

**REPRESENTING MENTAL DISABILITY: (IN)VISIBILITY IN THE ART OF  
LAURA SPLAN AND BEVERLY FISHMAN**

A THESIS

Presented to the Visual and Critical Studies Program  
Kendall College of Art and Design, Ferris State University

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts in Visual and Critical Studies

By Katie Brooks Toepp

August 2019

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HAVE APPROVED THIS THESIS  
  
**REPRESENTING MENTAL DISABILITY: (IN)VISIBILITY IN THE ART OF  
  
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COMMITTEE MEMBERS

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|  |                   |
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|--|-------------------|

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|                        |                         |
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Master of Arts in Visual and Critical Studies Program (MAVCS)  
Kendall College of Art and Design, Ferris State University  
August 2019

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## Abstract

The central question of this thesis is: How are contemporary artists representing mental disability? Based on the work of Tobin Siebers in *Disability Theory* and *Disability Aesthetics*, this thesis discusses mental disability studies as a growing subset of disability studies. After briefly examining case studies of artworks from the nineteenth and twentieth centuries, this thesis culminates in an analysis of two contemporary artists, Laura Splan and Beverly Fishman, and analyzes the implications of their work in regard to disability studies.

By tracing the representation of mental disability from before modernism to the present, this thesis argues that there is a prevalent shift away from the figurative representation of mental disability and a shift toward abstraction to communicate the condition of the socially constructed lack—or disability.

Keywords: mental disability, disability aesthetics, visual art and mental health, Laura Splan, Beverly Fishman

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## Chapter One: Introduction

Mental disability, as a human rights issue, has gained ample traction in the global arena in recent decades. As a discipline, disability studies examines the presence of impairment and the social interpretation of that impairment within the “larger political and economic context of disability.”<sup>1</sup> That is, “impairment” is a biological difference, and “disability” refers to the social context of impairment. Disability is no longer regarded as the outdated and ableist concept of a physical or mental difference; instead, disability scholars contend that disability is a social construction that imposes a framework on physical or mental impairment. Disability studies, especially concerning specific conditions within the context of mental disability, have entered into the foreground of discussions on social and human rights. With this progress in the discourse of disability activism<sup>2</sup> comes an increased public awareness about these complicated inequalities. At the same time, contemporary artists, such as Laura Splan and Beverly Fishman, actively make work that correlates with issues around mental disability and the disability aesthetics used to represent them. It is the argument of this thesis that contemporary artists such as Splan and Fishman are employing abstraction as a means of relating nuanced issues of mental disability to a broad audience; the abstract nature of this work contrasts with the figurative representation of mental disability of the past.

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<sup>1</sup> David L. Braddock and Susan L. Parish, “An Institutional History of Disability,” in *Handbook of Disability Studies*, ed. Gary L. Albrecht, Katherine Seelman and Michael Bury (Thousand Oaks: Sage Publications, 2001), 11.

<sup>2</sup> “Disability activism” here refers to the collective (political) actions of a group by and for people with disabilities. Although related and often overlapping disability activism, disability studies refers to the critical theory and discourse surrounding positions of power concerning the “able-bodied” and “disabled.” See Denise M. Nepveux, “Activism” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss and David Serlin (New York: New York University Press, 2015), 73–83.

An increased public interest in the representation of disability is evidenced by legislation that has been written in recent decades. Jonathan Kenneth Burns identifies an increased global effort to recognize differences in mental health conditions and to mitigate inequalities through legislation. Although these laws<sup>3</sup> constitute steps toward “formal equality,” many other factors exist, including “underlying inequalities in power, access, and socioeconomic and political circumstances” that prohibit equality, especially regarding access to health care.<sup>4</sup> In a groundbreaking move, the 2006 adoption of the United Nations Convention of the Rights of Persons with Disabilities is inclusive of many types of disability; the Optional Protocol defines persons with disabilities as individuals who “have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”<sup>5</sup> This definition not only includes mental, physical and developmental disabilities, but it also identifies the social factors that demand the reform of the ableist society. The convention’s Optional Protocol, as well as other statements and legislative efforts on disability, are not only significant for the acknowledgment of this type of disability identification but also for addressing the social inequity that results from a mental disability.

At this point, I must make a clear distinction about terminology. As a relatively new field, which scholars have further subdivided into categories, disability studies does not exhibit a consistent use of language; depending on the focus of scholarship—or even the self-identification of the author—specific terms may or may not be employed or used in ways

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<sup>3</sup> For example, the Americans with Disabilities Act (ADA) of 1990 was modeled after the Civil Rights Act of 1964.

<sup>4</sup> Jonathan Kenneth Burns, “Mental Health and Inequity: A Human Rights Approach to Inequality, Discrimination, and Mental Disability,” *Health and Human Rights* 11, no 2 (2009): 20.

<sup>5</sup> United Nations, “Convention of the Rights of Persons with Disabilities and Optional Protocol,” accessed May 15, 2019, <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.



consistent with other writers. Of course, the term “disability” is incredibly broad to the point where one risks overgeneralization if relying on it too heavily. To avoid any potential slippage between related terms, I need to define what is meant when I use the term “mental disability.” Disability scholar Margaret Price writes, “Contemporary language available includes *psychiatric disability, mental illness, cognitive disability, intellectual disability, mental health service user (or consumer), neurodiversity, neuroatypical, psychiatric system survivor, crazy, and mad* [emphasis in original].”<sup>6</sup> Many of these terms have an enduring social or clinical history, and it is not the intent of this thesis to parse deeply-rooted societal etymologies. Price identifies “mental disability” as her operative term in an effort towards inclusivity and social justice. In this thesis, I adhere to Burns’ usage of the term “mental disability” as a way to include a range of social and biochemical disorders that are usually classified within traditional medicine as “mental illnesses” or “mental disorders.”<sup>7</sup> I have chosen the label of “mental disability”<sup>8</sup> because it specifies a set of conditions that include anxiety, addiction, depression and schizophrenia, among others. As Price points out, “mental disability” includes types of “madness,” cognitive and intellectual disabilities, as well as the physical effects of these disabilities.<sup>9</sup> My goal here is to use the term “mental disability” as inclusively as possible, while still acknowledging the complexity of individual experiences and circumstances; my use of specific terms within the context of this thesis is not intended to be prescriptive but rather to express, as accurately as possible, the intersections of social discourse and medicine in order to include not only individuals of

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<sup>6</sup> Margaret Price, “Defining Mental Disability,” in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2013), 298.

<sup>7</sup> Burns, “Mental Health and Inequity,” 21.

<sup>8</sup> “Mental disability” is also used interchangeably with “psychological disability” or “cognitive disability” by some scholars. For the purpose of this thesis, I restrict my usage to “mental disability” except for direct quotes from authors.

<sup>9</sup> Price, “Defining Mental Disability,” 305.

differing psychological ability but also those of various neurological circumstances. Using broad terminology is ideal for a thesis discussing visibility as all these descriptors are effectively “invisible” disabilities.<sup>10</sup>

I am also careful to avoid ascribing the label “mental illness” to any number of conditions that are related to—and are perhaps a range on a spectrum of—mental health. I avoid the term “mental illness” because the term is a broad generalization of an array of conditions that cannot be linked to a singular cause; rather, “mental illnesses” such as anxiety disorders, dissociative disorders and schizophrenia, have shown causal links to genetic, environmental, traumatic and biochemical influences. As a clinical term, “mental illness” also carries the weight of pejorative connotations; for this reason, and to resituate mental disability within the framework of human rights advocacy, I use the term “mental disability.”

### **Artists Representing Disability**

Physically disabled artists and activists creating work directly related to their disability have gained visibility in recent decades. These artists offer vital representation and diverse perspectives on living with and around physical disability. Much of their work includes figurative representations, which correlates directly to the goals of disability activism, including increasing public visibility. However, it is the interest of this thesis to examine contemporary works that are related to mental disability. Critics and scholars have analyzed the work of disability artists and activists in the past, and it is the goal of this thesis to build on this research by discussing artists whose work currently exists in a more ambiguous space between disability activism and a more generalized public interest in mental health.

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<sup>10</sup> That is to say, these disabilities do not necessarily correlate to physical impairment.

Brooklyn artist Laura Splan is among the many contemporary artists addressing mental functions (and dysfunctions) in their work. The artwork of Laura Splan is characterized by the relationships between the human body, craft and technology. Her work reflects on the visibility of bodily processes that are understood through the aid of technology such as electromyography (EMG), which provides the raw data for her artwork. Her work is often crafted using traditionally domestic materials such as latch-hook yarn or knitted elements that translate into a “feminine sensibility,”<sup>11</sup> when depicting abstracted biomedical imagery. Splan develops a connection between materials, techniques and subject matter to create a conversation about the nature of the relationship between the mind and the body, especially in the context of modern medicine. Her work has addressed viruses in the forms of doilies and textiles using patterns derived from EMG data. Her use of craft creates a comforting illusion over top of the otherwise unsettling subject of one’s personal biology. Through biology’s interaction with technology, particularly in the setting of the clinic, biology and technology become further distanced. Technology becomes a way of understanding bodily processes, but—through the impersonal lens of clinical technology—personal identifiers are lost.

In this thesis, the analysis of Splan’s work will be focused on several works from her 2003 to 2007 series, *Elaborative Encoding* (figs. 1–3). These drawings, in which she uses blood as ink, resemble delicate embroidery and needlework, but the boundaries of the subject dissolve into the whiteness of the paper. The structure of the fading doily parallels what Splan refers to as “the formation and degradation of memory” as the memories themselves are “encoded” in the brain.<sup>12</sup> Memories develop as webs of association, but they can easily become distorted or

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<sup>11</sup> “Watching Hands Artist: Laura Splan,” Centers for Disease Control Foundation, accessed November 22, 2018, <https://www.cdcfoundation.org/content/watching-hands-artist-laura-splan>.

<sup>12</sup> Laura Splan, “Elaborative Encoding,” *Laura Splan*, accessed November 20, 2018, <http://www.laurasplan.com/projects-elaborative-encoding>.

decayed over time. As the doily fades from view, it becomes an ambiguous sign of a referent that no longer exists. What Splan analogizes with her fractured doilies is how memory formation or retention ceases to function, as in Splan's example of dementia patients.

While Splan visually represents mental processes, Michigan artist Beverly Fishman addresses how the pharmaceutical industry attempts to control these processes. Since the 1990s, Fishman has used highly abstracted shapes and vibrant color choices to mimic the nature of advertising in the pharmaceutical world. Her work is carefully crafted, and it often obscures the boundaries between the edge of the painting and the gallery wall. Inspired by the overbearing colors used in pharmaceutical packaging and advertisements, Fishman produces high-gloss, highly saturated surfaces that mimic the form of a pill or capsule. Her work pushes color to the extreme. She exaggerates the size of the pill form, and she often stacks several shapes together in a single painting. Fishman hopes to “compel viewers to consider how medication mediates their sense of mood and self and shapes our culture as a whole.”<sup>13</sup>

In this thesis, the analysis of Fishman's work will be focused on two paintings that were included in a 2018 solo exhibition titled *Chemical Sublime* (fig. 4–5). The paintings, which construct highly stylized and disjointed pill forms, invoke a set of contradictory effects. The pills, with their highly geometric shapes and vibrating color relationships, offer a kaleidoscopic version of reality. These rainbow pills are visually appetizing, but they carry with them subversive implications. Fishman's forms represent pills that, whether legal or illicit, contain the capacity to severely alter the chemical composition of one's biology. Although medication is not inherently detrimental to one's health—and can, in fact, be very beneficial to a patient's health—

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<sup>13</sup> Bonnie Pitman, “Pharma Art—Abstract Medication in the Work of Beverly Fishman,” *Journal of the American Medical Association* 319, no. 4 (2018): 326–28.

the pharmaceutical industry markets drugs as accessible and manageable solutions to physical and mental difference. The potential ramifications of these substances are often hidden behind bright packaging and idealized marketing.

Although both artists represent different aspects of mental processes in fine art, both artists create work that functions to depict a shared Otherness, and because of this difference, Splan's and Fishman's work becomes relevant for analysis within disability studies. What is also notable about these artists is that this mental difference is represented through abstraction. While previous representations of mental impairment (such as those of Théodore Géricault and Egon Schiele, which are discussed in Chapter Two) attempt to identify the perception of impairment within figurative paintings, contemporary artists Splan and Fishman utilize abstraction to convey mental differences and the social perception of these differences. As previously mentioned, figurative representation within disability arts and activism serves the crucial role of increasing representation in art. The tool of abstraction, especially within non-figurative works, allows the artist to communicate complex, intangible and experiential information through nuanced visual means. The purpose of this research is to examine some ways in which contemporary artists have depicted mental disabilities using concepts from disability studies.

This thesis mentions a few artists, including Paula Santiago, Andres Serrano and performance group General Idea, who have made work that, like the work of Splan and Fishman, are related to mental disability. The reasons for focusing on Splan and Fishman within the context of this thesis are to (1) analyze recent works from artists who are presently making art and (2) select artists who have been previously discussed and interviewed in contemporary scholarship. The first rationale is critical to support my notion that present artists are utilizing certain abstraction strategies, while the latter rationale allows this thesis to build upon preceding

scholarly writing. While Splan and Fishman are not alone in their artistic interests around the social construction of mental disability, they are unique in that they are gaining increased interest from the public.

With mental disability becoming an increased topic of concern among researchers and the public, the time is ripe for discussion of mental disability in the context of visual imagery and fine art. However, it is necessary to understand the evolution of representation as it relates to mental disability. Notably, the modern period brought about new modes for representing mental disability. Modern medicine experienced a “rejuvenation of medical perception” with the advent of microscopy.<sup>14</sup> With the rise of the modern clinic, the discourse on—and representation of—mental disability changed, and it has been evolving ever since. Literary scholar Joseph Valente argues that modernism must be considered a pivotal point in the cultural representation of mental disability. “Modernism was the first literary movement or assemblage to consistently give us cognitive disability as not just an object of derision or pity [...] but additionally as a distinct estate or cluster of conditions that subtends a legitimate alternative perspective on and experience of the everyday.”<sup>15</sup> That is to say, the nineteenth century witnessed the beginnings of cultural representations of characters and narratives that, rather than simply stereotyping the mentally disabled, developed an “affirmative identification” with them.<sup>16</sup> For this reason, this thesis examines artifacts before and during modernism to note specific examples of this increasing need to represent disability. While this new form of identification is evident, the stereotyping and oversimplification of mental impairment remained throughout the twentieth

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<sup>14</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan, (New York: Routledge, 2003), xii.

<sup>15</sup> Joseph Valente, “Modernism and Cognitive Disability: A Genealogy,” in *A Handbook of Modernism Studies*, ed. Jean-Michel Rabaté (John Wiley & Sons, 2013), 379.

<sup>16</sup> Ibid.

century; the result is a complex paralleling of representation that foreshadows contemporary disability theory. This evolution is present in cultural artifacts such as film, literature and visual information, all of which have started to be analyzed by disability scholars.

## Literature Review

In recent decades, disability scholarship has furthered the discussion about how we group others and where we situate ourselves in society. What is more, disability studies has expanded to include discourse about mental disability, including the relationship of mental disability to cultural artifacts, especially film and literature. What is not abundantly present in current scholarship, however, is the discussion of mental disability in fine art. This thesis builds on the precedent set by Tobin Siebers, Benjamin Fraser and others to examine cultural artifacts of mental disability in the realm of visual studies.

In the most recent version of *The Disability Studies Reader*, Lennard J. Davis claims that Western culture is a culture of norms. Individuals have an inherent desire to compare themselves to others and rank themselves according to averages related to health, intelligence and appearance. In turn, disability studies can only be understood in relation to the norms of society. Davis notes that much disability studies scholarship posits the disabled person as the object “just as the study of race has focused on the person of color,” and he contends that discourse should focus on the “construction of normalcy instead.”<sup>17</sup> The notion of the “norm” is problematic because it implies that most of society should, by definition, fall under that distinction. “When we think of bodies, in a society where the concept of the norm is operative, then people with disabilities will be thought of as deviants.”<sup>18</sup> When society upholds a standard of the norm, it

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<sup>17</sup> Lennard J. Davis, *The Disability Studies Reader* (New York: Routledge, 2013), 1.

<sup>18</sup> *Ibid.*, 3.

inherently positions bodies that exist outside of these arbitrary standards as lesser or “abnormal;” this notion is the foundation of disability studies as a field of research and human rights.

In *Disability Aesthetics*, Tobin Siebers theorizes the representation of disability in contemporary art. Aesthetics, traditionally founded on the discussion of beauty, describes the sensations felt by the presence of other bodies, and these bodies are not equal in terms of aesthetic response.<sup>19</sup> “Disability aesthetics refuses to recognize the representation of the healthy body—and its definition of harmony, integrity, and beauty—as the sole determination of the aesthetic.”<sup>20</sup> Instead, disability aesthetics welcomes a new beauty that—while non-traditional—is no less beautiful than representations of the healthy body. Siebers argues that the rejection of disability within art limits the definitions of what constitutes the object of art. Accepting disability within the context of art, therefore, “enriches” and broadens understandings of aesthetics;<sup>21</sup> Siebers uses this stance to discuss the vandalism and trauma in artwork and the contemporary artists Paul McCarthy and Judith Scott.<sup>22</sup> Siebers analyzes the presence of disability within art and presents several compelling case studies. While Siebers does argue for the inclusion of intellectual disability and trauma within the framework of disability aesthetics, he does not elaborate on the possibility of including mental disability. In an attempt to begin to fill this gap, this thesis builds on Sieber’s work because it does provide valuable resources for discussing art as it relates to disability and the body.

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<sup>19</sup> Tobin Siebers, *Disability Aesthetics* (Ann Arbor: The University of Michigan Press, 2010), 1–3.

<sup>20</sup> *Ibid.*, 3.

<sup>21</sup> *Ibid.*

<sup>22</sup> McCarthy’s work is performative and explores the disabled body, hunger, sexual desire, and repulsion. Scott is a fiber artist who has no formal training; she was diagnosed with Down syndrome and was “deaf, unable to speak, extremely uncommunicative, isolated.” Siebers, *Disability Aesthetics*, 11–16.



Traditionally, disability studies focused on bodies that are different and the effects of these bodies upon other bodies.<sup>23</sup> However, an argument can be made that disability studies is ripe for application in the realm of mental disability. In *Cognitive Disability Aesthetics* Benjamin Fraser builds on Siebers' thesis in *Disability Aesthetics*. He notes the shift in disability aesthetics: The field once focused on the physical body and able-bodiedness, but the field is now experiencing a "second-wave [of] disability studies" that is "more willing to explore cognition and constructions of able-mindedness."<sup>24</sup> This emerging interdisciplinary approach to analysis draws from the histories of science and medicine, feminist studies, critical psychiatry and psychology, queer theory, disability studies, digital humanities and cultural studies, among other areas of scholarship.

Fraser points out that cognitive (and other) disabilities, in comparison to the "increased theoretical, social, and cultural visibility of physical disabilities," remain disproportionately unseen.<sup>25</sup> Fraser sets a precedent for this type of "second-wave disability studies" analysis while acknowledging a new willingness on the part of the already interdisciplinary disability studies to include mental disability within the sphere of discussion.<sup>26</sup> Fraser fulfills the need for cognitive disability to be discussed on the same terms as physical disability. He practices this form of analysis in his discussion on graphic novels and film. Fraser's analysis of the graphic novels *Trazos Singulares (Singular Strokes)*, *María cumple 20 años (Maria Turns Twenty)* and *Arrugas (Wrinkles)* looks at how "collaborative modes of cultural production" can help visualize cognitive disability in culture through the use of narrative.<sup>27</sup> In a similar way, Fraser analyzes

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<sup>23</sup> Siebers, *Disability Aesthetics*, 1.

<sup>24</sup> Benjamin Fraser, *Cognitive Disability Aesthetics: Visual Culture, Disability Representations, and the (In)Visibility of Cognitive Difference* (University of Toronto Press, 2018), 3.

<sup>25</sup> *Ibid.*, 29.

<sup>26</sup> *Ibid.*, 3.

<sup>27</sup> *Ibid.*, 98.

the documentary *Una cierta verdad (A Certain Truth)*, which focuses on the condition of schizophrenia. Fraser's analyses effectively "speak to issues of access, inclusion, and visibility for populations with cognitive disabilities," and it sets a precedent for analysis of art in terms of mental disability that is discussed in this thesis.<sup>28</sup>

In *Intellectual Disability* McDonagh, Goodey and Stainton point out the recurring issue of the continuity of terms regarding disability.<sup>29</sup> Now obsolete terms such as "idiot" and "fool" produce a discontinuity in the history of the discourse surrounding mental disability. Based on their historical research, they conclude that specific social environments produce the concept of disability. It follows that, historically, the understanding of what constitutes disability could change, and with it, the language used to describe it. What is now referred to as disability—or, more specifically, intellectual disability—has never been clearly defined.<sup>30</sup> Even recently, the term can be challenging to describe, but the position of the editors is that disability is a social product of a naturally occurring impairment. *Intellectual Disability* is a collection of essays by scholars from diverse fields of study that attempts to build a cultural history of disability. Although the topic of this anthology is a specific subsection of disability, it revisits the historical framing of disability via social construction.

Rosemarie Garland-Thomson, in *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*, points out that much of the understanding of disability prior to the twentieth century overlooked the perceptions of Otherness that are associated with the

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<sup>28</sup> Fraser, *Cognitive Disability Aesthetics*, 99.

<sup>29</sup> Patrick McDonagh, C. F. Goodey and Tim Stainton, *Intellectual Disability: A Conceptual History, 1200–1900* (Manchester: Manchester University Press, 2018).

<sup>30</sup> *Ibid.*, 2.

physical differences of disability.<sup>31</sup> Although terms like “deformation” and “crippledness” contribute to the positioning of the cultural framing of the privileged norm, Garland-Thomson uses the platform of her book to repurpose these terms into a constructive, critical conversation about the paradigm of what culture views as abnormal.<sup>32</sup>

At the center of disability studies is the notion that disability—whether physical, mental or intellectual—exists as an Otherness that is attributed to social relations that are the product of constructions of normalcy. In this relationship, one group—the “able-bodied”—is “legitimated by possessing valued physical characteristics and maintains its ascendancy and its self-identity by systematically imposing the role of cultural or corporeal inferiority on others.”<sup>33</sup> Garland-Thomson’s article “Feminist Disability Studies” draws parallels between the social meanings traditionally associated with the feminine and the meanings attributed to disability.<sup>34</sup> The theory in her writing can be extrapolated and applied to mental disability; mental disability has traditional associations with the feminine. According to Garland-Thomson, the “persistent intertwining of disability with femaleness in Western discourse provides a starting point for exploring the relationship of social identity to the body.”<sup>35</sup> That is to say, the social situating of disability by physical function correlates to the same situating of the female body. Just as disability labels some physical bodies as deviant from the norm, femininity is addressed as deviant from the norm (the masculine). What is more, female bodies have been physically limited in ways similar to disability.

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<sup>31</sup> Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 5.

<sup>32</sup> Garland-Thomson, *Extraordinary Bodies*, 5–6.

<sup>33</sup> *Ibid.*, 7.

<sup>34</sup> Rosemarie Garland-Thomson, “Feminist Disability Studies,” *Signs* 30, no. 2 (Winter 2005): 1557–1587.

<sup>35</sup> Garland-Thomson, *Extraordinary Bodies*, 20.

Foot binding, scarification, clitoridectomy, and corseting were (and are) socially accepted, encouraged, even compulsory cultural forms of female disablement that, ironically, are socially enabling, increasing a woman's value and status at a given moment in a particular society. Similarly, such conditions as anorexia, hysteria, and agoraphobia are in a sense standard feminine roles enlarged to disabling conditions, blurring the line between "normal" feminine behavior and pathology.<sup>36</sup>

While Garland-Thomson focuses on visualizing physical disability, the same logic may be applied to mental disability. A (socially constructed) inadequacy is present in physical disability's deviations from the norm; this impairment, although not as readily visible, is also present in mental disability. Splan uses abstraction to refer to modern medical knowledge while avoiding the medical gaze. Similarly, Fishman avoids the medical gaze and abstracts pill forms so that they are removed from reality. Both artists employ abstraction as a way of accessing complex and diverse mental health experiences.

Siebers', Davis' and Garland-Thomson's writings on disability studies provide a foundational vocabulary and context for this analysis. Authors such as Fraser and McDonagh et al. have built upon this foundation to further define and expand discourse on disability theory. Disability theory best describes the Otherness that is demonstrated by the works of Splan and Fishman.

## **Methodology**

Since its formation in the latter half of the twentieth century disability studies has been built upon the type of discourse analysis employed by Michel Foucault. Scholars including

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<sup>36</sup> Garland-Thomson, *Extraordinary Bodies*, 27.

Fraser,<sup>37</sup> Garland-Thomson,<sup>38</sup> Tremain,<sup>39</sup> Wendell<sup>40</sup> and many more<sup>41</sup> have used Foucault's research and methods on discourse analysis to bring disability studies into the new millennium. As a methodology, disability studies is concerned with the power relations between those who are seen as "abled" and "disabled." But disability studies is also concerned with the very fluid nature of disability; as Rachel Adams, Benjamin Reiss and David Serlin identify in *Keywords for Disability Studies*, disability is "produced as much by environmental and social factors as it is by bodily conditions."<sup>42</sup> Although the nature of disability may reside in bodily circumstances, the consequences and understanding of disability is fluid and "sometimes contradictory."<sup>43</sup> Disability can be lifelong, and/or it can potentially happen suddenly for anyone; the nature of one's disability can change over time, and the term unites people who may disagree on its definition or application. It is this flexible and broad definition of disability that allows it to be a fertile source of discourse for scholars and makers.<sup>44</sup>

In using disability studies as a method, it is impossible to ignore its model: discourse analysis. Discourse analysis, as the methodology practiced by Foucault, is employed by many disability scholars as a means to analyze cultural artifacts and how these artifacts manifest power relations. I base the research for my analysis of the historical precedent for the appearance of mental disability in art on historical analysis provided by Foucault. Foucault's concern with the

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<sup>37</sup> Fraser, *Cognitive Disability Aesthetics*.

<sup>38</sup> Garland-Thomson, *Extraordinary Bodies*.

<sup>39</sup> Shelley Tremain, *Foucault and the Government of Disability* (Ann Arbor: The University of Michigan Press, 2005).

<sup>40</sup> Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1996).

<sup>41</sup> These scholars include Licia Carlson, Michael Davidson, Rebecca Garden and Janet Lyon, who contributed chapters in Rachel Adams, Benjamin Reiss and David Serlin, *Keywords for Disability Studies* (New York University Press, 2015).

<sup>42</sup> Adams et al., *Keywords for Disability Studies*, 30.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid., 31.

production of the subject through the inherent institutions of power within society provides a critical method for discussing contemporary art images. This thesis' discourse analysis is constructed by first examining historical examples of mental disability in art—

Théodore Géricault's *Monomane de l'envie* (*Monomaniac of Envy*) (1822) (fig. 6) and Egon Schiele's *Standing Woman in a Green Shirt* (1914) (fig.7)—within the context of contemporary medicine, the framework of which will be adopted from Foucault's *Madness and Civilization*. Foucault provides a historical framework through which to interpret his observations through the lens of disability studies. A further examination will then build upon Foucault's analysis through the lens of mental disability aesthetics to interpret Splan's and Fishman's contemporary images.

In the context of Foucault's writing, discourse is one's knowledge about the world, and this knowledge inherently affects one's understanding of the world. By nature, discourse produces subjects. For example, the medical discourse—which includes medical terminology—produces subjects such as doctors, nurses, patients and more. Because a discourse can include a variety of types of information, including visual and verbal images and texts, the notion of intertextuality is critical to understanding discourse.

Foucault argued that the human subject is produced through social processes. His writings about the development of modern medicine, the prison system and sexuality claim that the inherent nature of these institutions define humanity and construct the human as a subject.<sup>45</sup> He questions the Enlightenment and the subsequent development of the social sciences, and he points out how the social sciences limit rather than increase the freedom of the individual.<sup>46</sup> The

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<sup>45</sup> Gillian Rose, *Visual Methodologies: An Introduction to Researching with Visual Materials*, 4th ed. (London: Sage Publications, 2016), 186.

<sup>46</sup> Michel Foucault, *Madness and Civilization*, trans. Richard Howard (New York: Vintage Books), 1965.

“insane” or “demented” individual was collected and confined as a prisoner, and this individual was classified as “mad” without consideration of a formal diagnosis.<sup>47</sup> For Foucault, because of the confinement of the subject, the madness was weighted with the same social deviance as “scandal;”<sup>48</sup> whereas the Renaissance did not spatially confine the madman, later social confinement demanded segregated shame.<sup>49</sup> For Foucault, the mad being newly identified as having an illness was not an improvement from earlier ideas; instead, he argued that modern medical treatments simply disguise a new power dynamic that is barely more beneficial to the patient than the previous ones. Due to the modern distinction of illness, the subject assumes both a new innocence and guilt.

More innocent, because one was swept by the total irritation of the nervous system into an unconsciousness great in proportion to one’s disease. But more guilty, much more guilty, because everything to which one was attached in the world, the life one had led, the affections one had had, the passions and the imaginations one had cultivated too complacently—all combined in the irritation of the nerves, finding there both their natural effect and their moral punishment.<sup>50</sup>

Understanding madness as the result of one’s actions, the burden of blame shifted to the subject because madness was described as the result of a “moral fault.”

According to Foucault, discourse is powerful because it is productive, and it produces human subjects. Power, like discourse, is everywhere; it is intrinsic to society. Some modes of discourse, such as the police and prisons, become more powerful than others not only because of their locations within society but because of these discourses’ claims about truth. Citing

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<sup>47</sup> Foucault, *Madness and Civilization*, 65.

<sup>48</sup> *Ibid.*, 66.

<sup>49</sup> *Ibid.*, 67.

<sup>50</sup> *Ibid.*, 157.

Foucault, Gillian Rose argues that these claims to truth are found at the intersection of power and knowledge.<sup>51</sup> Power and knowledge are fundamentally connected, and within a discourse, one cannot exist without the other. This correlation is present because dominant discourses, like the police or prison, depend on claims that their knowledge is true. These claims form what Foucault called the “regime of truth.”<sup>52</sup>

At the time of his writing, Foucault’s work was embraced by many in the social sciences and humanities. Other methodologies, such as psychoanalysis, presume that analysis must extend beyond surface appearances in order to reach a full understanding of the artifact. This approach was widespread in the humanities, but Foucault rejected the methodology and function of this model of interpretation in favor of discourse analysis, which reconstructed the interconnected institutions of power that resulted in societal problems such as “madness.” What is more, the method of psychoanalysis is situated outside of historical context and focuses on the individual; for these reasons, psychoanalysis is limited in its application to disability studies, especially in regard to this thesis, which examines the shifting representations of mental disability as a social construct. Foucault avoids explanations of why power functions the way it does; rather than attempting to explain any agency of power, Foucault focuses on the question of how power works.<sup>53</sup>

Disability studies, which is based on Foucault’s discourse analysis, is necessary for this thesis. In a series of case studies selected from art history and contemporary artists, I will be examining their details while still paying careful attention to the “web of intertextuality” in

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<sup>51</sup> Rose, *Visual Methodologies*, 190.

<sup>52</sup> Ibid.

<sup>53</sup> Ibid., 191.



which the image is found.<sup>54</sup> This intertextuality takes the form of an understanding of disability studies and the art historical evidence of the representation of disability. The location of power in both the art historical examples and contemporary work is central to my interests here. Although Rose cites criticism of discourse analysis as a “refusal to ascribe causality” to a given phenomenon, I do not find this notion detrimental, but rather a natural limitation of discourse analysis.<sup>55</sup> The goal of my research is not to attribute a sociological rationale for the shift in power in the representation of mental disability but to analyze its presence in visual art. The interpretative strengths of discourse analysis, especially concerning power relations, far outweigh criticisms of its inability to explain how practices and institutions construct social differences.

For each of the case studies listed in the Chapter Overviews, artifacts are analyzed in the context of their history and the contemporary understanding of psychology at the time. In order to show that this representation of disability shifts towards the mode of abstraction in the contemporary era, this thesis analyzes a representation created prior to the modern era—Théodore Géricault’s *Monomane de l’envie*—and one completed during the modern era—Egon Schiele’s *Standing Woman in Green Shirt*. The same discourse analysis methodology is then applied to selected works of two contemporary artists, Laura Splan and Beverly Fishman. The objective of this methodology is to interpret contemporary art images through the lens of disability studies.

## Chapter Overviews

The objective of Chapter Two is to place art historical representations of mental disability in art within Foucault’s chronology of the social treatment of the disabled. Specifically, this

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<sup>54</sup> Rose, *Visual Methodologies*, 217.

<sup>55</sup> *Ibid.*, 218.

chapter includes the examples Théodore Géricault's *Monomane de l'envie* and Egon Schiele's *Standing Woman in a Green Shirt*. By examining these historical depictions of mental health in art, I demonstrate the shifting representations of mental disability that begins—as Valente notes—in the nineteenth century. As outlined by Foucault, this shift is characterized by the formation of new attitudes towards the mentally disabled.

Through the application of disability theory, specifically the disability aesthetics described by Tobin Siebers, the social rejection of the mentally ill becomes visually apparent in a study of Géricault's *Monomane de l'envie*. Géricault's paintings are significant for this study because they serve as early representations of mental health and reflect contemporary understandings of the body and mind. These images reflect the birth of psychiatry in Paris in the early nineteenth century and doctors' desires to classify insanity. Dr. Étienne-Jean Georget asked Géricault to paint portraits of institutionalized patients. Practitioners debated whether conditions surrounding mental health derived from the body or the mind, and Georget proposed that madness could be divided into two fields: purely symptomatic mental disorders that are the side effect of physical ailments and “mental alienation” itself.<sup>56</sup>

Early twentieth-century Viennese artists, such as Egon Schiele, were greatly influenced by the emerging field of psychoanalysis, as has been explored by Gemma Blackshaw. Subsequently, these contemporary findings made their way into artwork. Disability theory is used to analyze the effects of Schiele's painting and the complications that arise when the artist does not identify with mental disability yet utilizes a contemporary understanding of medicine and the medical gaze to represent the body.

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<sup>56</sup> Claude Quétel, “Géricault and Romantic Psychiatry: A Dual Encounter,” in *Géricault: Images of Life and Death*, ed. Gregor Wedekind and Max Hollein (Schirn Kunsthalle Frankfurt, 2013), 205–12.

Egon Schiele's paintings, with imagery directly inspired by clinical research, are emotionally and sexually charged, and they reveal the intense personal anxiety of the subjects. Schiele's subjects are rendered in a way so as to attempt to evidence inner personal struggle through outward appearance. A brief examination of Schiele's work as it relates to psychoanalysis presents further evidence of an artist who was influenced by modern medical understanding. Key sources for my research on Schiele are Gemma Blackshaw's *Facing the Modern* and Leslie Topp and Gemma Blackshaw's *Madness and Modernity*.

Following the examples of other art historians, I do not ascribe contemporary terms to historical artifacts. As Robert Snell writes in his introduction to *Portraits of the Insane: Théodore Géricault and the Subject of Psychotherapy*:

One thing is mandatory, however: that we are circumspect about projecting and back-projecting our own values and ways of thinking so that we do not, for example, attribute the idea of "mental illness" to the thought-systems of cultures which have or had no such concept, or describe as manifestations of "mental illness" behaviors or experiences that might predate the idea that there could be such a thing.<sup>57</sup>

I will, therefore, adhere to the contemporaneous terminology by which the subjects of the paintings would have been identified and discussed by the artist. To do otherwise would presume the identification and knowledge of the subject, doctor or patient, and it is neither the goal of this thesis nor within the qualifications of the writer to impose an identity onto the subjects depicted in the historical works. The goal of this thesis continues to be to describe, analyze and interpret the subsequent works in terms of contemporary disability theory.

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<sup>57</sup> Robert Snell, *Portraits of the Insane: Théodore Géricault and the Subject of Psychotherapy* (London: Karnac, 2017), xix.

Following this case study of the two historical artists, Chapters Three and Four will provide an in-depth analysis of two contemporary artists and their interpretations of mental disability that were influenced by modern medicine. Laura Splan is a contemporary artist living and working in Brooklyn. Through art, she investigates the relationships between science, technology and the human body. A large portion of Splan's work examines the physical body's relationship to contemporary medical practices. The objective of Chapter Three is to analyze the implications of Laura Splan's work in terms of disability studies. Specifically, this chapter will evaluate three works on paper that are a part of her *Elaborative Encoding* series. In these pieces, Splan uses the medium of human blood to draw comparisons between the delicate fibers of traditional textiles and the biological structures associated with thought processes.

The use of bodily fluid positions the artwork as a surrogate for the human body; the drawings "come to life" because they contain the same cells, proteins and plasma that flow through one's veins, but they represent the human body in an abstracted form.<sup>58</sup> The drawings of integrated textiles form networks of blood that intersect and interact, which mirror the complexity of one's existence as a human. But the blood is disembodied. It exists without a carrier. It becomes lifeless and brown on paper when separated from the vital support of a living human being to carry it through miles of veins and arteries. The lines of blood form complex patterns that hint at a complexity within one's self. Splan permits imperfections in her work as our own mental processes are often imperfect.

Chapter Four analyzes the works of Beverly Fishman. Beverly Fishman is the former Artist-in-Residence and Head of Painting at Cranbrook Academy of Art. Fishman's work

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<sup>58</sup> Splan, "Elaborative Encoding."

critiques the pharmaceutical industry and invokes both modernism and the healthcare industry. Her paintings and works on paper from the last three decades are often colorful, high-gloss groupings of geometric forms that reference a collection of pills used to treat conditions like mental health disorders. These works are visually enticing, but their subversive meaning reveals a dark reality about the cultural relationship to medication and the desire to fill a bodily impairment. A study of Fishman's work further underlines the thesis that artists are producing work that directly interprets contemporary medical knowledge.

### **Summary**

This thesis traces historical evidence of mental disability in art and compares this to the contemporary examples of Laura Splan's *Elaborative Encoding* and Beverly Fishman's *Chemical Sublime*. The nature of the shift in the way that mental disability was and is visually represented is indicative not only of the changing medical understanding about disability but also of the increased public skepticism about institutions connected with mental disability.

What is more, the artists discussed in this thesis are using abstract representations. In keeping with discourse analysis, this thesis does not attempt to ascribe causation to this phenomenon. Instead, it observes the apparent shift in representation from figurative to abstraction; through contemporary abstract representation, mental differences are acknowledged as complex experiences that are unique for each individual. Avoiding figurative representation also avoids potential pitfalls of assuming a medical gaze—that, as we will see, is problematic in the work of Gericault and Schiele—while reaching a broader audience outside of medical discourse.

## Chapter Two: History of Visualizing “Madness”

This chapter discusses historical examples of depictions of “madness” from before and during the rise of modernism. Namely, this chapter analyzes Théodore Géricault’s *Monomane de l’envie* (*Monomaniac of Envy*) (fig. 6) and Egon Schiele’s *Standing Woman in Green Shirt* (fig. 7) using Foucault’s chronology established in *Madness and Civilization*. Not only is this text applicable for historical discourse analysis, but Foucault’s discursive formation is mirrored in the scholarly field of disability studies. Contemporary writers and pioneers of the field have utilized discourse analysis as a means of analyzing contemporary artifacts including graphic novels, literature, television, film and popular culture. The goal of the analysis of Géricault’s and Schiele’s work is to demonstrate that the artists’ interest in contemporaneous clinical practices illustrates the shifting medical understanding from outward representations of medical difference towards individual experience.

In *Disease and Representation*, Sander Gilman explores the connection between art and the visibility of disease. Art can be a mechanism by which one expresses fears of the loss of control or accepts that one can never really gain control: “For art, whatever form it is given, is an icon of our control of the flux of reality.”<sup>59</sup> It is in the tradition of portraying loss through disease that one begins to address and come to terms with our—inevitable—loss. “The portrait of the sufferer, the portrait of the patient, is, therefore, the image of the disease anthropomorphized.”<sup>60</sup> In art, the disabled subject becomes the signifier of a loss—loss of self, loss of identity, loss of health and loss of control. In the case of physical ailment, the disease may or may not be visible in the subject of the painting. The disease may be alluded to, or it may not be apparent at all. In

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<sup>59</sup> Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, NY: Cornell University Press, 1988), 2.

<sup>60</sup> Ibid.

the case of mental disability, the impairment is not necessarily apparent, but this does not stop the artist from seeking to represent the experiences of one living with such a disability.

For a long time, scholars in the field of disability studies have been employing the Foucauldian tradition of discourse analysis to dissect the social relationships between those with and those without power. While some scholars argue that Foucault's contributions to medical discourse are undeniably essential, Foucault's critical theories alone are not enough to conduct and analysis of contemporary institutions' power relations.<sup>61</sup> However, Foucault's retrospective analysis of the history of medicine does provide a historical overview of the power relations related to confinement and of the attitudes towards the mentally disabled.

### **Géricault's Portraits: A Pre-Modern Perspective of Mania**

In *Madness and Civilization*, Foucault outlined the "specific faces" by which mania was identified in the seventeenth and eighteenth centuries. During this time, "melancholia" included the loose description of patients' delusions about themselves. This "delirium" was believed to be associated with an imbalance of black bile within the body; the condition of melancholia was conflated with a presumption of the patients' immorality, and they were subsequently confined alongside prisoners and vagrants.<sup>62</sup>

As Foucault notes, the turn of the nineteenth century was not unique in its condemnation of confinement, but it was at this point in history that a science for the treatment of the mad emerged.<sup>63</sup> At the forefront of the discourse for changing the perception of the mad were

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<sup>61</sup> Alan Bleakley and John Bligh criticize scholars' reliance on Foucault in "Who Can Resist Foucault?" *Journal of Medicine and Philosophy* 34 (2019): 368–369. The authors argue for a new approach for analyzing modern medicine in the age of the simulacra by drawing from the ideas of Jean Baudrillard.

<sup>62</sup> Foucault, *Madness and Civilization*, 117–18.

<sup>63</sup> *Ibid.*, 221–240.

clinicians such as Philippe Pinel, who argued for a separation between the confinement of the mad and the confinement of prisoners, which resulted in what would become the asylum of the nineteenth century. It is in this context that Théodore Géricault was commissioned to paint his portraits of “monomaniacs.”

Robert Snell’s *Portraits of the Insane* thoroughly explores the circumstances surrounding Géricault’s paintings of nineteenth-century asylum patients. Like many of his contemporaries in the field of medicine, including Pinel, Jean-Étienne Esquirol and Étienne-Jean Georget, scholars often perceive Géricault as occupying a transitional period that prefaced the birth of modernity; Géricault and his contemporaries inherited prior perceptions of “the insane” as “bestial, possessed, haunting the civilised imagination, either hidden away or exhibited, for purposes of exorcism or entertainment, as spectacle,”<sup>64</sup> yet they begin to treat the insane with a clinical humanity that was derived from the Enlightenment’s notions of “philanthropy and philosophical method.”<sup>65</sup>

Prior to Géricault’s painting of “monomaniacs” he spent a significant amount of time studying severed heads and limbs that were the result of medical dissections in Parisian hospitals. Géricault historian Nina Athanassoglou-Kallmyer writes that Géricault’s fascination with death and the macabre has often been attributed to his preparation for painting *Raft of the Medusa*, but aside from the morbid tone of the painting, the images of severed heads and disembodied limbs do not appear in the final painting.<sup>66</sup> In fact, Géricault’s still-lives of body parts are carefully composed with preliminary studies. It is therefore important to note that

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<sup>64</sup> Snell, *Portraits of the Insane*, xiv–xv.

<sup>65</sup> *Ibid.*, xv.

<sup>66</sup> Nina Athanassoglou-Kallmyer, “Géricault’s Severed Heads and Limbs: The Politics and Aesthetics of the Scaffold,” *The Art Bulletin* 74, no. 4 (December 1992): 602.



Géricault held a prior interest in the horrific and deviant prior to his painting of the anonymous sitters from an asylum.

Pinel published *A Treatise on Insanity* in 1806, and Géricault found success as an artist upon his return to Paris in 1821 after he painted the *Raft of the Medusa* in London. During this time, Paris was experiencing the birth of psychiatry.<sup>67</sup> Pinel is credited with the founding of modern psychiatry, which he supposedly developed suddenly by freeing the restraints from inmates of Bicêtre and La Salpêtrière.<sup>68</sup> Pinel's approach to the insane involved a confinement that was more humane and viewed as therapeutic rather than damning; his work towards humanizing psychiatry is evident in the nature of which Géricault's paintings are rendered: The figures, while emotionally distant, are painted in a way that highlights their individual humanity. Although fraught with inner turmoil, Géricault's monomaniacs share a very human struggle of existence. Géricault's paintings indicate a shifting perception of the insane which reflects an increasingly humanist approach.

Géricault's *Monomane de l'envie* is one of only five of his portraits depicting various degrees of "mania." As an attempt to characterize and systematically categorize mania, the paintings appear as ghostly and personal representations of troubled minds. The elderly female subject of *Monomane de l'envie* slouches in an umber wrapping that dissolves into a similarly low-chroma background. Her jaundiced face is framed by a white bonnet, and the crimson of her bloodshot eyes is mirrored in the red of her scarf, which seems to indicate an underlying inclination towards violence. She sits in isolation under a singular light source that mimics her own internalized seclusion. Her hands are not visible, but the body language of the unnamed

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<sup>67</sup> Quétel, "Géricault and Romantic Psychiatry: A Dual Encounter," 205.

<sup>68</sup> Snell, *Portraits of the Insane*, 64.

woman is at rest although distant. Her dark eyes gaze into the distance at an unknown sight, and she seems unconcerned with the presence or observation of the painter, whose line of sight is just above the woman. Snell writes of *Monomane de l'envie* that “also known as ‘The Hyena of the Salpêtrière,’ she seems to exude spite; she is on the manic end of the spectrum. Where the woman addicted to gambling is weighed down by her obsession, the monomaniac of envy seems tormented by life itself.”<sup>69</sup>

The emotional and social distance of Géricault’s nameless *Monomane de l'envie* is not lost on the painter. The sitter’s dark eyes gaze longingly out at a detached reality. The attempt to describe the physical characteristics of what would now be called a mental disability seems futile and presumptuous given our knowledge of today’s modern medicine, but Géricault’s scientific endeavor was appropriate for the time. Prior to Géricault’s paintings of monomania, there was an increased interest in classifying various types of madness in seventeenth-century France. This would later result in the birth of psychiatry, but clinicians varied in their approach to classifying conditions. At the time Géricault was painting for Georget, the belief in monomania—a general diagnosis of obsessive behavior that was obstructive to “normative” society—was at its height, so it is fitting that Géricault would represent these patients as an attempt to identify their manic disposition.

Inherently, Géricault’s subject for *Monomane de l'envie* is alienated from the painter by several degrees of Otherness. Not only is the painter assuming a position of power as an artist over his subject, but he is also working within a clinical setting and assuming the power of a physician over his patient. In his attempt to identify and classify the visual markers of

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<sup>69</sup> Snell, *Portraits of the Insane*, 16.

madness, Géricault places his subject under the scrutiny of a medical gaze that is both impersonal and critical. Regardless of Géricault's (unknown) sentiments towards the patient, the painter imposes his own interpretation of the patient onto the final painting, taking whatever artistic liberties he sees fit. This methodology casts a shadow of Otherness onto the woman who is sitting for the painting.

What is more, the woman is also segregated as Other for having a female body. Although Géricault paints both male and female figures for this series, his work intrinsically separates his subjects with veils of Otherness. His male subjects are Othered to the extent that they are the object of the clinical gaze, but Géricault's female subjects are further separated from the painter by the Otherness of being female.<sup>70</sup> This male gaze, now compounded with a medical gaze and the artistic power of the portrait artist, subjects the woman in *Monomanie de l'envie* to a massive imbalance of power; although Géricault's and Georget's intentions in the pursuit of science were perhaps honorable, to ascribe the sitter's entire identity—and subsequently the treatment for her diagnosis of madness—onto characteristics of her physical appearance is a great injustice. While no artist or psychiatrist today would attempt to document the physical characteristics of patients as a complete and accurate representation of mental disability, artists have remained interested in cognition; the emergence of psychoanalysis a century after Pinel brought with it a curiosity in psychoanalytic art in Vienna. This new, expressive art offered a novel approach to figurative work while utilizing contemporaneous medical knowledge.

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<sup>70</sup> As Garland-Thomson and other scholars write, feminist disability studies “reimagine” disability as a means of challenging how we define disability. Much in the same way that feminism “challenges the belief that femaleness is a natural form of physical and mental deficiency,” feminist disability studies challenges our perception that disability is inherently a “flaw.” Although feminist disability studies is not the focus of this thesis, it is impossible to ignore the historical associations of the female body as deviant and the contemporary discourse that has now driven both disability studies and feminism. Rosemarie Garland-Thomson, “Feminist Disability Studies,” *Signs* 30, no. 2 (Winter 2005): 1557–1587.

## Psychoanalysis in Vienna

Coinciding with the development of psychoanalysis, modern art witnessed a new, expressive approach in the works of Gustav Klimt, Egon Schiele, Oskar Kokoschka and others. In Gemma Blackshaw and Leslie Topp's *Madness and Modernity: Mental Illness and the Visual Arts in Vienna 1900*, the authors discuss the beginnings of modernity, specifically in relation to psychoanalysis and the depiction of the subject. Artists and creators forged connections between the complexities of the subconscious mind and the body. According to Blackshaw and Topp, these connections between the arts and psychoanalysis including "sex and death; dream and reality; inertia and revolt" recur throughout Vienna and result in what they call a "cross-fertilization of ideas."<sup>71</sup> Blackshaw and Topp investigate these ideas within the context of the mental health concerns of the twenty-first century, and they "reconsider assumptions about mental illness and the visual arts in Vienna 1900 studies."<sup>72</sup> Although concepts of madness had been popular themes for artists for centuries, the birth of psychiatry, along with the new ways it considered and treated mental disability, emerged out of Vienna, and this idea resonated with artists such as Schiele who sought novel, expressive modes of working while appropriating the methods of clinical practices.

Although the physiognomy of Géricault's time was no longer practiced, clinicians at the turn of the twentieth century still used an analytical approach and believed that the markers of mental health were based in the body.<sup>73</sup> At this time in Vienna, there was also the belief that psychiatric institutions were crucial for the complete cure of a patient; this rationale was paired

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<sup>71</sup> Gemma Blackshaw and Leslie Topp, *Madness and Modernity: Mental Illness and the Visual Arts in Vienna 1900* (Burlington, VT: Lund Humphries, 2009), 8.

<sup>72</sup> *Ibid.*, 11.

<sup>73</sup> *Ibid.*, 16.

with a critique of modern civilization, which was viewed as chaotic and unproductive for individuals with nervous disorders including “hysteria” and “hypochondria.”<sup>74</sup>

Sigmund Freud developed clinical techniques such as dream analysis and other psychoanalytic methods. And, in Vienna, a public critique of institutionalization also existed, as stories of wrongfully confined or abused patients emerged in the form of documents, objects and images. But, as Blackshaw and Topp write:

[P]rogressive visual artists did not engage in a critique of psychiatry; nor were they drawn, it seems, to the voices of the mentally ill. Rather, they identified with the *imaging* of the mentally ill. The distinctive representation of the patient as an object without agency, overcome with disease, could be brought effectively into the imaging of the artist and his supporters, contributing to a distinctly Viennese modernist rhetoric of anguish and alienation [emphasis in original].<sup>75</sup>

Although Viennese visual artists did not critique psychiatry outrightly, the intersection of the two fields is complex. The search for visual bodily indicators of mental health remained an interest in artists, and this contributed to the modernist approach to creating “the visual language of the outsider.”<sup>76</sup> This search for a pathological representation of the body is what inspired Schiele’s figurative works, which began as a series of self-portraits on canvas. Often representing his own body as fragmented, ugly or disfigured (fig. 8), Schiele’s approach to figurative representation pushed the boundaries of the norm in visual art. Blackshaw and Topp argue that Schiele’s inspiration for his, often distorted, representations of his own nude body was influenced by medical photographs of patients from La Salpêtrière, which circulated in Vienna at the time.<sup>77</sup>

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<sup>74</sup> Blackshaw and Topp, *Madness and Modernity*, 17.

<sup>75</sup> *Ibid.*, 19.

<sup>76</sup> *Ibid.*, 29.

<sup>77</sup> *Ibid.*

Schiele's approach to the figure also appropriated the perspective of the medical gaze. Although Schiele did not explicitly critique psychiatry, he was interested in the harsh gaze of the practitioner. Influenced by clinical photography, Schiele incorporated the cold, unfeeling perspective of the psychiatric photographer into his work. Like his artistic peers in Vienna, Schiele was simultaneously appropriating and evaluating the cold medical gaze of clinicians. In Schiele's self-portrait, this medical gaze is inflicted upon himself from a harsh and critical vantage point; Schiele depicts his own body as elongated, imperfect and alien-like. When turned towards a subject other than himself, Schiele, with his medical gaze, remains in a position of power, while his sitter becomes a powerless subject just as Géricault's *Monomane de l'envie* becomes a subject of analysis.

Although Schiele is well-known for his self-portraits, his painting of an anonymous woman is the subject of this analysis because it is more closely analogous to the above examination of Géricault's *Monomane de l'envie*. In that way, Schiele's *Standing Woman in Green Shirt* deploys conceptual techniques that are similar to those in Géricault's *Monomane de l'envie*, painted almost a century prior. Like Géricault, Schiele assumes the gaze of the clinician. The medical gaze becomes the tool through which the figure becomes distorted and disjointed. As seen in Schiele's identifiable style of sickly, elongated and exaggerated figures, when examined through the clinician's eyes, the figure is no longer representative of reality. Instead, a gross miscalculation occurs. *Standing Woman in Green Shirt* seems to be an accidental portrait; the top of the figure's head is cut off by the edge of the paper just as her thigh is truncated above the knee. As a watercolor painting, the application of the washes renders the figure as an ethereal presence; she fades in and out of existence. Her facial features are oversimplified into almond eyes and a triangular nose that extends into the two raised arches of a brow bone.

The facial features are stark and devoid of emotion and therefore absent of inner emotion or distress. However, the figure's body and the way in which it was rendered suggests Schiele's intended emotional tone: The figure's body is turned to the side with one leg raised as if in seductive motion before the male gaze. Her arm is elongated and clutching her covering in an anxious yet revealing manner. Notably, her limbs are either missing or fragmented. As previously mentioned, her left leg is truncated above the knee. Her right arm is entirely masked by her body, and her right leg is bent into a formless shape. Additionally, the number of fingers on her hand is ambiguously hidden within the folds of her garment. In his search for an outward representation of inner mental turmoil, Schiele's fragmentation of the female figure expresses an inner fragmentation of the subject; she lacks wholeness. In this way, the artist effectively employs abstraction to indicate complex inner struggle. Schiele directed his influence from images of physical impairment to begin to abstract the figure and represent what may be deemed in modern terms "mental disability." As we will see, this abstraction is a step toward the non-figurative abstract works of contemporary artists making work about mental disability.

What is perhaps most telling about Schiele's *Standing Woman in Green Shirt* is that her green garment is, in fact, the most detailed portion of the painting. Although it remains stylistically rendered, like the rest of the painting, the folds of green fabric are layered and hatched to create energetic marks that contrast with the calm, organic and flowing contour lines of the figure. The green garment contains energy that seems ready to explode, which is in contrast to the expressionless figure. This heightened energy of the figure's clothing seems to compound Schiele's intention to depict inner conflict on the outward appearance of the subject. Unlike his nude self-portraits, in which his own skin served as the indicators of inner strife,

*Standing Woman in Green Shirt* is doubly separated from a clinical—and representational—attempt to identify physical markers of mental health.

Schiele's efforts to concurrently undermine and emphasize the medical gaze are significant, but not without critique; like artists throughout history, Schiele was competing with his contemporaries for patrons to make a lasting impression on the art market. In some ways, he was deploying a carefully tuned strategy which tapped into the public—and professional—interests of his patrons: psychoanalysis. Although he did not expressly reference the work of Freud, Schiele was certainly “concerned with the question of how to represent the intensities of the inner life.”<sup>78</sup> Schiele's work is worth examination here because it is a step away from Géricault's highly representational examination of mental difference while evidencing a move towards contemporary abstraction.

## Summary

It is notable that both Géricault and Schiele are male artists depicting the female form. In the case of Géricault, the painter is the observer, who was commissioned by Georget to paint several of his patients, and it is the subject who is painted as the Other. The mania of Géricault's madwoman positions her as the medical object—an object of whose purpose is to further the body of medical knowledge. She is reduced to a diagnosis, which is evident in the anonymity of the title. The concept of madness was closely tied to the perception of the body. Géricault, working near the end of the popularity of the science of physiognomy, would have been aware of the leading psychological ideas of the time. The goal of this research would have been to gain

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<sup>78</sup> Gemma Blackshaw, *Facing the Modern* (London: National Gallery Company Limited, 2013), 114.



knowledge about the physical features of the model as he painted her into the subject of his work.

Similarly, Schiele utilized the conventions of Viennese psychiatry (including psychoanalysis) to turn the medical gaze inward to offer an examination of clinical observation. However, Schiele's *Standing Woman in Green Shirt* redirects this medical gaze onto a subject other than the artist while imposing invented, outward depictions of inner reality. In doing so, Schiele brings modernism towards abstraction, which is utilized by contemporary artists' work about mental disability.

Both Géricault and Schiele depict the female form. In doing so, the subject is further removed from that of the artist, who already depicts the subject as Other. This is most notable in Géricault's *Monomane de l'envie* because it was completed in a clinical setting. Arguably—though likely—the painting was commissioned as a means to research the physical manifestation of mental difference. Géricault and Schiele represent the Otherness of the female figure as additional deviation from the norm; In Géricault's *Monomane de l'envie*, the sitter is represented through the clinical eye of the painter. In the case of Schiele's *Standing Woman in Green Shirt*, the artist deploys an analytical approach that would have been popular in Vienna in the early twentieth century. Schiele uses the clinical gaze while appealing to patrons of the arts, but the artist falls short of offering a genuine representation of mental disability.

Both artists utilize the figure to represent the innermost workings of the subjects' minds. This is in contrast to the works of some contemporary artists, who relate these already abstracted concepts through visually-abstracted, non-figurative means; the subsequent chapters will explore this representation, but this thesis argues that with the passing of modernism into the postmodern, comes a decline of figurative representation and the embracing of abstraction by

contemporary representations of mental disability. Historically, this is supported by the clinical focus shifting away from outward manifestations of mental difference toward inner experience, biochemical factors and trauma. Whereas Géricault attempted to document the presence of mania in his sitters, and Schiele attempted to use visuals from psychoanalysis to abstract his subjects, contemporary artists are removing the figure—and effectively the body—from the discussion of mental disability. Through abstraction, complex and nuanced issues, including identity, inequality and access, can be conveyed to the viewer.

### Chapter Three: Laura Splan: Femininity and Disembodiment

Based in Brooklyn, Laura Splan is an interdisciplinary artist whose work explores the intersections of technology, craft and the mind and body. Significantly influenced by social and medical discourses, she interprets biological information through technology; Splan's artistic career handles the complex relationships that society and individuals form with bodies and technology. While much of her abstract work interprets real data—usually derived from electromyography (EMG) or electroencephalography (EEG) measurements of nerve and muscle activity—that is made evident through manufactured means, her early works on paper explore the medical representation of neural processes through a literal—though abstracted—biological medium. Splan uses her own blood to draw fibers that directly correlate to the structures of brain cells. By correlating “imperfect” thought processes with medical representation, Splan introduces a new approach to the discourse of mental disability in fine art that signifies a changing societal approach to mental disability.

In the mid-2000s Splan created a series of drawings using blood on archival watercolor paper. The delicate linework of each of the drawings resembles both the fine capillaries beneath human flesh and the delicate interweaving of threads from traditional lace or textile work. The structures of the drawing fades into and out of visibility with varying line transparency. In the case of *Elaborative Encoding* (fig. 1), an entire needlework appliqué is visible, demonstrated by its circular and central location within the composition. The boundaries of the lace, though not complete, are implied to be fully contained within the picture plane. Given this notion, remnants of the vein-like lines seem to fade into and out of existence as if the viewer's vision of the work is obscured or the textile itself is disintegrating. The series name, “elaborative encoding,” refers to a specific mnemonic device that relates new information with existing information in the brain

through visual, spatial or auditory means. The linework in each of Splan's drawings forms a network of interlocking patterns which—like the memories we form and lose with the passage of time—disappear from or emerge into existence.

In a more extreme example, Splan's *Incomplete Retrieval* (fig. 2) features a single remnant from a textile. Released from the whole, the needlework fragment is isolated from its context within the patterned structure. The ghostly lines seem to unravel on the page as they appear suspended in time and space. Referring again to the complex processes of thought and memory, Splan further offers the impression of loss or failure; the textile fragment, rendered in ghostly realism, is the faulty portion of a whole, which is not made apparent to the viewer. The whole (or rather the remainder) of the needlework is excluded from the drawing as the focus remains on the tattered and splayed fibers suspended in time. Splan's choice to draw textiles—rather than present the textiles themselves—allows her to control the transparency (and therefore visibility) and quality of her lines, giving them a precise, yet ethereal, presence on the paper. The disintegrating lines of Splan's *Elaborative Encoding* and *Incomplete Retrieval* correspond to the imperfect and pliable nature of the human mind.

In her explicitly biological drawings, *Thought Patterns* (fig. 3), Splan references the thread-like brain cells that comprise the complexities of neurology. Like the previously mentioned drawings, Splan uses her own blood to create abstracted drawings that are centralized on the page; in this way, the drawings are devoid of any context including any surrounding biological references. The neurons are firing in a contained cross-section of tissue, like a water slide under a microscope. The drawings appear as if they were lifted from the pages of a medical textbook or journal. Without any spatial or contextual information, the drawings seem to refer to

some of the first ink drawings of neurons made from observation.<sup>79</sup> By drawing in human blood, a connection to human biology is apparent. The verticals of the neurons penetrate a membrane to make a connection (or are blocked from making a connection). Sparse stippling with blood shadows the tails of the neurons like a fading slipstream. Although the representations of brain cells are, to a degree, abstract, they maintain a clinical realism, which connects the work to the human body. The drawings further invoke a visceral connection to the body through their medium of blood, but this medium itself has a profound history in contemporary art.

### **Blood as an Abject Medium**

What is most notable about this selection of Splan's works is the use of the artist's own blood as a medium. As a certified phlebotomist,<sup>80</sup> Splan sources her own blood for her work.<sup>81</sup> This fact is not immediately apparent; unless one were to read an accompanying label on a gallery wall, one might suspect that the attractive filigree of Splan's patterned drawings were made with an innocuous substance such as ink or paint. But Splan is not the first artist to use bodily fluids as a medium; in the past century, blood and other bodily fluids have been used in contemporary art to provoke viewers and subvert expectations. Artists such as Cindy Sherman (fig. 9) and Andres Serrano (fig. 10) have used blood and other bodily fluids in their work to invoke Julia Kristeva's notion of the abject. That is to say, the body is the primary location of the

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<sup>79</sup> The first drawings of neurons were made in the nineteenth century from observations through the lenses of microscopes. Silver dye was used to render the neurons solid black on a glass slide, and each neuron was meticulously separated and unfurled by hand in order to illustrate it. Carl Schoonover, *Portraits of the Mind: Visualizing the Brain from Antiquity to the 21<sup>st</sup> Century* (New York: Abrams, 2010).

<sup>80</sup> In a 2015 issue of *Art Practical*, Splan writes: "Early in the process of using blood as material, I learned to deal with its technical challenges. I quickly progressed from pricking one finger with a high-gauge lancet to pricking all ten fingers with a low-gauge lancet. I also began to collect and refrigerate the blood in tubes coated with Heparin, an anticoagulant." Laura Splan, "Manifest," *Art Practical* 7.2 (October 2015), <https://www.artpractical.com/feature/manifest/>.

<sup>81</sup> Elizabeth L. Silver, *The Tincture of Time: A Memoir of (Medical) Uncertainty* (New York: Penguin Press, 2017).

abject, and it is a state of existence in which one is neither subject or object.<sup>82</sup> Sherman's and Serrano's work collapse the boundaries between the body as subject and the body as object, which results in their invoking of the abject. Hal Foster says of Cindy Sherman's photographs that they suggest bodily fluids, including "signifiers of menstrual blood and sexual discharge, vomit and shit, decay and death."<sup>83</sup> The inclusion of these bodily references allude to the body as something other than subject or object: Before the body becomes a subject separate from the maternal figure and after the body becomes a lifeless object in death. Foster notes that Sherman's photographs effectively invert the body; the insides of the body become expelled to the outside. But perhaps more importantly, the "subject-as-picture" is invaded by the "object-gaze."<sup>84</sup> In other words, the image dissolves in meaning as it succumbs to the gaze; the context of the image—the distinction between the self and the Other—collapses in on itself. The loss of distinction between the self and the Other creates a paradoxically alluring yet repulsive visual artifact.

Similarly, Andres Serrano featured bodily fluids such as urine, blood and semen in many of his photographs including the now-infamous *Piss Christ* (1987). Heavily informed by his religious upbringing, in the 1980s Serrano created several series of photographs with religious iconography that were surrounded by references to bodily fluids and others that were largely abstract. Blood is symbolically associated with Christian rituals and sacrifice—the blood of the sacrificial lamb is spilled as an offering to a higher power. In the same way that the (abject) body is connected with religious rituals, Serrano links the profane and the sacred. He defended his work by saying, "you can't have one without the other."<sup>85</sup> According to Serrano, the Catholic

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<sup>82</sup> Hal Foster, "Obscene, Abject, Traumatic," *October* 78 (Autumn, 1996): 112.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

<sup>85</sup> Steven C. Dubin, *Arresting Images: Impolitic Art and Uncivil Actions* (New York: Routledge, 1992), 99.

Church is riddled with contradiction; although it is “obsessed” with the body and blood of Christ, the Church represses the physicality of its own members. Serrano sees his own work as a reconciliation of this paradox in that he embraces the vital fluids of life in a manner that reframes them with new, sacred associations.

The obsession with death—and therefore the body as an object—becomes intrinsically linked with an obsession with life and vitality. As Jerry D. Meyer notes, Serrano effectively reinvented the ancient signs of body fluids as contemporary, sacred imagery. The reception of his work, especially *Piss Christ*, was marked with controversy and criticism. The image itself—which transformed an otherwise inexpensive and kitsch, plastic crucifix into a brilliant gold edifice of Christianity—was undermined with obtrusive titling. “Relative to the political scene in the mid-1980s, however, bodily fluids had also begun to receive international attention in conjunction with the AIDS pandemic.”<sup>86</sup> With the AIDS crisis beginning in the 1980s, more artists were using references to other bodily fluids, and Serrano himself began incorporating other bodily fluids including his wife’s menstrual blood and his own semen.<sup>87</sup>

Although Splan’s use of blood as media exploits the abject in a similar manner to Sherman and Serrano, Splan’s use of blood is entirely unique. Her use of blood as a medium cannot be divorced from the abject simply because of its nature as a product of (and a necessity for) bodily processes. But Splan’s use of blood is not exclusively abject; like Serrano’s photographs, Splan’s use of bodily fluid is not immediately apparent within the image. Additionally, Splan uses the self-sourced blood to illustrate specific imagery that holds its own conceptual weight. *Elaborative Encoding* and *Incomplete Retrieval* allude to both the femininity

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<sup>86</sup> Jerry D. Meyer, “Profane and Sacred: Religious Imagery and Prophetic Expression in Postmodern Art,” *Journal of the American Academy of Religion* 65, no. 1 (Spring, 1997): 29.

<sup>87</sup> Dubin, *Arresting Images*, 99.

of needlework and the frailty of the human mind and memory. According to Splan, “I was struck by the poetic implications underlying the encoding of memories using information that we already know to form an elaborate web of related memories and knowledge. This notion became the basis for drawings of doilies, drawn thread-by-thread, with frayed dendrite-like ends between the gaps of the patterns.”<sup>88</sup> Being drawn with blood only reinforces a connection to the human body and—quite literally—the human mind. In a similar manner, *Thought Patterns* directly refers to the cells and membranes associated with the brain and, therefore, memory and thought. Removed from the body, blood becomes a substance that is foreign and out of place. Instead of serving its life-giving purpose, the blood is disembodied and becomes the carrier of the message of disintegration. In a 2014 interview with *SciArt in America*, Splan explains:

Blood has historically embodied a range of disparate meanings at different times and in different cultures. I wanted the images to interrogate the mutability of those meanings at the very locus of where perception is processed: the brain. The work was attempting to destabilize our cultural associations around blood with the neurological phenomena of pain. For example, one can be bleeding but not in pain. And with phenomena such as phantom limb, one can be feeling pain in a part of the body they no longer have. I found these delicate neuroanatomical structures to be visual metaphors for this extreme fragility and complexity of the human body. And these networked and repeated forms are what led me to the traditional wallpaper and doily patterns that I later printed and painted in blood.<sup>89</sup>

Splan’s drawings with blood tap into complex associations that society has with personal biology. Blood is critical to supporting our own fragile lives, and a body cannot exist without it. But blood is also an indicator of trauma or disease; blood is usually hidden from our view, and it seems out of place to witness it on display. To sign an agreement with one’s own blood signifies

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<sup>88</sup> Splan, “Manifest.”

<sup>89</sup> Laura Splan, “Straight Talk with Laura Splan,” interview by SciArt, *SciArt in America* (February 2014): 26.



an agreement to something supernatural or sinister; in this context, blood represents the soul or one's deepest personal identity. Not only is Splan evoking the abject history of blood as an artistic medium, but she is also using blood to connect to an invisible process in the human body. Blood becomes the means to communicate complex neurological processes, which are otherwise inconceivable. Splan's work taps into contemporary traditions of using personal bodily fluids in order to envelop her work in new meaning. Unlike artists such as Sherman and Serrano, who use blood to trigger an abject response in the viewer, Splan uses her own blood to create beautiful—and traditionally feminine—designs.

### **Building on the History of Feminist Art**

Portrayals of the human body in feminist art proved to become some of the most important and provocative work of the 1970s. Writer, artist and scholar Joanna Frueh recounts the history of the female body in feminist art in “The Body Through Women's Eyes:” “Idealizations of the female body reflect and enforce cultural desires about a woman's beauty and sexuality, her social place and power.”<sup>90</sup> Seeking to reclaim the female body for women, feminist artists of the 1970s created their own aesthetic through representations of women's bodies and bodily experiences; in doing so, these artists proved that “women could become makers of meaning, as opposed to being bearers of man's meaning.”<sup>91</sup> Feminist artists such as Hannah Wilke, Carolee Schneemann, Ana Mendieta, Lynda Benglis and Louise Bourgeois, as well as many more preceded and made possible the subsequent feminist art of the 1980s, 1990s and beyond. The feminist art of the 1970s affirmed the experiences of the women who made it

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<sup>90</sup> Joanna Frueh, “The Body Through Women's Eyes,” in *The Power of Feminist Art: The American Movement of the 1970s, History and Impact*, ed. Norma Broude and Mary D. Garrard (New York: Harry N. Abrams, Inc., 1994), 190.

<sup>91</sup> Ibid.

and communicated the beauty, sexuality and spirituality of female bodies “as correctives to idealizations.”<sup>92</sup> Feminist artists reclaimed the image of the female nude from the historic male gaze, which positioned the female body as a passive object of possession.

Similarly, feminist artists in the 1970s reclaimed the motifs of the decorative and domestic arts, which were imbedded with heavily gendered biases. As Norma Broude writes, throughout modernism, the decorative arts have been regarded “literally, as ‘women’s work,’ a form of ‘low art’ from which Western ‘high art,’ with its claims to significant moral and spiritual content, has striven to separate itself.”<sup>93</sup> However, with the art of the twentieth century becoming progressively abstract, the delineation between high and low art dissolved. Artists such as Joyce Kozloff, Miriam Schapiro and Valerie Jaudon embraced the decorative arts in their work, and it was feminist artists such as those who led the Pattern and Decoration movement. From the 1970s and into the 1980s artists associated with the Pattern and Decoration movement directly challenged the boundaries between art and craft by creating and decorating usable objects in a fine art context. Although these types of craft objects are not inherently feminine, they are intrinsic to the types of feminine associations that Western culture has imbued in them. Broude writes, “This essentialist interpretation of the decorative, moreover, is entirely relative to our own [Western] culture, a culture that has gendered ornament as female, and hence inferior, because it is produced not only by women but also by those in non-Western cultures whom we classify as other.”<sup>94</sup> Splan expands on the precedent set by feminist artists of past decades in

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<sup>92</sup> Frueh, “The Body Through Women’s Eyes,” 190.

<sup>93</sup> Norma Broude, “The Pattern and Decoration Movement,” in *The Power of Feminist Art: The American Movement of the 1970s, History and Impact*, ed. by Norma Broude and Mary D. Garrard (New York: Harry N. Abrams, Inc., 1994), 208.

<sup>94</sup> *Ibid.*, 219.

order to discuss nuanced subjects such as neurological processes. However, she is not alone in her exploration of femininity, craft, and blood-as-medium in the contemporary landscape.

Paula Santiago, a Mexican-born artist, uses biological materials including blood and hair in her work. Like Splan, Santiago disembodies critical elements of one's biology to form new meanings. According to Jamie Ratliff, Santiago creates feminist works that imply the presence of the human body while tapping into notions of the abject.<sup>95</sup> Ratliff notes that there is an obvious contradiction within Santiago's work: the absence of a body. While the presence of human hair and blood is made quite apparent in Santiago's work, the viewer noticeably lacks any allusion to a human body. "The hair and blood Santiago used to construct the piece form indices of the human body, through which it becomes materially present and tangible."<sup>96</sup> The lack of a physical body is made more apparent with the shape of the sculptures. Formed to resemble child-sized garments, Santiago's sculptures are dimensional as if "filled" with an invisible body; the "wearer" of the garment is noticeably absent. Like the memories held by the hair or blood that Santiago uses as media in her sculptures, the shape of the garments harkens to a memory of what once was. In this way, Santiago's sculptures are indicative of distinct and personal loss. Both Santiago and Splan use deeply personal and biological materials to express a connection between the overtly abject, complex and nuanced issues of mental processes. However, Splan brings a clinical perspective to cognition, and therefore, speaks to the diagnostic modes of discussing mental health.

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<sup>95</sup> Jamie Ratliff, "Border Control: The Intersection of Feminism and Abjection in the Work of Paula Santiago," *Southeastern College Art Conference Review* 15, no. 4 (2009): 456.

<sup>96</sup> *Ibid.*, 457.

## Fragments of the Mind

Splan's work is further understood by reference to contemporary feminist scholars who discuss the female body as it relates to disability. Garland-Thomson's *Extraordinary Bodies* (1997) explores representation and how it "attaches meanings to bodies."<sup>97</sup> In other words, Garland-Thomson reframes disability from its previously held context so that it may now exist as another cultural boundary that is different but in equal standing to issues such as race, gender, class, ethnicity and sexuality. Garland-Thomson is quick to note the parallels between the associations that society makes between female bodies and with disabled bodies. "Both the female and the disabled body are cast as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a norm that is assumed to possess natural physical superiority."<sup>98</sup> Garland-Thomson does note that drawing a boundary between the disabled and the nondisabled woman creates a problematic outcome, which is comparable to an attempt to draw a line between gender and sexual orientation. "Femininity and disability are inextricably entangled in patriarchal culture,"<sup>99</sup> and the female body has inevitably been labeled as deviant from the norm. In this way, both Splan and Santiago's work reinforces their relationship to the critical field of disability studies. Both artists create work that exploits what is traditional "women's work." Splan's drawings resemble the delicate needlework of what has been traditionally made by women. Similarly, Santiago's sculptures resemble clothing; what is more, the scale of Santiago's sculptures is such that, if they were functional articles of clothing, they would only be suitable for a toddler or small child.

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<sup>97</sup> Garland-Thomson, *Extraordinary Bodies*, 5.

<sup>98</sup> Ibid., 19.

<sup>99</sup> Ibid., 27.

Both Santiago's and Splan's work features deeply personal bodily artifacts (blood and/or hair), which are disembodied from the artist. In an attempt to classify an observed shift within modernism when representing the fragmented body, Linda Nochlin wrote *The Body in Pieces* (1994), in which the author assesses historical examples of the body as fragmented. Nochlin references many examples of the figure as disassembled, including many of Géricault's anatomical studies of severed arms, legs and heads. The disassembled, fragmented bodies are torn apart and then reassembled by the artist in a macabre still-life; the painter maintains a clinical and objective gaze while employing a "romantic melodrama."<sup>100</sup> In contrast to the horrific subject matter of Géricault's still-lives, Nochlin notes a critical shift in the representation of the fragmented body in the modern era. She argues that modernity is not strictly associated with a representation of the fragmented body or even a movement away from it. Rather, Nochlin associates modernity with a multiplicity of potential meanings.

I firmly believe that the fragment in visual representation must be treated as a series of discrete, ungeneralizable situations. Were I to attempt to construct a general theory of the fragment, however, I would be sure to establish it on a model of *difference* rather than attempt to construct a unified field of discourse [emphasis in original].<sup>101</sup>

Nochlin emphasizes the point that fragmentation, like the ever-changing discursive formation of modernity, is continually shifting in usage and meaning. This chapter asserts that Laura Splan—although not to the extent as Nochlin's examples—is employing Nochlin's trope of fragmentation in the context of postmodern production. Like the sculptures of Louise Bourgeois

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<sup>100</sup> Linda Nochlin, *The Body in Pieces: The Fragment as a Metaphor of Modernity* (New York: Thames & Hudson, 1992), 19.

<sup>101</sup> *Ibid.*, 56.

or the photographs of Cindy Sherman, the body-in-fragments adopts new, “transgressive forms.”<sup>102</sup> Like Géricault’s depictions of monomania, Splan characterizes the personal experience of mental disability. Géricault, of course, worked through the lens of a clinician’s eye, and was eager to classify and identify the physical indicators of madness; whereas Splan is using preexisting clinical knowledge to relate the experience of mental disability to viewers. Both artists used contemporaneous clinical understanding to represent shared experience, although the visual outcomes could not be more different. Although Splan’s work references medical illustrations or textiles, it is largely abstract; her representations of the disabled mind are devoid of bodily depictions (aside from the medium of blood). Unlike Géricault’s work, which sought to find the physical indicators of a disabled mind from the perspective of the outsider or observer, Splan relates the more conceptual personal experience of mental disability through abstraction. In this way, Splan effectively avoids appropriating the medical gaze or imposing on her imagery a subordination. By removing her references (neurons and neural pathways) from figural representation, Splan fragments the body through her abstraction. The fragmentation that Nochlin described in 1994 is apparent not only in Splan’s blood-without-body from which the drawing is made but through the actual use of abstraction as a means to relate a highly conceptual experience.

Although Splan does not explicitly link her work to the scholarly field of disability studies, disability studies provides a discourse in which to discuss these nuanced issues. Disability studies equips this discussion with critical terminology and a foundation in discourse analysis that allows for an understanding of the social relationship between cognitively “normal” and “abnormal.” Similarly, disability studies has given scholars a framework by which one can

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<sup>102</sup> Nochlin, *The Body in Pieces*, 54.

assess the social stigma of mental health concerns. Conditions such as anxiety, depression, addiction and dementia have only recently been recognized as (mental) disabilities. In extending the discourse to include mental health, however, one can more accurately evaluate the social construction of the stigmas that frame the conditions and effectively prohibit discussion (and subsequently treatment). This thesis' goal is to evaluate artists who are discussing mental health in the public sphere of contemporary art.

## Summary

Through her abstracted representations of mental functions, Splan communicates the fears and vulnerabilities of those living with disabilities, which manifest themselves in traumatic experience or biological impairment. Splan's delicate linework mirrors the frailties of human health; the threads are interconnected to create a singular "whole," but the network of lines can deteriorate or become rearranged over time. She parallels the plastic nature of the mind with the undulating fibers of her textiles, and in doing so, illustrates the complexities of mental health conditions such as memory loss, dementia and other mental impairments.

While Splan's drawings with blood cannot be categorized as the same type of fragmentation of the body as Géricault's macabre still-life paintings, Splan does utilize an unnerving element of fragmentation. Splan's blood on paper is fragmented from her body, and it is this element of fragmentation that effectively removes the figure from the work, thus removing any potential use of the medical gaze. The blood drawings, as in *Elaborative Encoding* and *Incomplete Retrieval*, feature disembodiment not only through the blood's lack of a body but through the deteriorating drawing itself. The subject of the drawings—disintegrating lace and doily patterns—serves as a stand-in for the fragmentation of the mind.

Like many feminist artists who preceded her, Splan plays into the themes of exploring traditionally feminine subject matter through patterning and textile; however, she elaborates on this history to bring new meaning to her work. In a societal landscape concerned with mental health both in and outside of the clinical setting, Splan creates a commentary on the fears of loss and imperfection in her drawings with blood on paper. Like Santiago, Splan's work features disembodiment. Splan's disembodied blood creates drawings which unnerve yet are mysteriously beautiful. The longing for completeness is evident in Splan's work as much as it is in Santiago's—both of which speak to the fears of incomplete thought processes and imperfect cognition.

In *Elaborative Encoding* and *Incomplete Retrieval*, Splan's drawings resemble the delicate structure of fibers; her titling and the medium of blood connect the work to biology and personal experience through the image of a traditional craft object. Similarly, Splan's *Thought Patterns*, also blood on paper, more directly allude to medical illustrations of membranes and brain cell activity. Like her work derived from data, Splan's drawings bring a clinical interpretation to mental processes.



## Chapter Four: Beverly Fishman's Pharma Art

Laura Splan's work utilizes bodily fluids to form abstracted imagery, but her work also depends on direct references to human anatomy. In contrast to Splan, Michigan artist Beverly Fishman has built a career on work that handles the personal and social effects of mental disability through abstract representations of manufactured pharmaceuticals. Like Splan, Fishman produces work through a combination of handmade and industrial techniques to comment on the relationships between technology and biology.<sup>103</sup> More recently, Fishman's pill-relief paintings, the focus of this chapter, carry the weight of subversive meaning bundled in a brightly wrapped package. The pill form, which is visually appealing and candy-like, teases the viewer with complex meaning; the image of the pill—whether legal or illicit—carries with it the promise of a cure (or escape, in the case of illicit drugs). This promise becomes complicated when “cure” becomes an ideology for patients with mental health concerns and other conditions that do not have an explicit cure. Conditions such as anxiety, as in *Untitled (Anxiety)* (fig. 4), or addiction, as in *Untitled (Alcoholism)* (fig. 5), become the focus of Fishman's work through the pharmaceutical industries' marketing strategies. Although she does not demonize or diminish the potential benefits of proper medication, Fishman has drawn attention to the complicated relationship that society has with pharmaceuticals while criticizing the commercial access of these chemical substances.

Fishman's journey to create her pill-relief paintings was predicated on an extensive exploration of the body's relationship to substances and technology. Since the early 2000s,

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<sup>103</sup> “Beverly Fishman,” Kavi Gupta Gallery, accessed March 10, 2019, <http://kavigupta.com/artist/beverly-fishman/>.

Fishman has directly employed pharmaceutical art to create new forms that bridge the expanse between sculpture and painting. Using resin and pigment, Fishman's cast pills "raise questions about our stereotypes of sickness and health, normal and abnormal."<sup>104</sup> Her sculptural and installation work—including *Pill Spill* at the Toledo Museum of Art (2011) and *Pharmako* (2011)—is comprised of pill forms blown from brightly colored glass and resin casts. *Pill Spill*, a collection of assorted, bright and vastly oversized glass pills and capsules, litter the floor of their installation area. Like an invasive species of alien forms, the glass pills punctuate the installation space with exclamations of fantastical color; the pills exude fantasy rather than condemn their consumption. In *Pharmako*, Fishman references both illicit and pharmaceutical substances in these pills: Often depicting pop-cultural imagery like the signature tablet presses of street pushers, Fishman creates oversized, glossy and candy-like signs that signify unease about society's access to such chemicals. In more recent years, Fishman has abstracted the pill form even further to create precisely machined monoliths that stand in place of the prescribed or illicit drug.

From 2005 to 2011 Fishman approached the issues of mental states and capabilities through digital interpretations of bodily functions. She used information derived from electrocardiogram (EKG) and magnetic resonance imaging (MRI) scans to illustrate the complex relationships between "normal" functions and controversial pharmaceutical "cures." The biological processes that are documented in Fishman's textile and sculptural work hark back to the diagnostic techniques developed in recent decades. As with the notion of "cure," diagnostic medicine carries with it the promise of a clinical resolution to often complex concerns. But it is

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<sup>104</sup> Beverly Fishman, "Magic Bullet," *Cultural Politics* 14, no. 1 (March 2018): 47.

Fishman's alluring representations of pharmaceuticals, *Untitled (Anxiety)* and *Untitled (Alcoholism)*, that relate most directly to the elusive cure.

Both *Untitled (Anxiety)* and *Untitled (Alcoholism)*<sup>105</sup> are from Fishman's recent body of work, which contains highly saturated, high-gloss surfaces that resemble the attractive packaging of pharmaceutical advertising as well as the drugs themselves. The shapes of her panels parallel the iconic geometric forms of pills and tablets that are prescribed by psychiatrists or physicians. What could otherwise be mistaken for abstracted compositions in the minimalist traditions of Ellsworth Kelly or Frank Stella, Fishman's pill-relief paintings are cleverly named to denote a specific ailment that the pill-painting is alleviating. According to Michelle Grabner of *Artforum International*:

Assigning a physical or mental ailment to each shape in her titles, Fishman engages her fascination with the pharmaceutical industry and how its aesthetic choices advance the market.<sup>106</sup>

The canvases are painted in a way to simulate the gradual bevels and contours of the pill form, but doing so adds the illusion of low-relief. Fishman's forms, which reference medication and their commercial packaging through shape, color and naming, are vastly oversized versions of a patient's typical interaction with medication. What is usually contained to a series of daily or weekly pill organizers or bottles has suddenly expanded into space to become an overwhelming and monolithic presence. This emphasis on the ritualization of pills is only reinforced by the totemic structure of the panels on the gallery wall; each cluster of pill forms complement each

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<sup>105</sup> It is notable that alcoholism is now regarded as a mental disability, and addiction was considered a type of "monomania" during the time of Géricault.

<sup>106</sup> Michelle Grabner, "Beverly Fishman," *Artforum International* 56, no. 9 (May 2018): 240.

other in color and form, also while carving negative space that is as thoughtfully composed as the paintings themselves.

In a style traditionally associated with the masculinity of Frank Stella's shaped paintings or Ellsworth Kelly's relief paintings, Fishman's work exists between the realms of painting and sculpture. As low-relief sculptures, her paintings literally pop out from the wall, and this energy is underscored by the vibrant neon edges of the work. In an exhibition publication for the Miles McEnery Gallery, Dawn Chan writes that "[Fishman's paintings] are as much about their forward-facing surfaces as they are about their brightly painted edges, which in turn are as important as the swaths of white wall (framed within cut-out apertures), sometimes tinted with the diffuse light bouncing off the works."<sup>107</sup> The pristine coatings of urethane speak not only to the automotive industry of Eastern Michigan, where Fishman resides, but also to the artificiality of the chemical substance. The effects of the drug, much like the glossy coat of paint, offer an appealing alternative to traditional media; however, this alternative is manufactured through artificial means for the purpose of selling a product. Like the consumers of visual goods, the public buys into the appeal of a chemical "fix."

As a society, we self-medicate our "deficiencies" through legal and illegal substances such as alcohol, medication and food. The desire for a cure—or escape from perceived deficiencies—is relatable to the average gallery visitor, and it also speaks to the accessibility of Fishman's pill forms. Only someone familiar with the bright geometric packaging or bifurcated forms of medication would make the immediate connection. Perhaps the subversive connotations of the painting are part of their appeal. The meaning behind the misleading bright forms demands

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<sup>107</sup> Dawn Chan, "Beverly Fishman: Drugs of Choice," in *Beverly Fishman* (New York: Miles McEnery Gallery, 2018), 4.

contemplation and study in order to address, much like mental health issues, which are largely hidden beneath a veneer of social normativity, or the complex chemical interactions of substances within the human body.

### **The Representation of Pharmaceuticals in Artworks (the 1980s and 1990s)**

The critique of pharmacology is not new to contemporary art, and it is clear that Fishman references the tradition of depicting pharmaceuticals in art to offer a commentary on tangential issues. Beginning in the 1960s, the Canadian performance group General Idea, a collective of artists with the chosen names of Felix Partz, Jorge Zontal and AA Bronson, developed a body of work that began with an interest in popular culture and semiotics and would culminate in a mission to raise AIDS awareness in the public sphere. Their conceptual work primarily dealt with issues of artistic appropriation, parody and semiological relationships in popular culture, especially in advertising. With the emergence of the AIDS crisis, General Idea created a poster for the New York City subway lines, *AIDS*, in 1987 (fig. 11), which parodied Robert Indiana's painting *LOVE* (fig. 12). It was this image of the word "AIDS" that would shift the group's focus for the rest of their career.<sup>108</sup>

General Idea's 1991 installations, *One Year of AZT* and *One Day of AZT* (fig. 13), accentuates the ritualization of medication that is tethered to the life of an individual with an HIV diagnosis. Representing Partz's medication routine, the installation is made up of 1,825 oversized, vacuum-formed "pills" resembling AZT (azidothymidine), the drug used to delay the onset of AIDS in individuals diagnosed with HIV. Partz and Zontal, who were previously diagnosed with HIV, used their own experiences of medication routines to illustrate the burden

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<sup>108</sup> Sarah E.K. Smith, "General Idea: Life and Work," General Idea, accessed March 16, 2019, <https://www.aci-iac.ca/art-books/general-idea/biography>.

in visual art. In a 2012 lecture, Bronson commented that “[o]ur life was full of pills, our apartment was full of pills [...] so they became—in that very General Idea way—part of our work. Felix was taking five [AZT pills] a day, and you can see on the walls the groups of five was a kind of calendar for his annual intake.”<sup>109</sup> These pill forms adorn the walls of the gallery space, and—in total—represent the annual dose of a single patient, Partz. Accompanying the already oversized AZT pills lining the walls of the gallery are the five monumental pills of *One Day of AZT*. At seven feet long, “they have a definite feeling that there’s a body in them,” recalls Bronson.<sup>110</sup> The colossal scale of the AZT pills transcends normality to create a whimsical and overpowering presence for the gallery visitor. They are transformed in Alice-in-Wonderland-fashion and become dwarfed by the presence of chemical dependence.<sup>111</sup> Through the objectively minimal representations of pills—a single royal blue stripe denotes the chemical contents of each white, oblong capsule—the installations, among other work by General Idea, led the discourse on HIV/AIDS in the public sphere. The heavily stigmatized subject of HIV/AIDS in the 1980s and 1990s was a severely taboo issue surrounded by misinformation and fear, and General Idea’s collective body of work remains an influence on contemporary artists who continue to create work dealing with these issues.

General Idea’s installations of the 1990s centered around the routine of a chronic illness that was heavily stigmatized. Through literal representations of quantity, the group communicated the chemical burden of an individual with an HIV diagnosis while also bringing an awareness of the social, political and cultural anxieties of someone in this position. Working

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<sup>109</sup> AA Bronson, “AA Bronson on Art in the ‘60s,” University of Chicago, published March 27, 2012. <https://www.youtube.com/watch?v=JXoWTBVVeHc>.

<sup>110</sup> Ibid.

<sup>111</sup> Sarah E.K. Smith, “Key Works: *One Year of AZT*,” General Idea, accessed March 16, 2019, <https://www.aci-iac.ca/art-books/general-idea/key-works/one-year-of-azt>.

in New York during the AIDS crisis of the 1980s, Fishman began to lose friends and peers to the AIDS epidemic, and she would have been aware of the severe stigmatization surrounding the diagnosis of HIV/AIDS.<sup>112</sup> In the late 1980s, she created work using the technology of photocopying to mix the ideas of image reproduction and mutation, and she was directly influenced by the notion of “how a virus could define one’s identity.”<sup>113</sup> It is from this tradition that Beverly Fishman creates work that explores the body and mind’s relationship to chemical substances. In her work in the 1980s, Fishman says, “I wanted to represent the body while engaging with the technologies through which our interiors were visualized and reproduced.”<sup>114</sup> Using stylized representations of medications, Fishman references the pharmaceutical art of the twentieth century to produce a new era of commentary on mental health. Extreme colors are applied to the oversized pill forms, as in *Untitled (Anxiety)*, which references the commercially available Xanax tablet. The painting is clearly divided into four parts, much like the smaller, chemical counterpart. *Untitled (Anxiety)* is an idealized Xanax tablet; the exaggerated scale of the painting deifies the commonly prescribed Benzodiazepine, or “benzos,” and the chemical appears to glow with the stark outlining of neon color. The painting becomes an embodiment of an ideal future that a patient hopes to achieve with a chemical cure such as Xanax. And it is this ideology of cure that is critiqued by disability theory.

### **Fishman’s Pharmaceuticals, Curse or Cure?**

In relationship to disability, Fishman illustrates the complexities of navigating the social and personal turmoil that can accompany a new or existing diagnosis. As Susan Wendell writes

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<sup>112</sup> Pitman, “Pharma Art,” 326.

<sup>113</sup> Fishman, “Magic Bullet,” 42.

<sup>114</sup> Ibid., 42–43.

in *The Rejected Body*, the distinction between “the biological reality of a disability and the social construction of a disability” is not explicitly defined.<sup>115</sup> Instead, the biological and social factors of disability are interwoven together, not only because both types of interactions affect one’s health, but because “social arrangements can make a biological condition more or less relevant to almost any situation.”<sup>116</sup> Within the social sphere of disability is one’s mourning of a loss of normalcy and a desire for a cure. This desire to recover or improve one’s health “is connected to loss and [the] yearning” to achieve a the “normalized” body-mind that was perhaps present prior to the deterioration from disability.<sup>117</sup> This yearning for normalization is what haunts Fishman’s work. Each of her paintings, titled with the ghost of a diagnosis, carries with it the longing for a cure. This yearning is inherent in the commodification of chemical cures; these substances, which can be sold over the counter, by a doctor or on the street, offer a return to the normalcy of what scholar and activist Eli Clare refers to as the “body-mind.”<sup>118</sup>

The shape of the pill tablet itself offers a gateway to the discourse surrounding the desired normalization of the body-mind. According to Clare, the thought of a cure is a “compelling response to the body-mind loss” because of a promise to leave one’s current state of self; this promise can be harmful, however, if we allow it to “bind us to the past and glorify the future,” especially if that future is unrealistic and leads to mourning of that body-mind loss.<sup>119</sup> This longing for “normalization,” of returning to what once was or what could be, is truly at the center of Fishman’s critique of both society’s access to pharmaceuticals and our societal relationship to drugs. Whether the body-mind loss is experienced through a diagnosis of

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<sup>115</sup> Wendell, *The Rejected Body*, 35.

<sup>116</sup> Ibid.

<sup>117</sup> Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017), 57.

<sup>118</sup> Ibid.

<sup>119</sup> Ibid., 57–58.



anxiety—as in *Untitled (Anxiety)*—or alcoholism—as in *Untitled (Alcoholism)*—Fishman’s works stand in as a sign representing the search for an immediate (pharmaceutical) cure.

As Fishman writes, this search for a cure is all too easily satisfied by pharmaceutical companies’ impractically perfect advertising:

Inspired by my research into the use of design strategies by pharmaceutical companies, generic manufacturers, and the purveyors of illegal drugs, these reliefs engage with the phenomenology of spectatorship and with the concrete historical conditions that undergird the multibillion-dollar drug production industry. Drug manufacturers use shapes and colors to distinguish their products visually and to promote brand loyalty. Both corporate and street chemical “pushers” develop specific iconographies to create lifestyle-driven products. They brand the pills to target audiences’ tastes, desires, beliefs, and ideals.<sup>120</sup>

Fishman asks her viewers to reflect on the potential pitfalls of the individual and mass consumption of drugs. Pills that are originally manufactured and sold as minuscule capsules or tablets, in Fishman’s work, become oversized signs on the gallery walls that cross the boundary between the industrial and the handmade—both in the manner that the works are created and in the complex processes they represent. Citing the national opioid crisis, Fishman is careful to warn the public about the additional dangers of misinformation and the overconsumption that is promoted by drug companies: “We must be vigilant in distinguishing healthful from harmful uses of drugs.”<sup>121</sup>

Fishman’s painting *Untitled (Anxiety)* adorns the gallery wall as a fluorescent reminder of a disease that has no pharmaceutical cure. Conditions such as anxiety disorders are often lifelong endeavors that cannot be “cured” with a single round of medication. What is more, the state of

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<sup>120</sup> Fishman, “Magic Bullet,” 48.

<sup>121</sup> *Ibid.*, 50.

“cure” is not distinctly removed from the experience of illness; that is to say, “cure” is a *process* of healing—physically, emotionally, socially and otherwise—and not simply the absence of illness or disability. Treatment and illness can be simultaneous experiences in the process of healing.

Fishman’s critique on the search for this elusive “cure” is representative of the type of social and cultural construction of disability that many authors, including Clare and Wendall, illustrate. According to Wendell:

When I imagine a society without disabilities, I do not imagine a society in which every physical and mental “defect” or “abnormality” can be cured. On the contrary, I believe [that] the fantasy that someday everything will be “curable” is a significant obstacle to the social deconstruction of disability. Instead I imagine a fully accessible society, the most fundamental characteristic of which is universal recognition that all structures have to be built and all activities have to be organized for the widest practical range of human abilities.<sup>122</sup>

In this way, Fishman is the foil to the multi-billion-dollar pharmaceutical industry. *Untitled (Anxiety)* becomes a sign for the pervasive yearning for a cure that, in reality, does not exist. The drug manufacturers eagerly sell the fiction of a cure to the public, but the true nature of the complexities of “cure” is as diverse as an individual’s (often related) experience with racism, classism and other injustices.<sup>123</sup> The neon outlines of the painting mentioned above create vibrating, pulsating energy that taunts viewers, and the title asks them to identify as the patient with anxiety and question how they would approach the crisis of disability with no cure. What is more, pharmaceuticals can very well increase the quality of life for the mentally disabled. In complex conditions that involve biochemical, experiential or traumatic factors pharmaceuticals

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<sup>122</sup> Wendell, *The Rejected Body*, 55.

<sup>123</sup> Clare, *Brilliant Imperfection*, 62.

can certainly mediate and control the symptoms or progression of a condition. However, the problem remains in the unrealistic expectation that all signs of a disability will be removed consistently or immediately upon the consumer's adoption of a pharmaceutical regimen.

Like Splan, Fishman utilizes abstraction to effectively communicate complex concepts and experiences surrounding mental health. Splan's work alludes to the body through fragmentation, but Fishman's paintings discussed in this chapter are devoid of bodily references altogether. Instead, Fishman abstracts the pill form, which is often the clinical response to mental health conditions. In this way, Fishman's work is doubly removed from the body: To one degree, Fishman references pills, which are society's mitigation for impairment in the body. In a second way, these pills are further removed from the physical world through abstraction techniques inspired by artists of the twentieth century. Compounded, these steps of abstraction more than protect against Fishman falling into the trope of the medical gaze; the artist's use of abstraction communicates the personal and societal effects of pharmaceuticals while offering a critique on these powerful forces.

## Summary

For Fishman, the generative processes of science and medicine offer parallels, which converge in her prolific body of work. "Science and medicine, as I understand them, are some of the highest expressions of our societies—they are lifesaving, terrifying, and creative all at the same time. For this reason, the capsule, as I envision it, is profoundly ambiguous: a technology that brings health as well as sickness."<sup>124</sup> Like the pill imbued with life-giving (or life-taking) properties, Fishman's paintings serve as a signifier and critique of the hope for a cure. As

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<sup>124</sup> Fishman, "Magic Bullet," 48.

scholars such as Wendell and Clare have argued, however, the longing for a cure is complicated and sometimes futile. To adhere to the ideology of a cure is to dismiss those incurable conditions that can be mediated by treatment, whether that treatment is clinical or societal. These authors argue with fervor for a societal change to combat ableism and injustice, and Fishman's pill paintings offer the same argument through her criticism of our societal and consumerist relationship to pharmaceuticals. According to Fishman: "My overall subject is how science, technology, and medicine affect both the body and the mind: how they represent, idealize, and stereotype us—and how they change us."<sup>125</sup> This change is not exclusively biochemical; this change can take the form of the societal obsession over—and even worship of—the elusive "cure" via medication. That longing for the cure is all too apparent in the advertising of pharmaceutical industries as has been exploited by Fishman, and it is the visual appeal of her paintings that makes Fishman's work that much more intriguing.

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<sup>125</sup> Fishman, "Magic Bullet," 40.

## Chapter Five: Conclusion

Many artists identify as physically, mentally, psychiatrically or otherwise disabled. In recent decades, disability arts as a category of individual and group artists, has developed to support the communities around the world. While recognizing that these artists provide an invaluable service through the visibility of their art and their self-identification within the social construction of disability, this thesis is intentionally focused on artists who create work that is informed by the social experience of mental disability. Relating these experiences of disability through art fosters connections between groups and individuals that may not otherwise be realized.

This thesis has addressed two contemporary artists whose work is inextricably tied to social issues surrounding mental disability. Splan's *Elaborative Encoding* and *Incomplete Retrieval* utilize references to textile work to convey the fears and fragility of the human mind affected by mental disability. In a more direct route, her *Thought Patterns* resemble medical imagery that one would find in clinical discourse; using a modern understanding of medicine, Splan contextualizes mental disability within a clinical setting. What is more, Splan utilizes her own blood to create the frail, evaporating linework, that denotes the precarious neural connections within the human mind. Notably, Splan balances the intricacies between the body and mind through abstraction. Devoid of figural representation, Splan's abstract drawings transcend historical attempts to identify the physical markers of mental disability, as was seen in Géricault's *Monomane de l'envie* or Schiele's *Standing Woman in Green Shirt*. In doing so, Splan subverts the use of the medical gaze, and makes room for personal and societal discourse on mental disability.

Also working with abstracted forms, Fishman takes a similar approach to Splan when discussing a social response to mental disability. Her paintings critique what has become society's normative technique for handling mental disability: pharmaceuticals. Referencing the appealing—and problematic—aesthetic of pharmaceutical advertising, Fishman creates paintings that resemble pressed tablets or pills. These pill forms become highly stylized and enlarged to signify the monolithic presence—including expectations and reliance—of pharmaceuticals in the public sphere.

Splan and Fishman discuss mental health experiences that are familiar to a broad audience. Although they do not conform to what is typically discussed in terms of disability arts, they are significant in that they are beginning to bridge the gap in the conversation about mental health, which has not been discussed in the public realm on this scale before. Unlike past artists who have produced work about mental disability, Splan's and Fishman's work is highly abstract and not specifically defined as disability art. Because of this broader approach, these artists make work that taps into an emerging public interest in and awareness of mental disability.

The recognition of mental disability by the United Nations in 2006—among other institutions—has reframed the modes by which scholars and the public approach mental disability. Now viewed as a human rights issue concerning inequality and access, new legislation is slowly beginning to reflect these changing global ideas. The socio-political issue of mental disability, as one part of the broader scope of disability studies, is only just beginning as a discourse. Emerging public awareness about mental disability issues are beginning to unfold, and artists such as Splan and Fishman are reflecting this interest. These two artists are not the only ones to reflect this changing sentiment, but they display a breadth of approaches in discussing these issues.

Further analysis could be offered to identify and ascribe specific terminology to sets and subsets of mental disabilities. As mentioned in Chapter One, currently no consistent terminology for “mental disability” exists outside of a clinical setting. It is not within the scope of this thesis to determine the proper nomenclature for critical terminology, but an effort should be made by scholars to unify and accurately and consistently distinguish between currently ambiguous terms.

Splan’s and Fishman’s work is directed towards a larger audience outside the field of disability arts, and Splan and Fishman are ripe for critical discussion. By making art that is not intentionally associated with disability, Splan and Fishman access issues that attempt to transcend the philosophical barrier of the Other. While this analysis passes no value judgment on the work of Splan or Fishman, it does call attention to the limitations of these artists in the context of disability studies.

Although this thesis has elaborated on interpretations of Splan’s and Fishman’s work through the lens of some disability theorists, it could also be argued that these artists are blurring the lines of interpretation of disability artists. I would argue that discussing the works of artists such as Splan and Fishman in terms of disability theory expands the growing critical field and adds to the visibility of otherwise invisible conditions; the works of Splan and Fishman, although not explicitly linked to mental disability by the artists themselves, are inherently tied to an Otherness which is best described through existing discourse on disability. The pioneering authors of disability theory have built on the discourse analysis of Foucault to create a diverse field of study that is still growing. The goal of this thesis is to contribute to the discussions among disability scholars and acknowledge the prevalence and importance of this type of discourse in the public sphere.

## Illustrations

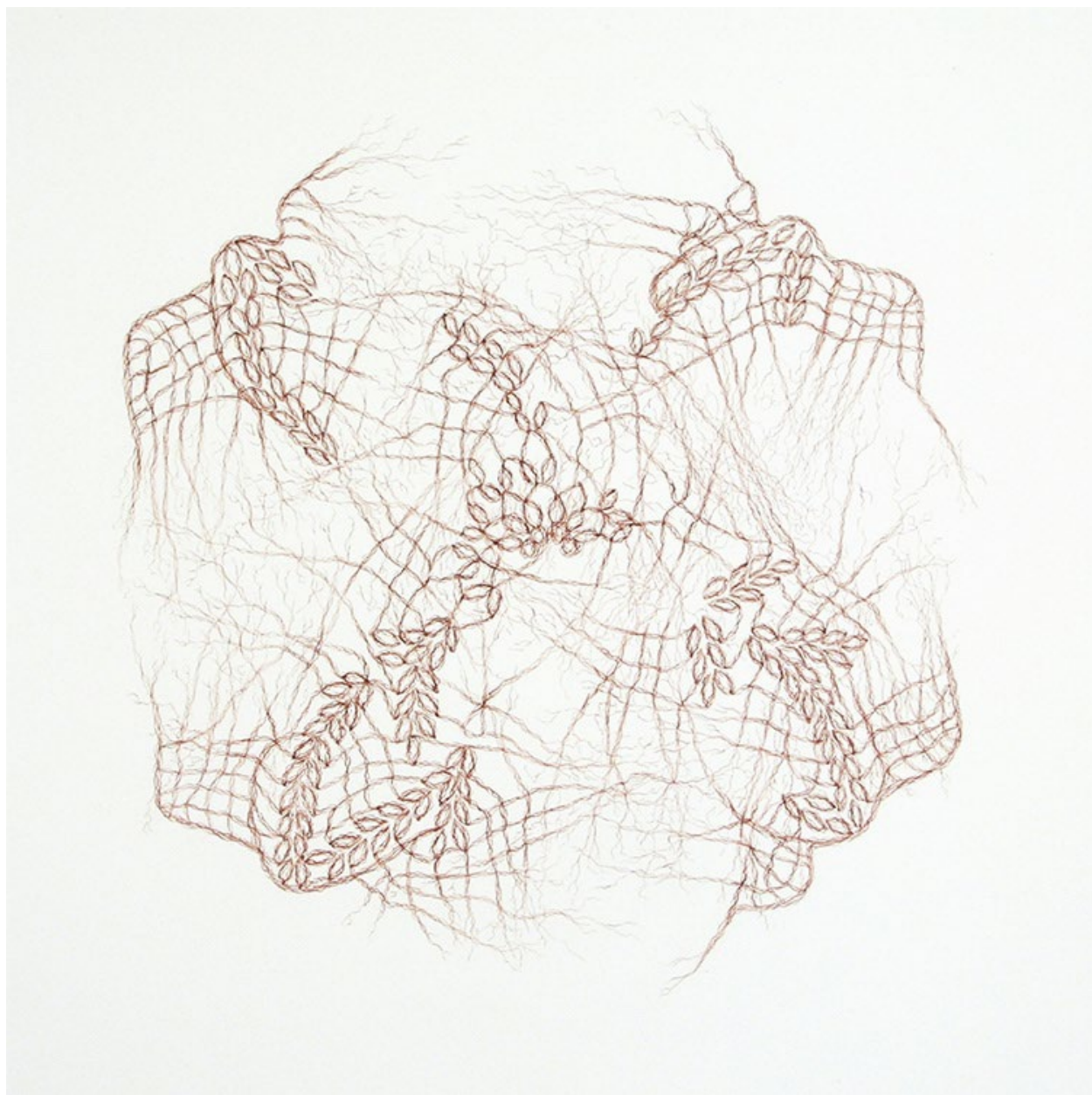


Fig. 1. Laura Splan, *Elaborative Encoding*, 2007. Blood on archival watercolor paper. Copyright by Laura Splan, reproduced with the permission of the artist.



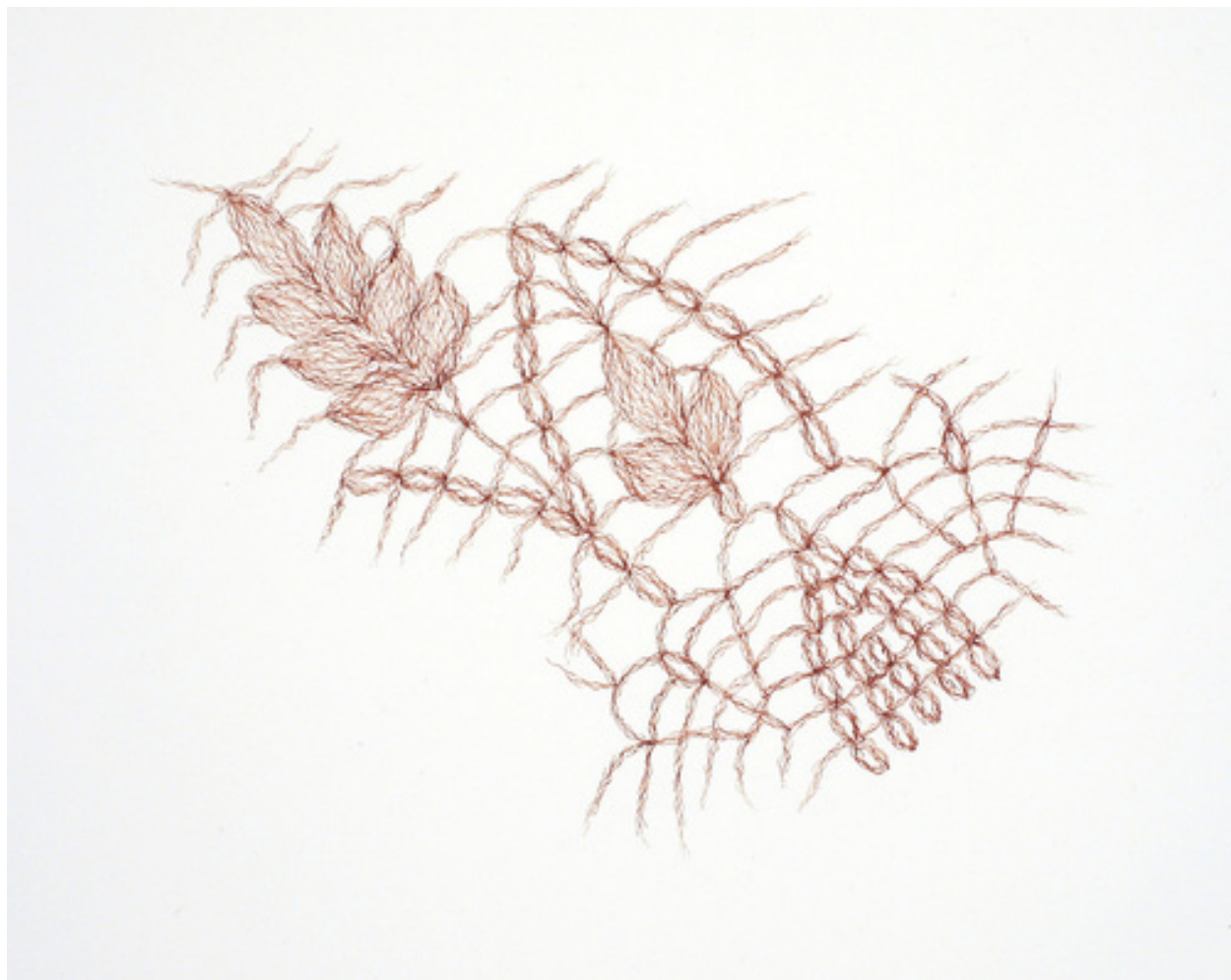


Fig. 2. Laura Splan, *Incomplete Retrieval*, 2007. Blood on archival watercolor paper. Copyright by Laura Splan, reproduced with the permission of the artist.



Fig. 3. Laura Splan, *Thought Patterns*, 2003. Blood on archival watercolor paper. Copyright by Laura Splan, reproduced with the permission of the artist.

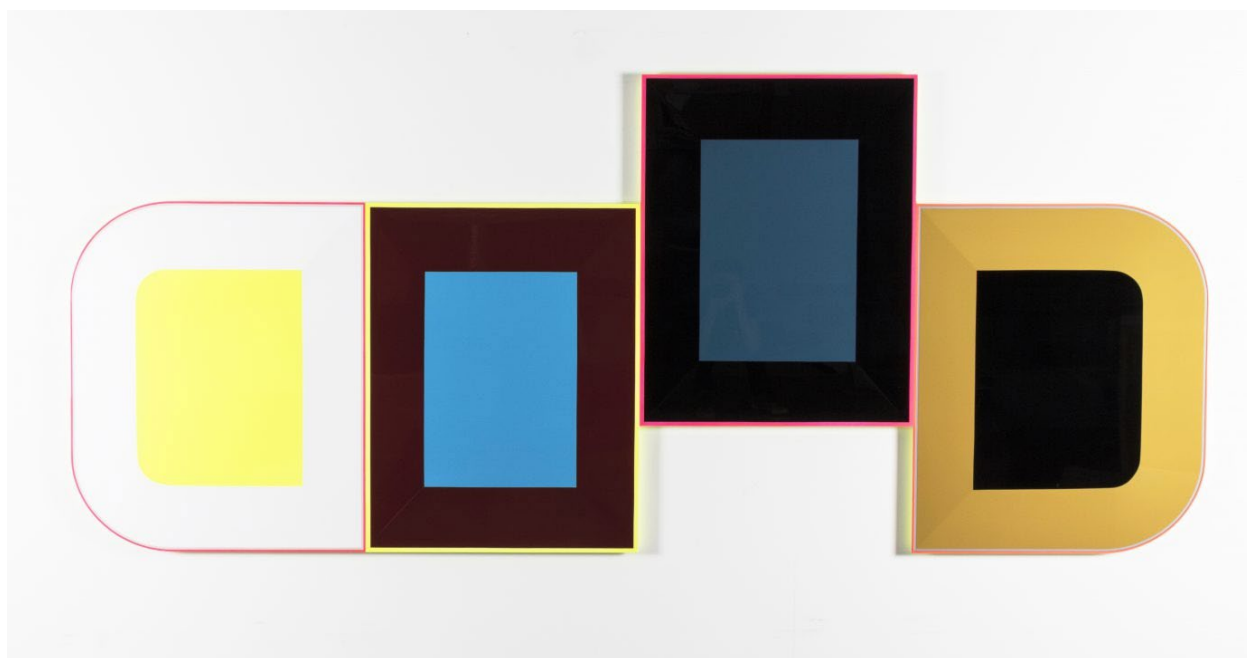


Fig. 4. Beverly Fishman, *Untitled (Anxiety)*, 2017. Urethane paint on wood. Kavi Gupta Gallery, Chicago, IL. Copyright by Beverly Fishman, reproduced with the permission of the artist.



Fig. 5. Beverly Fishman, *Untitled (Alcoholism)*, 2017. Urethane paint on wood. Kavi Gupta Gallery, Chicago, IL. Copyright by Beverly Fishman, reproduced with the permission of the artist.



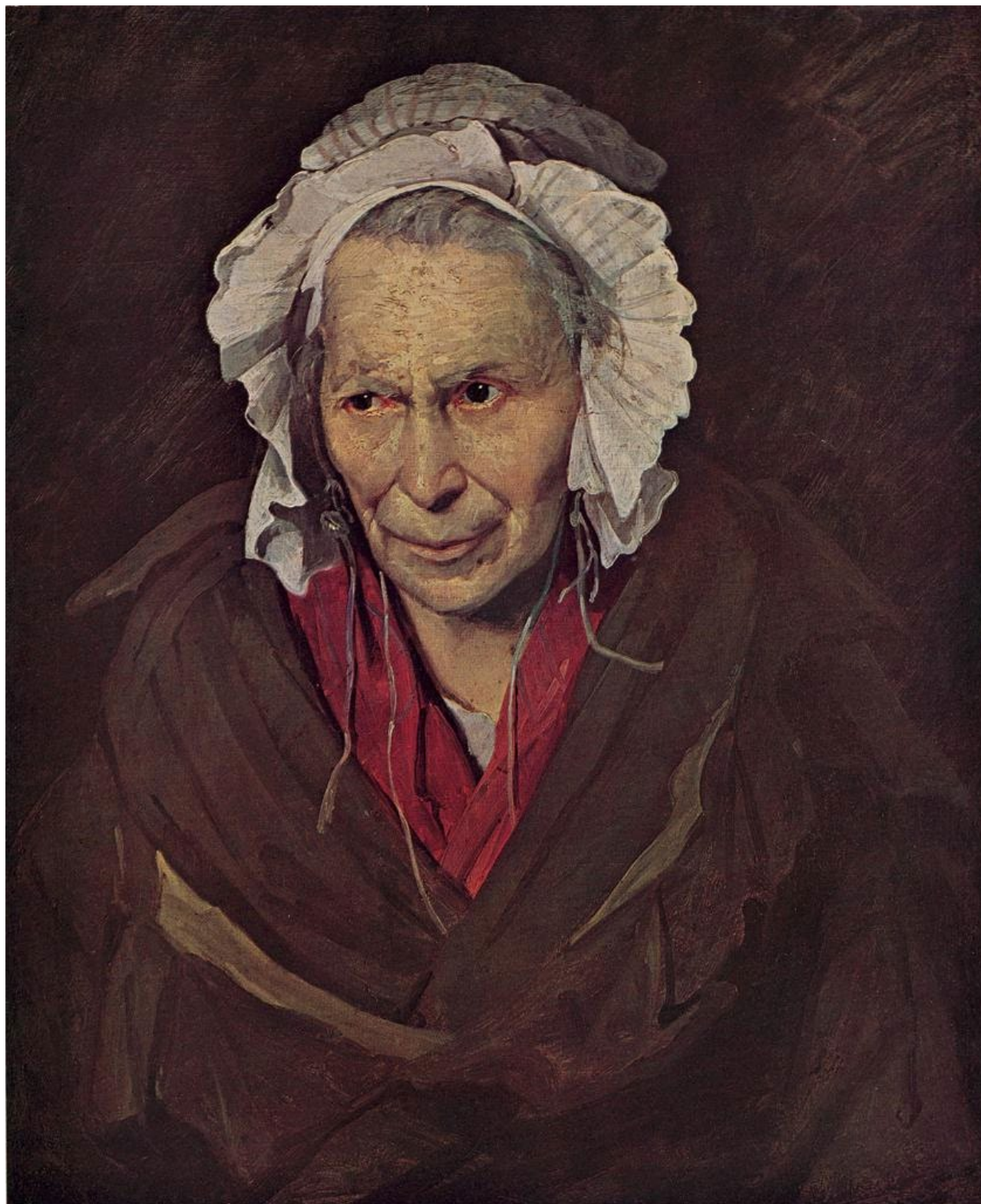


Fig. 6. Théodore Géricault, *Monomane de l'envie* (*Monomaniac of Envy*), c. 1822. Oil on canvas. Lyons: Musée des Beaux-Arts, reproduced under Fair Use.



Fig. 7. Egon Schiele, *Standing Woman in Green Shirt*, 1914. Watercolor. Private Collection, reproduced under Fair Use.





Fig. 8. Egon Schiele, *Nude Self-portrait*, 1910. Watercolor. Leopold Museum. Photo by Erich Lessing/Art Resource, NY, reproduced under Fair Use.

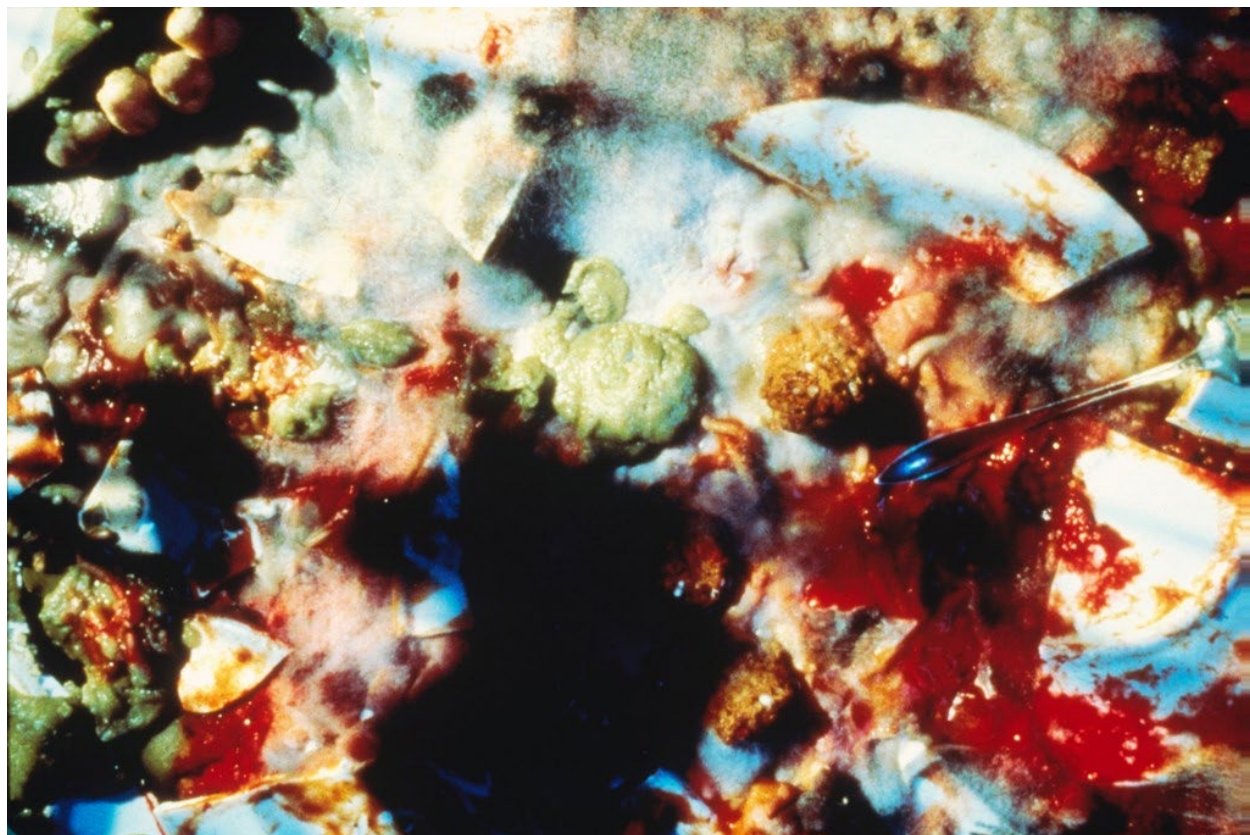


Fig. 9. Cindy Sherman, *Untitled*, 1987. Photograph. Larry Qualls Archive. Photo by Larry Qualls, reproduced under Fair Use.





Fig. 10. Andres Serrano, *Bloodstream*, 1987. Photograph. ARTstor Slide Gallery, reproduced under Fair Use.





Fig. 11. General Idea, *AIDS*, 1987. Private Collection. Photo by Zindman/Fremont. Copyright by General Idea, reproduced under Fair Use.



Fig. 12. Robert Indiana, *LOVE*, 1967. Screenprint. Copyright Morgan Art Foundation Ltd./Artists Rights Society (ARS), New York, reproduced under Fair Use.

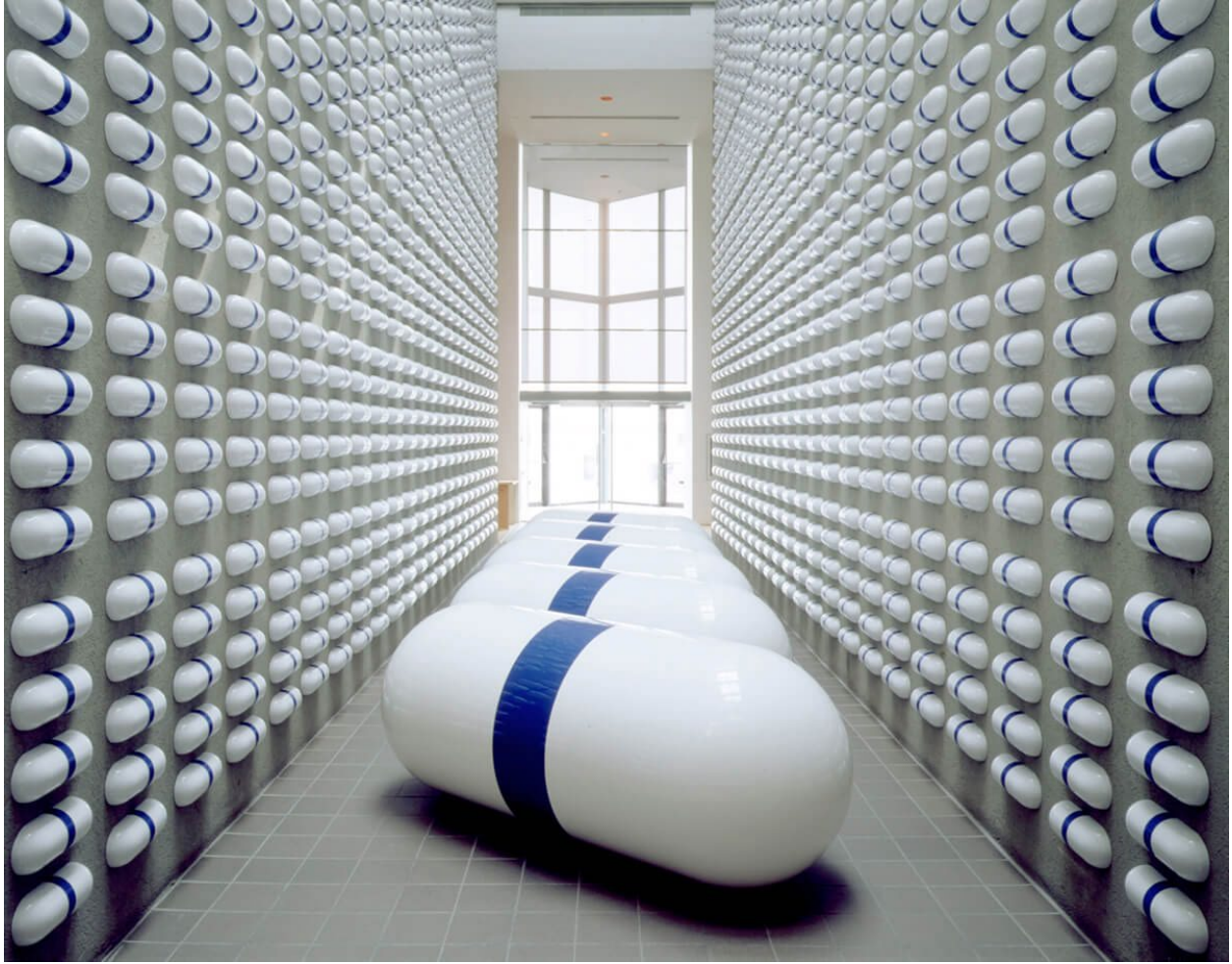


Fig. 13. General Idea, *One Year of AZT*, 1991, with *One Day of AZT*, 1991. Installation view from General Idea's *Fin de siècle*, The Power Plant, Toronto, 1992. Photo by Cheryl O'Brien. Copyright by General Idea, reproduced under Fair Use.



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