room. The ease with which I was told I had nothing to worry about, and that I was being admitted against my will, and that I needed to calm down and cooperate. The ease with which people brush off my telling of this story because this is what has to be done for people like me—because it is serious.

But if it is serious, as research suggests, then we should treat it seriously. So far, only one article (Eisenhauer, 2008a) in art education has discussed the problematic discourses of mental illness and the missed opportunities to acknowledge and critique these. Far from grandiose or revolutionary, my autopathography wants art education to seriously consider how stigmatizing discourses of mental illness continue to operate within our field, as part of a larger ableist disposition, whose overlooking of mental illness discourses suggests it is something not worth addressing, not worth contemplating, not worth remembering. The ease with which we scoff at homeless people, publicly refer to people and ideas we disapprove of as “crazy,” and regard involuntary institutionalization as a simple fact of life is just an indication of a larger, problematic discourse of mental illness in art education that this dissertation purposes to disrupt.

Recommendations

In the process of engaging an interdisciplinary conversation between art education and disability studies to critique mental illness discourses, important advancements have been made, but there is much work to be done. In this section, I discuss recommendations for implementing the findings of this research and for
expanding this research and its aims, first with general recommendations, and then with specific recommendations for each field.

General Recommendations

A number of general, non-sequential recommendations emerge from this research project. First and foremost, it is important in research that strives for social justice and cultural appreciation to recognize how and where mental illness is represented in particular discourses. From Jennifer Eisenhauer’s (2008a) examples of critical art education research to Wahl’s (1995) broad discussion of contemporary media, stigmatizing mental illness representations are deeply embedded into general contemporary language. It is important to acknowledge and challenge disparaging language and visual representations about mental illness and other disabilities.

One way of challenging stigmatizing discourses of mental illness, as this project emphasizes, is self-representation. The arts, including traditional and contemporary fine arts practices, performance (including art, music, and dance), and the literary arts, provide multiple modes of inquiry and creative expression for challenging mental illness stigma. The demonstration of my own work calls for these modes to be merged, for exploration that transcends modal and disciplinary boundaries. By blurring the presumed boundaries of writing and art, my autopathographic example encourages critical thinking about the complexities of mental illness.

This research also indicates that interdisciplinary collaboration between art education and disability studies is essential. As I have called for disciplinary boundaries in the arts to be blurred, this research demonstrates that methodological boundaries
can be crossed in meaningful ways. Chapter 3 reveals that the aims and research methodologies of disability studies and art education already cross, and the remaining chapters show that this overlap creates a fluid terrain between fields. As art education and disability studies have traditionally drawn from both social sciences and humanities research traditions, negotiating theory and practice, the fields can merge such ideas and approaches through collaborative measures.

As the dissertation intentionally blurs boundaries and challenges simplistic, definitive concepts, it solicits attention to intersectionality. My use of Foucault suggests a disability theory perspective on intersectionality that inherently regards identity as complex, the story of disability as incomplete, and ableism as preposterous. The notion of animality–patriarchy challenges not only oppressive discourses, but also anti-oppressive grand narratives. Foucault’s subjective position and the extraction of animality–patriarchy as a hybrid theory suggests Western discourses insist on many kinds of oppression. Disability is not identity par excellence, but it is a significant sociocultural variable that should not be overlooked or ignored. As this research employs Foucault as a figure of intersectionality, it calls for scholars to revisit the work of Foucault as social participation and the according implications of Foucauldian text. To the extent that Foucault presented *Madness and Civilization* as a demonstration of “mad art,” it challenges strict presumptions about art and academic philosophy as well as the sane/insane binary in important ways that demand continued attention.
Recommendations for Disability Studies

I have a few immediate recommendations for disability studies: First, the editorial board of Disability Studies Quarterly (DSQ) should consider changing its online description of “creative submissions” to include “art works,” “fine art,” or some other variation of the term, like Review of Disability Studies: An International Journal (RDS). I encourage the review board to consider formally recognizing the arts in its “statement of principles” next time it is revised.

Additional scholarship is needed to explore the broad scope of disability arts expression. Particularly necessary are examples of disability practices in art and music, as well as dance and theater. More discussion is needed by disability studies scholars in arts disciplines on how the arts intersect theory and pedagogy. Additionally, the field needs to recognize how diverse populations participate in the arts, including scholar-artists, professional artists, artists outside professional academic and arts communities, and student artists. I encourage disability studies scholars who are aware of such happenings to discuss them in their research, and I encourage disability studies scholars who are interested in the arts to collaborate on significant projects as a means of developing resources for the broad disability studies community.

Another area of research that needs to be developed is the pedagogical application of disability arts, similarly to Lewiecki-Wilson and Brueggemann’s (2008) Disability and the Teaching of Writing, by arts and disability studies scholars. It is important to know how the arts are being used to address disability in higher education. To that end, I encourage disability studies scholars to incorporate arts strategies and

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practices in curriculum design. Disability studies scholars should attempt to collaborate
with arts educators as part of the larger mission of extending the field into uncharted
areas, both on campus and in publication.

Recommendations for Art Education

As an art educator, and because this is an art education dissertation, I have
considerably more recommendations for my field proper. The specific
recommendations I have consist of (1) organizational matters, and (2) research
attention.

Organizational matters.

First, immediate attention is needed at the organizational level of the field, the
NAEA. I recommend the NAEA board of directors consider dismantling the category
“special needs” and creating the category “disability” which would not, obviously,
include gifted and talented education. These should no longer be paired.

Secondly, I have recommendations for the “Special Needs in Art Education”
special interest group. My recommendation is not to sever ties with special education
professionals, but to re-center the focus of the caucus to the intersecting concerns of
disability and art education, which is the same as the collaboration between art
education and special education. My first suggestion is for SNAE to change its name to
one of the following: “Disability Issues in Art Education,” “Disability Caucus in Art
Education,” or “Disability Concerns in Art Education.” Secondly, the website for SNAE
should be updated. The structure of the website positions SNAE as the parent
organization, but the connecting center of the website is special education and the arts.
Instead, the website should reflect the concern of disability and art education, not “Special Education and the Arts” (SED/Arts). To that end, the bibliographic document “SED/Arts References” (Appendix A) needs major revision. The list should be renamed, should have errors corrected (which I have accomplished for this dissertation), and should be updated to reflect current research, not only in terms of special education but also in terms of disability studies. The list should reflect the scope of research on disability in the field, and should include references to relevant research published by non-members as well as members. The list should address both art education concerns and the concerns of disabled art learners. The references should be educative, also, about the range of disability experiences and perspectives, including those about which recent research has revealed much (e.g., autism spectrum), and those which special education classifies poorly (e.g., mental illness).

Third, NAEA needs to adopt a position statement on disability. The last two NAEA annual convention delegates’ assembly meetings have concentrated on establishing position statements, and issues groups and other members have been publicly encouraged to submit position statements to NAEA for consideration. My recommendation is for SNAE to take responsibility for this, if it elects to accept the above recommendations. The position statement should recognize the concerns of the disability community exemplified in this dissertation, the legal responsibility educators have through the IDEA (2004), ADA (1990), and other legislations, and the value of art education to disabled learners and disability culture.
In terms of research, there are a few things art education scholars can do immediately to abandon ableist language regarding mental illness discourses and disability in general. Disability metaphors should be discontinued, as should the colloquial use of pejorative mental health terms, such as Garoian and Gaudelius’ (2008) “metaphor of schizophrenia” (p. 52) and a seemingly innocent instance where Gilbert Clark and Enid Zimmerman (1999) recount a disgruntled audience member at a conference remarking, “I think you’re crazy…” (p. 87), which they repeat uncritically. Such slang terms as “lame,” “nuts,” “retarded,” “crazy,” “blind,” “lunatic,” “crippling,” “insane,” “deaf,” “maniac,” “idiotic,” and “hysterical” are so ingrained in everyday discourse that it takes significant effort to stop using them; but they should never be used uncritically in professional art education literature. As argued, special education language that is inaccurate or offensive should no longer be used. Euphemistic terminology and language that feminizes, infantilizes, and animalizes disabled people should be avoided, specifically “special.” My rationale for these recommendations appeals directly to APA (2001) standards for reducing bias, as well as disability studies literature (Linton, 2006).

In a broader sense, certain discourses that intersect mental illness and art need to be researched, specifically (1) special education, (2) art therapy, (3) Outsider Art, (4) VSA Arts, (5) “psychoanalytic theory,” and (6) universal design. Briefly, special education requires more attention than I have been able to provide in Chapter 4, both in terms of its structural and organizational problems (Hehir, 2005; Skrtic, 1991) and
its metaphoric implications (Danforth, 2007). Art therapy is used to treat mental illness, and is sometimes used to diagnose mental illness. Beyond skepticism about the field as a discourse of psychology, there is also concern that “therapy” is confused with “therapeutic,” which needs to be clarified. “Outsider Art” requires attention in terms of its role in diminishing and exploiting institutionalized disabled people. The history of “Outsider Art” discourses needs to be exposed along with its current applications. VSA Arts—formerly “Very Special Arts”—needs to be explored as an organization that is interested in promoting the art of disabled people, but which may perpetuate aspects of special education discourses critiqued in this dissertation. “Psychoanalytic” theory, which is occasionally employed in art education literature, needs to be critically analyzed to uncover the extent to which it is actually used to psychoanalyze people, which would be highly contentious in light of this dissertation. As Foucault (1965/1988) argues, the paternalistic roots of psychoanalysis are problematic, and art educators need to be careful in how they use such loaded terms. I suggest the very notion of using psychoanalysis as a metaphor is unavoidably problematic with respect to mental illness discourses. Finally, universal design needs to be further explored, as it may offer practical suggestions for redesigning curricula and classroom spaces.

From a general disability studies perspective, it seems visual culture studies implies an obvious tension in privileging visual knowledge, as Bolin and Blandy (2003), Springgay (2005), and others have addressed by acknowledging the value of other sensory knowledge in art. More to the point, it seems blindness is an important issue to visual culture, and while the Journal of Visual Culture issue on Visuality–Disability (Davis
& Smith, 2006a) covers this topic, it has yet to be discussed in recent art education literature, from a visual culture and disability studies perspective.

Another general recommendation is for an NAEA book that combines the practical knowledge offered by Gerber and Guay (2006), but which promotes current thinking on disability advocacy as did Nyman and Jenkins’ (1999) book. Any book on teaching art to disabled learners should at the very least devote a section to explaining disability identity and culture from the perspective of disabled people.

Finally, a few specific areas within visual culture should be addressed. The current crop of television representations goes beyond Wahl’s (1995) and Eisenhauer’s (2008a) research, representing mental illness in at least three different ways. The Dr. Phil show mixes pop psychology and talk show entertainment with actual psychology in a tenuous way, as host Dr. Phil typically chastises guests, giving advice in paternalistic, authoritative ways, as Foucault (1965/1988) described. A current pilot show on Fox Network, Mental [the “e” is printed backward], follows the popular medical drama House. The lead character is a semi-unqualified, charismatic doctor who uses unorthodox treatments to get inside patients’ heads. It frequently portrays mental illness in stereotypical ways, namely as violent, but it also constantly critiques psychology assumptions, particularly the current tendency to quickly resort to drugs. It also takes an empathetic position but not one that is overly sympathetic. Third, A&E is airing a series called Obsessed, in which each episode documents the treatment of a person diagnosed with obsessive compulsive disorder (OCD) who has agreed to cognitive behavioral therapy. The show presents OCD in a uniform way—it is ruining
the person’s life and by the end, they have returned to living a mostly normal life or are accused of uncooperatively rejecting therapy; but in the process, *Obsessed* gives considerable air time to the person who has OCD, allowing them to explain the complex factors of their lives, which demonstrates that they are real people with the same kinds of lives as everyone, far different from the social outcasts Wahl’s (1995) research revealed. A comparison of these and other contemporary representations would be useful.

Another aspect of visual culture that needs to be addressed for its potential to educate people about disability is the increasingly important area of social media. “Web 2.0” (Buffington, 2008) multimedia social networking technologies such as MySpace®, facebook®, and YouTube™ should be addressed in both disability studies and art education. An example of the pedagogical potency of social networking widely circulated among disability studies listservs is Amanda Baggs’ (n.d.) video *In My Language*, which provocatively relays her experience as a person on the autism spectrum. Little research on social networking exists in either field currently, but this critical vacancy could be explored in conversation between fields.

In conclusion, most of the recommendations I have made could be engaged in the other discipline. The examination of contemporary visual culture, Outsider Art, art therapy, universal design, disability arts, and so on would be suitable in either field alone. I have given these recommendations to the fields in which particular matters seemed most urgent. But my hope is that any of these matters would be approached with interdisciplinary aspirations. By combining resources, art education and disability
studies can continue to advance scholarship on the social intersection between
disability and art, on these and other topics, to challenge ableist discourses on mental
illness and other disabilities. By engaging in scholarly conversation, the academic fields
of disability studies and art education can continue to expand and learn from critical
knowledge embodied in each field, enabling the pedagogical potential of an inclusive,
interdisciplinary social space.
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Appendix A

SED/Arts References


Errors corrected from original source.

Multiple year, same author publication dates reflect entire dissertation.


Gair, S. B. (1980). Writing the arts into individualized educational programs. *Art Education, 33*(8), 8–11.


Appendix B

Disorder Artist Statements
My cleverly titled video, Disorder, considers what it means to have a “disorder” and to be labeled or defined accordingly. My inquiry addresses how “normalcy” is conceptualized within our culture as something that is real, natural, static, socially necessary, and outwardly apparent. I am curious about the implications of this for people who have been diagnosed as having some form of mood or mental disorder and for people who believe they have a disorder. An assortment of questions underscores the assumption. Is disorder a matter of subjectivity, performance, or both? If normalcy is socially measured by performative semblance, then how is subjectivity adversely affected by social standards? What are the relationships between mindset, thoughts, and behaviors for persons who qualify as normal?

I began the inquiry process by considering the chronicle of my own disorder, by which the convolution of symptoms and diagnoses have precluded a “correct” diagnosis and effective treatment. Is this emblematic or symptomatic of the identified social malady? Psychiatry and psychology professionals admit that the complexity of the mind and its workings/disorders is as mysterious as the workings/disorders themselves. Personally, the obscurity of both normalcy and disorder is a site of confusion marked by a sense of social disconnect, anxiety. As I considered this strife, I became increasingly interested in the subjective experience of suffering within the context of scientific and social perspectives, rather than those things themselves.

Accordingly, I explored imagery and sequences that present or symbolize some of my experiences with mental disorders, beginning with grounded, literal translations of feelings and working toward an abstract aesthetic. The initial footage teetered between viewer and viewed perspectives, as I assumed that my performative role would allow the camera to peer inwards while the objects and scenes I captured would represent looking outward. The early performative shots were generally scripted, while outward shots were mostly intuitive. After shooting a few hours of footage and thinking about which images resembled my thoughts, it became apparent that my initial presumptions were too rigid, even though I had not definitively constructed a story or absolute direction for the work. It turned out that ambiguity created the greatest sense of expression, as it emerged amidst recognizable, cinematic forms and techniques; this revelation came as I began the editing process, integrating and overlapping structured clips with experimental illustrations. I discovered that the tambour and arrangement of the footage was more evocative than my position to the camera, and that it would be necessary to include a mixture of obvious and ambiguous footage, both in terms of suggested meaning and form. It also became apparent that the editing devices of sequencing and timing were equally relevant in conveying the message as the footage itself.
Explanation of Disorder (Read after watching)

Disorder begins with two relatively long scenes. The first is a real-time capture of me performing the seemingly banal task of making an omelet, until this non-event is excited by the adding of firecrackers as an ingredient. This clip suggests the inner tension of everyday experience for the afflicted, whose privacy is invaded not only by the gaze of others, but by self criticism and the disorder itself. The clip reveals itself as an obsessive-compulsive fantasy, serving as a metaphor for all thoughts of horror or anxiety. A brief transition links the two scenes with an incident of idolatry, a makeshift shrine to a wooden chicken that I have designated as the false idol of my doctoral pursuit, itself a brand of idolatry. The incense and toilet connect fire and water, the elements of the two scenes that also connote, in this case, the position of self-as-object and self-as-subject, which are proposed by camera position. The elements of fire and water are interposed throughout the video. The second, shorter sequence is a bathroom scene that suggests social and sexual anxiety. By positioning the viewer as subject, this scene inverts the invasiveness of the other/disorder. Although the footage is obviously personal and specific, it intends to be more peculiar and interpretive to the viewer than the preceding episode. The bathroom scene concludes the first part of the video, transitioning from private to public, which releases the viewer from restricted positionality.

The second part continues with an allegory for perfectionism, the obsession to perform absolutely as a revolt against insecurity and the difficulty of publicizing self. This expression actually begins before the transition with a mirrored view of physical self-abuse. Next, part two begins with a voice performance of Bach’s Deposuit potentes amidst a backdrop of self-defeating text. The vocal text ironically contradicts the entire second part: “He (God) has cast down the mighty from their thrones, and has lifted up the lowly.” The visual introduction is overlapped by an offering of incense to a shrine of personal race trophies, which canonizes the expression as trinitarian and blasphemous, implying a myriad of intersecting, disorienting pangs. This reference to religiosity represents the earlier blasphemy of the chicken-idol. The audio solo continues into a scene that coalesces driving and storms, which complicates the implications of fire and water as well as exposure and shelter, or, more exactly, subject and object, as opposites. The mundane, normal task of driving becomes ferocious in certain contexts, which here represents the dissonance of mood disorder and how disorder affects the ordinary. White noise and delusional sounds surmount the voice solo, as the disorder becomes acutely pronounced. The vehicle is abandoned as wandering persists, suggesting the journey from life to death, implied by uses of light and dark, which resemble similar uses of fire and water, both as agitating. Outside becomes inside, and the second verse of the solo reemerges, suggesting the clarity and return of privacy, but this time at the expense of external awareness: disorder consumes the subject at this climax. The concluding scene chaotically juxtaposes disconnected symbols and images from the video to illustrate this point until the final footage of my inundated body, a recapitulation of the industrial light and dark scenes, a still shot of the face of my corpse, and the concluding explosion of the omelet. The conclusion implicates not only the subject, but also the objectification of the subject-as-disorder.