

For Valentine's Day in 2005, The Vermont Teddy Bear Company sparked controversy with its creation of the "Crazy for You" bear. The bear wore a straightjacket with a small heart embroidered on the front. A tag with the words "Commitment Report" came with the bear. This tag stated, "Can't Eat, Can't Sleep, My Heart's Racing, Diagnosis: Crazy for You!" Mental health advocacy groups argued that the bear stigmatized people with mental illnesses and called for the bear to be pulled from shelves. The Vermont Teddy Bear Company responded: "We recognize that this is a sensitive, human issue and sincerely apologize if we have offended anyone. That was certainly not our intent. The bear was created in the spirit of Valentine's Day and as with all of our bears, it was designed to be a light-hearted depiction of the sentiment of love" (Associated Press, January 13, 2005). The Vermont Teddy Bear Company continued to sell this bear until their inventories were gone. The bear became an instant collector's item now selling on eBay® for over three times its original value.

While newspapers across the country reported on this controversy, these accounts told a fairly similar story: Mental health advocates protest a teddy bear. The story that remained untold was why such a bear would be stigmatizing. Without situating the "Crazy for You" bear within the larger discourse of representations of mental illness, it remains too easy to dismiss such a situation as being a matter of bad judgment on the part of the Vermont Teddy Bear Company or as an oversensitivity and inability to "take a joke" on the part of the mental health advocates. To understand why this bear would be stigmatizing, it is necessary to place such an example within the context of the overwhelming number of other depictions, both historical and contemporary, that collectively create what I call a *visual culture of stigma*.

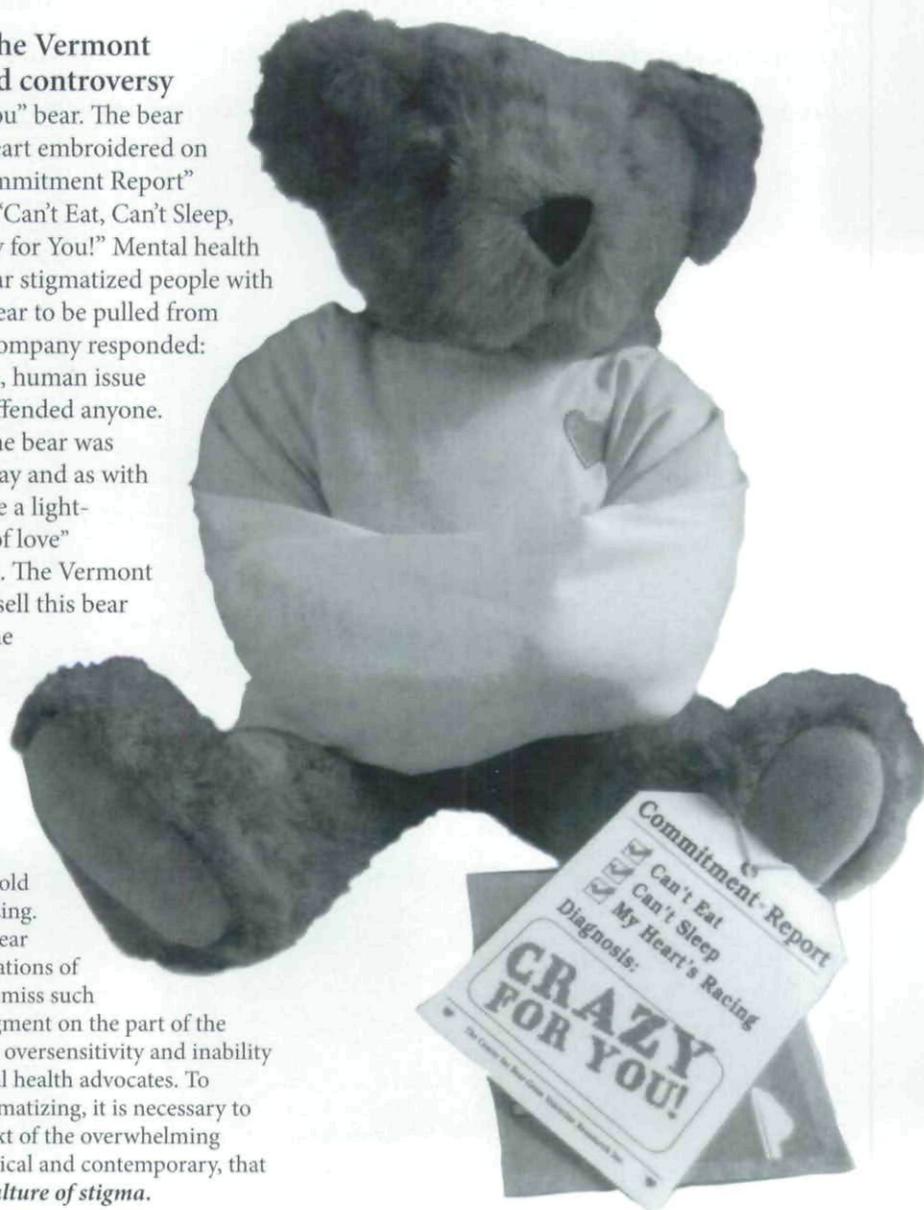


Figure 1. The Vermont Teddy Bear Company's "Crazy for You" bear. Photo by the author.

BY JENNIFER EISENHAUER

A Visual Culture of Stigma: Critically Examining Representations of Mental Illness

What contributes to the desire to visualize mental illness? What have been the outcomes of such depictions? What does stigmatization mean and what are its effects? And what role can art education play in challenging such stigmatization?



Figure 2. Charles Bell, *Madman*, from *Essays on the Anatomy of Expression in Painting*, 1806.

The visualization of mental illness has a long history that extends well beyond current popular culture representations to include historical art and medical images. Current literature discusses the history of these depictions (Gilman, 1976, 1982, 1988), the prevalence and reoccurrence of this content in contemporary media (Day & Page, 1986; Diefenbach, 1997; Hyler, 1988; Hyler, Gabbard, & Schneider, 1991; Signorielli, 1989;

Wahl & Lefkowitz, 1989; Wahl, 1982, 1995, 2003), the negative impact such representations have on the lives of those who have mental illnesses (Corrigan & Watson, 2002; Link, Struening, Rahav, Phelan, & Nuttbrock, 1997), and the relationship between the uncritical consumption of such media and people's beliefs and attitudes regarding mental illness (Granello & Pauley, 2000; Granello, Pauley, & Carmichael, 1999; Rüschi, Angermeyer, & Corrigan, 2004). Collectively, this body of research maintains a common theme: Visual culture is saturated with negative and inaccurate representations of people who have mental illnesses, and these portrayals significantly contribute to the detrimental effects of stigmatization.

However, a focused examination of the role that art education can play in the critique of these representations remains largely absent from recent recommendations for engaging social and cultural issues in the art classroom. This article aims to initiate this important discussion by asking: What contributes to the desire to visualize mental illness? What have been the outcomes of such depictions? What does stigmatization mean and what are its effects? And what role can art education play in challenging such stigmatization?

The Historical Foundations of a Visual Culture of Stigma

Within Western history, there exists a desire to visualize mental illness within art, medicine, and popular culture. This history reflects a desire to control mental illness and protect the boundaries of a presumed normality. With a historical contextualization of the visualization of mental illness, it is possible for art educators to recognize that the collective representation of mental illness is comprised of repeating images and stereotypical ideas that can be identified in 16th-century artworks as well as contemporary popular culture.

In *Madness and Civilization*, Michel Foucault (1988/1965) described a shift from the cultural construction of confinement from the "ship of fools," which depicted sending people with mental illnesses to an island of their own, to the later model of institutional confinement which placed the "mad" in a building at the edge of the city. This shift is evident in art history. In the late 15th century, Hieronymus Bosch's painting

Ship of Fools characterizes the people on the ship as the very location of sin and a lack of morality. Later artworks such as Hogarth's series of engravings (1735/1763), *A Rake's Progress* and Goya's *The Madhouse at Saragossa* (1794), and *Madhouse* (1810) represent a new understanding of confinement characteristic of the early asylum.

Historically, confinement reflected society's fear of the Other, much more than a desire to help people become well. Asylum architecture and the treatment of those within its walls were both modeled after the prison and seen as a space through which to protect the interests of the "normal." As Foucault (1988/1965) described, "madness had become a thing to look at: no longer a monster inside oneself, but an animal with strange mechanisms, a bestiality from which man had long since been suppressed" (p. 70). This logic concludes that if the "madman" is a beast, then it is culturally acceptable to treat her/him as an animal.

The equating of mental illness with beast-like attributes is reflected in Goya's *Casa de Locos* (1812-13) and Sir Charles Bell's *Madman* (1806, Figure 2). Representations of beast-like women emphasized their loss of femininity often positioning them as possessed and as witches. Such representations include Fueseli's *Mad Kate* (1806), Lawrence's *Mad Girl* (1786), Pine's *Madness* (1772) and *Madwoman* (1760). Both the beast-like male and female depictions reflect a positioning of the person with a mental illness as a violation of nature (Gilman, 1982).

The larger cultural anxiety of not being able to identify a person with mental illnesses that feeds the desire to visualize "madness" is reflected not only in art, but also extensively within the history of science and medicine. This history includes medical illustrations associated with physiognomy and phrenology as well as the later use of photography as a diagnostic tool.

Medical illustration is an important part of the visual culture of mental illness and represents a desire to identify and control mental illness through its visual identification. In the 18th century, Lavater, who felt that mental illness was a reflection of character, promoted physiognomy as a way of seeing the "insane." Physiognomy proposed that it was the shape of the nose, eyes, head or frame, the profile of the face, and skin color among other attributes that provided a

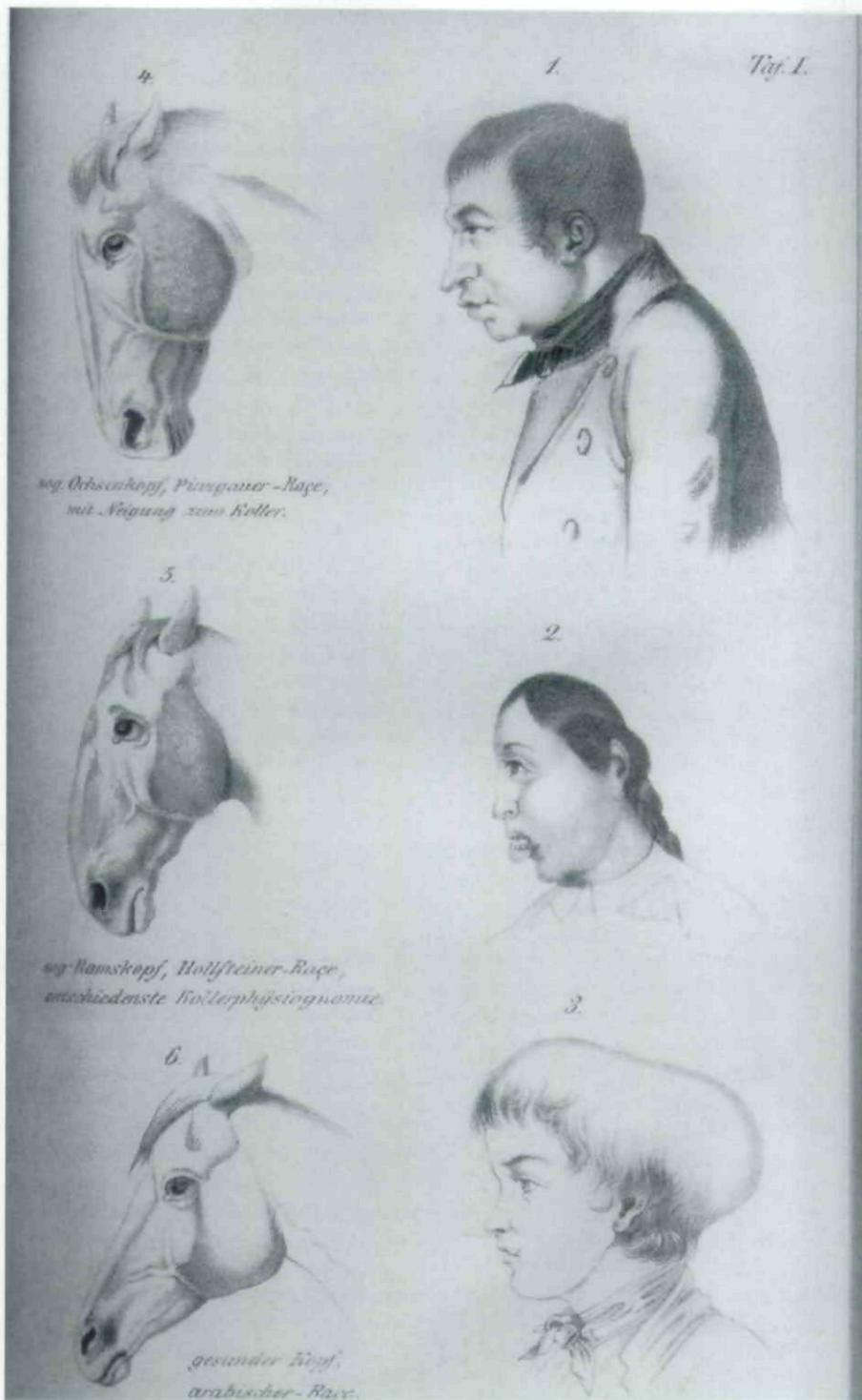


Figure 3. Comparison of forms of madness to different horse breeds. From *Allgemeine Zeitschrift für Psychiatrie*, 1859.

universal series of visual characteristics through which to identify a person with a mental illness (Figure 3). Similarly, phrenology, the analysis of the shape and size of the skull, was promoted by Josef Gall in the early 1800s. In 1820, Etienne Jean Georget advocated in his publication, *On Madness*, for direct observation as a means to understand the more ephemeral aspects of the physiognomy of the "insane." Georget commissioned the French Romantic painter Theodore Gericault to do portraits of 10 patients at La Salpêtrière between 1821-1824. While these portraits appear to represent these patients as individuals, this shift toward the individuation of medical illustration still remained part of the larger desire to create a visual taxonomy through which to identify different mental illnesses. However, it is the birth of photography that marked a particularly important moment in the history of psychiatric illustration.

Hugh Diamond, who is called the father of psychiatric photography, began taking pictures of his patients in the 1850s at the Surrey County Lunatic Asylum in Springfield, England. The visual construction of Diamond's photographs also reflected the conventions of portrait painting at that time. Similarly, Jean-Martin Charcot extensively photographed women diagnosed as hysterics at La Salpêtrière in Paris, France. However, in Charcot's photographs the patients were often posed. It is the positioning of the patient as what Diamond called "specimens," an iconic representation of a diagnostic label, and an object for analysis, that serves as the underlying motivation for the creation of these photographs (Gilman, 1976).

These examples of artworks and medical illustration raise the question: Why is there such a pervasive desire throughout history to depict mental illness and what contributes to the maintenance and repetition of these images? Stigma, a literal and metaphorical branding of the body for the purposes of disgrace and condemnation, is about marking the "Other" and delineating boundaries between "us" and "them." As Sander Gilman (1988) identified,

Society, which defines itself as sane, must be able to localize and confine the mad, if only visually, in order to create a separation between the sane and the insane.... [I]t is our need for instantaneous awareness (which is often based

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on our construction of images of 'madness' rather than the illnesses themselves), which is the rationale for the visual stereotype of the insane. (p. 48)

This underlying desire to police the boundaries of normality through imaging mental illness evident in historical examples finds numerous contemporary counterparts within the production and consumption of popular media images.

Visual Culture, Stigma, and Contemporary Media

The overwhelming amount and impact of negative portrayals of people with mental illnesses in popular media has been well documented (Day & Page, 1986; Diefenbach, 1997; Hyler, Gabbard, & Schneider, 1991; Rosen, Walter, Politis, & Shortland, 1997; Signorielli, 1989; Wahl, 1982, 1989, 1992, 1995, 2003; Wilson, Nairn, Coverdale, & Panapa, 1999). These negative and inaccurate portrayals influence the public's perceptions of mental illness (Granello, Pauley, & Carmichael, 1999; Granello & Pauley, 2000) as well as those of people with mental illnesses, identified as self-stigma by Rüsche, Angermeyer and Corrigan (2005, p. 533).

Of particular relevance to art educators is the emerging body of research regarding representations of mental illness in children's media. Wilson, et al. (1999) examined one week of children's television shows from two channels and they found that 46.1% of the week's episodes contained one or more references to mental illness. The majority of these references were in cartoons (79.7%). Unlike the still images of early artwork and medical illustrations, the examination of media includes the layering of both the verbal and the visual. In this study, the most common words documented included crazy, mad, 'closing your mind,' nuts, 'driven bananas,' twisted, deranged, disturbed, wacko, cuckoo, loony, lunatic,

loon, insane, and freak (p. 441). The physical attributes of the characters with mental illnesses depicted included unruly hair, widely spaced and/or rotting teeth, a prominent nose, heavy brows with thick arched brows (for villains), narrowed artificial eyes (for villains) and large round eyes (for comedic characters) (p. 442).

Wahl, et al. (2003) examined the depictions of mental illness in G- and PG-rated films released in 2000-2001. They found that almost one in four of the films had characters identified as having psychiatric disorders and that approximately two thirds of the films contained some reference to mental illness (p. 558). Paralleling research of adult films, the majority of the characters displayed violent and threatening behavior that others feared (p. 558). Even when characters were portrayed somewhat positively, they were still repeatedly referred to with "disparaging terminology" (p. 559). The representations of mental illness documented in this study strongly reinforced the idea that associating a character with mental illness "diminishes their credibility, trustworthiness, and value" (p. 559). The authors concluded, "The message to young viewers then, is twofold—first that psychiatric terminology is appropriately associated with behavior that is objectionable, foolish, devalued, etc., and second, that slang reference to mental illness is a common and acceptable part of conversational speech" (p. 559).

Lawson and Fouts (2004) examined the prevalence of references to and representations of mental illness in Disney films. In this study they found that 85% of Disney films contained references to mental illness with 21% of the principal characters being referred to as having a mental illness. "These references were commonly employed to segregate, alienate, and denote the inferior status of the character(s) to which they referred—a finding consistent with the overwhelmingly negative portrayal of mental illness found in adult media" (p. 312).

In recent critiques of Disney within and outside of the field of art education (Brode, 2005; Bryne & McQuillan, 1999; Giroux, 2004; Tavin & Anderson, 2003), issues regarding the problematic nature of representations of class, gender, race, and sexuality have been raised. The absence of critiquing the representation of mental illness in Disney films, however, particularly given its documented prevalence, is merely reflective of the larger and more pervasive problem of mental illness being left out of these important investigations. The depiction of mental illness in art, medical illustrations, and popular media spans centuries; however, issues regarding the representation of mental illness remain on the margins in comparison to critiques of representations of class, gender, race, and sexuality. Within art education, the representation of mental illness in visual culture has yet to receive focused attention. Therefore, while the cultural impact of the representations discussed in this article is troubling, the general lack of attention to critically examining issues of representing mental illness in visual culture is equally disconcerting.

Recommendations

Art education can become an important site through which to challenge the issues of stereotypes, prejudice, and discrimination. In addressing the question, "What can art educators do?" I offer the following five suggestions:

1) **Critically Engaging Preconceptions.** The historical and contemporary representations of mental illness reflect a maintenance and perpetuation of stereotypes and assumptions regarding people with mental illnesses. It is important to recognize that students and teachers are also the audience for these representations and that our own perceptions of mental illness can easily be informed by what we see, read, and hear in popular media. Art

educators can challenge their own preconceived ideas about mental illness and assist their students in doing the same through a sustained process of self-reflexivity and a desire to identify quality sources of accurate information through which to develop an informed understanding.

2) **Identifying Missed Opportunities.** The field of art education recognizes opportunities to critique representations of class, gender, race, and sexuality in art curriculum. Therefore, art educators can reflect upon their current curriculum in order to examine where there are missed opportunities for including a critical examination of the representation of mental illness. Many of the artworks and popular culture examples included in this article could serve as a starting point for engaging students in discussing these issues. Likewise, art education researchers can identify the gaps existing in current literature as opportunities to enhance a critical praxis of challenging the marginalization of *all* people.

3) **Challenging Language.** A theme that runs parallel to the visualization of mental illness is the role of language in popular media and public discourse. Art educators can identify disparaging terms, the misuse of psychiatric terms, and problematic forms of naming, that have become accepted as part of everyday language. This process of identification should first be applied to our own use of language and then to that of our students. Critiquing popular media together with our students can become a useful practice through which to identify disparaging language. However, it is not simply calling oneself or others "nuts," "crazy," a "loon," and so forth, but also the misuse of actual psychiatric terms that is equally problematic. For example, the terms *psychotic* and *psychopath* are often used interchangeably in popular media. The term *schizophrenia* is often popularly defined as having

multiple personalities, when that condition is part of another disorder, Dissociative Identity Disorder. Likewise, people with mental illnesses should not be identified as "being" their disorder: For example, referring to a person with schizophrenia as a "schizophrenic" (Wahl, 1995).

4) **Contextualizing Issues of Representation.** This article began with the example of the "Crazy for You" Vermont Teddy Bear. Examined in isolation, it may not be as apparent why a representation such as this is stigmatizing. Stigmatization results from an unquestioned *repetition* of images that support and create stereotypes and negative representations of mental illness. Likewise, historical contexts are important given how the straightjacket is situated within the history of abuse in asylums. Therefore, critiques of representations can be strengthened when they are contextualized within a larger visual culture of stigma. Viewing such representations in isolation too easily promotes such depictions as being anomalies.

5) **Understanding Stigma.** In general, it is important for art educators to understand the larger implications that these representations have on the lives of people with mental illnesses as well as on public perceptions and attitudes toward mental illness. Stigmatization is not merely a matter of personal "offense." As described in the 1999 Surgeon General's Mental Health Report, *stigma* is a larger cultural discourse characterized by the "bias, mistrust, stereotyping, fear, embarrassment, anger, and/or avoidance" of people with mental disorders. The consequences of stigma include people avoiding "living, socializing or working with, renting to, or employing people with mental disorders." Stigma impacts people seeking care for their conditions. The consequence of stigma includes discrimination and abuse, and ultimately "deprives people of their

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dignity and interferes with their full participation in society." Equating stigmatization with being "offended" is a dangerous trivialization of the cultural and personal damage caused by a visual culture of stigma. This repetition supports and furthers the cultural discourse of stigmatization resulting from a pervasive allowance of the continuation of such representations.

Summary

While the representation of mental illness in art, medical images, and popular media is repeatedly negative, inaccurate, and stereotype-laden, the field of art education has not yet given sustained attention to the critical engagement of these representations in visual culture. Historical and contemporary depictions reflect an underlying desire to image mental illness as a means of controlling the boundaries of "normality." A self-reflexive and critical engagement with

these representations and our own use of language, an understanding of the interrelationship between current and past depictions of mental illness, and developing an informed understanding of the mechanisms and impact of stigma can offer our students and ourselves opportunities to disrupt the normative maintenance of such representations.

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