



EXHIBITING MENTAL ILLNESS: THE PARODIES AND PERFORMANCES OF CHARCOT'S HYSTERIC PATIENTS AND BOBBY BAKER

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Abstract

Women with mental illnesses have repeatedly had their performances and representations colonized throughout history. This paper examines historical representations of women with mental illnesses particularly in regards to the practice of psychiatric photography and contrasts these representations with contemporary performance artist Bobby Baker's critical parody of this history. This paper argues that Baker's work challenges viewers to consider their own position of viewing and to challenge preconceived ideas about mental illness through a parodic anti-stigma activism.

Keywords: Bobby Baker, Jean-Martin Charcot, performance, hysteria, mental health, activism, stigma

Introduction

Imagine a photograph taken in 1889. The caption is translated as photophobic hysteric. The patient does not smile. This is her name, her chart, photophobic hysteric. Like the bugs I pierced with pins and labeled in 10th grade biology class, she has been made specimen. The French text points my interpretation toward a diagnosis of sensitivity to light, but I have always preferred to interpret photophobic as a fear of photographs, a fear of Jean-Martin Charcot's 19th century invasive and objectifying lens. I think of the photographic act and the response of oh, she closed her eyes let 's take it again. I like to imagine a level of refusal within those closed eyes. I look more closely and see that around her neck hangs a small magnifying lens and suddenly the woman's wincing twist away from my gaze turns and confronts me powerfully as I examine the minute details, the unseen. I think she knows the ways in which her body is being charted and then she flips and squirms in a taxonomic seizure as she lifts that small and powerful spectacle glass to her eye, perfectly clean and precise, her quiet criticism. Flash.

Madwomen's performances have repeatedly been captured, colonized, used, doubted, objectified, and been made metaphor. Rosemarie Garland Thomson (2001) writes, "The history of disabled people in the Western world is in part the history of being on display, of being visually conspicuous while being politically and socially erased" (quoted in Reiss, 2008, p. 13). When considering the ways in which this desire to display people with psychiatric disabilities has manifested itself throughout history, it is common for the focus to remain on physical disability. One common and important example is Garland Thomson's (1997) analysis of the American freak show (1835-1940) and the "extraordinary" body. However, non-visible disabilities and particularly mental illness share with physical disability a history of exhibition and performance. Even while the social and cultural models of seclusion inherent to the asylum dominated, mental illness remained something to "see" and therefore something that was performative. At times this gaze was quite literal as was the case with 19th century asylum tourism. Reiss (2008) writes, "Asylum tourism also allowed visitors to indulge in some of the spectato-

rial pleasures that they might be too ashamed to pursue in public, at the popular freak shows of the day” (p. 13). However, following the lineage of Cartesian mind/body duality, the embodiment of people with mental illnesses remains under-theorized and separate from analyses of physical disability.

This essay is organized around two “exhibitions” of mental illness. After first examining the historical performance of women diagnosed by Jean-Martin Charcot with hysteria in the late 19th century, I then explore the contemporary performance work of Bobby Baker, an artist who addresses issues of mental illness and gender through performance art and parody. “Exhibiting” here refers to both the exhibition of the mentally ill other and to the “exhibiting” of signs of illness. I am interested in how mental illness is performed and embodied and what characterizes, as Sander Gilman (1988) describes, the desire to see disease, to see mental illness. Throughout this paper, I use the word “madwoman” as a way of representing both historical and contemporary constructs. I also wish to reclaim this label, much like the terms queer and bitch have been reclaimed from negative connotations to pride and respect. With the term madwoman, I evoke a double reading as both illness and anger to activism.

In both examples of the exhibition of hysteria, hysteria involves parody, the parodying of symptoms, as was the case with Charcot’s “patients,” the parodying of the history of treating “mad” female patients; and Baker’s parody of gender and mental illness in *Take a Peek!*. I conclude with a discussion of how parody repositions the body of the “mad” female other as subversive and critical and represent a form of parodic anti-stigma activism and pedagogy.

Psychiatric Photography: Exhibiting “Truth” and Performing “Hysteria”

The “mad” body, and the “mad” female body, in particular, came to be marked, charted, and analyzed through the intersection of psychiatry, physiognomy, and photography in the mid to late 19th century. Nowhere is this more evident than in the photographs of psychi-

atric patients by French neurologist Jean-Martin Charcot and English psychiatrist Hugh Diamond. Hugh Diamond is known as the “father of psychiatric photography” and delivered the lecture “On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity” to the Royal Society on May 22, 1856. His photographs present a variety of women and men conforming to portrait conventions of the time. Yet, one thing separates these images making them different and other. It is the juxtaposition of diagnostic labels and portrait that changes this from a portrait of a person to a specimen intended for visual examination. For example, an older woman faces the camera with clothes somewhat disheveled and the wrinkles across her face reveal her age. At the bottom of the image a caption reads “Chronic Mania” (Gilman, 1976, Plate 11).

In John Conolly’s (1858) description of this image, he captures the gaze extended to these patients when he describes the woman as a “specimen of the odd characters found among the older inmates of asylums” (Conolly as cited in Gilman, 1976, p. 49). Conolly’s use of the term “specimen” is revealing of the gaze extended to these images, a medical gaze that frames the patient’s life story and physical appearance as pathology. In his same discussion of this patient, he describes her appearance:

Activity, and a certain strength of character seem depicted in the general form of the face; in the well-formed forehead, wide and high; in the broad and pronounced chin; in the development of the superciliary region of the brow, and perhaps, even in the nose. (p. 49)

Every aspect of this woman’s appearance is analyzed through a transformative medical gaze. I am reminded of some of the graves in an asylum graveyard near where I live in Ohio that are simply marked “specimen.” Other graves do not include names at all and just numbers. This is the performance captured and produced by a medical gaze that transforms people into specimens.

In Diamond’s (1856) lecture, “On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity” he describes the rationale for psychiatric photography. In the broadest sense, the psy-

chiatric photograph was understood as the truth and its capturing of the psychiatric patient's appearance was as close as psychiatry could get to the level of scientific validation born of the microscope. More specifically, Diamond writes about showing patients photographs of themselves as a way to address delusional thinking. He also comments on photographs of patients as being useful to superintendents of asylums in cases of re-admission to the asylum and it is implied that, generally, photographs could have administrative benefits in the daily functioning of asylums. This use of photography remains a contemporary practice. When I was in the hospital for a bipolar episode, my photograph was taken and placed in my chart. I was told that the purpose of this photograph related to distributing medicine, but the flash was still intrusive and reminded me of these men and women in the 19th century, these "specimens."

The neurologist, Jean-Martin Charcot, worked and taught at La Salpêtrière hospital in Paris, France which was a large hospital housing between 800-1400 women. At the hospital, he created a large body of psychiatric photography and graphic illustrations with the assistance of graphic illustrator Paul Richer and photographer Paul Régnard. Charcot's imaging of mental illness occurred at La Salpêtrière from 1836 – 1860. Charcot referred to this hospital as a "museum of living pathology" (Bronfen, 1998, p. 174). Women were committed to La Salpêtrière both by the police and their families. Most often these committals were described as "voluntary," however this was clearly not the case. Women were whipped upon arrival. In 1690 the already 3000 women there included female paupers, vagabonds, beggars, "decrepit women," "old maids," epileptics, "women in second childhood," "misshapen and malformed innocents," incorrigible women, and madwomen (Didi-Huberman, 2003, p. 15).

In particular, Charcot was interested in mapping hysteria and as Georges Didi-Huberman (2003) argues, he did not simply chronicle hysteria, but rather invented it. Hysteria was a female ailment linked to the idea that women had faulty genes, making them receptacles for mental illness. An early precedent to the 19th century diagnosis of hysteria was promoted by Edward Jorden in his defense of Elizabeth Jackson who was arraigned for bewitching a 14-year-old girl. Jorden argued that the young girl was not bewitched, but rather had a medical condition called, "The

Suffocation of the Mother," which was caused by irregularities of the womb, that bred vapors that wafted throughout the body causing a series of neurological and digestive symptoms (Jorden, 1971). This 17th century diagnosis of "Suffocation of the Mother" is very comparable to what was called the "wandering womb" of hysteria in which it was believed that the uterus became displaced and moved throughout the body. In both cases, the ultimate ailment is that of being female (Bronfen, 1998).

The photographic image was important in the establishment of hysteria, a fairly amorphous body of symptoms, within the scientific community. Given the definition of hysteria, the female body alone performs hysteria (Bronfen, 1998). In the psychiatric photographs of Charcot, there emerges an exchange between the artwork, the photograph, and discourses of psychiatry that challenge the ways in which we situate each-- their forms, their purposes, their outcomes, and their constructions. Charcot's psychiatric photographs reference portrait painting; the emotive and dramatic performance of the body characteristic of Charcot's images are derived from European art. In particular, Charcot relied heavily on paintings of the Renaissance and Baroque eras, selecting images of ecstatic states and demonic possessions. Jane Kromm (2002) describes that "Charcot regarded Rubens as a superior clinician who scrupulously recorded the symptoms of hysteria in works like the version of *The Miracles of St. Ignatius of Loyola* from 1620" (p. 256). Charcot published in collaboration with Paul Richer, an intern at La Salpêtrière and later chair of artistic anatomy at the *École des Beaux-Arts*, two studies that were retrospective diagnoses of psychiatric conditions represented in works of art. Charcot's patients literally learned to pose in a series of gestures, bringing about a particular irony to the claim of the objective nature of such images (see Figure 1).



Figure 1. “Attitudes Passionnelles” includes photographs of Augustine, one of Charcot’s “hysterical” patients photographed by Paul Régnard in 1878. commons.wikimedia.org

In addition to the photographs, authorized by him, of patients with hysteria, Charcot also held public demonstrations and lectures in which he exhibited living patients. These exhibitions make literal the ways in which Charcot’s photographs are performative and themselves an exhibition constructed at the intersection of art and science. As Kromm (2002) observes:

This obvious element of coaching and suggestion, which later brought his work into disrepute, revealed the false equations underlying Charcot’s enterprise: symptoms of demonic possession were those of hysteria because contemporary hysterics adopted the same poses (often when surrounded by past images of possession), and the symptoms of hysteria were judged authentic because they resemble these depictions of the possessed. Ultimately, Charcot’s system failed because it relied too exclusively on this kind of iconographical equation, an equation motivated in part by the need to obscure for a French audience the graphic and the political connotations of maniacal symptomology. (p. 265)

Bronfen (1998) argues that the performativity of Charcot’s work at La Salpêtrière stemming from his insistence on the “theatricality and visibility of hysteria” constructs an understanding of hysteria as a “malady of or by representation” (p. 175). Therefore, it is not simply that Charcot directed and aided in the construction of hysteria as being like a performance, but that hysteria was performance.

Charcot’s work is very literally situated as a classroom and public performance as he exhibits the bodies and behaviors of “hysterical” women to an eager group of attentive pupils. Likewise, both Diamond and Charcot position the role of psychiatric photography as, in part, pedagogical. Parody functions particularly in the work of Charcot as he asks his patients to perform particular behaviors, motions, and appearances for his photographs. However, this parody is not critical, but rather replicative. Charcot’s patients with hysteria function much like marionettes within the larger discourse of psychiatry and psychiatric photography of the time. Artist Bobby Baker’s performance work is also characterized by parody, but, as I will explore, this parody is critical and constructs a form of parodic anti-stigma activism.

Re-exhibiting Mental illness: The Performance Work of Bobby Baker

In contrast to ableist positioning of madwomen's meaning-making is the work of British performance artist, Bobby Baker, and in particular her piece, *Take a Peek!* from 1995. Baker creates work about her everyday experiences and her earlier work that dealt with issues of gender. Prior to acquiring her own studio space, Baker's studio was her kitchen and her performance works similarly reflected the use of kitchen supplies and groceries, all elements of a feminine palette and life experience. In 2000, Baker performed a piece related to mental health advocacy titled *Pull Yourself Together*, which was part of Mental Health Action Week sponsored by the Mental Health Foundation in London, England. Baker traveled central London on the back of a flat bed truck carrying two banners, one with the phrase, PULL YOURSELF TOGETHER in red letters while another read IN AID OF MENTAL HEALTH ACTION WEEK. From the truck, Baker yelled to the crowd through a megaphone, "Pull yourselves together," "Get a grip," "Buck up now," "Cheer up darling, put a smile on your face," etc. (Baker & Barrett, 2007, p.69). More recently, Baker exhibited her diary drawings and published a book titled, *Mental Illness and Me*, which chronicles her experiences in three settings: a day treatment center, an inpatient psychiatric hospitalization floor, and in outpatient treatment (Baker & Whittuck, 2010). Baker continues to raise money for mental health arts and advocacy through her arts and mental health charity Daily Life Ltd.

Take a Peek! is often theorized as an exploration of "failed femininity" without consideration of how the freak show and the construction of Baker's performance itself (e.g., her use of nurse-like attendants) reference a history of the display of disability (Aston, 2004, p. 277). Warner (1998) draws parallels between Charcot's display of patients with hysteria to audiences and to Baker's performance. As Warner (2010) comments, Baker "put herself on as a madwoman in order not to be one" (p. 9). Extending Warner's observations, I theorize Baker's *Take a Peek!*, in regard to the positioning of the audience-participants in the creation, as a form of parodic anti-stigma activism (see Figure 2). Elaine Aston (2004) describes the multiple "booths" in Baker's performance piece:

Take a Peek! is episodically arranged and located in a clinic-style setting in which Baker is subjected to a series of 'treatments'. Her performance links associatively to gynecological examinations, women's mental health problems and surgery, all of which is presented as a kind of fairground freak show. The arrangement of episodes further suggests a 'journey' of female martyrdom that begins in a series of sideshows all concerned with some aspect of body surveillance: externally (As the Fat Lady), internally (as penetrated Body in the Coconut Shy), and with her insides-out (as a monstrous body in the House of Horror). This leads into various attempts to 'correct' this dysfunctional' body: the talking cure (as Fortune Teller), surgical correction (imagined through acrobatics and knife throwing) and recovery (contortionist and balancing acts). An episode of 'madness' (es capology) brings Baker to a moment of deliverance: she escapes from her straightjacket to bathe in a tub of chocolate custard (the Lucky Dip). (pp. 280-281)



Figure 2. Click on the video still above of Bobby Baker's *Take a Peek!* to view her *Daily Life Series* performed in 1995.

Baker presents herself as a hysteric patient as she wears often multiple constricting white housecoats, recalling the physical constraint of a straightjacket and travels from each of the freak show's booths. Much like Charcot's patients, Baker is repeatedly manipulated and directed by the nurse attendants having her body stripped of housecoats, her movements controlled in choreographed dances, and her body targeted

in the knife-throwing booth. At the conclusion of the performance, Baker escapes her straight-jacket-like confinement to emerge from a bathtub covered in chocolate custard. The bathtub is reminiscent of treatments in which patients with “hysteria” were subjected to long and grueling baths. All the while, it is important to note that each of the freak show performances are captured through the simultaneous medical gaze extended by the nurse attendants and by the popular gaze extended through the audience.

Throughout the performance, the audience is an active participant. They are asked to walk from booth (clinic) to booth and engage in different ways at different points in the performance, such as throwing nuts at Baker. The two nurse attendants directly interact with the audience and the audience is kept to a small number in attendance, which results in the performance being both an intimate experience and the audience feeling more vulnerable. In one of the booths, the audience is led into a small tight room and asked to stand around the perimeter facing a small bed in the center where the two nurse assistants repeatedly engage in acts of stretching and contorting Baker’s body to remove layers of white housecoats. In this section of the performance, the audience members experience both a similar sensation of constriction-- as experienced by Baker’s body bound by layer’s of housecoats-- as well as a sense of being implicated as assistants in the “procedure” that is taking place before them.

Baker’s work demonstrates a direct reference and understanding of not only her own personal experience, but also the ways in which women have historically been positioned and visualized within similar contexts. I identify Baker as a madwoman who, through her embodied performance engages in meaning-making, critical questioning, and self-representation. Baker creates her performative commentary on the disabled body through a series of booths that recall freak shows. In doing so, she emphasizes the corporeality of the madwoman’s performance. Psychiatric disabilities, often described as “invisible” disabilities, take on a very present, visible, and embodied presence. These same spectatorial pleasures today are explored through popular media’s objectified portrayals of both actual and fictional people with mental illnesses (Eisenhauer, 2008). In Sander Gilman’s (1988) extensive work on representations of

mental illness, he emphasizes that the desire to see disease, is most often associated with the desire to affirm one’s position on the normal side of a normal/abnormal binary. Therefore, the visualization of the madwoman’s performance often becomes situated as a means through which to assert ableism.

Bobby Baker and Postmodern Parody

By referencing the history of the freak show and the exhibition of the madwoman, Baker employs parody as a strategy of critical intervention. Linda Hutcheon (2000) articulates a postmodern understanding of parody as articulated in the parodic constructions and communications of 20th-century (and now 21st-century) art forms. Hutcheon repeatedly emphasizes that understandings of parody are context-specific and that “no transhistorical definitions are possible” (p. 10). Hutcheon’s theory of parody forms a transtextual rather than a dichotomous relationship with other theories of parody. In articulating a postmodern parody, Hutcheon works to differentiate her theory of parody from two other prevalent understandings of parody: the satirical/comic and the formal. The linking of parody to comedy surfaces as the more reoccurring of these two tendencies. However, Hutcheon’s project is not one of locating her theory of parody as “right,” and these many other satirical/parodic theories as “wrong.” Rather, she is working to locate and articulate a theory of parody that can adequately communicate the way parody appears within 20th century art forms.

Hutcheon discusses the etymology of the word “parody” as a means of positing another way of thinking about parodic texts. The Greek noun “parodia” is usually translated as “counter-song.” However, Hutcheon points out that while “odia” is “song” “para” can also mean “beside” (2000, p. 32). This difference between the opposition of texts and/or the layering of texts is integral to Hutcheon’s discussion of parody. When Hutcheon argues that parody is not exclusively satirical, she does so through an articulation of irony.

Hutcheon defines a difference between satirical/comic and ironic parody in their prospective “targets” (p. 43). While satire appropriates other texts negatively as a means of mockery and injury, ironic parody’s

appropriation of a text forms part of the parodic text that “deviates from an aesthetic norm and includes that norm within itself as background material. Any real attack would be self-destructive” (p. 44). Parody, through its “ironic ‘trans-contextualization’ and inversion, is repetition with difference” (p. 32). The difference that Hutcheon discusses between defining parody through irony rather than satire involves understanding the functioning of parody as transtextual rather than as a dichotomy. Hutcheon sees her theory of parody as connecting the modern and the postmodern. This theory does not simply oppose modernist constructions, but implicates modern structures. Hutcheon describes parody as “bi-textual,” a “textual doubling,” a “double-voiced consciousness” and a “textual dialogism” (Hutcheon, 2000, p. 21, 22, 37). This layered rather than oppositional understanding of texts forms a different relationship with the past and interrupts linear narratives understood as progressive and teleological. Similar to Judith Butler (1990), Hutcheon understands parody to be a repetition that locates difference. Likewise, Baker’s references to the hysteric body in *Take a Peek!* situate the work as a copy of a copy when one realizes that Charcot’s invention of hysteria was itself an act of copying and mimicking symptoms. Therefore, Baker’s appropriation of the history of hysteria situates her work as an ironic copy of a copy, another aspect of a postmodern parody that extends Hutcheon’s ideation of postmodernism and parody.

Bobby Baker performs mental illness as a means through which to critically intervene in the dominant abelist and patriarchal discourses surrounding madwomen’s performances. She ironically references the history of freak shows and the exhibition of disability as a subversive tactic and means of critical intervention. I understand her work as what Jack Richardson (2010) describes as an interventionist practice within the context of art education.

Interventionist practice neither eliminates nor simply disrupts pre-existing conditions; rather, it produces a sort of social reorganization formed around incidental collaboration among the individuals and social forces brought into relation as a result of the insertion of an incongruous form or action. (p. 21)

Baker disrupts through her interventionist and performative strategies the spectatorial gaze extended to the madwoman’s body through her parody of the abelist mechanisms extended to her own displayed and objectified body. She constructs this disruption by layering the freak show and the desire to “see” the “mad” other. While Baker adopts the practices of the freak show and references the history of exhibiting the disabled body, she subverts these contexts’ usual forms of objectification through her own performative actions. She remains an uncontrollable patient constantly subverting the institutional structures within which she exists through “incongruous” action. Simultaneously, she confronts the once passive spectator, making him/her aware of his or her own actions and viewing. As Baker describes in an interview with Adrian Heathfield (2007):

When, for instance in *Take a Peek!* I’ve got nine overalls on, I am this immensely fat, embarrassed, silent person, who can hardly look anyone in the eye, who is systematically humiliated by my two assistants, turned into an object and exhibited. This exerts a huge control over the audience because they’ve become complicit in some sort of humiliation of me, so this is a two-way process, and the fact that I take that position so powerfully, is almost an abuse of the audience, since they are asked to take part in that relationship. (p. 87)

Through her use of parody and intervention, Baker disrupts the once unidirectional gaze and desire to see disease and accomplishes this through the mechanisms of performance as a “two-way process” (p. 87). What results is not simply an act of telling the onlooker to think and view differently, but a process through which the audience becomes aware of their own looking and their own actions. This form of parodic anti-stigma activism and interventionist practice holds the potential to guide an audience in examining assumptions through a process of performative dialogue rather than monologue.

Conclusion: Parodic Anti-Stigma Activism

It could be said that neurologist Charcot was engaged in a performative act as he posed the patients at La Salpêtrière, but his outcomes were presumed to be essential and true. In contrast, performance artist Bobby Baker embodies parody, intervention, and performance, repeating these similar signifying practices, but with a difference that reveals the constructed nature of these practices as essential and true. Therefore, the critical potential of Baker's work, its possibility to intervene in long-embedded social and cultural understandings of mental illness, is located in a form of parodic anti-stigma activism.

What differentiates Baker's form of parodic anti-stigma activism from some other forms of activism is her implication of the audience in an active process through which they become aware of their viewing and actions, both of which are critical steps necessary in challenging assumptions. Rather than simply telling the audience a correct way to view, she leads them down a path through which their own participation in the performance makes avoiding Baker, or simply quietly continuing to objectify her from the safety and distance of a theatre seat, an impossibility. Participants are asked to do things that make them uncomfortable, though sometimes they may find their roles humorous; and it is through this process of being destabilized from the usual comfortable vantage of the gaze that the process of objectification begins to unravel.

Baker's anti-stigma activism is at times humorous, but her use of parody remains embedded in a postmodern form of parody, critically repeating ideas and representations within a discourse, but with a difference that results in their ultimate disruption. Her work references a history of hysteria that is centered on the copy. Charcot's patients were asked to copy a set of symptoms in front of the camera to be replicated and documented as objective representations of hysteria. Baker also presents a hysteric body, a female "mad" body to be controlled by two nurses, to be displayed before an audience of onlookers, much like Charcot's patients were displayed in front of audiences. Her parodic anti-stigma activism is engaged as a copy of a copy, a postmodern parody. Through this postmodern parody, she takes her performance participants on a journey that challenges their own preconceived notions about mental health, able-

ism, and disability. She makes them critically aware not only of their own viewing but of their own breathing, moving bodies in relationship to the work.

The capturing of women with mental illnesses' performances has a long history from the use of psychiatric photography, to uncritical contemporary popular culture representations, to the critical performance work of contemporary artist Bobby Baker. What differentiates these examples are not only the intentions of their creators, but also the roles of the viewers. While the "hysteric" patient of Charcot remains locked within a discourse of being a specimen, Baker critically appropriates this very discourse, implicating the viewer-participant and charting new ways to visually and conceptually (de)construct representations of mental illness. In so doing, Baker's work advocates for a form of anti-stigma activism grounded in embodied viewing and for parody that transforms viewing and participation to what Baker describes as a "two-way process" (Heathfield, 1999, 2007, p. 87).

Baker's parodic anti-stigma activism engages the audience-participants through this "two-way process" in a critical disruption of the gaze extended to the disabled body. While Charcot's photographs reify a scientific gaze that situates the hysteric subject as specimen, Baker appropriates this very mechanism and leads her audience-participants on a journey that brings awareness of their own position in gazing at Baker. Parodic anti-stigma activism's critical potential is located in this "two-way process" in which activism becomes more than asserting a counter-message and rather develops into a process of examining one's position and actions in relationship to the disabled subject. In this way, parodic anti-stigma activism holds critical potential not only as a performance strategy, but also for activism more generally as a means through which to foster self-reflexivity.

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