

Mad Women on Display:

Practices of Public Rhetoric at the Glore Psychiatric Museum

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“All visualizations of disability are mediations that shape the world in which people who have or do not have disabilities inhabit and negotiate together. The point is that all representations have social and political consequences. Understanding how images create or dispel disability as a system of exclusions and prejudices is a move toward the process of dismantling the institutional, attitudinal, legislative, economic, and architectural barriers that keep people with disabilities from full participation in society” – Rosemarie Garland-Thomson, “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography” (75)

INTRODUCTION: WELCOME TO THE GLORE PSYCHIATRIC MUSEUM

The Glore Psychiatric Museum (GPM) in St. Joseph, Missouri chronicles the 130-year history of what was once known as State Lunatic Asylum Number Two. The original asylum building, a sprawling three-story gothic structure, still

stands, though it no longer serves as a hospital nor does it house the museum. But the original State Lunatic Asylum Number Two remains visible from the current museum grounds; the once asylum now serves—perhaps disturbingly but not surprisingly, as Foucault reminds us in *Discipline and Punish: The Birth of the Prison*—as a correctional center. The hospital itself, now called the Northwest Missouri Psychiatric Rehabilitation Center, with the GPM housed on its campus, moved across the street in 1997. The museum is currently located in a non-descript brick building constructed in 1968 to serve as a “medical, surgical, and admitting building for the mental hospital” (“Glore Hospital History”).

The museum is named for George Glore, who worked for the Missouri Department of Mental Health for forty-one years and spent much of this time continuously curating a large exhibit tracking the evolution of mental health care. Glore first designed a small exhibit for Mental Health Awareness Week in 1968, and this exhibit was the precursor for the eventual museum. Working with patients, he created life-size replicas of treatment devices from the sixteenth, seventeenth, and eighteenth centuries. This exhibit was so well received that Glore was encouraged by hospital officials to expand it. Glore remained the curator of the museum until he retired in 1996, eventually amassing 3,300 items. By 1997, the museum moved to its current, larger location, and the collections expanded quickly with donations from the National Park Service as well as individual donations from the families of former administrators and doctors. By 2004, the museum had nearly 10,000 items on display or in storage (“Glore Hospital History”). While the museum grew rapidly over the past two decades, it maintains much of the handmade and homemade feel prevalent in Glore’s original exhibit, complete with his original replicas of treatment devices, small dioramas, and old mannequins dressed in hospital gowns.

DISABILITY HISTORY MUSEUMS AND PUBLIC RHETORIC

Glore’s ultimate goal was reducing the stigma associated with psychiatric treatment for patients, their families, and their communities. When Glore died in 2010, visitors to his memorial service “commented that he is owed a debt of gratitude for increasing

the understanding of mental illness¹ through the unique museum he created” (“Glore Hospital History”). Though Glore is gone, the museum remains steadfastly dedicated to his mission. The “in summary” statement that hangs on one museum wall explains, “The age old stigma associated with mental illness and lack of knowledge and understanding still prevails in segments of our society today...It is true that misconceptions and misunderstanding concerning mental illness and mental health issues are being addressed and views are changing but an even greater awareness is needed and must occur.” In short, the museum espouses a mission of raising awareness among visitors. Because historical museums, as the GPM’s mission statement demonstrates, often commit to increasing public awareness in the present day, we argue that they are active agents of public rhetoric. More specifically, disability history museums play a crucial role in informing and hopefully changing public knowledge and discourse about disability, which remains conflicted, misinformed, and even unethical, especially when it comes to mental disability.²

In the article “In the Shadow of the Freakshow: The Impact of Freakshow Tradition on Display and Understanding of Disability History in Museums,” a team of researchers from the Research Centre for Museums and Galleries at the University of Leicester demonstrate the complex roles and responsibilities held by disability

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- 1 A note on terminology. We recognize and respect that the language surrounding disability, particularly how it is named, labeled, and defined, is fraught and individualized. The Glore Psychiatric Museum, in the museum itself and the promotional materials, largely relies on the term “mental illness” when discussing the hospital’s patients; when we quote these materials, we maintain the museum’s language. However, in our own writing throughout the article, we have opted to use the term “mental disability.” We are persuaded to use this term by the influential work of Cynthia Lewiecki-Wilson (“Rethinking Rhetoric Through Mental Disabilities”) and Margaret Price (*Mad at School: Rhetorics of Mental Disability and Academic Life*), who have thoughtfully articulated reasons why “mental disability” is a helpful term: 1) It is inclusive and community-building; 2) It emphasizes many individuals long “written out” of the rhetorical tradition; and 3) the use of the term “disability” (vs. illness) continues to reassign meaning (Linton) and reclaim disability itself as a positive term and identity.
 - 2 For example: see Margaret Price’s “Assaults on the Ivory Tower: Representations of Madness in the Discourse of U.S. School Shootings” (Chapter 4 in *Mad at School: Rhetorics of Mental Disability and Academic Life*) for an extended analysis of recent and troubling media representations of “madness.”

history museums. One issue they draw from their empirical research at ten case study museums in the United Kingdom includes, “Outdated displays carry the risk of perpetuating stereotypes” (Sandell et al.). In the conclusion to the article, the authors suggest:

New approaches to the display and representation of the material could enable museums to play an important role in addressing contemporary issues around disability and disability discrimination. By contesting reductive stereotypes, addressing the ‘difficult stories’ surrounding disability history and demonstrating the diversity of disability experience, museums have the capacity to challenge understanding of what disability has meant to society in the past, and could mean in the future. (Sandell et al.)

We align our work with Sandell et al., in our desire to consider more deeply and specifically, the “important role” the GPM—and other public museums or exhibits focused on the history of mental disability—could play in, as Sandell et al. put it, “addressing contemporary issues surrounding disability and disability discrimination.” The GPM *wants* to change the conversation, but we ask: Does it move toward change or further stigmatization? More generally, what can we learn from rhetorical failures and successes at such sites? Finally, if we pay increased attention to the frequently marginalized voices of mentally disabled people, what can we learn about both history and public rhetoric?

On a museum-specific level, we argue that reducing the stigma of mental disability is not necessarily what occurs most frequently at the GPM, despite the intended purpose. Nearly all of the “patients” in the exhibit are female mannequins, and the “doctors” are male mannequins. In these gendered representations, many of the rhetorical strategies reinforce problematic assumptions about mental disability, particularly in relation to women. The decidedly fake female bodies further distance the patients from the museum audience, as they become little more than a constructed, exotic freakshow for visitors to gawk at. We further argue that this case study of the GPM has implications for public rhetoric and disability studies. Disability history museums are influential sites of education,

yet the experiences and voices of mentally disabled people are often forgotten in these spaces. Museums are created *about* them but not necessarily *with* them, a practice perpetuating misunderstanding of mental disability in the twenty-first century (Sandell et al.).³

ACTIVISM AND/AS METHODOLOGY: “NOTHING ABOUT US WITHOUT US”

To make this broader argument that historical museums deserve increased attention by scholars interested in both disability studies and public rhetoric, we use a mixed methodology that combines elements of disability studies, rhetorical analysis, and feminist historiography. We aim for a fuller, more nuanced understanding of the GPM’s representations of women and mental disability by juxtaposing the discussion of the museum itself with nineteenth and early twentieth-century writing by women who were in asylums.⁴ With this methodology, we suggest that, as scholars committed to making rhetoric more inclusive of diverse and often marginalized voices, it is not enough for us to recover historic women’s writing without connecting their groundbreaking rhetoric to important discussions surrounding mental disability in the present day. Nor is it enough for us to analyze the representations of women at the GPM without offering a deeper and individualized sense of the past. By bringing the writing of these women into the conversation about the

³ In their larger study of UK disability history museums, Sandell et al. make a similar critique about museums’ “inhibitions” when it comes to disability exhibits: “Many museums are acutely aware of their responsibilities...and some have radically changed the ways in which they approach representation of women, people from different ethnic and religious backgrounds and from different socio-economic groups and, in rather fewer examples, lesbians and gay men. Yet where disability is concerned museums appear to remain focused, for the most part, on issues of visitor access and tend to associate representation either with contemporary outreach (perhaps a small exhibition arising out of work with a local group of disabled people) or with the potential for mistakes, embarrassment and criticism. Why are they so uniquely inhibited in this area?”

⁴ In their essay, “Remaking Rhetorica: Linking Feminist Rhetoric and Disability Studies,” Jay Dolmage and Cynthia Lewiecki-Wilson detail important connections between the two fields. They point out that both women and disabled people have long been “disqualified” from rhetoric because they “deviated” from classical male embodiment. They suggest that a feminist, disability studies perspective “impacts methods” in scholarly work, teaching, and service. We see our methodology as an example of their claim (24).

GPM, we attempt to do what the museum does not: we work to write *with* them rather than just *about* them.

Throughout our analysis of the museum, we integrate historical women's voices to illuminate what is occurring in the exhibits themselves but also to counteract the exoticizing and silencing that occurs both in this museum and in public discourse more broadly. In a recent *Disability Studies Quarterly* special issue on "Blindness and the Museum Experience," guest editors Nina Levent, Georgina Kleege, and Joan Muyskens Pursley explain that when it comes to museums, the activist slogan "nothing about us without us" applies: "Here [when discussing access for blind museum visitors], as elsewhere, the slogan, 'Nothing about us without us,' applies. The best access programs, now and in the future, are those that actively seek input from blind and visually impaired patrons, artists, scholars, and activists, who will press for a wider range of inclusive practices that will enrich the culture at large" ("Introduction"). "Nothing about us without us" has long been a slogan for the disability rights movement, emphasizing that decisions made about disabled people should involve the voices of those who will be most affected—the disabled people themselves. An example of the current resonance of "nothing about us without us" in the disability rights movement is its use as a dominant heading on the website for the Autistic Self Advocacy Network (ASAN), an active nonprofit organization "by and for Autistic people" ("About ASAN"). ASAN astutely articulates, "We work to empower Autistic people across the world to take control of our own lives and the future of our common community, and seek to organize the Autistic community to ensure our voices are heard in the national conversation about us. Nothing About Us, Without Us!" ("About ASAN"). While "nothing about us without us" has long had power within disability studies and activism, we suggest its value for rhetorical scholars, as well. "Nothing about us without us" inherently demands a revision of a rhetorical tradition that favors normative voices, writing, and actions. As a methodology, "nothing about us without us" can make contemporary rhetorical analyses more robust by including dismissed perspectives whenever possible.

It bears repeating here: we work to write *with* the women represented at the GPM rather than just *about* them. As we weave the voices

and activism of historical women into this article, we find we are able to shed light on what the museum, a space that is associated with remembrance, *forgets*. What is most often forgotten is the individualized and diverse experiences and voices of the civically engaged patients admitted to places like State Lunatic Asylum Number Two. To put it another way, by adopting the premise of an activist movement as central to our methodology, we hope to create a more nuanced understanding of a dismissed group of rhetors. Namely, women who identify as, or were deemed or diagnosed, mentally disabled. These women struggled to claim rhetorical agency in previous centuries, and this is a struggle continuing today as many disability studies scholars in the field of rhetoric and composition have shown. Disabled rhetors are commonly assumed unable to effectively communicate or unable to “do” rhetoric because their minds and/or bodies do not fit into narrow, ableist definitions of “normal” (Lewiecki-Wilson; Prendergast; Dolmage; Brueggemann). Catherine Prendergast explains this assumed lack of “rhetoricity”: “To be disabled mentally is to be viewed as disabled rhetorically... That the mentally ill are treated as devoid of rhetoric would seem an obvious point: If people think you’re crazy, they don’t listen to you” (53).

Margaret Price expands on Prendergast’s work in her 2011 book *Mad at School: Rhetorics of Mental Disability and Academic Life*. Price points out that though progress has been made toward revising rhetoric to include marginalized traditions, rhetoric ultimately continues to privilege “reason,” “rationality,” and “sense.” In other words, successful rhetors have minds perceived as “normal” by an audience. Price asks, “What happens to the rhetor who cannot be ‘listened’ to—because ze is not present, or fails to participate in discussions, or fails to ‘make sense’ on a neurotypical scale?” (44). The historical women whose writing we share in this article were denied rhetoricity and deemed to not “make sense” in their lifetimes, and our analysis of the gendered representations of mental disability at the GPM indicates that this message looms large in the present day. Our “nothing about us without us” methodology highlights the struggles women with mental disabilities faced (and continue to face) while also illustrating their rhetorical prowess as public rhetors.

HISTORY, STARING, AND MENTALLY DISABLED WOMEN: THE COMPLEX RHETORICAL STRUGGLES OF THE GLORE PSYCHIATRIC MUSEUM

Disability studies scholar Rosemarie Garland-Thomson writes at length about staring and disability. She starts her essay, “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography” by reminding readers, “The history of disabled people in the Western world is in part the history of being on display, of being visually conspicuous while politically and socially erased” (56). Garland-Thomson explains, “Staring at disability choreographs a visual relation between a spectator and a spectacle...staring thus creates disability as a state of absolute difference rather than simply one more variation in human form” (57). Rhetorically, identification cannot be established when “absolute difference” informs all visual interactions with disabled people. To specify the way such difference is created, Garland-Thomson offers a “taxonomy of four primary visual rhetorics of disability. They are the wondrous, the sentimental, the exotic, and the realistic” (58). For this article, we focus on the exotic rhetoric as a lens to analyze the exhibits at the GPM. As Garland-Thomson characterizes it, “The exotic reproduces an ethnographic model of viewing characterized by curiosity or uninvolved objectification” (65). When the ethnographic impulse of history museums is considered—they often try to re-create “natural” scenes to be observed by visitors—it makes sense that the exotic visual rhetoric would be the dominant one at the GPM (65). However, as Garland-Thomson emphasizes, the effects of this rhetoric can be dangerous: “the visual rhetoric of the exotic presents disabled figures as alien, distant, often sensationalized, eroticized, or entertaining in their difference” (65). In relation to an ethnographic model, she links the development of exotic visual rhetoric to the nineteenth century as it reproduces ethnographic photography of “freaks,” transforming disabled people into “wild men” or other exotic “savages.” As a result, the spectator is distanced from the “spectacle” (65-66).

The exhibits at the GPM, though well intentioned, use exotic visual rhetoric almost exclusively, raising ethical questions about the way they educate visitors by “creat[ing] disability as a state of absolute difference.” As museum studies scholars have shown through historical research and studies of modern museum practices (Bennett; Hooper-Greenhill; Sandell et al.), museums by their very nature are spaces

that encourage and even require staring. But as Garland-Thomson demonstrates, when this staring involves disability, it takes on new meaning. In their analysis of disability history museums, Sandell et al. summarize the vexed relationship between museums, staring, and disability⁵:

Museums are places where people come to look at things. The museum effect—the act of ‘attentive looking’ (Alpers, 1991), which transforms every object into something to be gazed at—legitimizes and even sanctifies the act of staring. But staring is also part of the currency of disability experience, proposed by Tom Shakespeare as demonstrating a power relationship, a form of ‘sadistic mastery’ of disabled people (Shakespeare 1994).

The history of women and mental disability complicates the staring that occurs at the GPM further. Indeed this is a troubled history informing a troubled present day; while doctors no longer believe a woman’s uterus controls her mental state, women continue to be diagnosed more often than men with clinical depression, as one example. According to Lisa Appignanesi in *Mad, Bad, and Sad: Women and the Mind Doctors*, the British magazine *Psychologies*, which she describes as “look[ing] at the softer side of psychic disorder and disturbance, always carries a woman’s face on its cover, as if psychology, that whole business of understanding the (troubled) mind and relations, were uniquely a feminine undertaking” (6). This is not so much surprising as it is alarming. Even in the twenty-first century, mental disability is construed in a gendered manner. The most famous of all asylums, Bedlam, replaced the “male personifications of madness in front of Bedlam” with “figures of women” in 1815 (Appignanesi 43). Nearly two hundred years later the image of disturbances of the mind remains feminized. Bedlam allowed visitors the opportunity to tour the asylum and gawk at the institutionalized patients, confirming the very real history that informs Garland-Thomson’s exotic visual rhetoric.

5 The 2010 collection *Re-Presenting Disability: Activism and Agency in the Museum*, edited by Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson, offers a more comprehensive take on representations of disability at various types of galleries and museums and extends the work of Sandell et al.’s original study of disability history museums. The essays are interdisciplinary and wide-ranging, considering display practices, access, and audience.

Where Bedlam was a freakshow, the GPM serves as a potential agent to dispel the myths surrounding the history of mental disability and asylums. Certainly this is no simple task, and the research undertaken by Sandell et al. proves that though curators try to be thoughtful about the complexity of disability, they often find themselves trapped by audiences' desires to avoid "difficulty" or discomfort when visiting a museum. Sandell et al. state, "Disability History is full of stories that are uncomfortable to deal with. The realities of life for disabled people in the past, the way in which society has dealt with their presence, and current prejudices towards disability are challenging themes for presentation." They even note "histories of asylums" and "brutal and unsuccessful medical treatment" as particularly "difficult stories" grappled with by the curators they interviewed, and both of these "difficult stories" are very much on display at the GPM. Despite our respect for the complex rhetorical work the GPM undertakes by virtue of its mission and artifacts, it consistently and problematically struggles with gendering the representations of the "mad" patients (mostly represented as female) and the "sane" doctors (*always* represented as male).

A major issue with the use of primarily female patients and male doctors in these exhibits is a continued feminization of mental disability and, even more, the representation of mentally disabled women as having little to no agency; they are weak, without voice, and completely controlled by men. However, female patients were among those who most loudly spoke out about wrongful confinement in American asylums. In fact, as Mary Elene Wood states, these women who revealed life in insane asylums "were able to write about these experiences, recreating themselves with the same discursive tools that had been used against them" (1). Wood recognizes what the museum fails to see: the power and agency of women. For example, In 1873 Elizabeth Parsons Ware Packard published her account of life inside the Jacksonville, Illinois state insane asylum revealing mistreatment of women under confinement laws as well as asylum abuses. She sought to personally change state laws across the United States by expanding women's rights, altering confinement laws, and limiting the power of asylum superintendents. Additionally, she strongly believed that even those who were labeled insane must be treated with respect. She declared, "Now the insane have the same inalienable right to be treated with reason, justice, and humanity as

the sane; therefore, the insane ought to have the same protection of law, when needed, in defense of their inalienable rights" (401). For Packard, moving from abuse to care meant completely overhauling the asylum system. This is what she set out to do with her book, *Modern Persecution or Insane Asylums Unveiled*. Other women would follow in her footsteps telling their stories of life inside nineteenth-century insane asylums as part of an effort to not only share their side of the story but also to effect change. Many women who wrote "asylum narratives" saw their writing as civic duty. Some of these women, like Packard, began writing their narratives secretly while living behind asylum walls. Others found their voices upon release. Either way, their rhetorical actions were meant as a call for reform in the asylum system, declaring "nothing about us without us" long before a formal disability rights movement existed. As we move into a discussion of specific exhibits, we will continue to share more of these "nothing about us without us" voices like Packard's. They demonstrate that women in American asylums were far from being without voice, yet the GPM makes a very different case, portraying women as silent spectacles.

RESTRAINING WOMEN, REIFYING STIGMA

The representations of the historical treatments for mental disability serve as the clearest example of exotic visual rhetoric in the museum. Some of the representations use actual artifacts from the hospital, while others are replicas. These historical representations take up a great deal of space—the entire second floor of the four-floor museum, in fact. One exhibit shows various restraints used in the hospital. In the exhibit, two female mannequins are bound in different manners (Figure One).⁶ The patients are distinctly non-human; their fakeness—the wigs, the chipped nose, the blank plastic eyes—attracts more attention than any of the restraints, which are the intended subject of the exhibit. The aim is to teach visitors about the use of restraints; the different types, when they were used, and why they were used. But the visual rhetoric of the display is not focused on this information. Instead, it exoticizes these patients. When visitors stare at these bound women, it is precisely the exoticizing form of staring that Garland-Thomson describes. These patients, with their frozen expressions and unnatural poses, become entertainment. While some

6 All photos in this article were taken by the authors.



Figure One: Restraint Exhibit

In this photo, one woman stands and wears a strait jacket, while the other is bound to a rocking chair using fabric body holders, her hands covered with soft mittens. Both the mannequins have faces that seem to be staring off into the distance, and each wears an ill-fitting dark-haired wig. The nose of the patient in the rocking chair has been partially chipped off. More restraint options are displayed on the wall behind the mannequins.

education may take place through the text on the exhibit labels, the visual display of the restraints makes a spectacle of mental disability. The museum is poised to work against stigma surrounding mental disability, but this exhibit largely reifies existing stereotypes about “crazy” women: they are dangerous and thus must be restrained and controlled.

As visitors, our first reaction to this exhibit was a discussion of the distinct “creepiness” of the mannequins. The emotion informing our staring was one of discomfort based largely in feeling so different from these women. Though the difference in and of itself was not a problem (after all, we *are* different from them; we are visitors to a history museum, comfortably accessing a painful past), the struggle with this immediate and stark difference was that we were moved to adopt a troublesome disability platitude: “Thank goodness that is not

me.” We were merely grateful for the difference rather than moved to interrogate it more critically. Sandell et al.’s research makes note of curators’ “explicit references to concern about exploitation through staring if an object is not properly contextualized.” One curator in their study comments, “The question is how to show them and make them [disability history artifacts] meaningful. There is a borderline between normal human curiosity and exploitation, voyeurism. We should be able to look at these pictures in an exploratory way, asking questions.” In this display of restraints, the GPM does not provide much context nor offer a space for further exploration or questions, and this is the main reason the exhibit engenders staring that is focused on the women as spectacles. We were ready (even hopeful) for the museum to shift public conversations and perceptions of disability, but even as visitors primed for such an experience, the women in the exhibit remained exotic. We did not learn from them in a nuanced way; we did not walk away from the exhibit understanding mental disability as “simply one more variation in human form” (Garland-Thomson 57). In short, the GPM is taking on a challenging task in representing a troubled history, and certainly we need museums to explain and interrogate such histories rather than avoid them. But there is no move in the restraints exhibit, as the curator in the Sandell et al. study suggests, to make the history “meaningful.” We could not reflect, ask questions, or even identify the context and found the stigma surrounding mental disability reinforced rather than awareness raised.

In terms of missing context, that these restraints were controversial in asylum practices during the 1800s is not addressed. Patients and doctors alike saw restraints like these as problematic. However, control came in multiple forms also unexplored in the museum. One woman, Anna Agnew was relieved to see mechanical restraints abolished from her asylum; however, restraint from humans was more feared than the artificial restraints. She discusses this in her 1886 publication *Under the Cloud or, Personal Reminiscences of Insanity*. When a newly hired Dr. Fletcher abolished mechanical restraints and had them burned in a bonfire before the patients, Agnew wondered how the attendants would now treat patients. In fact, she states that the doctors and superintendents were good men, while it was the female nurses and attendants who were abusive. Agnew declared that she belonged in an asylum. She described herself as having been “born

with suicidal tendencies” (137). Despite her desire to be treated in an insane asylum, a desire not often seen in asylum memoirs, Agnew recognized the abuses, particularly by attendants. She sought change in the system, even as she believed in it to some extent saying, “[I] will speak freely of gross abuses, for which there is no remedy, until state laws require that none but those who are fitted for the sacred duties of attendants upon the insane be employed” (v). Agnew believed that it was her “duty” to speak out about the abuses of attendants in asylums, while praising the work of the male superintendents. The GPM exhibit, though, does not hint at these nuances. Instead, the use of restraints is oversimplified, and the restrained women are portrayed only as freaks to be avoided and shunned.

THE “STRONG GRIP” OF MALE AUTHORITY

Restraints are just one treatment device on display at the GPM. A variety of replicas of life-size historical treatment devices fill the museum’s second floor. One of these replicas is a hydrotherapy tub with a female patient inside and doctor spraying a hose onto her head (Figure Two). While the exhibit of the hydrotherapy tub moves away from the re-creation of the freakshow that takes place in the restraint exhibit, it remains exoticizing in other ways. Hydrotherapy has been utilized as a treatment for mentally disabled individuals throughout history because water can be heated or cooled to particular temperatures and then applied to the skin to produce reactions throughout the rest of the body. As observable in this replica at the GPM, sometimes hydrotherapy was much more brutal than the name might indicate. Though used frequently, hydrotherapy tubs could be dangerous and abusive.

For instance, Lydia A. Smith wrote the following in 1878 in her memoir, *Behind the Scenes; or, Life in an Insane Asylum*: “I was plunged into a bath...which was not quite boiling hot, and held down by a strong grip on my throat” (133). She goes on to describe attendants throwing patients on the ground, sitting on them, and forcing medication down their throats (135). The bath in and of itself could be considered torturous due to temperature, but the authority gripping the patient or holding her under water further created a terrifying treatment. Many of the women writing nineteenth-century memoirs of life in asylums revealed abusive practices of violence, restraint, and



Figure Two: Hydrotherapy Tub or “Surprise Bath”

This is a photo of a wooden bathtub known as a hydrotherapy tub or “surprise bath.” There is a female mannequin in the tub and fake water is being sprayed over her head by a hose. Above her, holding the hose and spraying her, is a male mannequin who is the doctor. He wears a white lab coat to indicate this. She is tied to the tub, unable to escape the water. Both mannequins have heads, but their faces are blank.

forced drugging. This was done as a means of inspiring investigations into the asylum system, investigations that came to be in the latter part of the 1800s. Women like Smith were not silenced by the abuse. Hydrotherapy was one of many means for keeping patients under control, and while it may have worked behind locked doors, once outside of the walls women took back control through their stories; they acted as public rhetors for reform in their own right.

The type of hydrotherapy tub portrayed at the GPM was common in the seventeenth and eighteenth centuries. It is a “surprise bath,” where a doctor “surprises” a patient by dousing him or her with water. In this display, a male doctor hovers menacingly above a female patient, spraying her with cold water from a hose. The head of the male doctor is oddly positioned, staring off into the distance rather than actually looking at the patient, making her seem like an unimportant and uninteresting afterthought, even as he douses her. Meanwhile, she is

tied down in the tub and obscured by water. He is a faceless figure of authority, his professional *ethos* communicated metonymically by his white lab coat. The female patient, mainly hidden and unable to move, is powerless. Communicated even at a quick glance is the all-too-common trope of the male authority figure literally standing above the woman who is placed in a position of submission. While it is fact that there were no female superintendents of asylums until the late 1800s, male patients certainly received some of the same treatments females did, but this is not addressed at the GPM.

Though what is depicted here is different from the experience Smith details in her memoir, the loss of agency is similar. While Smith has a “strong grip” on her throat, the patient in this exhibit is physically attached to the tub using rope. In both cases, the woman has no control, which is particularly dangerous when water poses a risk of drowning, in addition to the emotional toll such abuse would take. Though this exhibit is designed to demonstrate the problems with this sort of treatment, and the description on the exhibit placard details this, we argue that the patient remains exoticized, undercutting the goals of the GPM. This particular display aligns with what Garland-Thomson calls the “distancing” effect of exotic rhetoric since it “reproduces an ethnographic model of viewing” from both the doctor in the display *and* the visitors to the museum (65). As Garland-Thomson explains it, such a model of viewing is “characterized by curiosity or uninvolved objectification” (65). The female patient in the hydrotherapy tub is objectified by the treatment from her male doctor. She barely seems human in this interaction since he cannot even be bothered to look at her and leaves her tethered to the tub. As for our reactions as visitors, unlike the detached doctor, we did stare with curiosity to say the least and found emotions of pity underlying our staring. Pity has been theorized by disability studies scholars and activists as a less than productive reaction. As writer and activist Laura Hershey puts it in her well-known essay “From Poster Child to Protester,”

Pity is a complex and deceptive emotion. It pretends to care, to have an interest in another human being. It seems to want to take away pain and suffering. But if you look at pity up close, you notice it also wants to distance itself from its object...Pity can be very hostile to the achievement of equality and respect...Pity

paves the way for paternalism, for the attempt to control people on the basis of disability.

When presented with the hydrotherapy display at the GPM, our impulse to pity made our understanding of the patient's situation and experience distant; she was an historical Other and little more.

THE PARTIAL WOMEN IN THE "GREAT IRON MACHINE"

While we have detailed the exoticizing rhetoric of some specific displays, we want to now examine a trend we noticed manifesting across exhibits at the GPM. A repeating rhetorical strategy is the partial display of women. In addition to the consistent and inaccurate use of portraying all patients as female, even more troubling is that often the women are not displayed as full human beings and instead, visitors only see parts of their bodies. Mostly, the parts observable are the disembodied heads or faces of women. They are trapped under blankets, in box-like therapy machines, in restraints, and in therapy tubs, just to name a few of the methods we observed. (Figures Three, Four, and Five) Some partial and constraining display methods not shown in our photographs include small wooden cages and boxes with holes cut out for the faces of the women. Our initial reaction was that these partial displays of women remove their agency further. Rather than seeming like actual people, they are disembodied heads, looking more like Halloween decorations than educational museum exhibits aimed at raising social awareness about mental disability. Rather than reducing the stigma of mental disability, the museum's purported goal, these exhibits mainly facilitate a shock and awe reaction. The disembodied women are so different from visitors; identifying with their experiences and thus persuasion to a place of deeper understanding is all but impossible. As visitors, we once again felt distanced from the apparent spectacle of mental disability rather than in a position to understand it in a more detailed (and less exotic) way.

Early in the twentieth century, women were continuing to tell their readers about unjust commitment laws that remained in place as well as problems with the treatment behind the hospital walls. Kate Lee wrote the following in her 1902 work, *A Year at Elgin Insane Asylum*: "In the asylum the inmate becomes part of a great iron machine, which continues to revolve, carrying her with it. Very little attention



Figure Three: Partial Woman Displayed on Doctor's Table in Electrotherapy Exhibit

In this photo, a woman lays on a stretcher covered almost entirely with a blanket. Only her head is visible and a male doctor hovers over her, prepared to administer treatment. Her head has sensors used for electrotherapy attached to it.



Figure Four: Two Partial Women, One in a Hydrotherapy Tub and One Strapped to a Bed

In this photo, two women are partially displayed. On the far left, a woman's head peaks out of a hole cut in white fabric that is tightly spread over a modern-looking bathtub. This is another version of a hydrotherapy tub. Next to her, a woman lays on a narrow bed. She is strapped down tightly using a blanket and other white fabric straps over her shoulder and thighs. Again, the only visible part of this woman is her head.



Figure Five: Partial Woman in “Insulin Coma” Treatment

In this photo, a woman is confined inside a large, white, metal machine used for “insulin coma” treatment. Her head peeks out of the machine, almost like it is floating above it; the rest of her body is obscured within the machine.

is paid to her in particular; and inquiries in regard to leaving meet with no response” (204). With Lee’s words in mind, we began to rethink some of our immediate reactions to the partial women. The partial displays of women resonate with Lee’s words. When we see the women only as parts, they do indeed seem largely part of an institutional machine, far from human, with very little attention paid to them by those in charge—and perhaps that is precisely the point. Considered metaphorically, with women as parts of “the great iron machine,” the partial display could be the most powerful work of the GPM. But for the casual visitor, unfamiliar with the forgotten context provided by the voice of women like Lee, the displays do not offer the same critique or raise awareness in the way that Lee does regarding her time at Elgin Insane Asylum. Words like Lee’s remind us that women in asylums had powerful voices, even when they were literally and metaphorically trapped. While the partial display of women is potentially effective in the message it delivers about how mentally disabled women were confined and dehumanized, the exhibits are

decontextualized and lack the individualized, situated social critique that comes through in Lee's memoir.

CONCLUSION: CHANGING THE CONVERSATION BY LISTENING MORE AND ASSUMING LESS

In the twenty-first century, activists follow the lead of the women we have featured throughout this article, offering critiques of psychiatric treatment in hospitals and societal expectations of women's behavior. The powerful public rhetoric and advocacy work of women who identify as mentally disabled is impressive. At the same time, it is somewhat discouraging that we continue to need such reform and critique in the present day. Since mentally disabled women are still so marginalized and silenced, an educational site like the GPM can make a difference; it is poised to play a more active, persuasive role in reducing the stigma surrounding mental disability.

One of today's critics is musician, performance artist, and author Emilie Autumn. In her multi-genre autobiography, *The Asylum for Wayward Victorian Girls*, Autumn addresses how women diagnosed as mentally disabled today are not treated terribly differently than those labeled "mad" in the 1800s. Her own diagnosis and experience in a psychiatric hospital provide her with evidence of this. For Autumn, the worlds of modern society and nineteenth-century England share a gender discrimination that often makes girls' and women's voices invalid. Autumn says of women's current lack of credibility in society: "I'm also a girl, which never helps any situation. Children are children; lunatics are children; women are children. (This is, after all, why so many markets and pharmacies stock the feminine products right next to the baby products. Think I'm reading too much into this? Well, fuck you.) We know nothing about anything, least of all ourselves and our bodies" (167). Autumn confirms that women are still treated with little respect and agency while taking a stand for her views on the matter with her defiant "fuck you." Like some disability scholars in rhetoric and composition (Lewiecki-Wilson; Price; Prendergast), Autumn has identified the double bind of mentally disabled women: how can someone—particularly a female someone—who is not viewed as having a "normal" mind *speak*? How can she claim, or finally be granted, rhetoricity?

Of course, Autumn is not alone. Mental disability continues to be stigmatized in the twenty-first century, and though the GPM works to change this, the exoticizing, distancing exhibits tend to reaffirm historical stereotypes, particularly in relation to women. The larger danger is the way in which such representations and education can influence current medical, political, and media discourse, where women are still viewed as unable to make decisions about their minds and bodies, just as they were when they were committed to asylums by male doctors and relatives. As one way to counter this longstanding problem, what we suggest with our analysis of the GPM and our broader methodology, is that when it comes to public rhetoric surrounding mental disability, the voices of those who identify as mentally disabled must be allowed to speak, must be respected, and must be *listened* to. As we hope we have illustrated throughout this article, they are often the most effective public rhetors of all. Perhaps we simply reiterate “nothing about us without us” with this call for more listening, but we cannot help but think that “nothing about us without us” is a slogan—and arguably a rhetorical theory—that must be heard and respected far beyond the disability community.

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