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# Modernism, Mental Hygiene, and the Embodiment of Mental Disability

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*Shifting views of human embodiment during the American mental hygiene movement produced a distinction between what I refer to as psychic and organic forms of mental disability. These categories are useful for better understanding the varying treatment of intellectual difference in twentieth-century Anglo-American society and modernist literature. Applying them to the parallel lives of Emily Holmes Coleman and Carrie Buck illuminates the importance of race and socio-economic class in determining which mental disabilities were diagnosed as immaterial products of the mind's processes—and therefore less dangerous to society—and which were condemned as genetic material defects. Although Coleman's novel, *The Shutter of Snow* (1930), depicts a psychic condition that overcomes and critiques conceptions of intellectual normalcy, her life and work ultimately suggest the extent to which both modernism and the modernist notion of liberating insanity depend on the doppelganger of an organically defective other for their meaning.*

**Keywords:** mental disability / embodiment / modernism / Emily Holmes Coleman / mental hygiene

## INTRODUCTION

Shifting views of human embodiment in the early twentieth-century United States, I argue, influenced the treatment of mental disability in society and modernist literature. My approach to this topic differentiates between immaterially

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embodied things—things that occupy the body, such as a spirit or an idea—and materially embodied things—things that are biologically of the body, such as a gene or an organ. The concept of material embodiment has proven a valuable tool for modernist scholars to examine varying representations of disability, especially in relation to outwardly visible corporeal anomalies (like a hunchback) or anomalies in corporeal processes (like deafness). In her analysis of modernism's relationship with physical disability, for instance, Maren Linett employs a materialist definition of embodiment to demonstrate that modernism exhibits a "multifaceted dependence" on disabled bodies (3). She argues that whereas modernists sometimes present nonnormative bodies "as agents of freedom in the face of the stifling enforcement of normalcy" (199), they may also associate "disability with aspects of [the] human being [modernism] disdains" and portray "nonnormative embodiment as a degraded state" (200).<sup>1</sup>

The cultural stigma attached to the materiality of nonnormative bodies is likewise being discussed in analyses of nonnormative minds to illuminate a hierarchy of mental disability that celebrates certain forms of cognitive difference at the expense of others. According to Joseph Valente, modernists tend to engage with "psychic derangement" as a "social construct" and attribute it with the power to parody and thus undermine the regulatory forces of normativity, yet they judge "mental defectiveness" as an "organic defect" that "licenses cultural disregard if not defamation" (395–96).<sup>2</sup> This description of psychic derangement as immaterial and mental defectiveness as material suggests that certain mental disabilities are perceived as being materially embodied in the same way as physical disabilities while others are not.

In what follows, I investigate the historical partitioning of human embodiment to illuminate the importance of materiality in differentiating between mental disabilities that modernists valued and those that they condemned. I propose that for modernists, an immaterial mental disability, which I refer to as "psychic," could be lauded for subverting accepted notions of intellectual normalcy because it provided a means of exploring alternate *ways* of being inside the body. A materially embodied mental disability, however, which I refer to as "organic," could be used to justify cultural disenfranchisement because it indicated an inferior *form* of being biologically of the body.

As a springboard for analyzing this difference, I turn to Emily Holmes Coleman's modernist novel, *The Shutter of Snow* (1930), which semi-autobiographically depicts her experiences with postpartum depression and subsequent institutionalization. In a critical scene, Marthe Gail, the psychotic protagonist, stands before a tribunal of mental health experts and offers this simple defense of her sanity: "I may be insane but I protest Im not feeble-minded" (88).<sup>3</sup> I interpret Marthe's distinction between insanity and feeble-mindedness, as well as her willingness to accept one while distancing herself from the other, as exemplifying respectively the cultural attitude toward psychic and organic mental disabilities. By casting her psychosis as an immaterial form of insanity, Marthe manages to present herself as less threatening than the other patients with more material

conditions like feeble-mindedness, thereby freeing her to indulge in her condition and discover a form of spiritual liberation. Her success, however, is predicated on her class-inflected assertion of intellectual competence at a time when the line between insanity and feeble-mindedness was often blurred—and when poor, white women like Carrie Buck of the Supreme Court case *Buck v. Bell* (1927) could face prolonged institutionalization and forced sterilization because they were labeled feeble-minded.

Analyzing the origins of the insane-feeble-minded binary and its depiction in *The Shutter of Snow* grants an opportunity to better understand the socio-political and aesthetic function of categorizing mental disabilities according to materiality. This endeavor may also help clarify the role of materiality in establishing and maintaining the nuanced hierarchy of intellectual difference currently being discussed in modernist studies.<sup>4</sup> Although insanity and feeble-mindedness are both mental conditions, I argue that Coleman treats insanity as a psychic irregularity in the mind's processes—as opposed to the mind itself—that she “transvalues” to achieve what Valente describes as “a psycho-spiritual difference superior to and critical of the sociocultural status quo” (396). Her depiction of feeble-mindedness, however, reflects the early twentieth-century belief that it was an organic defect of the body indicative of biological degeneracy. By thus differentiating psychic insanity from organic feeble-mindedness, Coleman's *The Shutter of Snow* further problematizes the scholarly utility of what Elizabeth J. Donaldson calls the “madness-as-feminist-rebellion metaphor” (102). She explains that while it “might at first seem like a positive strategy for combating the stigma traditionally associated with mental illness,” this correlation “indirectly diminishes the lived experience of many people disabled by mental illness” (102). As my investigation shows, Marthe's immaterial madness can function as an act of rebellion precisely because she defines it against the lived experience of organic forms of mental disability.

By situating Coleman's life and work within the American mental hygiene movement, I trace the source of her distinction to the changes that the logic of mental hygiene brought to understandings of embodiment in women's medicine. I then read the contemporaneous lives of Coleman and Buck and offer an analysis of *The Shutter of Snow* to explicate the ways in which varying degrees of whiteness and socio-economic status contributed to the divide between insanity and feeble-mindedness. Overall, I show how Coleman and her protagonist, each suffering from postpartum psychosis, rely on financial privilege and implicit notions of racial superiority to dematerialize their mental illnesses and cast them as terminable forms of insanity. In contrast, the feeble-mindedness imputed to Marthe's more impoverished fellow inmates—and to Buck the historical figure—is understood to be an inherited condition of systemic bodily deficiency. Although Coleman overcomes and critiques conceptions of intellectual normalcy through her depiction of a psychic condition in *The Shutter of Snow*, her life and work ultimately suggest the extent to which both modernism and the modernist notion of liberating insanity depend on the doppelgänger of an organically defective other for their meaning.

## MENTAL HYGIENE AND WOMEN'S MEDICINE

The divide between psychic and organic mental disabilities became increasingly prevalent during the years leading up to the American mental hygiene movement, when the United States became ever more concerned with racial purity and economic strength. This history is well known and has been the subject of many studies;<sup>5</sup> suffice it to say here that nineteenth-century developments in fields such as biology, bacteriology, and psychiatry caused the prior medical emphasis on reactive cures and therapies to cede to a preventative model that understood mental illness as the organic product of defective genes. This correlation between mental disability and material embodiment catalyzed a near obsession in the United States with the idea that the key to personal and national success resided in cultivating the healthy minds and bodies of individual citizens who would together ensure a thriving social body. As the Progressive Era took shape at the end of the century, the interrelated movements of mental hygiene and eugenics emerged when the nation began synthesizing newly-acquired scientific knowledge, social activism, and a desire for political reform. Although the goals of mental hygiene and eugenics overlapped and many of the main participants belonged to both camps, the mental hygiene movement tended to emphasize social education, institutional reform, and public policy, while eugenics was more medical and scientific in practice.

According to Gerald N. Grob, the mental hygiene movement was officially born when the white, predominantly male elite, which included politicians, doctors, judges, and hospital superintendents, assumed responsibility for national progress and “launched a broad-based crusade to create a better society” (144–45). Grob explains that mental hygienists proclaimed that the country’s fate had “to be purposefully guided in a direction that enhanced the welfare and happiness of all citizens” (145). Such universal welfare and happiness depended on clean, healthy minds, which were minds that worked diligently, raised a traditional family, and avoided immoral and unproductive behavior. Theresa R. Richardson describes that under the guidance of the new, biologically-based psychiatry, mental hygienists were “concerned with discovering absolute principles and systematically applying them as solutions to problems in social contexts” in hopes of promoting “human rights and the alleviation of suffering” (4). The results of the mental hygiene movement’s pursuit of these goals included, but were not limited to, research and policy development to identify and attend to people with mental disabilities, improve hospital conditions and staff training, regulate alcoholism, manage abnormal and state-dependent children and paupers, and prevent crime and inappropriate sexual behavior (Grob 145; Richardson 1–9).

The leaders of the mental hygiene movement established several programmatic organizations for their ideology in the early twentieth century, most notably the National Committee for Mental Hygiene (NCMH) in 1909. Grob offers this summary of the organization’s goals: “the NCMH would protect the public’s mental health; promote research into and dissemination of material pertaining

to the etiology, treatment, and prevention of mental disease; enlist the aid of the federal government; and establish state societies for mental hygiene" (153). Aided by the advancement of mass media and consumer culture, the NCMH worked to begin after-school programs, develop educational materials for public school students and their parents, and create a federal sub-department on public welfare. In 1917, the founders of the NCMH launched the journal *Mental Hygiene* to enlighten the public about the practices and benefits of good mental health. Led by Thomas W. Salmon, the editors describe the following hopes in the journal's initial issue:

MENTAL HYGIENE will prove equally useful to the highly trained worker in psychiatry or psychology, the physician engaged in preventive medicine, the teacher seeing in education preparation for life, the magistrate concerned not only with the consequences but the causes of the offense before him, the parent seeking knowledge of the mechanisms by which character is built, and the student of social problems desirous of understanding the complex fabric of organized society through knowledge of those factors which mould the mental lives of individual men and women. (3)

As the mental hygiene movement spread throughout American society during the first several decades of the twentieth century, its ideals were consistently promoted as apolitical, enlightened, and in the interests of all citizens. If the country were to realize a future of optimal health and minimal disease, then all citizens had to do their part to alleviate the burden of mental illness and solve the myriad social problems attributed to it. Nevertheless, the movement's emphasis on the organic nature of mental illness contributed to and helped justify broader and more sinister trends in the United States, most notably mass institutionalizations and a wave of state laws legalizing compulsory sterilization. In many cases, women, racial minorities, persons with disabilities, the poor, and immigrants from Southern and Eastern Europe were targeted as deviants in need of eugenic oversight.

Of special importance to women like Emily Holmes Coleman and Carrie Buck were the changes that mental hygiene brought to understandings of embodiment in the diagnosis and treatment of mental illness in women. One of the most prominent medical regressions during the movement was the almost complete neglect of postpartum psychiatric illnesses, despite the attention these had received the previous century.<sup>6</sup> While many mental disabilities were deemed organic by the beginning of the twentieth century, postpartum psychiatric illnesses were detached from the body's materiality and reclassified as psychic conditions. Jeffrey L. Geller and Maxine Harris explain that the mental hygiene movement shifted attention in women's medicine away from "routine biological processes," such as menstruation and menopause, to the ways that women mentally reacted to "biological transitions" in their lives (257). Rather than being understood as direct results of the material body and its functions, such as how puerperal hormone fluctuations may cause mood disorders, most mental illnesses specific to women were labelled immaterially psychosomatic—that is, they could

affect the body but were not of the body themselves—and attributed to their alleged inability to respond properly to changes in their bodies and environments.

Geller and Harris also observe that the increasing circulation of Freudian notions of hysteria further contributed to these beliefs (257).<sup>7</sup> Offering additional clinical analysis, Teresa M. Twomey explains that doctors and scientists during the mental hygiene movement began identifying severe forms of mental illness according to groupings of symptoms, which produced three general categories: “disorders in thinking (schizoform); disorders of emotional reactions, or ‘affective’ disorders (bipolar); and those where toxic agents or trauma interfere with the functions of the nervous system (toxic-exhaustive psychoses or organic psychoses)” (25). The clinical view was that postpartum psychiatric illnesses were not significantly different from these types of mental illness, so they did not necessitate their own category and could be assimilated into one of the others, depending on what symptoms were most prominent.

While the mental hygiene movement effaced postpartum psychiatric illnesses from medical discourse by casting them as immaterial psychic conditions, it simultaneously reinvigorated the use of the term “feeble-minded” to describe a vast array of intellectual differences that were condemned as organic defects.<sup>8</sup> James W. Trent, Jr. explains that although feeble-mindedness was discussed as a problem prior to and during the nineteenth century, those who were labeled feeble-minded in the early twentieth century “were no longer merely a social *burden*, they were now a social *menace*” (163, original emphasis).

An abstract concept that was never uniformly defined but was wildly over-used, feeble-mindedness was understood in the early twentieth century as a genetic disability caused by an inherited “bad germ plasm” that would incite an instinctual drive to bad behavior. Due to its ambiguity, feeble-mindedness functioned as an umbrella category covering a variety of mental conditions, physical anomalies, and lifestyles and actions condemned as socially irresponsible. Since a bad germ plasm could not be medically diagnosed, Molly Ladd-Taylor notes, feeble-mindedness was often recognized by “visual signifiers, such as an evident physical disability or a ‘large tongue’ or ‘protruding lip’; social characteristics, such as poor English language skills, a weak school or employment record, or a disorderly home; or behavioral indicators such as alcoholism or ‘sex delinquency’” (“Eugenics and Social Welfare” 123). The flexibility of these symptoms left doctors, hospital superintendents, judges, and policy-makers a great deal of latitude in applying the concept of feeble-mindedness to suit their goals. Geographically, diagnoses of feeble-mindedness were more prevalent in the South due to larger populations living in poverty and the region’s more intense concern with miscegenation and maintaining traditional values. From the perspective of mental hygienists and their preoccupation with success, feeble-mindedness posed a distinct problem. As Trent puts it, “Without a head, one could not get ahead. Having a child or brother or sister without a head too made getting ahead a more difficult proposition” (134). Although mental hygienists could identify and attempt to train a feeble mind, most ultimately saw feeble-mindedness as



unalterable because they believed it was an immutable indicator of biological degeneracy.

In her examination of the political nature of feeble-mindedness and its use to justify sterilization, Anna Stubblefield demonstrates how the concept was deployed as a means of protecting the white patriarchy from the threat of immigrants, the poor, and women. She argues that feeble-mindedness “linked ‘off-white’ ethnicity, poverty, and gendered conceptions of a lack of moral character together, and that feeble-mindedness thus understood functioned as a signifier of tainted whiteness” (162). The white elite, she explains, perceived racial integrity as a matter of intellectual superiority, which granted “the capacity to make contributions, in a manner appropriate to one’s gender, to the building of civilization” (163). The steady increase of European immigrants throughout the late-nineteenth and early-twentieth centuries generated fears within the white elite that the sanctity of whiteness and the future of white civilization was under siege. Since the poor likewise did not appear able to make social contributions, Stubblefield notes, they were grouped together with certain populations of immigrants into an undesirable category of whiteness that needed to be controlled and prevented from reproducing. The label of feeble-minded was then applied to this group and used to legitimate its segregation and, if deemed necessary, the sterilization of its members. According to Stubblefield, feeble-mindedness was also gendered because for women, but not men, “moral depravity was primarily equated with sexual promiscuity” (163). This correlation of gender, immorality, and mental disability led to a disproportionate percentage of women being labeled as feeble-minded, committed to state institutions, and sterilized. Indeed, between 1927, the year of *Buck v. Bell* and the first year of legal sterilization, and 1932, the percentage of women sterilized (out of the total number) rose from 47% to 67% (Cohen 301). Recognizing the powerful stigma underlying the category of organic mental disabilities, those in power promoted the concept of feeble-mindedness to regulate the reproduction of “proper” whiteness and stymie the liberation of women’s sexuality.

While studies of sterilization in the twentieth century have tended to emphasize the theme of eugenics, Molly Ladd-Taylor argues in *Fixing the Poor* that this focus “can obscure the equally important, but decidedly more mundane, fiscal and administrative aims of the state program” (100). Highly invested in the economics of social progress, the ideology of mental hygiene served as a means of justifying the sterilization of the poor to relieve the financial burden of their existence. According to Ladd-Taylor, the wave of state-level sterilization laws that followed the *Buck v. Bell* ruling were largely motivated by “the fear that poor women who got pregnant out of wedlock deepened poverty in their own generation and transmitted deprivation to the next generation” (2). Feeble-mindedness and other organic mental disabilities were therefore not the only hereditary concerns of the mental hygiene movement; poverty was also viewed as a transmittable lifestyle that needed to be regulated. Ladd-Taylor explains, “When eugenic sterilization is examined from a social welfare perspective, it appears less like a deliberate plan for genetic improvement than a mundane and all-too-modern tale of fiscal



politics, troubled families, and deeply felt cultural attitudes about disability, welfare dependency, sexuality, and gender" (2). As Stubblefield, Ladd-Taylor, and many others have demonstrated, the historical construction of a hierarchy of mental disability and its use to justify eugenic sterilization is a multifaceted matter in which a variety of social, political, and economic anxieties merge. Both representing and agitating these anxieties, the mental hygiene movement helped produce a specific idea about what constituted healthy minds, bodies, and behaviors and its logic operated in society to marginalize and oppress those who did not fit this model.

### EMILY HOLMES COLEMAN AND CARRIE BUCK: PARALLEL LIVES

Examining Emily Holmes Coleman's and Carrie Buck's lives in light of the differentiation between psychic and organic mental disabilities further illustrates the importance of socio-economic status in defining these categories during the mental hygiene movement. More generally, this endeavor demonstrates how modernism benefited from a hierarchy of intellectual difference that was simultaneously at work in American society oppressing and disenfranchising immigrants, women, and the poor.

Born in 1899 in Oakland, California, Coleman lived and wrote during the mental hygiene movement and experienced firsthand its effects on embodiment and women's medicine. Although her family was comfortably middle-class, their medical history and her childhood behavior greatly increased the possibility that she could have been diagnosed with an organic mental disability like feeble-mindedness. An autobiographical entry in Coleman's diary from 1937 offers these notes about her family: "A mother who was insane—whose family had three members insane, and three so peculiar that they verged on madness; a father who was emotional and whose granite determination to adapt himself to earning a living made him a fit subject in later life, for a psychiatrist; the madness on one side, and violent repression on the other, would account for almost anything in the progeny" (qtd. in Wells 48). When Coleman was seven, her mother was institutionalized, and she was sent to a private boarding school where her behavior would begin eliciting psychiatric concerns. As Elizabeth Podnieks relates, "In the summer of 1908, when [Coleman] was only nine years old she was sent to Dr. Combes' Sanitarium in Corona, Long Island, for observation. Her family considered her to be a 'nervous' child and worried she may have inherited her mother's illness, while her Aunt Eleanor accused her of masturbating and therefore being in need of help" (xv).

Although Coleman and Buck came from different financial and regional backgrounds, they were alike insofar as their familial histories of mental illness and personal displays of nonnormative sexuality aligned them with the characteristics of feeble-mindedness. According to the now well-known history, shortly after Buck was born in Virginia in 1906, her father left and her impoverished mother, who was known for promiscuity, was labelled feeble-minded and

subsequently institutionalized.<sup>9</sup> Raised in a foster family, Buck had an uneventful early childhood, though her foster parents would later accuse her of exhibiting—like Coleman—moral delinquency during these years (Lombardo 103). As a teenager, Buck was raped and impregnated by a member of her foster family, and her pregnancy was quickly presented as evidence alongside her precocious childhood sexuality and her mother's institutionalization to have her sent to the Virginia Colony for Epileptics and Feeble-minded. Despite notable similarities with Buck's family and childhood that would have been of interest for mental hygienists, Coleman managed to avoid more severe medical attention in her teenage years largely because she lived in the Northeast and belonged to a supportive, financially-stable family.

In 1921, Coleman married Loyd Ring Coleman, who went by "Deak." Their son, John, was born three years later, a year that coincided with the passing of Virginia's eugenic sterilization law and the birth of Buck's daughter, Vivian. After John's delivery, an excessive amount of pain and an infection caused Coleman to develop an extreme puerperal fever that quickly evolved into postpartum psychosis. As she remarked in her diary in 1932, "I didn't take gas oxygen to save Deak money, neither of us dreaming that it would be such a horror to give birth" (130).

Because postpartum psychiatric illnesses were now understood as psychic anomalies of the mind rather than organic defects of the body, Coleman's condition was misdiagnosed as a toxic-exhaustive psychosis, one of the categories of severe mental illness into which puerperal disorders had recently been absorbed (Twomey 25). Her illness was therefore blamed on exhaustion and her mental inability to adapt to the influence of a foreign agent in her body (the eponymous toxin, which could have been endogenous or exogenous), rather than being attributed to the materiality of her body itself, specifically the hormonal changes and physical trauma directly related to her son's birth. Reductive diagnosis aside, Coleman's condition quickly led to her institutionalization for two months at Rochester State Hospital in New York.

Although the intensity of her experience cannot be underestimated, Coleman was fortunate to be able to afford treatment at a quality hospital; Rochester was better staffed and funded than most hospitals at the time and belonged to an esteemed group of state-wide research facilities (Grob 19, 217–18). If her geographical and financial situation had been otherwise, Coleman's personal and familial history with mental disability could have been used as evidence that her condition was organic and therefore her mind was permanently feeble. Whether during her confinement Coleman proclaimed, like her novel's protagonist, "I may be insane, but I protest I'm not feeble-minded," is unknown, but she did manage to avoid a material diagnosis that could have prolonged her stay indefinitely and possibly even led to her sterilization, something that Buck was unable to escape.

Shortly after being diagnosed as feeble-minded and sent to the Colony, Buck's six-month-old daughter was examined by medical experts who declared that she was "below average" and "not quite right" (qtd. in Lombardo x). Since Buck and her mother were already similarly labeled, this diagnosis "proved" that their

family suffered from an organic mental disability that posed a genetic threat to the welfare of current and future generations. When Superintendent Albert Priddy petitioned to have Buck sterilized, he and Harry Laughlin—a prominent figure in the eugenics movement and Superintendent of the Eugenics Record Office—testified about the Bucks, saying, “These people belong to the shiftless, ignorant, and worthless class of antisocial whites of the South” (qtd. in Lombardo 134). Disenfranchised because of her gender, class, and birthplace, Buck stood little chance of defending herself against the onslaught of white, male elites eager to put into practice their panacea for American social ills.

By the time Buck’s sterilization was scheduled, Coleman had already left her mental illness behind and was safely across the Atlantic actively engaged in the modernist movement in Europe. Although Coleman’s puerperal experience was undoubtedly harrowing, financial support from her father expedited her recovery and made it possible for her to move to Paris’s famous Left Bank in the late 1920s. As Podnieks explains, “Mr. Holmes had given financial aid to his daughter while she was married, and after her divorce he provided her with a monthly income so that she did not have to seek further employment” (xxvi). Coleman is thus situated alongside other American modernist women expatriates such as Gertrude Stein, Alice B. Toklas, and Maria Jolas who were, according to Shari Benstock, “comfortably middle class” and enjoyed “greater financial freedom than the men, having arrived in Paris with small annuities or inheritances with which they purchased their freedom from America” (9).

In addition to freeing her from the burden of acquiring and maintaining a job, Mr. Holmes’s money allowed Coleman to place her son long term in a surrogate home with a Parisian governess and amicably divorce her husband. Over time, Mr. Holmes’s generosity only increased. He wrote to his daughter in 1936, “I hope I shall be able to give more myself in order that you, in turn, may give” (qtd. in Podnieks xxvi n53). As Coleman indulged her creative passions and forged relationships with well-known modernists, she never took for granted the independence and stability her father’s patronage provided. She wrote to him in 1930, “Never think I forget that it is due to you that I am here at this moment, that I have this lovely country and this solitude, instead of having to look for a job somewhere that would take up my energies where they should not be allowed to go” (qtd. in Podnieks xxvi).

The diagnosis of Coleman’s psychosis as a psychic condition and the freedom provided by her father’s money together enabled her to make a variety of important contributions to modernism. While in Paris, she produced a great deal of surrealist poetry and several short stories, and many of her pieces were published in the magazine *transition*. She also wrote *The Shutter of Snow* during these years and, though she burned much of the early material, made massive additions to her ever-expanding diary. Her most famous poem, *Melville on the Land*, was published in the *New Statesman* in 1936. Furthermore, Coleman was remarkably concerned with the economic well-being of her fellow modernists. As Podnieks notes, “Financially supported by her father, she took it as a given that she would

delve liberally into those funds to support others in turn. She often denied herself material goods and pleasures, and she frequently strained her relationship with the wealthy [Peggy] Guggenheim by harping on her to provide patronage to their friends" (xxvi-xxvii). Indeed, Podnieks points out that Coleman regularly used her stipend to assist Djuna Barnes, Antonia White, and George Barker. Another crucial figure to benefit from Coleman's financial security was Emma Goldman, for whom she worked as an unpaid secretary to help the famous anarchist finish her autobiography, *Living My Life* (1931).

As Coleman's circle of friends and associates continued to grow, she became particularly close with Barnes, and the two of them joined Guggenheim and her lover John Holmes, along with a few others, at their summer home Hayford Hall on Dartmoor. Barnes wrote much of her novel, *Nightwood* (1937), during these retreats, and when she struggled to find a publisher, Coleman successfully petitioned T.S. Eliot to use his status and connections to get the work published. Finally, Coleman's diary itself, a portion of which has been edited by Podnieks and is now published as *Rough Draft: The Modernist Diaries of Emily Holmes Coleman, 1929–1937*, is in many ways a modernist text. It weaves together vibrant imagery, a vast and exciting cast of characters, and the private, somewhat tortured musings of a passionately creative woman living in the early twentieth century.

These are only some of the numerous contributions that Coleman made to modernism after emerging from her psychic condition, most—if not all—of which would have been impossible had she not skirted a diagnosis of feeble-mindedness and received a steady flow of income from her father. For the many other impoverished women like Buck whose mental states were condemned as organic defects, the future held much more dire circumstances as they faced the mental hygiene movement's push for generational and economic progress and the growing social and medical acceptance of sterilization to achieve it.

### "... BUT I PROTEST IM NOT FEEBLEMINDED"

Coleman's *The Shutter of Snow* demonstrates the ways in which a mental disability may become an aesthetically valuable and culturally subversive form of modernist subjectivity when it is portrayed as a psychic condition and juxtaposed with organically defective others. Although it was her only novel, Coleman had faith that *The Shutter of Snow* would make its mark on early twentieth-century society and the modernist movement due to its experimental content and form. As she wrote to her father in 1929, "It is the first time anyone has written an account of life in an insane hospital in any other way than to make propaganda—no one has ever treated a subject of this kind in an imaginative, poetic way. Obviously such a subject lends itself gorgeously to the opportunities of modern writing—extravagant imagery and the dream forms that the Freud era has released for poetry and poetic prose" (qtd. in Podnieks xxx).

To say that Coleman's handling of her subject matter is imaginative and poetic, however, is a gross understatement. *The Shutter of Snow* is a dizzying

whirlwind of nurses, doctors, and patients who interact with Marthe Gail as she struggles in her psychosis to differentiate fantasy from reality, past from present, and sensations and voices from one another. To further complicate matters, her experience at the fictional Gorestown State Hospital is narrated without quotation marks and using unconventional grammar and punctuation. During her two months of confinement, Marthe comes to embrace her insanity as an immaterial product of her mind's processes. Through this mental state, she liberates herself from her body and the oppressive forces of normativity surrounding her, while creating an aesthetic identity that borders on spiritual transcendence. Her success, however, depends on the presence of other impoverished, often immigrant patients—especially one named Sarah Kempe—with more material mental illnesses who provide Marthe with the opposition necessary to define her condition as unique and worthy of celebration.

When Marthe arrives at Gorestown, she is suffering from postpartum psychosis with symptoms that include paranoia, memory loss, hallucinations, and the delusion that she is Jesus Christ. As she learns to navigate her condition and the institutional world surrounding her, subtle clues emerge that reveal the ideology of mental hygiene at work. While walking down the hall one day, Marthe glimpses in a medical room a typical hospital scene for the era: "In the next room was a mannikin in bed and the head of a man in plaster, indicating the brain centres. There were other mannikins, and a skeleton and charts" (87). Like many of the real hospitals in New York at the time, including in Rochester, Gorestown appears to be a research and teaching facility at least partially dedicated to studying the material implications of the new biologically-based form of psychiatry. When Marthe meets Mrs. Glope in the upstairs portion of the ward for quieter patients, their conversation exposes how this way of thinking influences the classification of patients in the hospital. Mrs. Glope tells Marthe that the patients downstairs are "not at all refined," "very ill bred," and "wild" (47). Patients like her and Marthe, however, are "what might be called the aristocrats of the place" in "the best ward" with all "the people who are well bred" (47). Mrs. Ivor, another patient who considers herself well bred, later tells Marthe, "you and I are not like the rest of the them" (119), and is quick to express her disgust at a patient who "abused herself" in the bathtub (119), referring to the act of masturbation often associated with feeble-mindedness.

Although Marthe's behavior frequently indicates otherwise, her familial and financial background clearly situates her within Mrs. Glope's category of refined aristocrats, a social position that allows her to dematerialize her mental illness. Flashbacks from Marthe's childhood reveal that her father was a land owner of some prominence. Additionally, various comments scattered throughout the novel divulge that she is college educated, a strong writer, well versed in literature (she particularly likes Blake and Shelley), and trained in singing, playing the piano, and speaking French. Marthe also owns a "great soft voluptuous Japanese dressing gown" and "sheepskin bedroom slippers" (54). Her husband constantly brings her gifts, including high-quality toiletries, books, writing materials, ribbons, oranges, and chocolate. He even organizes a hair appointment for Marthe while

she is in the hospital so that she can get a Marcelle wave. Her platinum wedding band and diamond engagement ring, signs of status, are described at the end of the novel. Yet the most prominent indicator of Marthe's class is the sequence of accommodations that she receives as she progresses toward discharge. Moving swiftly from the East Hall, to upstairs, to the West Side, she is placed in three consecutive private rooms with views overlooking the hospital grounds.

Marthe's wealth and the special treatment it provides influence how her condition is perceived. Toward the beginning of her confinement, she apparently understands that her mental illness has not been diagnosed as a permanent organic malady, but rather something immaterial that she must temporarily endure. When Luella, one of the other patients, asks about her condition, Marthe responds, "Theres nothing the matter with me ... I am being kept here for a reason" (35). Rather than anything serious, this reason seems to be nutritional. As Marthe relates, "I have to gain twenty-five pounds before I can go home" (50), a goal that she does not appear to reach in the novel before her release from Gorestown. She is also aware that she has been diagnosed with toxic exhaustive psychosis, which, as with Coleman, implies that her mind is responding to the presence of a foreign toxin in her body and will return to its prior state once she is properly rested and the toxin is gone. Marthe claims that she is institutionalized, then, not because her mind is irreparably damaged—her friends all recall in a packet of letters "what a splendid mind she had" (94)—nor her body genetically defective, but because circumstances have caused her mental processes to briefly become irregular.

Since Marthe's wealth and good breeding ensure the dematerialization of her mental illness, she is free to explore and enjoy her psychic condition as a means of transcending the materiality of her body. After the first few days of institutionalization during which she becomes acclimated to her psychosis, Marthe discovers situations in which she may synthesize her insanity with different forms of artistic expression until she reaches a zenith of spiritual dimensions. While in the bath one morning, Marthe symbolically frees herself from her physical bonds and opens her mouth to sing: "It was a song, a perfect song, a note of clean and fixed control. It came to her in that moment, and in the drunkenness of sound she was in a trance of silver goblets and all her body became that song" (31). As her body becomes song, so too does it become the fluidity of a river and the luminosity of a star. After stripping naked in the hallway, she begins to dance: "She was a fair white stream gushing down the ill-poised canyons of a dream. She leaped into the gyrating space of night star falling. Down she fell into an abyss of crowded murmurs and up she swept again to peaks of light. She was a comet in her dream a shooting star loosed from the portals of the rainbow's chilling" (51). Later, Marthe not only finds freedom in playing the piano, but also feels as if she is releasing the notes from their material bondage: "Gold and black and even, the full crescendo of the dream, up the keys and into the black beyond. She leaned her body to the keys and bent her head above them and from the wide spaces between her fingers burst forth yellow birds to the sun" (73). Through these experiences, Marthe claims ownership of her condition and learns to exploit the benefits it provides



to say and do things she could not otherwise. After mocking a man at a hospital social, she remarks, "he thinks we're all crazy so why not take advantage of it to tell him the truth?" (121). Marthe also scares a group of visitors who are laughing at another patient by telling them, "we're all crazy here and some of us are wild" (123). In her spiritual insanity, normativity appears superficial, and the "crazy" people like her are the ones who can see and speak the truth.

Marthe's socio-economic status and overall positive experience with her mental illness are undoubtedly unique at Gorestown, which seems to be filled with women who are either immigrants, poor, or both. Mary is a Frenchwoman who used to work as a maid, Pauline is a toothless non-English speaking German, Annabel is Jewish, an unnamed Italian woman is depicted laughing on the stairs, and Marthe describes a new patient as "a dark foreign girl" (111). Another patient, Luella, is an African-American prostitute with remarkable strength who claims her life is "much nicer" in the hospital and remembers "nothing but doctors" from her past (35). The patients' ethnicities and cultural backgrounds, however, are not as important as the descriptions of their bodily features, which frequently rely on imagery suggesting organic forms of mental disability like feeble-mindedness. Coleman's language is reminiscent of theories of genetic degeneracy that reduced humans to animals: Miss Weinschenck is labelled "treacherous" and possessing a smile "like a crushed snake" (30), and Mrs. Kornfeld, who refuses all mandates for cleanliness—often a sign of feeble-mindedness—and whose "mouth was sour and had cold sores around it" (33), is similarly described as having braids "curled like snakes" (33). In her perception of the other patients, Marthe even reduces two of them to their bodies, calling one "the skeleton" due to her weight and another "Bowels" because of her digestive problems.

The most prominent case of an organically defective other at Gorestown is Sarah Kempe, a woman whose physical features, violent behavior, and attraction to Marthe establish her as Marthe's feeble-minded rival. Mrs. Kempe displays many of the somatic indicators of feeble-mindedness, including "a badly used face," an "uncomprehending forehead," and a mouth that "fell into her chin" (22). These descriptions of her body reflect a view of mental disability that L. Hamilton McCormick promoted in *Characterology: An Exact Science* (1920): "A chin which recedes greatly denotes lack of self-esteem, and in combination with an extremely low and slanting forehead suggests deficient mentality. Both the chin and the forehead of the feeble-minded occasionally recede to such an extent that they are practically non-existent" (244). Mrs. Kempe is also described as "a tiger thieving" and "a panther" (22), and a nurse claims that she is "worse off than anybody in the world" (23). After meeting Mrs. Kempe and seeing how her mental condition seems to be written on her body, Marthe cannot believe that such a life could have any value. Buying into the eugenics mindset, she condescendingly asks, "Why dont you commit suicide if youre so miserable?" (23).

Although the two women exhibit equally disruptive behavior, Marthe's psychic insanity is viewed as less dangerous than Mrs. Kempe's organic feeble-mindedness. Marthe is therefore steadily ushered through the system with



little more than slight reprimands from the hospital staff, whereas Mrs. Kempe is consistently punished. This trend illustrates the preferential treatment of certain mental disabilities while also clarifying Mrs. Kempe's narrative function as Marthe's immutable material other against whom she may express the spiritual aesthetics of her insanity. Even though Marthe initially starts a fight with another patient, shouts a tirade of damnation on the hospital, and tells anyone who will listen that she is Jesus Christ, she is informed within only a short time that she is moving to the upstairs portion of the wing for better-behaved patients. Working under some unspecified mandate of expediency, one of the doctors voices her skepticism: "You really arent ready to go yet but Im going to see how it works" (41). Later that day, Mrs. Kempe intrudes on Marthe's visit with her husband, and Marthe responds by savagely grabbing Mrs. Kempe by the hair and dragging her down the hall. When a nurse intercedes, Marthe strikes her on the face. Despite this outburst, Marthe is promoted to the upstairs ward the next morning, where she soon hears that Mrs. Kempe has been put in the Strong Room for causing another commotion. Just after moving upstairs, Marthe dances naked through the halls, prompting a nurse to proclaim, "Doctor shes wild. She belongs downstairs" and murmur "it should not have been allowed" (52).

After trying to steal a visitor's baby, fleeing into the snow, and singing incessantly, Marthe is sent back downstairs for a night. There a nurse surprisingly reveals that she heard Marthe is going home soon, another sign that she is not subjected to the normal rules. That night, Marthe awakes to see Mrs. Kempe pacing in front of her bed, and the two have another vicious fight. Afterward, Marthe abruptly falls asleep again, only to awake later and find Mrs. Kempe staring her in the face, whispering, "I want to sleep with you" (64). Mrs. Kempe's "perverse" promiscuity is yet another historical indicator for her feeble-mindedness that further illuminates the cultural stigma attached to the materiality of her body.

In early twentieth-century eugenics discourse, many forms of sexual deviance were understood to be hereditary in nature. In Katrina M. Powell's words, the "crises" issuing from sexual degeneracy "became pretexts for state intervention, compromising due process in both racial integrity laws and eminent domain" (47). Pointing to Carrie Buck as an example, Powell explains, "Women's bodies were excluded from the protection of the law, particularly if the women were perceived as sexually promiscuous" (47). Women's nonnormative expressions of sexuality were thus deemed a genetic threat to the established social order and used as evidence to identify them as feeble-minded. In *The Shutter of Snow*, Coleman presents Mrs. Kempe's promiscuity as a terrifying and uncontrollable symptom of her organic condition. When she expresses her desire to sleep with Marthe, Marthe immediately assumes that she will be raped and likely murdered, thinking that "if she screamed it would be after her throat was slit from spine to spinal column" (64). As the situation unfolds, Marthe finds herself caught in a waking nightmare that combines her fear of Mrs. Kempe with memory fragments of having her breasts pumped after her child's birth. While Marthe's thoughts and behavior periodically reveal her own promiscuity, her sexuality is swiftly dismissed as a

harmless aspect of her insanity and never elicits a response from others anywhere near the terror that Mrs. Kempe inspires in her.

Marthe's screaming quickly concludes her nighttime encounter with Mrs. Kempe, and she is taken back upstairs the next morning, where she continues her trend of unruly behavior. On the day that she is told about her sanity evaluation, Marthe ends up hanging upside-down from the pipes in the shower room. Despite these clear indicators that she still exhibits symptoms of the psychosis that led to her institutionalization, she boldly stands before the mental health tribunal to proclaim, likely with Mrs. Kempe in mind, "I may be insane but I protest I'm not feeble-minded" (88).

Significantly, a nurse mentions that most patients need two evaluations before moving to the West Side, an area reserved for patients nearing discharge, but Marthe is required to attend only one, likely because her pedigree and the immateriality of her illness have already decided the outcome. Mrs. Kempe, however, as a representative of organic mental disabilities, is not so fortunate. After her evaluation, Marthe learns that Mrs. Kempe recently ran out of the building into the snow (just as Marthe had). But while Marthe is politely scolded, Mrs. Kempe's act is deemed an escape attempt that warrants the severe punishment of being sent to the Main Building, which another patient describes as being "like prison" (105). Although Marthe slowly regains her memory and becomes more responsive to the hospital authorities, her delusions and violent outbursts persist over the following days, though she consistently avoids any real consequences for her actions. At the novel's conclusion, a doctor tells Marthe she is recovered after only two months at Gorestown and ready to go home. Marthe, though, quietly ponders the truth: "She told me I had no delusions left. She doesn't know of course" (123).

## CODA

On Marthe's final day at Gorestown State Hospital, she goes to collect her belongings and glances over one last time at her organically feeble-minded rival: "Mrs. Kemp, very much thinner, came up to her and pulled her dress. I am going home and she will be here for seven years. I am going out beyond her bars" (124). The implications of these final thoughts within a modernist novel speak to the nature of the modernist movement and the scholarship dedicated to its study. Although Emily Holmes Coleman's *The Shutter of Snow* offers a distinctly modernist means of exploring nonnormative mental states that challenge accepted notions of embodiment, the novel must be read with the caveat that Marthe's spiritual transformation is enabled by her socio-economic status and the presence of other patients with organic forms of mental disability. During a time when the ideology of mental hygiene had taken hold of American society, Coleman and her protagonist manage to escape the consequences that ensnared so many poor, minority women, not the least of whom was Carrie Buck.

As disability studies and related disciplines grow in influence within modernist studies, scholars must remain cognizant of the possibility that mental

disabilities celebrated in modernist literature for allowing access to alternate ways of being may be empowered to do so because they are set in opposition to the lived experience of materially embodied difference. Although the experience of a psychic mental disability within the right context may provide a means of subversion, liberation, and the realization of an aesthetic modality of being, a slightly different perspective would condemn it as an organic defect of the body that posed a genetic threat to the welfare of society. Modernist scholars must therefore be aware of organically defective others who have been forgotten behind their literal and figurative bars as the spiritually insane emerge from their confinement to contribute to art in all its forms.

## Notes

1. For a few sources that explain the fraught concept of the normal body and the social construction of normativity, see, among others, Davis, Garland Thomson, Creadick, and Kafer.
2. In making this distinction, Valente employs the two models of disability often discussed in disability studies. His description of disability as a “social construct” correlates with what Alison Kafer calls the “political/relational model” that perceives disability as the product of “built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being” (6). Valente’s description of disability as an “organic defect” aligns with the “medical model,” which “frames atypical bodies and minds as deviant, pathological, and defective, best understood and addressed in medical terms” (Kafer 5).
3. Coleman uses unconventional grammar and punctuation throughout *The Shutter of Snow*, which has been preserved in quotations from the text.
4. Valente and Lyon, for example, discuss the hierarchization of mental disabilities and their varying treatment in society and modernist literature.
5. In addition to studies cited throughout this article, see, among others, Selden; Kline; Ordovery; Schoen; Lombardo, *Century*; and Baynton for information on this history.
6. Arguably the most influential study on nineteenth-century understandings of postpartum psychiatric illnesses is Hilary Marland’s *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Therein, she demonstrates that “puerperal insanity was very much a disorder of the nineteenth century, when it was named, defined and avidly debated by the medical profession. An atmosphere of raised anxiety about the dangers of childbirth and threats to the sanctity of the bourgeois home offered an ideal medium for it to take hold and flourish” (3).
7. For more on Freud’s impact on twentieth-century psychiatry, see Valentine.
8. When the American Psychiatric Association published the first *Diagnostic and Statistical Manual of Mental Disorders* in 1952, postpartum psychiatric illness did not appear (Dunnewold v).
9. See Lombardo and Cohen for thorough studies of Carrie Buck’s life and experiences.

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