

Representing the Unrepresentable:
An Exploration of Gendered Experiences of Mental Disorder

by

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Abstract

Inspired by personal lived experiences of mental disorder; this thesis attempts to explore the representation of these complex conditions as they are deeply embedded in trauma, guilt, and stigma. The accompanying exhibition, *The Inheritance*, figures my own tendencies to contain and conceal my disorder, through the assembling of sculptural containers and their disordered contents. The work, presented as something surreal, comments on the complexities of being a woman with a disorder, as well as on the disease I experience in relation to a history of patriarchal ideologies and psychiatric containment that has informed understandings of ‘female madness’. Grounded in my interests in abjection and containment, the artistic processes of trying to express deeply personal experiences of distress allow for the resurfacing of underlying trauma, in regards to the memory of my mother’s struggle with Bipolar disorder and her subsequent estrangement. Instead of catharsis, the exhibition represents an inevitable failure to represent the unrepresentable, an experience inextricably bound to the history of gendered oppression and the repression of subjectivity by dominant powers of belief and control. Through my practice as research, I have ultimately grappled with my reluctance to represent my experience, precisely because the topic of mental disorder, though pervasive, is lived and felt by varying groups of people in different ways. As such, my intention is to avoid a reductive and narrow framing of what mental disorder entails. Similarly, I aim to avoid restrictive and presumptuous definitions of gender – recognizing that, historically, femininity is a contested category that has silenced many individuals who are not white, heterosexual or gender conforming. My literary research has been limited by these norms and silences, in that most texts detailing the historical visual

treatment of disordered subjects fail to recognise the possibility of gender categories that transcend the binary masculinity and femininity. With these limitations in mind, my practice has allowed me to reflect upon the distress of generations of people who have been pathologised based on gender.

Declaration

I declare that this thesis is my own work and that all the sources I have used have been acknowledged by complete references. This thesis is being submitted in partial fulfilment of the requirement for Master of Fine Art at Rhodes University. I declare that it has not been submitted before for any degree or examination at another university.

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Introduction

*To unravel a torment, you must begin somewhere*¹

When I was a child, my mother was diagnosed with clinical depression. My family told me that my mother was 'sick,' and most of her days were spent sleeping or concealed within my parents' bedroom. I did not fully understand why she became distant and unavailable, unable to perform simple tasks or participate in daily activities. Years later, my mother's condition worsened and her diagnosis changed; she was now living with Bipolar Disorder, a condition characterised by extreme shifts in mood, both depressive and manic². It was not until 2013, when I was in the midst of a deep depression, that I began to suspect I had caught my mother's illness. Haunted by the idea of becoming my mentally deteriorating mother, this newfound paranoia *about inheriting something unwanted* prompted me to seek help. In a meeting with a psychotherapist, I was asked to describe my inner space or psyche as a place. I explained that it was a room situated underground, with a trapdoor entrance in the earth similar to the rabbit hole through which Alice, in Lewis Carroll's *Alice in Wonderland*, fell. The contained interior space was dark and damp with no light to illuminate the cluttered room, which I perceived as a museum for my mental pains. From this image, I sought to create artworks that reflected a subjective experience of mental disorder and the accompanying feelings of dis-ease. Dis-ease refers to the subjective experiences of the individual in distress, being discontent and ill at ease due to the social disturbances attached to being labelled as mad or mentally ill (du Preez 2004: 59). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV) uses the terminology 'mental disorder', which is defined as:

A clinically significant syndrome or pattern that is associated with distress or disability or with significantly increased risk of suffering, death, pain disability, or an important loss of freedom³.

¹ Taken from *To Unravel a Torment You Must Begin Somewhere*, no. 8 of 9, component A, from the Series *Eleven Steps for the Bipolar Disorder*, 1999, by the artist. *Statistical Manual of Mental Disorders (DSM V)*.

³ Quoted in Ussher, (2011: 6). In this thesis the term 'mental disorder' is preferred over 'mental illness' due to the tendency of the word 'illness' to abdicate any responsibility on the part of the individual suffering, promoting passivity. In many cases the sufferer does not entirely lack agency, having partial control over their experience of distress. This is especially true in the case of middle to upper class

Additionally, mental disorder is considered “a manifestation of a behavioral psychological, or biological dysfunction in the individual” which is not seen as normal, rational and culturally acceptable (Ussher 2011: 6). The term disorder also denotes states of confusion, chaos, and disruption. Conversely, dis-ease relates to lived experiences, which is why, like art making, managing psychiatric illnesses is a lengthy process. There are no easy routes or quick fixes. Distress, pain and suffering are things most often incommunicable and unreachable. Described as non-communicable illnesses, mental disorders remain without complete cures and still indirectly promote misunderstanding (Mayosi et.al, 2009: 4). Although many live these experiences presently, the history of how the mentally ill were once treated still haunts public perception, further perpetuating stigma. Visual representation and art therapy have been suggested as solutions with which to explore the interior spaces of the experience of disorder⁴.

Art Practice

Based upon autobiographical experiences of mental disorder, I have created an exhibition using found objects, cast sculptures, and natural substances, which combined; speak of my restless attempts to represent the unrepresentable. I draw inspiration from two differing experiences of distress: my mother’s experience of mental disorder; and my own experience of disorder as I witnessed the disintegration of my predecessor and my ambivalent ‘inheritance’ of her disease. In response, my exhibition draws from my own perceptions, to interrogate the damaging traditions of history and stigma that may be identified as disorders within society.

The domestic items and household furniture used in *The Inheritance*, reference women’s lived experiences of distress, and the stigma attached to psychiatric diagnosis. They seem out of place and time, relics from ages past, reflecting themes of material, ideological and genetic inheritance. Petri dishes containing photographs of decaying objects, as well as glass jars containing furniture segments and other specimens of domesticity evoke varied connotations of confinement, contagion and self-preservation. These containers and their contents, encased in shrouds of mould⁵, may be seen to symbolise, my vain attempts to control and conceal rampant disorder. Similarly, a wardrobe, and a dressing table, form containers that

suggestion that such conditions have the ability to cause dysfunction, distress and deterioration, affecting the everyday life of individuals. Discussed by Ussher (ibid. 4).

⁴ One may find extensive literature exploring visual representations of mental disorder, as well as the benefits of art therapy for individuals with psychiatric conditions.

parody Renaissance curiosity cabinets and mimic museum spaces, as well as their unseen storerooms that house collections of objects accumulated through time. The fungal substance performs metaphorically, as an antagonistic force that replicates the distress attached to disorder, the fear of being caught within spaces of contagion, and the ill treatment and oppression of women intolerantly labelled as mad.

In many respects, the unsavoury mould also suggests my own exhaustion, a residue of my personal struggle to understand and express my disorder. Retrospectively, I see in my failure to represent the unrepresentable a failure, also, to fully transcend my own label. Therefore, the mirror object presented in various forms throughout *The Inheritance* facilitates the notion of ambiguous self-identity through complicating direct reflections. The mirror object functions materially and figuratively, reflecting my anxiety as a present-day woman with mental disorder. But it also reflects, in my looking, the experiences of countless past 'madwomen', who were burdened by constructed narratives of self, articulated and defined by the male voice. The mirror thus becomes an ominous object, a threat to the body, an agent of misrecognition and abrasive harm.

Thesis

My research question concerns itself with the ways in which women with mental disorder have been represented through visual practices, as a means of contextualising my exhibition. My thesis interrogates how women living within the Western world, have been historically portrayed through the male gaze, thus situating them within the paradigm of patriarchy. Identifying women's social positioning as a defining factor of her otherness within patriarchal society; and from this vantage point it is important for new visual languages to articulate the lived experiences of these 'Others'. This thesis, therefore, aims to problematise the ways in which women have been perceived by patriarchy in relation to these intense psychological experiences. Holistically, my submission, may be seen to ask the question; how does one represent the unrepresentable experience of mental disorder, within and against the trope of stigmatised representations that have plagued – and continue to plague – this field?

It should be noted that this thesis focuses mainly on Western cultural texts and images that represent certain types of women's experiences, in part because of the gaps and silences in

vulnerable subjectivities and oppressed ‘others’, invariably emanates from a space of Western white male privilege. As such, I use these texts aware of their limitations and bias. My investigation makes use of literature that focuses on feminist Foucauldian analyses of women’s madness. I am guided by Michel Foucault’s philosophical texts, *Madness and Civilisation: A History of Insanity in the Age of Reason* (2001) and *The Birth of the Clinic: An Archaeology of Medical Perception* (1975), which specifically study the development of Western medicine and institutional confinement, in conjunction with the occurrence and progress of the phenomenon of mental disorder.

Foucault’s texts are particularly favoured by feminists, as they are grounded within discourses of oppression. However, due to Foucault’s neutrality towards issues of gender, I supplement my argument with Elaine Showalter’s *The Female Malady: Women, Madness, and English Culture (1830–1980)* (1987), as well as Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* (1991) and *The Madness of Women: Myth and Experience* (2011), which specifically focus on gendered experiences of madness through the exploration of the historical development of women’s diagnoses, confinement, and misrepresentation. In addition, I draw on works by Luce Irigaray, including *Speculum of the Other Woman* (1985), *This Sex Which is Not One* (1985) and *An Ethics of Sexual Difference* (1993). Irigaray identifies the current symbolic order as being exclusionary for women, founded upon phallogocentric apprehensions of women, their minds and their bodies⁶. Utilising the patriarchal formation of the woman as ‘Other’, Irigaray draws attention to problems inherent in the objectification of women, thus locating the body of woman not as a passive object for the male gaze but rather within a space that is defined by absence and therefore ‘unrepresentable’. Thus, I use Irigaray’s texts as well as her reiteration of the woman as Other in order to challenge patriarchy’s perception and visual representation of women as objects of desire.

As a female artist, I am drawn to the practices and representations of subjective experience articulated by other women artists. Hilary Robinson in *Reading Art, Reading Irigaray: The Politics of Art by Women*, has argued that, in recent years, art made by women has “often [challenged] its audiences to think differently if we wish to understand it” (2006:

⁶ Irigaray is a philosopher and author associated with French Feminism (second wave). Irigaray’s texts are concerned with notions of sexual difference and the female body as being lived. Her work is theorized around notions of hetero-normativity and critiques the binary constructed between men and

1)⁷. In this thesis I aim to emphasise the importance of art practice and the ways in which experiences are translated physically and visually. In conjunction, I focus on concepts suggested by Irigaray, including mimesis, mimicry and the mother-daughter genealogy⁸. In discussing these concepts, I consider art practices that borrow, reflect upon and mime the experiences, visual language and performances of preceding generations of women artists. Through these explorations, I attempt to formulate my own modes of representation to express the subject of *The Inheritance*.

In chapter one, visual representations of madness and femininity are explored in an attempt to critique past portrayals of women labelled as mad. These representations are identified as precursors to the present-day stereotypes attached to women's experiences of mental disorder and distress. Focusing particularly on the ways in which mentally ill women were perceived by Western medical sciences, the chapter seeks to emphasise the problems inherent in modes of vision and representation. In this investigation, I focus on the 'medical gaze' afforded to the male physician who has through time controlled the representational practice that dictates how disordered individuals are to be seen and studied (Foucault 2001, 1975).

Chapter two explores space in relation to women's experiences of mental disorder. Space and containment are identified as two thematic elements central to the making of *The Inheritance*. I examine the exhibition's conceptual references to domestication and confinement as reflecting lived experiences and the possibilities of representing interior space. Through discussions of various spaces, including the asylum, the home and the museum, I aim to emphasise the social control imposed upon women through the prescription of space within systems of patriarchy. I discuss the domestic space, exploring how the notion of the home space as protective and nurturing may be contested. Interlinking themes of home and interior space are further explored through an analysis of the Owl House museum. Once inhabited by Helen Martins (1897-1976), a highly creative individual invariably labelled as a 'madwoman', the Martins house becomes an ideal site to explore the metaphoric translation of domestic space within a South African context.

⁷ Robinson's investigation into Irigaray's philosophical ideas have assisted my understanding of art that is both about women and made by women.

⁸ Throughout this thesis, I have read Irigaray's texts directly, and through other writers, Robinson (2006), Whitford (1991) and Grosz (1994), who have discussed Irigaray's thematic concerns in

The final chapter then discusses those artworks presented in *The Inheritance*, which make use of the mirror object to reflect upon self-representation and the mother-daughter relationship in relation to mental disorder. Of emphasis here is the complexity attached to all women, as well as those with mental disorder. The central focus on the mother-daughter relationship, besides being autobiographical, exemplifies Irigaray's suggestion that artists should explore previously unsymbolised relationships between women, occurring in art practice and the current symbolic order. Lastly, I question the possibility of catharsis, of symbolically restoring the identities belonging to women who have been previously denied subjectivity.

Chapter One

Representing the Unrepresentable

The Fear of ‘Feminine Nature’

Crucial to the proposed argument is the identification of the historical positioning of both madness and femininity. Elaine Showalter, in *The Female Malady*, considers how the work of contemporary feminist theorists and philosophers has identified the problematic historical alliance forged between madness and woman (1987: 3)⁹. She argues that between the fifteenth and nineteenth century, various labels for women were fabricated by systems of patriarchy that sought to control and repress (ibid. 10-17). Similarly, Jane Ussher, in *Women’s Madness*, identifies women’s social positioning as being a result of misogynist practices, maintaining that during disruptive points in history, women became scapegoats providing explanations for the “misery or infection” experienced by society (1991: 39, 45). In this context, ‘madness’ is identified as a patriarchal construction as opposed to an illness.

As a consequence of female reproductive functioning, women were historically positioned as wicked, irrational, hypersexual, unclean and ‘Other’. Elizabeth Grosz, in *Volatile Bodies*, argues that the fear of ‘feminine nature’, defined by women’s biology, originated from the recognition of the mind/body opposition that correlates with the opposition between male and female (1994: 4)¹⁰. The body, therefore, became coded in terms that are traditionally devalued (ibid.). As Showalter (1987: 3-4) states:

[Within] our dualistic systems of language and representation, [women] are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture and mind.

As a result of these gender stereotypes, present-day mental disorder remains inherently located within female populations (Ussher 2011). Women, Ussher argues, have been positioned as powerless not only by men, but also by the established system of patriarchy in

⁹ Showalter describes her book as “both a feminist history of psychiatry and cultural history of madness as a female malady” (1987: 5).

¹⁰ Madness in women was once regarded, as being connected to the female reproductive body (Ussher 2011: 18). The notion of “feminine nature” is essentialist, connecting women’s identities to their

which they live (1991: 20-21). One may therefore suggest that the socio-cultural and philosophical formation of woman as ‘Other’ has played a significant role in how women labelled mad have been perceived and treated. Intrinsically focused on destabilising the patriarchal symbolic, Luce Irigaray’s *An Ethics of Sexual Difference* has critiqued the notion of woman as ‘Other’ and her subsequent exclusion from the realm of subjectivity. Through her reading of the story of Oedipus, embedded in Freudian psychoanalysis, Irigaray asserts that the visual is the realm where one encounters most poignantly the absence of woman (1993: 168)¹¹. One may identify women’s absence, lack of integrity and subjectivity as being similar to what I have termed the ‘unrepresentable’. In Irigaray’s view, female subjectivity and sexuality according to the male model resembles “a deformed or insufficiently developed form of male subjectivity” (Donovan 2005: n.p).

This absence of woman-as-subject is notable within the development of Western medical science, where women, unable to represent themselves, were overrepresented and defined by men as ‘madwomen’¹². Through the abuses of patriarchal power many women — whether mentally ill or not — were subjected to mistreatment and misdiagnosis by experts, most commonly male within the field of medical science (Ussher 2011: 1). At the same time, as Laura Mulvey argues, preoccupations with women’s interiority have “haunted representations of femininity through the ages, not consistently manifest, but persisting as an intermittent strand of patriarchal mythology and misogyny” (1996: 63).

The Medical Gaze

Vision, privileged in its ability to identify and register clues in the world around us, has been positioned above all other human senses for centuries (Gilman 1982). In the history of visually representing psychiatric conditions, scholars, artists and medical practitioners have used painting, drawing, sculpture and photography in an attempt to decipher and study patients’

¹¹ Explained by Sigmund Freud in his essay “Femininity” (1933). To understand the foundations of the phallogocentric thought and structure, one usually consults psychoanalytic theories pertaining to castration. In women’s lack of the phallus, women denote absence, and are seen as nothing or having nothing. Irigaray supports Jacques Lacan’s understanding of sexual difference as being assigned through language. Referring to Irigaray, Grosz states: “What remains invisible within phallogocentrism is both the prenatal condition of corporeal existence, the child’s inability to see the mother as source of origin of its existence, and the existence of the other sex, a sex different from and incommensurable with the subject” (1994: 106).

¹² The term denotes a woman who is mentally ill or deemed mad by external powers, i.e., society,

underlying psychopathology and distress¹³. Early medical practices believed that mental disorder, or ‘madness’, was rooted in visible signs and physical characteristics of individuals, especially one’s facial features (ibid. 2). As Michel Foucault suggests in *Madness and Civilization*, “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” (2001: 66).

Beginning in the eighteenth century, the female body was subjected to intense scrutiny by experts in the medical field (Foucault 1978: 104). As Ussher notes in *Managing the Monstrous Feminine*, “Women’s sexuality has been subjected to direct regulation through the pathologisation and medicalisation of sexual dysfunction and [deviance]” (2006: 15-16). Psychiatric confinement, as Foucault expresses, aimed to contain and repress conditions of deviance, protecting the boundaries of ‘normality’, outside of institutions (2001: 232-235). This in turn produced a set of ‘truths’ that defined the perimeters of normality, wherein the feminine was positioned as being outside (Ussher 1991: 11-12). In many respects, the function of surveillance and regulation within these spaces was, therefore, to render women's bodies passive (Ussher 2006: 16). This was facilitated by a powerful regulatory tool, which Foucault, in *The Birth of the Clinic* terms the ‘medical gaze’. Belonging exclusively to the male physician, this ‘objective’ gaze illuminated the “dark underside of disease”, from which illness emerged into the “light of language” (1975: 120, 195). Therefore, the medical gaze attempted to reveal the unseen aspects of mental disorder through visual assessment of the body. In this context disease is reorganised in terms of the scopic realm and the limits of the visible and invisible ailment are reassessed (ibid.).

Within the newly reformed psychiatric institutions of the nineteenth century, following the triumphs of industrialism, the objective function of the medical gaze was extended. In *The Burden of Representation: Essays of Photographies and Histories*, John Tagg observes that the development of new regulatory and disciplinary apparatuses was closely linked to the formation of new social and anthropological sciences, including psychiatry and comparative anatomy (1993: 5). Consequently, technologies such as the camera and the photographic image were used to study and record the body (ibid. 70). Acquiring an alternative lens, the gaze

¹³ This chapter focuses on how women – whether mentally ill or not – were represented by medical science. However, many artists, especially Romantic painters prior to the twentieth century, such as

reproduced itself through photographic representation. First introduced to psychiatry by Dr Hugh W. Diamond, who maintained that photography functioned objectively to assist in the treatment of disorder, photographs were seen to constitute a permanent record for medical and physiognomic analysis (Gilman 1982: 164)¹⁴. According to Diamond, the photograph captures and secures the external moments of passions that indicate “internal derangement”, exhibiting a sympathy that exists between the diseased brain and the features and organs of the body (Tagg 1993: 78)¹⁵.

However, as Foucault asserts in *Discipline and Punish*, power, knowledge and meaning have a reciprocal function (1979: 23-27). The power of the photographic image lay not only in the camera’s ability to capture visual evidence, but also in the way the camera facilitated the physician’s constructions of images representing categories of disorder (Tagg 1993: 1)¹⁶. As such, the photograph reproduced reality according to the physician, and further legitimised his personal beliefs about his subjects of scientific inquiry (Gilman 1993: 358-359)¹⁷. Thus, the practice of seemingly disinterested looking (corroborated by photography) further sanctioned the pathologising of deviance. For within the repressive apparatus of the institution, the power asserted upon bodies, through the gaze, did not and does not exist neutrally¹⁸. As James Elkins writes in *The Object Stares Back: On the Nature of Seeing* states, “Looking immediately activates desire, possession, violence, displeasure, pain, ambition, power, gratitude and longing” (1996: 31). Perception, in effect, distorts that which it looks at, transforming bodies and subjects into objects.

Collecting Bodies and Performing Disorder

In many respects, one may argue that the process of generating records in nineteenth century

¹⁴ Physiognomy, now deemed a pseudoscience, was a study based on the observation of facial expressions and visual characteristics of individuals in order to discern underlying illness and disease. External factors were thought to reflect the internal character and disorder (Lavater 1850).

¹⁵ Medical practices of the time were predominantly based on observable phenomena; deductions and diagnoses were made from the visual regarding of the human body, its social traits and status as well as analogies and dominant ideologies (Eisenhauer 2008; Gilman 1982).

¹⁶ This idea originates from Roland Barthes’ *Camera Lucida* (1981).

¹⁷ A British psychiatrist praised as the “father of clinical photography” (Gilman 1976: 5). During his time in Surrey County Asylum, Diamond took several photographs of his female patients (Gilman 1993: 356).

¹⁸ Western psychiatric institutions were constructed according to what Louis Althusser calls the “Repressive State Apparatus” (RSA), which contain apparatuses of the State that function through

psychiatry reflected the institution's process of collecting and containing disorder¹⁹. Similarly, one may suggest that asylums were living encyclopaedias devoted to the medicalisation, categorisation and possession of bodies. The rise in female occupants was predominantly due to the infamous condition of hysteria. Conveniently and almost exclusively relegated to female bodies, the very diagnosis of hysteria, was rooted within misogynist discourses that expounded on the essentialist 'nature' of women, allowing for the term to become interchangeable with the feminine (du Preez 2004: 47)²⁰. Signifying the threat of female interiority, hysteria, as Showalter argues, had an "unstable repertoire of emotional and physical symptoms" which included "fits, fainting, vomiting, choking, sobbing, laughing [and] paralysis" (1987: 129). Manifesting through visual symptoms positioned as identifiable signifiers of female deviance, as well as femaleness, the condition became easily representable. Jane Kromm in *The Feminization of Madness in Visual Representation* identifies nineteenth century Western visual culture as being dominated by repeated instances of women's bodies in psychiatric representations (1994: 507).

The largest collection of images documenting hysteria was facilitated by French physician Jean-Martin Charcot (1825-1893). Reflecting medical science's desire to control women's bodies and their contents, Charcot intensely observed and recorded the visual appearances of hysteria, through the use of photography²¹. The images (fig. 1-2) taken at his command recorded the supposedly legitimate symptoms and phases of hysteria and were used as objective references for scientific investigation and comparison (Gilman 1993: 352). However, Charcot's pseudo-documentation of hysteria overemphasised and legitimised the negative stereotypes of the "emotionally unstable female object" or "sexually preoccupied madwoman", encouraging the domination of women through the visual (Kromm 1994: 508-511).

¹⁹ In reading both Foucault (1979, 2001) and Tagg (1993), one might imagine the practice of photography as being intricately woven into spaces that maintain the social order through the control of the human body.

²⁰ Taken from the Greek word for 'uterus', hysteria was believed to have been caused by the spontaneous dislodgment and movement of the womb throughout the body. Originating from Plato's theory that the 'womb is an animal,' the reproductive organ was regarded the root of women's madness. These beliefs later influenced future theories of doctors, monopolising other explanations through the sole identification of the female body as being controlled by her sex (Ussher 1991: 74-79).

²¹ This occurred while Charcot was superintendent at the Salpêtrière, a Parisian psychiatric clinic particularly used to house women with mental disorders. Charcot's photographs of female hysterics

Amanda du Preez, in *Putting on Appearances: Mimetic Representations of Hysteria*, claims that the predominance of vision may be coined ‘phallogocentrism’, a combination of ‘ocularcentrism’ and ‘phallogocentrism’, unifying patriarchal control with the visual (ibid.)²². Of Charcot’s reliance on vision, Showalter notes that his public lectures (fig. 3) were among the first to use images, statues, wax models, illustrations, and the presence of patients as live models serving as “visual aids” (1987:148). Thus, medical observation came to resemble aesthetics (du Preez 2004: 48). Furthermore, the overrepresentation of women’s bodies (by Charcot and others) may be seen as a theatrical promotion of voyeurism. Irigaray identifies phallogocentrism as highly problematic in that vision, a privilege awarded to men, is exclusionary to women. As Irigaray (1978: 50) explains:

Investment in the look is not as privileged in women as in men. More than any other sense the eye objectifies and it masters. It sets a distance and maintains a distance. In our culture the predominance of the look over smell, taste, touch and hearing has brought about an impoverishment of bodily relations.

Concerning John Berger’s view that a man’s social status is defined by the power which he asserts upon others, the hysterics, arguably, represented extreme passivity made manifest through the female body defined by patriarchy (1972: 45-46)²³. As Showalter (1987: 148) notes, the hysteric, being surrounded by images of women's distress, was expected to perform symptoms signifying the constructed feminine. Similarly, Ussher (2006: 3) asserts, “Representations reflect and construct regimes of truth within which women become ‘woman’”. Thus one might contend, along with Judith Butler, that gender is a performance: “Gender is the repeated stylisation of the body, a set of repeated acts within a highly rigid regulatory framework that congeal over time to produce the appearance of substance, of a natural sort of being” (2004: 91). Through photography the woman afflicted by hysteria is silenced. Therefore, her performance and obligation to the hysterical role asserts the inequality between observer and observed. Met by the gaze, which silences women, the hysteric was made an unreliable witness to her own pathology as her voice was replaced by the physician’s

²² The terms “phallogocentric” and “phallogocentrism” refer to the masculine symbolic order, which is dictated by the economy of the phallus. Mulvey notes, “the paradox of phallogocentrism in all its manifestations is that it depends on the castrated woman to give order and meaning to its world” (1989: 803).

voice. Therefore these women were reduced to “storied bodies” (Matlock 1994: 137). This objectification eclipsed any real distress felt by women labelled hysterical. Women’s subjectivities “remained notoriously invisible” within the phallogentric view (du Preez 2004: 48). Through the implicit connection between the feminine and unreason associated with the body, women were and are unable to represent their subjective experiences (Grosz 1994: 4).

Nevertheless, the task of the silent gaze, according to Foucault, is to locate the symptoms of that which is unseen and therefore unrepresentable (1975: 195). In line with this, du Preez calls the hysterical condition a “dis-ease” that “manifests exclusively through appearances, and is reproduced in imitations and representations” (2004: 47). Dis-ease, in this context, refers to intense feelings of discomfort, where the condition of hysteria constitutes a reaction to oppression instead of an actual biological disorder. In this sense, the phenomenon is actually symptomatic of women’s subjective experiences of mental and physical distress attached to the medicalisation of their bodies. In turn, dis-ease embodies their resistance in calling into question the very nature of their condition²⁴.

Such a reading allows for the hysterics of the late nineteenth century to be appropriated as “proto-feminists”, in that they seemingly performed disorder in resistance to their patriarchal containment (du Preez 2004: 47). Helene Cixous (1986: 12), for example, claims the hysteric to be “the core example of the protesting force of women”, utilising the camera, a tool of the gaze with which to express her distress. Similarly, Ussher (1991: 75) argues that feminists have reinterpreted women’s performances as critical responses to the overt oppression of women’s bodies and the repression of their subjectivities. Through psychiatry’s designation of the female body as innately sick, women’s assignment to a life of confinement and inactivity was justified. Having no social power over paternalistic structures in society, “women were both accepting of their inherent sickness and finding a way to rebel against an intolerable social role” (Ehrenreich and English 1978: 139).

‘The Daughter’s Disease’

As a ‘solution’ of sorts to hysteria’s unproductive representations one may look to Irigaray’s

²⁴ Du Preez (2004: 59) further notes the study of hysteria aimed to promote dis-ease as actual disease, in order to legitimise psychiatry’s scientific objectivity. This repeatedly points to socio-medical practice’s

critical tool of mimesis, theorised in *This Sex Which is Not One*. The concept signifies a process of resubmitting women to stereotypes pertaining to women, in order to challenge these views, and in turn reassert women's subjectivity (Donovan 2005: n.p)²⁵. Suggesting mimesis as a useful technique for women artists representing women's lived experience, Robinson divides the concept into two parts (2006: 17-51). The first being 'productive mimesis' whereby an artist brings her interpretation and nuances to an existing idea or artwork in order to expand upon themes or improve upon the original. The second, 'non-productive mimesis' or 'maintenance mimesis', is a repetition that does not challenge the work or its ideas. In the case of representing women with disorder, or in distress, this would mean re-inscribing and perpetuating the phallogentric medical gaze (whether deliberately or inadvertently). In relation to the above discussions, Irigaray regards hysteria's performance as a form of non-productive mimesis, "as its strategy to achieve the power of self-determination is one of mimeticising femininity to the extreme of paralysis, muteness or even death" (Robinson 2006: 8).

Irigaray believes that one cannot overcome negative perception and representation through ignorance, and thus it is through resubmission and reproduction, in productive forms of mimesis, that these stereotypes may be exposed, demystified and ultimately overcome²⁶. Thus, one needs to identify the historical misrepresentation of women's distress as problematic precisely because it continues to inform current perceptions of psychiatric conditions associated with women. Various scholars have noted how the numerous misrepresentations produced since the discovery of insanity, have translated into stigma (Eisenhauer 2008; Wahl 1992, 2012). At the centre of stigmatised perception, as noted by Sander Gilman in *Disease and Representation*, is psychiatry's pervasive desire to perpetuate a troubling delineation of the boundaries between the sane (society) and the insane (the 'Other') (1988: 48). Stigma may be perceived as a metaphorical and literal branding of the body, in order to condemn and mark the 'Other'²⁷.

²⁵ A description of mimesis is provided by Irigaray in *This Sex Which is Not One* (1985a: 76).

²⁶ Robinson (2006: 17-18) claims that certain concepts posited by Irigaray, "Are of the utmost importance for visual art, not only for the languages of art (making of resemblances, images and representations within the art object) but also for the discourse around art (art as a set of practices with traditions, histories and theories from which practitioners learn and within which they situate themselves)".

²⁷ Stigma is defined as 1) A mark of disgrace associated with a particular circumstance, quality or person and 2) (in medicine) it is a visible sign or characteristic of a disease, i.e., a lesion or mark on the skin. Erving Goffman (1963: 3) defines stigma "an attribute that is deeply discrediting", one that

As women, we implicitly inherit these problematic histories and therefore bear this mark. In art practice, hysteria becomes the ‘daughter’s disease’ — a mode of protest for women seeking to represent themselves in the current symbolic²⁸. Thus, through mimesis, women artists may respond to negative stereotyping, as well as challenge and expand upon existing processes used to explore gendered subjectivity²⁹. For example, throughout her long career in art practice, Louise Bourgeois has concerned herself with issues of gender through investigating autobiographical experiences of being woman (Robinson 2006: 2). The ‘arch of hysteria’, as theorised by Charcot and photographed by Paul Regnard (fig. 4) is subverted in Bourgeois’ *In and Out* (fig. 5) and is arguably mimetic³⁰. In the work, the pervasive misogyny found within psychiatric history is contested through the employment of a nude male figure to replace the overtly sexualised female hysteric (Bourgeois et al. 1998: 236). Mimicking this stereotype through masculine forms, Bourgeois transgresses the social and sexual roles assigned to women, challenging the misconception of hysteria as feminine. Through this subversion, attention is drawn to how the visual presence of the body is used in normative historical discourse to classify disorder and emotional disturbance.

Important to *In and Out* is the mirror object. According to Diamond, photographic images shown to hysterics performed like mirrors, as they supposedly reflected their underlying pathologies. Functioning therapeutically, these mirror images allowed the women to become conscious of their condition (Gilman 1993: 353, 355). However, in *Speculum of the Other Woman*, Irigaray suggests that the constructed representation of ‘woman’ as ‘Other’ functions as a mirror for man. Here, ‘woman’ is not the same as man but rather “his place of origin”, reflecting the male subject: “a faithful, polished mirror, empty of altering reflections” (1985a: 239). As such, woman exists as a precondition for vision as well as an object of vision in the metaphysical tradition; however, she is rarely positioned as a subject who may partake in viewing (du Preez 2004: 48). Reflecting on previous discussions, hysteria may be considered as a distorted delineation of women’s experience, resulting from the dialogue between dominant physician and subordinate ‘Other’. This is to say that the hysteric mirrors the

²⁸ Showalter makes use of the notion of the ‘daughter’s disease’ (1987: 147).

²⁹ Robinson (2006: 18) has noted that, “In recent decades, mimetic practices have been used by women in their work in a manner which is overt, that is strategic, and that comments upon those practices and/or upon the works being mimeticised”.

³⁰ *In and Out* is a part of Bourgeois’ *Cells* series, of which: “represent different types of pain: the physical, the emotional and psychological, and the mental and intellectual [...] Each *Cell* deals with the pleasure of the voyeur, the thrill of looking and being looked at. The *Cells* either attract or repulse each

physician, and in turn the physician reflects hysteria. Therefore, one might suggest that *In and Out* visually emphasises the role of power within hysteria and therefore the inequality produced by the gaze.

In and Out makes use of the round mirror, similar to the curved mirror of the “speculum” used to look within, instead of reflecting outward (Robinson 2006: 67). Conceptually, the speculum may be one that is of the ‘Other’, as this type of vision, Irigaray suggests, allows the invisible interiority or subjectivity of woman to be explored (1985a: 144). Contrastingly, Bourgeois’ mirrors complicate the act of looking by denying the viewer an accurate representation of truth, instead providing a distorted view. By only reflecting parts of the objectified body, reality is fractured, negating a complete narrative or image. As Frances Morris in *Louise Bourgeois*, claims:

Mirrors are devices for reflection, for capturing a kind of truth, but when polished or curved they are also means of intensification and magnification. Both effects contain aspects of distillation and clarification, but also of distortion and manipulation (2000: 6).

Bourgeois’ mirrors effectively blur the boundaries between hysteria as fantasy and women’s distress and disorder as ungraspable reality. The disturbance shown physically in Bourgeois’ bronze figure seeks to challenge the gaze, further asking one to consider the realities of interior distress regardless of its invisibility³¹. However, unlike the aims of physician’s to reveal invisible ailments, Bourgeois work explores and exposes tensions and traumas that have resulted from the physician’s visual diagnoses. In response to these various invisible undercurrents, the multiple mirror reflections are positioned at various angles. In this sense, one may suggest that Bourgeois’ mirrors are reminiscent of panoptic vision, often used in prisons and asylums (Foucault 1979: 199-202). Based on Bentham’s Panopticon, panoptic vision performed in institutional spaces, which were divided so “they were like so many cages, so many small theaters, in which each actor is alone, perfectly individualized and constantly visible” (ibid. 200). By extension, the term ‘cell’ used to title Bourgeois’ work, conceptually references the biological cells inherent to all living organisms, whilst simultaneously alluding

to prison cells, spaces of isolation and containment (Bourgeois et al. 1998: 263)³².

In turn, Bourgeois' work provides a point of access into my art practice via my installation *A Visual Taxonomy of a Disordered Experience* (fig. 6), where individual objects refer to microcosms³³; larger issues, narratives or ideas that lie trapped within too small a container. The work features photographed details of mouldy surfaces, which, on closer inspection, belong to objects found in the domestic realm, associated with codes of femininity³⁴. The photographs of these objects are then held within petri dishes, which are referents of visual anthropology, or the scientific comparative measurement of specimen subjects within isolated vessels. The macro images produced for this work reveal as much as they conceal, performing like the multiple round mirrors in Bourgeois' work to disrupt the all-seeing gaze. In the context of my exhibition, this sense of scattered or unreliable vision then mirrors the ambiguity of my experience of mental disorder as woman. Drawing on Diamond's positioning of his patients as "'specimens', an iconic representation of a diagnostic label, and an object for analysis", the installation perhaps becomes a subversive visual taxonomy hinting at the impact of oppression (Eisenhauer 2008: 16).

In this sense, the photographic objects, authored by someone who identifies as a woman with a disorder, seeks to critique the manner in which women's subjectivity and experience is shaped by the gaze. At the same time, the prevalence of mould (in the photographs and elsewhere in the exhibition) suggests an infectious spread of decay, alluding to the way in which disorder is exacerbated, perpetuated and extended by stigma³⁵. If one considers the impact of stigma on the individual, one finds that processes of pathologising or labelling perpetrate cycles of self-stigma, in a manner not dissimilar to contagion (Corrigan et al. 2002). As such, petri-dish photographs of mouldy, domestic objects may be read as

³² Morris (2000: 13) states: "It was not until the *Cells* that Bourgeois created a dynamic, spatial formula for the exploration of body and environment, self and past, past and present. (...) Evoking the biological cell as well as the imposed cell of the prison or the self-imposed cell of the convent, each one explores, through metaphor, an aspect of human pain or suffering."

³³ Defined as "a community, place or situation regarded as encapsulating in miniature the characteristic qualities or features of something much larger" (OED 2016).

³⁴ These objects stereotypically denote the expected activities of women defined by patriarchy, i.e. an iron is used as a recognisable symbol for housework.

³⁵ Multiple studies (Corrigan 2006; 2008; Thachuk 2011; Wahl 1992, 2012) have warned about the effects of stigma on the mentally ill. As such, these individuals often internalise stereotypes and misconceptions, through experiencing misrepresentation and societal stigma. Individuals may then develop self-stigma, as a result of their diagnosis, its associations further affecting the individual's

misperceptions of self, which mimetically invoke and displace the scientifically objectified female body, challenging the construct of the feminine.

As Eisenhauer (2008: 13) argues, both historical and contemporary visual representations of madness are responsible for the creation of a “visual culture of stigma”. In response, my installation attempts to problematise the legacy of historical representations by “[illuminating] the underside of [dis-ease]” in order to subvert the supposed objectivity of the medical gaze³⁶. Ultimately, the work extends towards pathologising vision itself, instead of focusing narrowly on individuals with disorder. Similarly, *In and Out* looks back mimetically through the hysterical body thereby subverting and resisting patriarchal constructions of gender. The headlessness of the figure implies subjective absence and its emasculated features further suggest castration³⁷. This, one might argue is symbolic of a disavowal of patriarchy. Bourgeois herself claims that the cutting of the figure’s limbs signifies the return of control to women as well as the female artist: “it is a move from the passive to the active” (Bourgeois et al. 1998: 237).

In turn, the symbolic mutilation of the body in Bourgeois’ work links to my installation via Julia Kristeva’s concept of abjection, presented in her essay *Powers of Horror* (1982). Alluding to bodily leakages or marginal substances traversing familiar boundaries, the mould in my work may be seen to signify the abject³⁸. Abjection, in this context, becomes an act of resistance, threatening the patriarchal control that seeks to delineate and contain women. As with female interiority, mental disorder could be regarded as a threat to patriarchy in its opacity: “treated as a mystery and acutely enough feared [it] will be felt to be morally, if not literally contagious” (Sontag 1978: 6). On the one hand, then, the mould may be seen to express the deterioration of women’s subjectivities, due to the pernicious spread of patriarchal norms; the stigma attached to psychiatric conditions; and the fear associated with being affected by dis-ease. But on the other hand, as a disruptive, abject force, it also bespeaks a malevolent contagion that resists and defies the patriarchal symbolic.

³⁶ Adapted from Foucault’s original quote used on page 10 of this thesis.

³⁷ This is seen in the smoothing of the genital regions. One may also interpret this work through Bourgeois’ complicated relationship with her father, wherein by enacting violence upon the sculptural body, she expresses her anger towards him and his abuses, in turn robbing him of power.

³⁸ Although the female body is absent, the work nevertheless, invokes bodily presences through natural

Reflecting on these discussions, *The Inheritance* thus attempts to expose the problems inherent in representation, when approaching the unrepresentable terrain of disorder. Various ‘containers’ — symbolic of the arresting clinical gaze — simultaneously perform the anxieties of mental disorder and the ever-present de-limiting experience that comes with being a woman in patriarchal society. Conversely, the photographic process, in visually fixing the unpredictable spread of fungal substances, becomes an obsessive performance that alludes to the miming of hysteria³⁹. As such, my processes of containing the unrepresentable symbolically rectify the spread of dysfunction and avoid a return to passivity. My work suggests both a refusal to be seen as disordered and a performance of the fear of succumbing to disability, through a subversive miming of disorder. In approaching and appropriating Irigaray’s concept of productive mimesis, it attempts to look back towards the visibility of hysteria and subsequent destabilising stereotypes ascribed to the feminine.

In response to the discourses, which produce fictions framed as facts about women’s bodies, my work seeks to place emphasis on a festering culture of mistreatment and stereotypes that seek to define and maintain the social order. One might readily suggest that the real threat to woman’s subjectivity is not mental disorder, but the history and subsequent stigma of its identification as an unruly disease. Because of this pernicious legacy, the experience of psychiatric disorder cannot be represented if stigmatisation is not considered as part of the event. The practical components and processes involved in the making of my exhibition, have partially attempted to represent an experience of mental disorder, which recognises the burden of this history on the ‘Other’.

Beginning as a response to my fear of ‘inheriting’ my mother’s mental disorder, the exhibition has evolved to encompass a broader understanding of the negative history comprising this heritage. It is well documented how the inherited associations between madness, dysfunction and women continue to disadvantage those who experience mental disorder today⁴⁰. This problematic relationship facilitates the stereotype of women being the carriers of disorder, thus passing these on through the mother-daughter genealogy⁴¹. As Ussher

³⁹ Please refer back to thesis introduction for a description of the exhibition’s contents.

⁴⁰ Ussher talks about these issues in *The Madness of Women* (2011).

⁴¹ Recently researchers have shown interest in the biological heritability of psychiatric disorders (Craddock et al. 2006; Levinson 2006; Lau et al. 2010). Not all diagnoses are shown to have heritable traits, however, mood disorders like Bipolar disorder, as well as extreme psychosis like Schizophrenia

(2011: 3) has found, “Madness is a spectre that haunts all women. No woman is immune from the psychiatric diagnosis; no woman is immune from the distress (or ascription of deviance) that can lead to this diagnosis”.

Chapter Two

Spaces of Containment

Domesticated Death

In my art practice, I have attempted to externalise my fraught interior space, so that the objects of *The Inheritance* may be given a home. In the previous chapter, it was emphasised that women experiencing mental disorder –partly due to patriarchy – lacked the ability to freely represent themselves, let alone create their own spaces. In the eighteenth and nineteenth century psychiatric confinement reflected Western society’s fear of the ‘Other’ (Foucault 2001: 232-235)⁴². Reiterated through their architecture, these institutions aimed to treat, contain, and isolate individuals (ibid.). Outside these spaces women’s position in the home as wife and mother allowed for the overall construct of women’s experience to be synonymous with domesticity (Showalter 1987: 3)⁴³. Due to social constructions of space and gender that justified and sustained these limitations, women became increasingly vulnerable to pathological labelling and institutionalisation (ibid. 17-18). Consequently, asylums attempted to emulate the familial domestic space in order to confine and cure female irrationality (ibid.). In *Women’s Madness*, Jane Ussher regards the confinement of women, throughout the history of medicine, an act of oppression done by men (1991: 20)⁴⁴. Thus, the strict social and spatial control over women’s bodies and their subjectivities could be viewed as a type of “domesticated death” (ibid. 91-92).

In my exhibition, the focus on objects of domesticity as signifiers of women’s experience is supported by the home environment’s historically consistent appearances within women’s lives. As Nancy Spector explains in *Louise Bourgeois: The Locus of Memory*: “Reiterated over and over again...the home is portrayed as a female site, the interstices of which encompass the pleasures and pains of woman’s experience” (Kotik et al. 1994: 81). The selected items, imbued through centuries of gendered coding to represent femininity and its rituals, are presented as surrogates for the stigmatised female body, which has often been

⁴² I look to confinement in the Western world as South Africa was colonised by Europeans, and therefore psychiatric institutions were constructed based on European models (Du Plessis 2014: 102).

⁴³ Western culture’s basic idea of ‘womanhood’ is one constructed by and based on a patriarchal system of gender. Therefore, it is a limited and exclusionary definition of what it is to be women.

⁴⁴ Feminist theory has supported this view of misogyny and in many ways attempted to expose the

objectified within medical institutions as well as the home. 'Home' has often functioned as a metaphor for protection that leads back to the safety of the mother's womb, one's first domicile. As such, a man's building of the house is perceived as an act of recreating this lost home, where after he proceeds to place within his possessions as well as his wife, who – as a further 'possession' – reflects his identity (Young 2005: 124). In turn, women's historical binding to the home is re-inscribed by patriarchal norms, which position women as nurturers of men's subjectivities (ibid. 123). As Irigaray contends, this is at the expense of women's identities, as they become "deprived of active subjectivity" because of their roles in supporting men (ibid.)⁴⁵.

In many respects, this pervasive oppression and denial of women's agency fuelled and exacerbated mood disorders like depression, which have become common diagnoses for women's distress since the nineteenth century (Showalter 1987: 18). Depression is characterised by symptoms of prolonged or severe grief, restlessness, irritability, despondency, anxiety and sleeplessness (Solomon 2002: 286). Compounded by the ignorance of physicians, women's interiority and reality of lived experience continued to be unrepresented. With the development of psychoanalysis, however, women were permitted and encouraged to voice their thoughts and emotions (Showalter 1987: 155). Various creatives of the nineteenth and twentieth century used this opportunity to protest the pathological control over women's bodies and voices. Showalter (ibid. 158) notes that whilst some psychiatrists regarded the rebellion against domesticity as itself pathological, others saw the repetitious activities and domestic routines "to which bright women were frequently confined" as the very cause of their condition⁴⁶.

My ambivalent attitude towards the home coincides with my witnessing of my mother's depression (and mania), and how this impeded her roles as wife and mother. To express this, I sourced objects usually associated with stereotypical feminine rituals and household living. The viewer's attention is directed to elements of dysfunction expressed through sculptural disharmony. Through processes of deconstruction and reconstruction, chairs, tables,

⁴⁵ Simone de Beauvoir suggests that women's work within the home is bound to immanence, whereas men's work is transcendent (Young 2005: 124). Here, 'women's work' refers to the conventional/patriarchally defined gendered activities within the domestic setting. Kromm (1994: 517) discusses this further.

⁴⁶ According to Showalter (1987: 158), Freud and Joseph Breuer, who developed psychoanalysis,

wardrobes, and dressing tables, associated with notions of home and belonging, are disrupted. Contamination and decay is evoked through fungal substances to further signify states of absence and abjection in relation to the housewife/mother; functioning as a complete disavowal of domesticity. At the same time, the decay found in the exhibition is suggestive of subjective trauma experienced in spaces intended to function as protective and nurturing.

In *Chairs* (fig. 7), dissimilar objects, suggestive of bodily presence, are grafted together. In the work, the bodies of chairs become reminiscent of exquisite corpses as they are fragmented and reassembled⁴⁷. Their legs, seats and backs are cut, and the fragments placed in glass jars before being grafted back in place to form new objects. The merging of object and implied body is used so that the objects appear ambiguous, positioned between the boundaries of house, laboratory and museum. As a substitution for the overrepresented female body, these objects become grotesque anthropomorphic figures, blurring the boundaries between objectivity and subjectivity. In response to my discomfort towards my mother's condition, the notion of protective home is challenged in my exhibition by positioning the mother's body as a space of dis-ease, one that cannot be returned to. This is in-line with a feminist consciousness, conjured by surrealism, which endeavoured to banish the patriarchal maternal body (Nixon 2005: 69). In my work, I conceptually position my own mother as a "patriarchal mother" (ibid.)⁴⁸. My mother's passivity may be viewed ambiguously due to both her resistance to as well as her acceptance of normative roles. Therefore, it is not so much her refusal to act, but her inability to transcend these limiting definitions. Conversely, I have actively transcended these roles associated with both woman and mental disorder, whilst my mother remains trapped by both her condition and the role society expects her to play.

Similarly, Louise Bourgeois' *Femme Maison* recreates the female space of house and home as both protective and unfamiliar. Directly translated as 'woman house', this work illustrates the artist's anxieties about women's relation to the domestic⁴⁹. Bourgeois' use of biographical narratives often positions her work as "symptomatic of a dysfunctional family background" (Robinson 1996: 17). In the painting (fig. 8), a woman is represented with her

⁴⁷ The exquisite corpse: "that quintessential surrealist mode of collective production in which disparate elements are conjoined". Objects, images and words are assembled to create something that is often characterised by strange metamorphoses and hybridity (Nixon 2005: 53).

⁴⁸ The term 'patriarchal mother' is in connection with 'motherhood' as defined by patriarchy.

⁴⁹ Created between 1945 and 1947. Nixon (2005: 56) states: "In the early 1940s...Bourgeois...invented a character, the femme maison, to portray the predicament of a woman artist and mother, homesick in

head in a house, or a house is positioned where her head should be. In *From the Bell Jar to the Cage: The Developmental Path of Louise Bourgeois' Cells*, curator Julienne Lorz suggests: “this woman’s identity and the realm of thought are contained within the domestic setting, therefore defining her in the traditional role of housewife and mother tending to house, home and children” (2015: 1).

The woman’s face is concealed, the part of the body that signifies individuality, emotion, communication and therefore subjectivity. In relation to women with mental disorder, Ussher asserts, “Labelling us mad silences our voices” (1991: 7). Akin to this, Bourgeois figure is passive, static and situated in isolation. The objectified body is uncomfortably grafted into the domestic, the woman is muted and her identity decided by an external captor (Lorz 2015: 2)⁵⁰. Following *Femme Maison*, Bourgeois has expressed similar concepts architecturally and sculpturally. In the Cells, her ‘houses’ are consistently positioned as being under threat by either interior or exterior forces that have the capacity to destroy patriarchal notions of family life⁵¹. Similarly, my use of mould seeks to problematise aesthetic conventions linked to representations of women’s bodies, as well as expressing the dysfunction found in seemingly normative familial relationships. The mould, indicative of defunct femininity in the unmaintained home, implicitly challenges constructions of domestic space, gender and subjectivity.

Drawing correlations between my *Chairs* and *Femme Maison*, and their formulated relations between space and body, the question of nature versus nurture becomes relevant. Many psychologists have argued that the development of psychiatric disorder is a consequence of genes and biological factors (interior nature) as well as environmental factors such as one’s upbringing and home-life (exterior nurture)⁵². These two partitions of human development allow for ambivalence in the identification and treatment of these conditions. In response, my works bring into play the tensions between inside and outside through the use of glass jars;

⁵⁰ Bourgeois draws attention to woman being reduced to her object position (without subjectivity) by painting her figures nude.

⁵¹ Gleaned from a reading of *Destruction of the Father: Reconstruction of the Father* (1998: 248), this can be found in Bourgeois’ *Spider (Cell)*, where the mother is seen as ambiguous, being both nurturing and threatening. Many writers tend to locate Bourgeois’ familial concerns within an Oedipal dynamic of father, mother and child of which she expresses defiance. Of reference here is the paternally constructed home, where the man is seen as the head of the family (Nixon 2005: 267).

⁵² Bruce Pennington discusses this extensively in his book, *The Development of Psychopathology*:

their contents threatening to leak, spill or filter into the exterior world. Here, one may refer to Mary Douglas who argues that the limits of the social are determined by that which is ‘out of place’, things and substances which seek to contaminate our sense of order in society (1966: 4). The jars appear unseemly, grafted awkwardly into place, but decaying contents also render the interior spaces of containment unliveable and uninhabitable.

In many respects, my artworks foreground this contaminated space of female interiority as a site of potential resistance, by alluding to the abject as that which “disturbs identity, systems and orders” (Kristeva 1982: 4)⁵³. The abject, which is “aligned with the feminine, the procreative, the maternal”, immediately conjures the patriarchal positioning of women’s bodies as spaces of dis-ease (Rogers 1997: 230). The power attached to this space stems from both fear of and fascination with, the complex, the unknown or the ambiguous (ibid.). Therefore, one might suggest that the metaphoric use of the abject becomes an expression of the repressed object (woman) who seeks the formation of a stable subjectivity (Kristeva 1982: 44)⁵⁴. The simultaneous containment and preservation enacted through the numerous glass vessels in *The Inheritance* further evokes these ambiguities.

Similar to the windows and doors in *Femme Maison*, the jars suggest possible communication between interior and exterior spaces. Ambiguously, they conjure ideas of entrapment and claustrophobia, but are also spaces of both “refuge and simultaneous confinement” (Belton 2015: 67). As such, they allude to complexity surrounding notions of ‘home’: as many post-colonial feminists argued, one cannot completely abandon the concept of the maternal or the values of the home, as they are ambivalent rather than wholly oppressive⁵⁵. As Young (2005: 124) asserts, “despite the oppressions and privileges [it] historically carries, the idea of home also carries critical liberating potential because it expresses uniquely human values”. This is especially found in regards to the strategies of “meaning-making” and preservation enacted by women in the home (ibid.). These ideas are articulated through a discussion of Helen Martins’ Owl House, which may be seen as a critical reconstruction of her place in the world.

⁵³ For example, a corpse exists as neither human nor non-human, it is in-between. Moreover, the mother’s body exists within an abject state: belonging and not belonging.

⁵⁴ One is reminded that mental disorder is not the core problem of these experiences, but rather the history that accompanies it. Despite these obstacles, one’s unconscious, identity and subjectivity remain in continual transformation.

⁵⁵ Young (2005: 125) cites essays by feminist writers Martin, Mohanty, Honig and de Lauretis, which

The Owl House

*Self-expression is sacred and fatal*⁵⁶.

For centuries women were condemned for “inappropriate self expression, not being a ‘paragon of domestic virtue’ or failing in their role as wife and mother” (Ussher 2011: 68). In the case of Helen Elizabeth Martins, after years of dutifully caring for her ill and elderly parents, she began obsessively transforming her domestic environment through construction, rearrangement and collection (Emslie 1991: 20-41). After her parents’ death, Martins inherited her former childhood home, which she lovingly reconfigured and renamed the Owl House. After Martins’ passing, the space became a national monument and public museum (Ross 1997: 18).

As a result of her obsessive and strange behaviour, as well as her friendships formed with people of colour, Martins was positioned as an outsider within her community (Ross 1997: 54-55). Her isolation was compounded by her age, as well as her social status as an unmarried woman (ibid.). Believed to have been mentally ill, Martins is often described as a ‘mad visionary’ due to the intense manipulation and re-making of her surroundings, as well as her alleged experiences of depression, anxiety, compulsive obsessive and anti-social behaviour (ibid. 112-123)⁵⁷. Many apprehend her creation of the Owl House as an expression of her confinement to the home in which she was born (ibid. 15). In this, the environment is arguably representative of Martins’ identity itself, a self-portrait in the form of a house: South Africa’s very own ‘Femme Maison’.

Broadly identified as Outsider art, the Owl House may be perceived as Martins’ response to a rather difficult lived experience, and therefore it is suggested that her biography is deeply entrenched within the space⁵⁸. Consisting of an entanglement of creations projected from Martins’ unconscious fantasy, the space may be positioned as one that embodies the realities of women’s lived experiences whilst simultaneously representing one woman’s need for transcendence. Many visitors of the museum regard the space as “unique”, “beautiful” as

⁵⁶ Louise Bourgeois quoted in *Destruction of the Father, Reconstruction of the Father* (1998: 222).

⁵⁷ Although not formally diagnosed, many scholars of psychology, including Mitchell (2014) and Bareira (2001) have questioned the mental health and experiences of Helen Martins through the conducting of ‘psychobiographies’; biographies that focus on the psychology and pathologies of its subject.

⁵⁸ Both Emslie (1991: 30-33) and Ross (1997: 188) have read the Owl House through the category of

well as “inspiring”⁵⁹. However, despite being aware of Martins’ horrific suicide, some are not entirely cognisant of the history of both house and inhabitant. Many viewers, therefore possibly disregard the restriction that Martins experienced, revealing in a voyeuristic looking that mimics and re-inscribes patriarchal constructs of the ‘mad woman’. Echoing this implication, Susan Ross in *This is My World* writes, “It was necessary to come to terms with the strong and disturbing sense of invading what was very private to the maker, and intruding upon personal pain” (1997: 18).

Nevertheless, we are reminded that “we cannot hope to understand an individual woman without looking at the meaning of what it is to be ‘woman’ in a patriarchal society” and therefore “we cannot understand the pain and agony that makes up ‘madness’ without looking at the meaning of this very concept” (Ussher 1991: 6). Martins’ experience of home must be seen in correlation with the patriarchal structures that label women ‘Other’; deprived of power, privilege and subjectivity (ibid. 7). Growing up in a town wherein paternal values dominated, the Owl House, as Ross states, “was a physical manifestation of [Martins’] rejection of most of the teachings of her background and upbringing, and the social and moral conventions of her time” (1997: 22-23). Similarly, Emslie (1991: 9) suggests that, through the transformation of her domestic space, Martins was able to transcend her limited circumstances. Thus, the space may be positioned as a historically complex monument entwined with both dis-ease and transcendence.

Upon visiting the Owl House as a child (1997) and later as an adult (2015), I became aware of feelings of dis-ease (fig. 9-10), recognising how the often-ignored lacunas within the house may reveal Martins’ expressions of painful lived experiences. The uncomfortable feelings attached to her spaces and objects are uncannily reminiscent of my previously described psychological space⁶⁰. Although this space is not ‘real’ in the physical sense, it remains a psychological sensory image. As such, the Owl House contains elements that resonate with my experiences of depression and stigmatisation. Too often dismissed as an environment created by a madwoman, the house turned museum may be described as a realm in which dis-ease festers, but where the externalisation of inner torment suggests moments of hope.

⁵⁹ Comments made by visitors in the Owl House Museum’s visitor book, 2015.

Pandora's Jar

As previously emphasised, Western culture has traditionally associated the home space with protection, nurture and refuge. However, through the construction of various barriers around and within the Owl House, Martins reflected her distrust of others (Ross 1997: 16, 79). It would seem that she possessed a great need to protect herself from unwanted gazes by containing the fantasy world that she consistently constructed (ibid. 80). Despite Martins' obsessive desire to bring light into the interior, the glass fragments that cover walls, windows, doorways, and furniture, distort the view of the home space as being protective and safe (Emslie 1997: 43, 46). The "tactile sharpness" of the decorated surfaces prohibits physical contact with the environment, opposing the sense of hospitality and homeliness, which Martins ambivalently sought to express (ibid. 47).

Nevertheless, one might suggest that these constructions embody a compulsion for self-preservation, as it may be argued that Martins' obsessive vision developed in order to escape loss⁶¹. "Preservation", as Young (2005: 134-135) argues, "makes and remakes home as a support for personal identity without accumulation, certainty or fixity". This fluidity allows for the reinvention of the home as an extension and expression of the maker's subjectivity and inner world. In relation to psychosis, R.D Laing suggests in *The Divided Self* that "[one's experience of] the outer world is filtered into the inner self", however, "this self can no longer either experience or give expression to its own desires in a way that is socially acceptable" (1969: 142). In Martins' case, her visions, their meanings, and her enthusiasm for these expressions were marked as eccentric as well as crazy. But they also evince processes of self-preservation, where "the self remains encapsulated [...] within its own system" (ibid.)⁶².

Focusing on the domestic interior, Martins' attempts to represent her lived experience may be found in certain objects and elements. Upon entering the house, the cluttering of possessions, furniture, sculptures and mirrors renders the space haphazard and claustrophobic.

⁶¹ This view is also considered by Ross (1997: 123, 132).

⁶² Psychiatrist R.D. Laing (1927-1989) worked within the 'anti-psychiatry' movement and studied individuals hospitalised with severe psychiatric conditions as well as psychosis, mainly focusing on women with chronic schizophrenia (Showalter 1987: 221). The movement allowed for a shift in perspective, placing the onus of disorder onto the affected individual's experiences of their social environment, as opposed to their biology (ibid.). Laing's theory positions mental disorder as "a form of communication in response to the contradictory messages and demands about femininity in patriarchal

Emslie (1991: 25) argues that these objects were consciously positioned, in order to create a space “resonant with symbolic meaning”.

Many of the objects found within the house were used as inspiration for much larger works found in the garden or ‘camel yard’. As such, “this replication of things” intimately connected the interior and exterior spaces of the environment (Emslie 1991: 60). In particular, Ross notes that several mirrors arranged in every room of the home further replicates the interior through reflection. Like Bourgeois’ panoptic arrangement of mirrors in *In and Out*, Martins’ similar adornment of her space using large custom-shaped mirrors, reflect back the objects she has either made or choreographed. Amongst the custom-cut shapes, one finds a hand-mirror (fig. 11). According to Cirlot (1981: 212) “hand mirrors, in particular are symbols of truth”. The mirrors were placed above eye level so that Martins would not be able to see her own reflection (Emslie 1991: 24). Ross (1996: 104) records that Martins feared getting older due to the inevitability of death and the end of her art making. Through her gaze beyond her own visage, Martins saw her life work not as a signifier of her existence, but rather a representation of her inevitable mortality.

Considering this, one may locate shadows, embodiments of dis-ease, living in-between the objects and spaces of Martins’ experience. For example, if one passes through the doorway between the ‘Long Bedroom’ and the ‘Green Bedroom’, one comes across a disturbing figure: Martins’ *Little Devil* (fig. 12). Connected to the amputation of Martins’ baby toes and the subsequent pain, disfigurement and regret, it appears to be the most autobiographical sculpture in the house (Emslie 1997: 67)⁶³. It is surprisingly sinister in its reception, as the placement of the headless body sits beside the bed under a green window that casts a “mysterious light” into the room (Ross 1997: 69). The effigy, consisting of two cement legs that protrude from a bag made of animal skin, seemingly invoking popular representations of the devil as bestial, as one of the limbs ends in a cloven hoof (ibid.)⁶⁴.

According to Emslie (1991: 82), the hoof is symbolic of Martins’ deformity; however, it may perhaps also represent Martins’ fear of giving birth to disfigured children, sporting

⁶³ Also called ‘The Powder Room’ because it holds two dressing tables, this room has green walls coated in green crushed glass and a window with a green pane.

⁶⁴ The devil has most often been represented as a goat. This is seen, for example, in Francisco Goya’s

horns, hooves and tails (Ross 1997: 42). This is in relation to another traumatic event Martins experienced in her earlier years: an abortion (ibid. 36-37). Consequently, the spoon denoting the old adage 'born with a silver spoon in his mouth', and the withered bag-like stomach may indicate a destructive and devouring nature, suggestive of the "monstrous feminine" (Emslie 1991: 82). As a self-representation, the work is a reflection of real disturbance and distress⁶⁵. The corpse-like connotations, as Emslie suggests, render it "akin to death, not life" having "no sensory connectedness with the world" (1997: 66).

Themes of preservation are strongly evident in Martins' large collection of preserve jars containing and separating different colours of crushed glass (fig. 13). Positioned in the pantry, one finds an image of order within ostensible disorder. Due to Martins' obsession with light and lighting effects, the incorporation of glass fragments into the domestic interior is a defining feature of the space (Emslie 1991: 45). As Martins contributed little to the physical constructions of numerous structures and sculptures, the crushing, washing and sorting of the glass was one of her only art-making tasks (ibid.)⁶⁶. Therefore, the containment of the glass fragments mirrors the containing function of the home, where both may be seen to suggest an image of preservation. Despite this meticulous collection, the house reminds me of the story of Pandora's jar, as it tends to contain underlying dis-ease⁶⁷. Although some view Martins' obsessive creative drive and creative achievements as a successful protest and a sane response to adversity, this is arguable (Ross 1997: 3, 22)⁶⁸. A more likely reading is that the house embodies Martins' attempt to deal with loss, and with feelings of intense isolation and depression in her later life (ibid. 54, 123-126)⁶⁹.

The accessibility of traumatic experiences as well as the tendency for people to feel

⁶⁵ In addition to the speculation of the figure being connected to abortion and fear, Martins' father used to call her by nickname 'Helletjie' (Afrikaans) which means 'Little Hell' in English (Ross 1997: 29).

⁶⁶ Koos Malgas, is the artist responsible for the creation of a large number of Martins' sculptures. As Emslie (1991: 65) remarks, "They were a team", Martins was the conceptualiser and Malgas "was involved in the intricate procedure of building sculptures".

⁶⁷ The Greek myth of Pandora's jar, also known as Pandora's box, follows the story of the mortal woman Pandora, "the all gifted", who receives a box as a gift from Zeus. However, Pandora is forbidden to open it. Years later, Pandora surrenders to her curiosity and opens the box, releasing evil spirits unto the world (Howatson and Chilvers 1993: 451).

⁶⁸ This is line with R.D Laing's belief that artistic creation is a sane response to an insane world (Gilman 1985b: 575).

⁶⁹ Emslie (1991: 13-18) has recorded various instances where Martins has mentioned her struggles with depression. There were other health factors that may have contributed to her depression, including the loss of her eyesight (Ross 1997: 125). Other factors included Martins' isolation and loneliness,

sorrow and grief presumably allows depression to be the most relatable of psychiatric disorders⁷⁰. However, unlike regular grief, depression is often associated with darkness, despair and rumination of death (Solomon 2002: 286). In *The Noonday Demon*, Andrew Solomon asserts that oftentimes individuals with depression choose to express their experiences through metaphors precisely because the intensity of depression is difficult to convey (ibid. 27-29)⁷¹. Through metaphor – such as Martins’ *Little Devil* – personal meanings are transferred to objects and spaces. In turn, this allows outsiders to gain proximity to these intense experiences.

As with Martins’ Owl House, my practice relies heavily on metaphor to emphasise the presence of interior processes of pain and stigma in the experience of mental disorder. In my exhibition, it is the preserve jars containing spoiled objects that express feelings of entrapment, as well as self-deterioration (fig. 14-15). The interiors reflect my experience of disorder, beginning with diagnosis and culminating in the decimation of self-worth. They may also be viewed as my response to my mother’s willingness to succumb to depression, and my subsequent desire to isolate and contain her passivity. The containment of the decay however, implies the complexities and ambivalence inherent to this condition. As Solomon (2002: 16) asserts, “[depression] can at best be contained”. As with Martins’ attempts at for preservation, my vessels reflect the need to find control within spaces of dis-ease; yet they simultaneously express the anxieties attached to the inability to control one’s interior. The frustration of this tension – between the desire to control and the realisation of its futility – ultimately renders these objects unbounded, a conceptualisation of the complex effects of disorder that are repeatedly repressed and bottled, sealed away but unable to be dispensed with.

The Burdens of Inheritance

In *The Architectural Uncanny*, Anthony Vidler comments on spaces that hold disturbing or restless histories, claiming “Space as threat, as harbinger of the unseen, operates as [a] medical and physical metaphor for all the possible erosions of bourgeois bodily and social well being” (1996: 167). Drawing on Foucault’s theorisation of spatial conditions developing in the modern period, Vidler explains how “light space” may be invaded by “dark space” through

⁷⁰ This view is supported by Solomon (2002: 17) who states, “[...] depression sits on a continuum with sadness and represents an extreme version of something everyone has felt and known”. Additionally, depression is a psychiatric disorder most prevalent in women around the world (Ussher 2011: 15-17).

incommunicable disease and poverty.

Space is assumed to hide, in its darkest recesses and forgotten margins, all the objects of fear and phobia that have returned with such insistency to haunt the imaginations of those who have tried to stake out spaces to protect their health and happiness (ibid.).

Through this definition, both psychiatric institutions and museums may be considered dark spaces⁷². Abandoned asylums, seen as haunted places “in the landscape of the moral universe”, have recently in their present abandoned states become of interest to photographers⁷³, where many of the photographs taken illustrate absence and presence simultaneously, reminiscent of a history of mistreatment and misunderstanding. These once functional, now socially reprehensible uninhabited sites become complex non-spaces, monuments to an inheritance of dis-ease. The suitcases, clothing, case files and cremation urns found decomposing in these spaces suggest a desperate disavowal of all things associated with the asylum (fig. 16-17).

One may suggest that a similar impetus is operational in museums, which Susan Crane, in *Museums and Memory*, calls “realm[s] of preservation” (2000: 1). Museums, as Crane elucidates, “deliberately forge memories in physical form to prevent the natural erosion of memory, both personal and collective” (ibid. 9). In the case of the Owl House, the preservation of Martins’ private pains and agonising suicide suggests a further level of haunting, compounding its status as a museum. Being the product of Martins’ unconscious and her experiences of dis-ease through circumstances of isolation, depression and disability, the space exists as a complex hybrid of house, sanctuary, memorial and relic.

Scholars have attempted to preserve Martins’ personal narratives as being entwined

⁷² Vidler (1996: 167-168) identifies past psychiatric institutions as dark spaces, stating: “‘Outside,’ even as the spaces of exile, asylum, confinement, and quarantine of the early modern period were continuously spilling over into the ‘normal’ space of the city, so the ‘pathological’ spaces of today menace the clearly marked out limits of the social order”.

⁷³ Quote adapted from Foucault (2001: 53). In particular Christopher Payne, over a period of seven years, documented the interiors of former institutions throughout the United States of America. His photographic works have been collected and published in *Asylum: Inside the Closed World of State*

within her objects, artworks and spaces⁷⁴. Martins' yearning for self-preservation attempted to transcend death through her wish to become a part of her collections by the mixing of her ashes into a jar of red glass, before being attached to her favourite owl sculpture (Ross 1997: 162)⁷⁵. However strange and fitting her posthumous wish had been, it was not fulfilled. Martins' belongings, many of which were reminiscent of memories and familial relationships, remained within the house even after Martins' death, evoking a past to which one can never return (ibid. 67-68, 118). One is reminded that "while a house can be a place of safety, providing a protective skin shielding the private person from the public, it is, in addition, a place that silently bears witness to the occurrences within: it absorbs traces left by its inhabitants, physically storing the past as a place for memories" (Lorz 2015: 3)⁷⁶.

This necessitates that the complex reframing of a once private space made public should be taken into account when visiting the Owl House. Similarly, my exhibition is reflective of intense personal experience. However, unlike the Owl House, *The Inheritance* was conceptualised and made as an exhibition, intended to be seen by 'outsiders'. Moreover, the found objects used in its making are not directly personal in that they belonged to unrelated others, and therefore do not embody special overtones of personal memory and meaning⁷⁷. But it is perhaps in the undertones where one may locate dis-ease and distress of a personal kind. Memories as objects, as Mieke Bal comments, are often located in narrative frames and are therefore penetrable as iconography because they derive from a "cultural stock" available to us (1999a: 110)⁷⁸. As such, the experiences and residual memories that 'haunt' the objects in my work, though not necessarily my own, are still richly evocative of the personal. By making my artworks public, they are no longer bound to personal narratives, but allude to larger frameworks of domesticity and experiences of home (ibid.). The 'inheritance' they evince thus operates at multiple levels: in the notion of the family heirloom passed down through generations; in the personal memories they accrue (and which I 'inherit' with them); and in the 'inherited' meanings attributable to them as "cultural stock", as objects pointing to contested

⁷⁴ These include Ross (1997) and Emslie (1991, 1997).

⁷⁵ The owl named Oswald, sits outside the kitchen door, the entrance to the domestic space of the museum.

⁷⁶ Here it is suggested that museums, although they preserve lived experience, are seen as places containing objects that are concretised in time and space; stagnant and lacking dynamic. The Owl House museum however, is interesting as it was once someone's space of refuge, containment and production. Its contents arranged by its inhabitant, an emotional, physical and psychologically invested individual, unlike the cool detachment of commercially curated museums.

⁷⁷ Most of these objects were procured from antique stores and second-hand dealers.

notions of gender, space and social control⁷⁹.

Cabinet of Curiosity

Commencing with the acute awareness of the history, stigma and gender disparities attached to my condition, my creative process developed through the accumulation of found objects to reflect the idiosyncrasies of collecting and preserving. The collection and sorting of objects reflects simultaneously the desire for preservation and a somewhat obsessive need to collect evidence of disorder⁸⁰. Coupled with the making of sculptural casts as multiples, the process of collecting evinced my compulsion to create a space of my own, reminiscent of my ‘museum of mental pains’. In this respect, I took my cue from the displays of disinherited possessions found in natural history museums (fig. 18)⁸¹, as well as the vast collections found in the Renaissance cabinets of curiosities (fig. 19). These cabinets – the term originally referring to a room and not a piece of furniture – held encyclopaedic collections of objects and artefacts, and were said to be precursors to the modern museum (Tate 2003: n.p).

As alluded to previously, the notion of metaphorically collecting bodies, particularly those of women, permeated various facets of eighteenth century life⁸². However, the act of collecting objects of curiosity for the ostensible purposes of scientific knowledge originated much earlier. ‘Curiosity’, as it were, was about looking and possessing, as much as it was concerned with scientific inquiry, in that male collectors were able to boast their collections to public audiences (Benedict 2001: 8). Such privileges were made unavailable to women, as women themselves were often part of these collections (ibid. 119)⁸³.

The works *Curiosity Cabinet: Dressing Table* (fig. 20) and *Curiosity Cabinet:*

⁷⁹ As has been emphasised, I aimed to bring women’s lived experiences (including their oppression) into proximity with mental disorder and distress so that my artworks would be more accessible to viewers.

⁸⁰ This idea harkens back to the collection of evidence in the form of images to prove visually the underlying and invisible conditions and disorders of the mind and body.

⁸¹ Berlin’s Naturkundemuseum’s recent exhibit of their *Wet Collections* (fig. 18), is a special case, as these collections are usually kept in storerooms and thus inaccessible to viewers. This exhibition was an attempt to allow individuals who are not academics to see the collections.

⁸² Here, one may refer to Charcot’s collection of hysterics and photographic images and artworks documenting the condition of hysteria, discussed in chapter one.

⁸³ Female curiosity, as Benedict claims, “was idle, ignorant, prurient, useless or even socially destructive” (2001: 118). These ideas relate back to the story of Pandora, whose transgression of a

Wardrobe (fig. 21) play on this notion of female curiosity as a “tradition of subversive inquiry” (ibid. 118). In these works, the furniture, specifically chosen for its antiquated appearances, has compartments and drawers containing objects, many of them containing smaller objects. These contents allude to the burden of generational inheritance, whilst simultaneously hinting at other types of inheritance: legacies of disorder, trauma, history and stigma. Confusing notions of inside and outside, the sculptures complicate looking, blurring the boundary between public and private spaces.

The construction of the *Curiosity Cabinets* mimetically re-enacts (and subversively appropriates) the male scholar’s desire to possess collections of objects, as well as restaging the attempts of women artists to create their own symbolic spaces⁸⁴. However, in critiquing the notion of women’s work, these creations additionally draw inspiration from the “association with therapeutic activities that illustrate the contagious relation between house and body cleanliness”, which was once presented as a cure for the madness in women (Kromm 1994: 517). Here, maintaining the home is presented as a metaphor for self-maintenance. Of the Owl House, Ross argues: “the urgency and intensity of the creativity, the subject matter, repetition of themes, and complex symbolism show a desperate search for wholeness, for reparation, and for unity of the psyche” (1997: 145). Martins’ suicide suggests that this unity eluded her. Perversely, however, her ingestion of caustic soda could be read as the ultimate act of self-maintenance, in that Martins underwent a complete and agonising literal and symbolic burnishing of her inner space⁸⁵.

Conversely, in my exhibition, the notion of cleaning house as a metaphor for internal cleanliness is invoked in its subversion. The domestic space is presented as unclean and decaying. Prosaically this links directly to my experiences of growing up in a home run by a mother with severe mental disorder. Notions of domesticity and belonging are subverted by rendering the implied home-space as unliveable, its contents dysfunctional and plagued by defections and infection. Reminiscent of Edgar Allen Poe’s structure in *The Fall of House Usher* (1839), the literal and figurative interior spaces explored in my work are presented as haunted ‘dark spaces’, no longer inhabitable due to their strange inheritance: “it was, in fact,

⁸⁴ Although I may in no way equate my collections to those of the large cabinets of curiosities, my attempts to represent this personal and complex experience, strangely embodies the “dogged and undeviating determination to compress the contents of an entire library into a single volume” (Mauriès 2002: 7).

already a museum, a collection such as that...here preserved in memory of a family” (Vidler 1996: 18).

Chapter Three

Through the Looking Glass

The Distorted Mirror: Self-representation and ‘Decentered’ Subjects

The use of the mirror object in *The Inheritance* draws inspiration from various places. As emphasised in chapter one, Luce Irigaray suggests that within the system of patriarchy, woman functions as a mirror for man (1985a: 239). Therefore, women’s identity is made complex through the relationship “between the lives of individual women and patriarchal ideologies” (Chadwick 1998: 5). Theories of selfhood, subjectivity and sexual identity can be traced back to psychoanalyst Jacques Lacan’s conception of the ‘mirror stage’, identified as the “misrecognition” of the ‘Other’ found within the mirror that produces the self or subject identity (ibid. 8)⁸⁶. In relation, I draw on the art practices of women surrealists who “explored their inner life and external reality through frequent recourse to the self-portrait or self-representation” (Posner 1998: 157)⁸⁷. Often confronting the “decentered”, or complex identity of “‘woman’ — a representational category shaped by the projections of the masculine heterosexual unconscious” — surrealism’s use of the mirror object and self-representation allows for the exploration of female experiences of patriarchy and the identification of the self as ‘Other’ (Chadwick 1998: 4).

Such theories of identity have evolved from and revolved around vision, where presence defines man, and woman absence⁸⁸. However, seeking to evoke destabilisation and fragmentation when exploring ‘decentered’ subjectivities and lived experiences, my use of the mirror allows varying proximities between the self, disorder and the viewer. Through this, I hope to “[locate] moments of rupture between conscious and unconscious, subject and object, in bodies ‘Other’ to theirs” (Chadwick 1998: 4). In relation to one’s interaction with mirrors

⁸⁶ Lacan’s theories are in response to Freud’s concepts of narcissism and the specular ego: a formation of the subject through the actions of seeing and not seeing, which in turn initiates the castration anxiety that surrounds male subjectivity. This formation left “woman” to be positioned as a signifier for man at the expense of her subjectivity (Chadwick 1998: 8).

⁸⁷ The artists discussed in this thesis may all be associated with surrealism through their engagement with surrealist strategies, particularly self-representation and fragmentation, as a response to the placement of the feminine and the spaces that confine them.

⁸⁸ As Mulvey in *Visual Pleasure and Narrative Cinema* summarises: “Woman then stands in patriarchal culture as signifier for the male other, bound by a symbolic order in which man can live out his phantasies and obsessions through linguistic command by imposing them on the silent image of woman

and Lacan's mirror stage, Judith Butler in *Bodies That Matter* (1993) states:

This process of psychic projection or elaboration implies as well that the sense of one's own body is not (only) achieved through differentiating from another (the maternal body), but that any sense of bodily contour, as projected, is articulated through a necessary self-division and self-estrangement (1993: 71).

Self-estrangement corresponds to Kristeva's concerns with the abject, which is "a refusal of the defiling, impure, uncontrollable materiality of the subject's embodied existence" (Grosz 1989: 72). Here, abjection is argued to be necessary as it "disrupts the privileged sites of inclusion", from which women have been excluded (Weiss 1999: 43). Accordingly, the mirror attempts to translate a complex psychological experience that is entangled with women's identities, perceived through the lens of the symbolic order. The numerous mirrors utilised in *Curiosity Cabinets* fragment the self, only providing visual access to parts of one's self or body⁸⁹. Self-estrangement is prompted through the viewer's engagement with the abject as well as through the multiple reflections that further suggest an ambiguity towards the patriarchal maternal.

In chapter one, the mirror was discussed as a tool of surveillance, used by those in power to observe disordered subjects. John Berger argues, in *Ways of Seeing*, that the self belonging to woman is split in two, as she is conditioned at a young age to consistently watch herself and therefore her identity is defined as both surveyor and surveyed (1972: 45). The part of woman which is under consistent surveillance therefore lives in constant insecurity, policed by the gaze that persistently directs her actions (ibid. 46). In relation to mental disorder, however, woman's identity is further complicated and fractured, and therefore one may discuss the mirror object in relation to the surveillance of a complex self or manifestations of multiple possible selves⁹⁰.

In regards to artworks that use the mirror's reflective surface, the relationship between

⁸⁹ Fragmenting the self through the mirror object was discussed in relation to Bourgeois' *In and Out*, in chapter one. Similarly, *Femme Maison* in chapter two drew on the fragmenting and merging of body and house to produce something akin to a surrealist exquisite corpse.

the self (artist) and others (audience) is thus invoked but also problematised. Of this relationship, Russian theorist Mikhail Bakhtin states:

For one cannot even really see one's own exterior and comprehend it as a whole, and no mirrors or photographs can help; our real exteriors can be seen and understood only by other people, because they are located outside us in space, and because they are others (1990: 55).⁹¹

This suggests that audience interactions with mirror artwork become an integral part of the work's meanings and functions. Prosaically, one might observe that mirrored surfaces are not subject specific, instead they exist as blank spaces until something or someone enters their reflective field. As such, interactions with mirrored surfaces necessarily draw attention to notions of viewership, by confronting viewers with their own ways of seeing. In *The Inheritance*, my use of mirrors may be seen to bring my experiences of disorder into proximity for a viewer; as the viewer's image is literally part of the work. Through visualisation, the viewer may perhaps glimpse him/herself reflected in fragments of 'my' experience.

In numerous surrealist artworks made by women, the mirror is employed to reflect on the intricacies of identity. The use of mirrors in surrealist works, as Chadwick (1998: 4) claims, has provided a space for the exploration of the complex and ambiguous relationship between the female body and identity. Potent manifestations of these ideas are found in Yayoi Kusama's *Infinity Mirror Room* (fig. 22) and *Fireflies on the Water* (fig. 23), which "[reveal] a relationship with the self and the world characterised by a [multifaceted] ambivalence" (Posner 1998: 157). Kusama (b. 1929), who has struggled with psychiatric disorder since childhood, has been highly successful in consciously utilising her disorder as both inspiration and subject for her art practice (Munroe 1989: 11, 14). Kusama's mirror works, as with my own attempts to conjure the event of psychosis, render the boundaries between the self and the external world complex, unstable and permeable; where self and world are simultaneously separated and inseparable (Chadwick 1998: 159). As Posner (1998: 159) notes, "The distinction between self and the world is not fixed, but an ever shifting boundary initiated in childhood and maintained throughout our lives".

At the same time, the mirror image may also be perceived as a projection of one's interiority, the object as that which remains hidden. For example, in *Curiosity Cabinet: Wardrobe*, the mirror alludes to the tension in locating an otherness within the self. With reference to stigma and perception, the mirror becomes an object evoking paranoia⁹². In the work, the integrity of an aged wardrobe containing jars of mouldy objects is disrupted by multiple mirrors fastened to the walls and shelves of the interior. In some ways, the mirrors may hint at an omnipresent exterior gaze, from which the objects of observation cannot escape. However, this notion is complicated as the mirrors positioned inside the wardrobe become suggestive of self-perception, and the self-imposed stigma reproduced internally by individuals experiencing disorder⁹³.

In *The Inheritance*, the mirror's ability to complicate vision is emphasised, as the strategically placed mirrors reflect each other's images, fragmenting and distorting the objects observed. In many respects, the reflected objects seem trapped within their reflective contained environments, evoking connotations of presence and absence. Read as multiple self-representations (where the conundrum of perception reflects the perceiving subject), the mirror images conjure a space where internal identity is distorted, both revealed and concealed at once. The viewer, caught up within these projections and the tension between assertion and denial, may struggle to depend on his/her perception as the viewable world oscillates between exposure and disguise. In turn, the inability to see and define the self in these spaces of multiple reflection, approximates the experience of disorder, which is invariably marked by the sufferer's inability to find concrete definitions, reasons and representations

The Mirror's Reserve: Positioning Mother and Daughter

As a potential corrective to women's identification with the mirror-image authored by male subjectivity, Irigaray suggests a more suitable and enabling space for women: the mirror's

⁹² The mirror has a long history associated with deviance, evil and paranoia. Melchior-Bonnet (2002: 187) speaks of the mirror as a "tool of the devil" connected to women and witchcraft. Additionally, the object is also linked to women and their apparent propensity for vanity.

⁹³ Mental disorder is often perceived through medical definitions, symptoms and behavioural patterns that tend to position sufferers as abnormal and unworthy members of society (Thachuk 2011: 142). This, of course, is exacerbated by the media, which often misrepresents these individuals as dangerous (ibid. 141). The effects of misrepresentation and societal stigma have caused various problems for mentally ill individuals, including their development of a stigmatised self-perception, despite their

“reserve”: the silvery backing that touches the glass (Robinson 2006: 9). As Margaret Whitford in *Luce Irigaray: Philosophy of the Feminine*, remarks, “[Women] are the material of which the mirror is made, that part of the mirror which cannot be reflected” (1991: 34). The reserve denotes women’s absence in the symbolic order; yet, it is also emblematic of women’s lived experiences and subjectivities, which seek (but cannot command) the language of representation.

The underside of the mirror is compellingly featured in Lewis Carroll’s *Through the Looking Glass* (1871), in which the protagonist, Alice, journeys through the mirror to find a world that appears the complete opposite of what is found in reality. Here, the mirror is actually a door, as Juan Eduardo Cirlot suggests in *A Dictionary of Symbols*: “[the mirror can take] the mythic form of a door through which the soul may free itself passing to the other side” (1981: 211). This “other side” possibly refers to the unconscious (Alice’s imagination), but it also evokes Irigaray’s reserve, the unrepresentable zone of women’s experiences. The mirror image, as Chadwick argues, “rather than confirming our assumptions about the nature of the real (and its replicability), defamiliarizes the real and opens up to the forces of the dream, the irrational, and the unconscious” (1998: 10). As such, to quote Grosz (1989: 130-131), Alice is a metaphor for the woman who “steps beyond her role as the reflective other for man. She goes through the looking-glass, through, that is, the dichotomous structures of knowledge, the binary polarisations in which only man’s primacy is reflected”.

In *The Inheritance*, my use of the mirror and, specifically, allusion to the mirror’s reserve directs, directs attention to the complexities of forming identity and subjectivity in relation to both the feminine and mental disorder. In this context, the space through the looking glass signifies the unrepresentable space of disorder and dis-ease, the nether-space of reflection. The mirror surface, apprehended as symbolic of patriarchal subjectivity reflects the probing clinical gaze and societal stigma attached to psychiatric diagnosis. Yet, the reserve, inasmuch as it conjures the abject space of female interiority, ironically becomes a space outside the patriarchal symbolic where women might transcend these burdens.

In the context of my work, the mirror as motif was initially inspired by the notion of genetic mirroring; my fear that I would see my mother and her illness reflected in myself. Later it evolved to articulate a gendered experience of mental disorder, in the process alluding to

between mothers and daughters as foundational to the experiences of and bonds between women (Whitford 1991: 75-77)⁹⁴. Likewise, Robinson (2006: 193) asserts that, “The experience of daughterhood marks a woman’s relations to the divine, to language, to civil society, to herself and how she can represent herself”⁹⁵. As such, my autobiographical focus on the mother-daughter relationship is key: my work is not about the mother but maps the experiences of the daughter who vicariously witnesses her mother’s trauma.

With relevance to the mother-daughter relationship, one may refer to Klein’s theory of “projective identification”, a form of communication which traverses the awareness of the literal and symbolic spaces of ‘inside’ and ‘outside’ occurring between mother and unborn child. The theory claims that the child notices something outside of itself, an absence and an opposition (Jemstedt 2000: 128). Here, the mother and child are posited as conjoined but also separate entities. This already signals the existence of a complex relationship, as the child experiences an anxiety attached to the formation of a self-identity that is not fully connected to the subject or body of origin. In conjuring the mother-daughter relationship, my exhibition attempts to express this complexity, conveying the daughter’s fraught desire to separate from the mother who is trapped within an identity fabricated by patriarchy.

These issues are further explored in the work *Blind Mirrors* (fig. 24), wherein numerous concrete cast handheld mirrors are defamiliarised through the substitution of sandpaper for the mirror face. The shape of the hand mirrors implies the convention of portraiture, yet the mirror that traditionally reveals is concealed, the abrasive sandpaper creating a barrier to identity. Looking is reframed as an act of erasure, where the mirror surface is absent and blind, instead reflecting a void. With reference to women artists engaging in the production of self-portraiture, Chadwick states, “the problematics of self-representation have remained inextricably bound up with the woman’s internalisation of images of her ‘otherness’” (1998: 8-9). Through self-portraiture the subject is self-consciously produced as an object. However, Irigaray has noted that this process of objectification enables women to represent and describe themselves “as if from outside the body”, implicating them within the masculine

⁹⁴ Whitford (1991: 80) states: “Irigaray accepts the clinical view that women have difficulty in separating from their mothers...however she presents this psychoanalytic diagnosis as a symptom or result of women’s position in the symbolic order, and it is this order which she is primarily concerned to expose”.

⁹⁵ Robinson (2006: 193) notes, “in recent decades the mother-daughter dyad has been proposed as a ‘proper’ if still marginal subject for visual representation and exploration through public venues such as

dynamic that positions them as ‘Other’ (ibid.). This is to say that one cannot fully disengage the conditions of vision and being seen, which trap female subjectivity. The self-portrait, expressed through the reserve of the mirror, may be apprehended as a way in which to reframe otherness, in order to precipitate ruptures within cultural constructions of femininity and mental disorder.

The substitution of sandpaper for the reflective surface approximates mental disorder inasmuch as mental disorder produces a failure to see oneself clearly and represent one’s subjectivity (Solomon 2002: 434). In the case of severe depression, Solomon (ibid. 19) notes that the individual engulfed by unrepresentable sorrow becomes absent from everything including the self. This may then lead to disability as well as an inability to recollect subjectivity. In cases where the mother figure is affected, she can no longer cope with simple tasks and maternal duties, and as a result abandons her children. Linking depressive absence and the mirror image, Julia Kristeva, in *Black Sun: Depression and Melancholia* states:

Like an Alice in distress land, the depressed woman cannot put up with mirrors. Her image and that of others arouse within her wounded narcissism, violence, and the desire to kill — from which she protects herself by going through the looking glass and settling down in that other world where, by limitlessly spreading her constrained sorrow, she regains hallucinated completeness (1989: 74).

Conceptually, this abandonment (of self and other) denotes not only a lack of reflection and emotional connection between mother and daughter, but also the absence of women in the symbolic. The maternal is thus identified as a literal absence in the daughter’s life, where the mother’s truancy is compounded by her psychiatric disability, rendering her incapable of possessing the desire to be maternal, performing the role of mother, mentor and nurturer⁹⁶. In this respect, the mirror made blind conjures associations with the stereotypical narcissistic tendencies of women to consistently recognise their own reflections in vanity (Melchior-Bonnet 2002: 194-195). The mother figure, in whom the daughter seeks reflection, is implicitly positioned as a destructive and abrasive ‘mirror’, neglectful of her daughter and eclipsed by disorder.

⁹⁶ Jane Flax in *The Conflict Between Nurturance and Autonomy* (1978) highlights the daughter’s need

These concerns – effectively a double-blindness as the depressive daughter’s inability to see herself is compounded by a lack of recognition from the depressive mother – informed the making of *Blind Mirrors* but also their activation through a private ritual, performed prior to the opening of the exhibition (fig. 25-27). In this performance-intervention, the sandpaper barriers that signal the mother’s lack of self-reflection were activated and disrupted through the process of obsessive sanding; the objects sanded being casts of my hands in white dental plaster. The act of sanding could be seen as signalling the daughter’s attempt to reach the absent mother, to communicate with her by seeking to uncover the reflective surface once more. This reading suggests an attempt at reparation, where the daughter’s literal ‘reaching out’ aspires to repair the dysfunctional relationship caused by disorder.

Yet the implied violence of the act, where the abrasive mother-mirror effectively corrodes the daughter’s hands, could also be interpreted as the daughter’s need to separate herself from the threat of absence and blindness produced by her forebear. Mother and daughter, each united in their ostensible femininity, united even, in their experience of disorder, are encountered as being both too separate and not separate enough. In this sense, the performance of *Blind Mirrors* does the work, as identified by Irigaray, of “trying to rectify the collapse of the mother and daughter into a merged identity” by promoting the re-exploration of the territories of the relationship, and women’s lived experiences (Jacobs 2007: 179). Here, the repetitious disruption of the sandpaper surfaces reproduces the paranoia of being ‘like the mother’ and ‘like the other’. As Bracha Ettinger expresses:

The absence of the mother is painful by what she leaves behind when she is not there, that is a repetition wherein even play is impossible because the I finds itself subjected to the active mother’s absence⁹⁷.

The daughter, traumatised by this absence, instead escapes inwards, desperate to construct an identity that is not merged with her mother⁹⁸ whilst still wanting, needing and

⁹⁷ Quoted from Nakajima 2008: 156.

⁹⁸ The process of internalisation can be seen as destructive to the psychological well being of an individual. Internalised stigma is also referred to as self or felt stigma and exists on a micro level, as a process whereby affected individuals uphold stereotypes about their conditions, and therefore anticipate social rejection due to the believed relevance of the stereotype of mentally ill individuals seen as devalued by members of society (Corrigan & Watson, 2002, Corrigan et al., 2006; Ritsher & Phelan,

ultimately hoping for her mother's recognition⁹⁹. The sandpaper figures the ambivalences of this relationship, in terms of the distress of inheriting genetic traits from a mother who is not 'maternal'. The daughter's fear is of becoming 'like' her mother, in whom she can see reflected her own despair and self-alienation, but with whom she cannot identify.

Destruction versus Catharsis

In my art practice, I have aimed to avoid the notion of art as 'simple' therapy, in a way that would "close the work down, restrict its meaning and significance" (Robinson 2006: 136). Rather, my strategy is used to question how art – in various ways – may be used to approximate mental disorder and its accompanying trauma. In grappling with my own inability to fully comprehend and communicate my disorder, I have realised that my practice cannot *reflect* my experience. As itself a 'blind mirror', *The Inheritance* instead reveals the difficulties of finding appropriate modes of representation. As such, the objects do not resolve into consolidated works but remain chaotic and partly dysfunctional¹⁰⁰. The exhibition mirrors the disabling effects of depression: it is testament to self-doubt, inertia and limited efficiency¹⁰¹.

On the other hand, it harnesses processes of undoing, deconstruction, decay, all of which may be seen to challenge the passive status quo. As discussed in chapter two, the ruination of household items implies a rejection of the domestic space, as a site of patriarchal conditioning. Ambiguity, as a destabilising impetus, is suggested through various strategies of containment, in relation to the abject as simultaneously threatening and liberating. In this sense the exhibition also gestures towards an ambivalent catharsis, where the process of resolution remains open-ended and incomplete.

In the aftermath of the performance of *Blind Mirrors*, the residue from the process of sanding, caked upon the black sandpaper surfaces became unsettling in its presence, amplifying the notion that one cannot truly escape one's origins. This is to say that the ritual

⁹⁹ Both Flax (1978) and Irigaray (1993) have explored this merged identity between mothers and their daughters, one that hinders autonomy.

¹⁰⁰ Kusama has suffered from Obsessive Compulsive Disorder (OCD) "a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviours (compulsions) that he or she feels the urge to repeat over and over" (NIMH). Kusama (aged 87) currently lives voluntarily in Seiwa psychiatric hospital in Tokyo, Japan where she continues to produce artwork (Hoptman 2000: 68).

performed in privacy managed to evoke the intricacies of being caught within a web of inheritance that ultimately forms identity.

My contention is that art as a therapeutic device has limitations, precisely because there is no easy cure, no mode of representation that does not inadvertently reproduce trauma. Due to the intensity of my experience, I am suspicious of romantic notions of transcending suffering; I distrust fixed meanings and happy endings. Rather, it is important to express my experience of disorder in an open-ended manner, allowing the viewer's proximity to, and perception of, the presented objects to shift their meanings. In this way my work, though based on subjective experience, may invite the viewer's empathic response.

The artists explored in this thesis have created spaces and artworks that actively express (rather than passively reflect) lived experiences of distress, disorder and dis-ease. Similarly, my work aspires to self-expression that questions the very terms of representation. By fragmenting, distorting and denying vision, my work seeks to problematise the 'reflection' of woman in the patriarchal mirror. In the process, I, as one who experiences disorder, am no longer bound to become a spitting image of my mother, who mimes the expectations of an identity defined for her by others. In materialising and making tangible my experiences as a woman with disorder, interior becomes exterior; the intimate narratives of invisible conditions become viewable confrontational objects.

These methodologies of translation, projection, reflection and allusion have provided some relief, allowing for separation from (and inspection of) the problematic perceptions that haunt my experience of disorder. But they also recognise the fluidity of a self in flux, avoiding the false closure of catharsis. In retrospect, then, the objects made for *The Inheritance* remain somewhat trapped in spaces that are inaccessible and misunderstood. Like Alice, I have attempted to reach through the looking glass into spaces of disorder and dis-ease, probing the underside of the painful reflections of my disorder. But just as Alice, having journeyed through the looking glass, cannot import this netherworld back into her former reality, my attempts to restage exactly the ambivalent space of the mirror-reserve are destined to fail.

Conclusion

In this thesis I have articulated my art practice through the exploration of historical representations of mental disorder, as well as the practices of women artists who draw on and reflect their lived experiences of distress through art-making. In response to my research question, I have formulated and interrogated possible methods of representing the unrepresentable 'dark space' of mental disorder. Through an exploration of theory, thematic concerns and artworks by selected artists, various approaches to the topic were elucidated in each chapter.

My intention, in part, was to highlight the ill-fitting language, self-perception, and modes of representation available to women with mental disorder. My accompanying exhibition further explores these complex themes, addressing itself to the various narratives, both personal and universal, that pertain to the notorious 'mad woman'. Reflecting on my personal goals in presenting my trauma in a tactile form, I believe that I have embarked on a process that has not fully come to a close. When I think about my mother, I see a woman who is trapped: not only within her mind and her delusions, but within a patriarchal context that has shaped her identity. Her world is not her own because she has become the warped image conjured by societal stigma and presented to me, as the sick mother. In many respects, I have tackled the writing of this thesis hoping to finally gain a feminist perspective of the generational damage done to women affected by psychiatric illness. Through my reading and writing, and in the making of *The Inheritance*, I came to realise the many shortcomings of visual representation, of language and of the patriarchal constructions that delimit and circumscribe disorder.

In choosing to focus my investigation on ideas and theories from second-wave feminism, and by looking at the work of women artists operating in the 1960s and 1970s, I aspired to map out a context for my mother's experiences of mental disorder as a white, middle-class woman. As such, my research took as a starting point the patriarchal constructions of gender relevant to my mother's generation. But, as the title of my exhibition implies, I soon came to realise that these restrictive constructs, and the work done to unpack them, are also my 'inheritance'. In many respects, the definition of what it is to be a woman, though in constant flux, is still curtailed by the legacy of patriarchy. Similarly, the frustration, anger and dis-ease

generation – despite advances in medicine and the context of a seemingly more tolerant society.

In researching my topic, and attempting to give voice to my own experience of disease, my intention has been to begin a conversation that can be taken up elsewhere and from other vantage points. In this sense, it too is an heirloom to be passed on, one that might contribute to better understandings of mental disorder in ways that are relevant to all groups of women, who are collectively attempting to recover from systems of oppression. As it happens, in 2017, the need for a nuanced apprehension of gendered identity is as apparent and pressing as ever. The recent US election, and inauguration of widely regarded misogynist US president, yielded unparalleled protests, including the international Women's March that took place on 21 January 2017. My hope is that these types of events continue to take place, contributing to the growing influence of feminism on current generations who will not stand to disappear under the ideologies that once bound their forebears. In rejecting this pernicious inheritance, they may one day emerge from the rubble of the constructs they seek to undo.

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Illustrations



Fig. 1 (left): Paul Regnard, *Attitudes Passionnelles Extase*, 1878.

Fig. 2: Paul Regnard, *Onset of an Attack: Cry*, 1878.



Fig. 3: Andre Broullait, *A Lesson on Hysteria*, 1887.

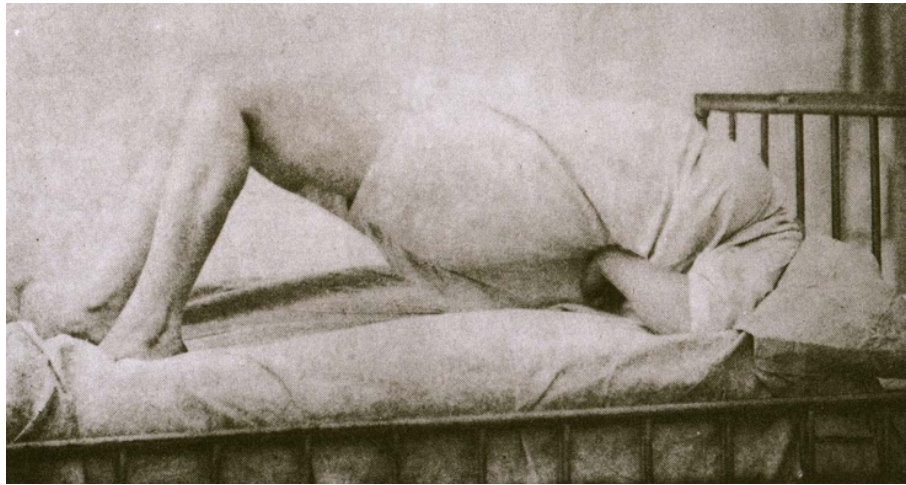


Fig. 4: Paul Regnard, *Arch of Hysteria*, 1877.



Fig. 5: Louise Bourgeois, *In and Out*, 1995.

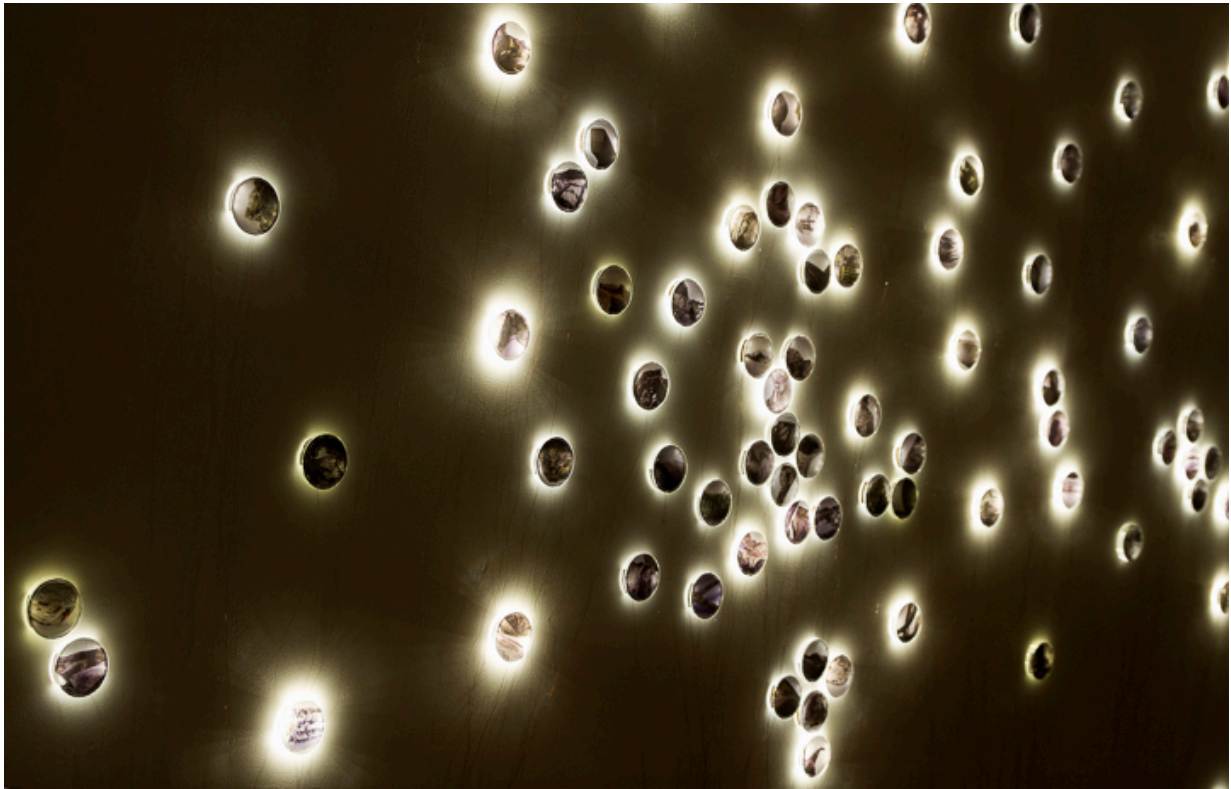


Fig. 6: Charis Futcher, *A Visual Taxonomy of a Disordered Experience*, 2014-2016.



Fig. 7: Charis Futcher, *Chairs*, 2015-2016.



Fig. 8: Louise Bourgeois, *Femme Maison*, 1946-47.



Fig. 9: *The Owl House*, photographed 1997.



Fig. 10: *The Owl House*, photographed 2015.



Fig. 11: Hand-mirror shaped mirror found in the Owl House, photographed 2015.



Fig. 12: Helen Martins and Koos Malgas, *Little Devil*, photographed 2015.



Fig. 13: *The Owl House Pantry*, photographed 2015.



Fig. 14: (Left) Charis Futcher, *Specimen 261*, 2016.



Fig. 15: Charis Futcher, *Specimen 34*, 2016.



Fig. 16 (left): Christopher Payne, *Asylum: Patient Suitcases in Ward Attic*, 2002-2008.

Fig. 17: Christopher Payne, *Asylum: Unclaimed Copper Cremation Urns*, 2002-2008.



Fig. 18. Berlin's Naturkundemuseum, *Wet Collections*, 2016.

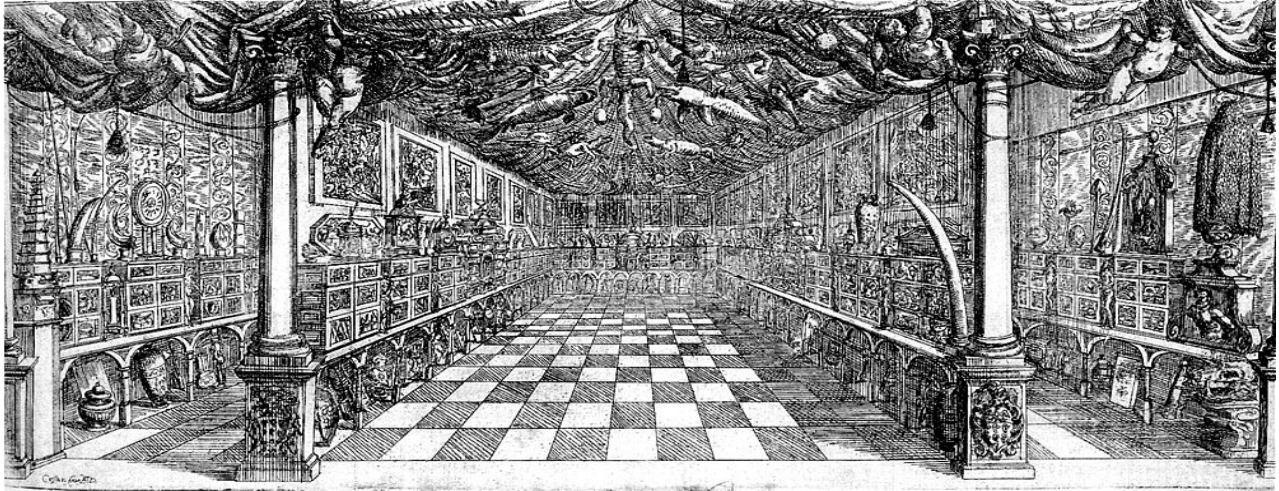


Fig. 19: Cesare Fiori, *Manfredo Settala's Cabinet of Curiosity*, 1666.



Fig. 20 (left): *Curiosity Cabinet: Dressing Table*, 2015-2016.



Fig. 21: *Curiosity Cabinet: Wardrobe*, 2015-2016.



Fig. 22: Yayoi Kusama, *Infinity Mirror Room (Phalli's Field)*, 1965.



Fig. 23: Yayoi Kusama, *Fireflies on the Water*, 2000.



Fig. 24: Charis Futcher, *Blind Mirrors*, 2015-2016.



Fig. 25: Charis Futcher, *Blind Mirrors (Performance)*, 2016.



Fig. 26: Charis Futcher, *Blind Mirrors (Performance)*, 2016.



Appendix: Exhibition Photographs



















