Ages of Madness: A Study of Language and Framing

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The societal standard of normal versus abnormal isolates and allows for discrimination against minority groups, such as people with disabilities. This standard has been developed over history, and continuously sustained through qualifying language. One can look at language and naming to reflect the development of opinion around mental disabilities. Words such as crazy, retard, mongoloid, mad, mental and disabled have been used to reflect the current tone and relationship between the mentally ill and the rest of society. Margaret Price (2011) boldly claims the word *crazy*.

I am crazy. (although I don’t usually use that word to refer to myself), and I make my living by using my mind… When you hear someone is ‘crazy,’ a host of stereotypical images may come immediately to mind. For instance, you may picture a homeless person muttering on a bus; a figure lying restrained on a hospital gurney; or a dull medicated gaze. You might also think of danger, for a common assumption about mental illness is that it goes hand in hand with violent behavior. (p. 1)

How has this stereotype been developed? Why? The standard or stereotype is developed through language in order to sustain the distribution of power. The continuous cycle of visualization of disability and a continual ableist attitude through history can be broken down into chapters or stages, which I will label for this exploration as: Age of the Asylum, Age of the Institution, and Age of Qualified Acceptance. The development of the standard and “ages” can be compared to the complexes of racism as outlined by Nicholas Mirzoeff in *The Right to Look*

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1 “Mental disabilities” will be used through this essay as a grouping of mental illness, cognitive disabilities and developmental disabilities. I recognize there are distinct differences between say Down’s syndrome and depression, but as this is an exploration of language throughout history, I am using the language and groupings that were used at the time.
By comparing the development of the norm as both racism and ableism, one can see the development of a standard for inequality and the sustenance of prejudice.

To develop a standard of discrimination and hierarchy, first there must be a group in power or superior. To justify this top of the pyramid, the agent or superior develops a ‘norm’, predictably themselves and then an “other”. In prevalent Western culture, the standard, namely the white standard is white, male, middle class and normal functioning; “White people (as in those setting the standard) have power and believe that they think, feel and act like and for all people; white people, unable to see their particularity, cannot take account of other peoples; white people create the dominant images of the world and don’t quite see that they thus construct the world in their own image; white people set standards of humanity by which they are bound to succeed and others bound to fail” (Dyer, 1997, p.9). All others (colored, female, uneducated, non-normal functioning) have failed the high standard and are lesser; they are farther down on the pyramid, retaining the distribution of power. The standard groups all people with disabilities, whether a physical or mental disability, as other. A similar development of a norm and an other can be seen in *The Right To Look*; Mirzoeff (2011) outlines three main complexes that build and sustain racism: the plantation complex, the imperialist complex, and the military-industrial complex. The authority uses visualization to control the “lesser” and determines how information and reality is framed. In the plantation complex, the plantation and slave owner hold the power of authority and framing. He passes down his assumed power to the overseer to present the rules, the way of the land to the slaves. The overseer addressed the slaves as a “lesser” and thus not free “species”, justifying his power, their punishment, and control. A cycle of a racist standard of
discrimination continued with the next two complexes and continued to prevent the right to look or the right to claim “autonomy from the authority, [refusing] to be segregated” (Mirzoeff, p. 4).

As one looks through history three ages of discrimination against individuals with disabilities, especially mental illnesses, can be outlined: Age of the Asylum, Age of the Institution and Age of Qualified Acceptance. In each age there are different forms of treatment and prejudice that are justified by a parallel use of language. First, the Age of the Asylum took place during the classical era of the 17th century. At this time, madness was associated with the lack of moral, against the Christian ideal and guilty of the cardinal sin of sloth. Work was seen as moral duty and thus anyone not willing or able to contribute to society was locked away, often in forced work camps. The language of the law grouped together a “strangely mixed and confused” group, articulated as the “unemployer, the idle, and the vagabonds” (Foucault, 1965, 50). Madmen were included in the proscription of idleness and were subject to forced labor and imprisonment. The mistreatment was justified through religious language (law) reflecting and supporting the superior standard and power of the Christian ideal. During the Age of Asylum, madness seized to be an overlooked or assumed characteristic of humans (as it was during the Renaissance), rather it became representative of all “man, to his weaknesses, dreams and illusions,” a scapegoat; “the symbol of madness will henceforth be that mirror which, without reflecting anything real, will secretly offer the man who observes himself in it the dream of his own presumption” (p. 27). The mirror had to be locked away, the voice had to be silenced. During the 17th century, more than one out of every hundred inhabitants of Paris were confined,

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2 Again, the three ages are a naming system that I have constructed for the purpose of this exploration. It is not a reference to another source.
3 “Madmen” is not a politically correct term today. But at the time, during the “Age of the Asylum” it was used to refer to anyone who may have a mental illness ranging from a personality disorder to schizophrenia or a developmental disability.
including the mentally ill or disabled (p. 38). Confinement reaffirmed the authority’s “power of segregation and provided a new homeland of madness” (p. 46) through organization and language visibility accepted as law and this new “space of exclusion, which had grouped together, with the mad, sufferers from venereal diseases, libertines, and innumerable major or petty criminals, brought about a sort of obscure assimilation; and madness forged a relationship with moral and social guilt that is still perhaps not ready to break” (Foucault, 1954, p. 115).

During the mid 18th century, the negative public opinion of the unregulated prison system caused many to be closed. Then these spaces of internment were turned into places of confinement of “the mad alone” (Foucault 1954, p. 117). To retain a hierarchy of norm, the mentally disabled community must again be classified and segregated, starting the Age of the Institution. During the Age of the Institution the language of visibility and justification took on two tones: medical and embarrassment. Individuals were institutionalized, often times indefinitely, for new medical diagnosis. More terms arose to cover the need for classification including the four main ones: mania, melancholia, hysteria and hypochondria (Foucault, 1965, p. 117-158). The Backstory Podcast in a look on body politics in American history sees a “shift during the 20th century to a concern with what is normal, counting people, measuring people, seeing what the bell curve shows us about what is normal human characteristics” as an outcome of industrialization, because the assembly line needed “standard” parts and workers (Wyndham, 2015).

The system of nationally regulated institutions for the mentally ill grew exponentially, by the end of the 19th century hundreds of thousands of individuals in Europe and America were

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4 During institutionalization, mentally ill was used for anyone who had a mental illness such as melancholia (depression or bipolar disorder), mania (bipolar disorder, a cognitive disorder or schizophrenia), hysteria or hypochondria (epilepsy) but also cognitive disorders (Down’s syndrome or Autism Spectrum Disorders).
interned (Shorter, 1997, p. 47-49). Another reason given for institutionalization was to guard from embarrassing spectacle. The language presented institutionalization as a positive prevention of embarrassment of the individual, and related family, “in its most general form, confinement is explained, or at least justified by the desire to avoid scandal” (Foucault, 1965, p. 66). Institutionalization was for the good of all involved, or that is at least what the visualization from authority would suggest.

Reflecting the civil rights movement, a faction for the end of the institution and for equal treatment to individuals with mental illnesses arose during the mid 20th century. Negative press was released revealing the inhumane treatment of the excluded and the subjectivity of diagnosis, most notable One Flew Over the Cuckoo’s Nest by Ken Kesey in 1962. A key character in the novel, Chief exemplifies the problems with institutions and assumed insanity. Chief explains that “they (the medical practitioners) don't bother not talking out loud about their hate secrets when I'm nearby because they think I'm deaf and dumb. Everybody thinks so. I'm cagey enough to fool them that much. If my being half Indian ever helped me in any way in this dirty life, it helped me being cagey, helped me all these years.”(p. 6) This character as well as other studies released at the time acted as a countervisuality of the mentally ill perhaps not being correctly interned.

The new language in many press releases and critiques of the system reflected a new sense of pity, remorse and responsibility. In the Politics of Staring, Garland-Thomson describes four styles of visuality used to represent people with disabilities: exotic, wondrous, sentimental and realistic. None of these tones promote the individual rather it acts as a lesser comparison to the norm (Garland-Thomson, 2002). During the mid 1960’s many people were removed from institutions and put in local mental health homes or facilities. In the United States the number of
institutionalized persons went from the peak of 560,000 to just over 120,000 during the 1980’s (“A Brilliant Madness”). New laws were also passed concerning the treatment of people with mental illnesses. In 1962 the Mental Retardation Facilities and Community Mental Health Centers Construction Act was passed to provide the first federal money for developing community-based mental health services. Then most notably, the Americans with Disabilities Act of 1990 was a wide-range law to protect against discrimination based on disability (Osborne, 2015). Its scope and language mirrored the Civil Rights Act of 1964 which made discrimination based on race, religion, gender, nationality, and other characteristics illegal. The deinstitutionalization movement was also made possible by new anti-psychotic medication and new privatized practices though it still left many individuals without a means of support, continually at the bottom of the social hierarchy. A large portion of mentally ill persons ended up on the streets or in the prison system; a 1992 study revealed that 7.2 percent of incarcerated persons have a serious mental illness (“A Brilliant Madness”).

Deinstitutionalization again left a need for a new method of visuality to sustain power in the hands of authority. Though resulting structure is still unfolding, I will label the new period as the Age of Qualified Inclusion. Just as there was not an end to racism at the abolition of slavery, the end of the institution did not bring the end of ableism. The segregation can be seen in the prison system, school system and media. The inequality is justified through medical language with diagnostic categorization continually growing. The DSM-V\textsuperscript{5}, the standard guide for mental health diagnosis, grew from 102 pages in the first edition to 947 pages for the latest publication. The new publication hopes to find the right balance of science and classification, stating in its

\textsuperscript{5} Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
introduction that “broad recognition of a too-rigid categorical system does not capture clinical experience or important scientific observation” and “although some mental disorders may have well-defined boundaries around symptom clusters, scientific evidence now places many, if not most, disorders on a spectrum with closely related disorders.” New criteria broadly address “symptoms, behaviors, cognitive functions, personality traits, physical signs, syndrome combinations and durations” (American Psychiatric Association, 2013, p. 5-6). The language is very scientific, connoting the supposedly infallibility of science and thus the diagnosis.\(^6\)

Ironically the introduction is broadly inclusive resulting in increased diagnosis for exclusion. With a diagnosis, an individual is permanently marked as “other”.

There is an unwritten ranking of mental and cognitive disabilities. Some are higher in ability, adaptability and relatability, as seen by the norm, and these can be included in normal society structures. Thus the language of diagnosis is both inclusionary and exclusionary. Those who qualify for inclusion, often limited, are an exception. This is a multiculturalist attitude to earn public approval by altering the phenotype or profile, the method of aestheticization can be compared to the multiculturalism observed by Rodriguez, “while the phenotype of white supremacy has changed- a reordering of bodies altogether necessary for its technologies of institutional power to remain viable under changed historical condition. Its internal coherence is a logic of social formation has been sustained, redeemed, and enhanced” (Rodriguez, 2011, p.40). The exceptions are used to aestheticise or create positive approval for the otherwise segregated practice. One example of this new age in action in academia is the Clemson

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\(^6\) A “diagnosis” could refer to anything in the DSM, some are more serious or long term mental illnesses, others are personality disorders or cognitive disabilities. The DSM is also used to diagnose shorter term illnesses such as depression. SO for this exploration, I am using “diagnosis” in a general way, recognizing that having a diagnosis does not necessarily mean one has a serious, life-long mental illness.
University Life program, a program “incorporates functional academics, independent living, employment, social/leisure skills, and health/wellness skills in a public university setting with the goal of producing self-sufficient young adults.” Students must have a cognitive diagnosis and IEP\(^7\) as well as a lengthy list of criteria to be admitted into the exceptional program (ClemsonLIFE). This relatively new form of multiculturalism is often featured in the university’s press releases to boast of the diverse “Clemson Family”.

Language has been used to set, support and exemplify the difference of groups in each of the three eras. Once the “lesser” group is established, language is used to justify discrimination and inequality and then to prevent “the right to look” or question these standards. Language can be used to classify through naming and categorization, to separate as a means of organization and segregation, to aestheticize or make everything seem right (Mirzoeff, p. 4). In terms of disabilities, labeling or naming is often used to draw on negative connotations and thus sustain an “other”. The classification of mental illness is reflective of the current mood in society, it may be defined by the pathological conditions and “it in these conditions, no doubt, that the illness manifests itself, that its modalities, its forms of expression, its styles, are revealed. But the roots of the pathological deviation, as such, are to be found elsewhere.” (Foucault, 1954, p. 99)

Durkenheim, as referenced by Foucault, adds to this by stating that “A social fact can be said to be normal for a given society only in relation to a given stage in this development.”(p. 101) A society develops the norm and then classifies the unnormal through language, in this case pathological based classification. The terms such as disabled, mad or crippled have been used as

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\(^7\) An Individualized Education Program (IEP) is a written statement of the educational program designed to meet a child's individual needs. Every child who receives special education services must have an IEP.
collective nouns to “link a disparate group of people” (Linton, 1998, p. 9) and at once group the community together as “other”.

To conclude this exploration, let us take a look at the “End the R-Word” campaign, a result of the present “Qualified Acceptance” era and perhaps a vital part of its sustenance. This campaign focuses on the derogatory or negative use of word “retard” to speak of something other than a mental illness or to speak of the incapability of an individual, whether mentally ill or not. The word is commonly used but has recently been labeled as offensive. Many newspapers have released articles to document the change of public opinion often including personal anecdotes similar to the following by Kenney, “As you can imagine, I take great offense to this word… It kills me to see the look on her face (the writer’s sister) when she hears the R-word. She starts to feel like an outcast, someone who doesn’t belong” (2010). The R-word is said to distract from the individual's abilities and prevents people from seeing beyond a stereotype. A new emphasis on “nice words” such as special and handicapped arose to fill the void left by the new taboo use of retarded, which brings up the question of rather the R-word campaign is truly effective. It can be argued that is only focuses on the language rather than the root of the issue, the cycle of ableism. The language itself will continue to change to reflect the context of the time. Many of the new, more politically correct terms are a euphemistic attempt, Linton describes them as a way to obscure the reality that they are not “considered desirable and that they are not thought to surpass what is common” (Linton, p. 15). The R-word movement and new naming devices then just become a new way to visualize and aestheticise the continuation of the hierarchy of power, the norm and the other.
Whether it is the word “crazy” or “retard”, the naming of individuals with mental illnesses sustains the stereotype and reinforces the division between the norm and the other. In each of the three eras defined, the language continues the cycle of division and exclusion that is apparent throughout history. This division helps the white standard to remain in power, similar in outcome and goal to racism or other prejudices. As one follows the cycle of visualization of disability, the root of the problem becomes apparent; it is the hierarchy and standard of normal, not just the use of the “R-word” or other language.
Works Cited


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