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Cheryl McGeachan & Chris Philo

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# “Hanging Around in Their Brokenness”: On Mental Ill-Health Geography, Asylums and Camps, Artworks and Salvage

Cheryl McGeachan and Chris Philo

*School of Geographical & Earth Sciences, University of Glasgow, UK*

The subdisciplinary field of mental health geography has arguably departed from its initial emphasis on mental ill health, and a case is made for continuing to take seriously the lifeworlds of people with severe and enduring mental health conditions, particularly if resident in psychiatric inpatient facilities. Attempting to (re)humanize inquiries in this field, emphasis is lent to the task of re-peopling mental health geographies and, more broadly, to conjoining criticality in the vein of Agamben with a gentle humanism open to both “bareness” and “life.” Agamben’s claims about “bare life” and “the camp” are interfaced with inquiries into “the asylum,” and a triangular encounter between Holocaust authors Levi, Bettelheim, and Barton is staged—set in the horizon of Agamben’s ([1999] 2002) *Remnants of Auschwitz*—to craft a new sensibility for researching mental ill-health geographies. The authors then explore an act of “salvage” whereby the artworks of long-forgotten asylum dwellers are recovered, not to disclose hidden truths of “madness,” but rather to acknowledge those who drew, painted, wove, or sculpted as part of living with mental ill health. The overall ambition is to attune to the situation of—and to possibilities for “witnessing” in the relative absence of words—those who are barely there at the margins of the camp-asylum. *Key Words:* Agamben, *art extraordinary*, “bare life,” *lunatic asylums*, *mental health geographies*, “the camp”.

Being a “patient” should be a temporary condition. You get ill, you receive treatment (take your medicine) and you get better. While you are “ill” you are excused of the normal duties and responsibilities of life; when you get better you have to take them up again. Thus, the idea of a chronic patient is a contradiction in terms. You cannot be a proper patient and be untreatable at the same time, it just does not make sense. ... Thus, chronic patients represent a problem. They are an embarrassment to a scientific and technological culture which is used to being able to sort out its problems.

—Shepherd (in Barham [1992] 2020, 123)

In his recently republished text *Closing the Asylum* (Barham [1992] 2020), mental health service user and historian Peter Barham offered provocations about “the care for ‘the mad’” in contemporary society. Charting shifts from “asylum” to “post-asylum” (Philo 2000)<sup>1</sup> forms of mental health care, chiefly in the United Kingdom, Barham debated the status and indeed value of those deemed “mentally ill” and often denoted as “psychiatric patients.”<sup>2</sup> Reflecting

on attitudes toward “recovery” and the “self-governing” subject in relation to enduring mental ill health, Barham, drawing on Shepherd, considered the uneasy position of individuals in a system built on, and aspiring to, curative ideals. Whereas the recovered identity is connected to successful governmental norms, the unrecovered identity is often cast more negatively. Patients are supposed to recover; medical and therapeutic systems should work. Yet, this is not the lived reality for many individuals. What happens, therefore, to people who do not conform to these ideals? How can their lives be valued, their experiences validated, and their geographies disclosed? These are questions addressed by this article as we undertake a double task, put simply, of returning both illness—stubborn, enduring illness—and people—chronic patients who linger—to the study of mental health geographies.

Specifically, Barham confronted controversial complaints from psychiatrist Wessely (1996) about both the “obsession” with severe mental illness and what the latter regards as an ill-advised emphasis on caring for long-term patients. Barham ([1992] 2020)

responded that, from Wessely's biomedical and technocultural perspective, "the long-term mentally ill have failed lamentably as patients" (172). If psychiatry is seen as a mechanism to mend, repair, and return individuals to seamless reoccupation of their prior social worlds, such patients' "failure" lies in their deviation from this model: "they hang around, some of them, in their brokenness, and to make matters worse, messy social conditions seem to cling to their persons" (Barham [1992] 2020, 172). Barham rejected this perspective, resisting what can be cast as a rationalist discourse of economic efficiency and social conformism imported into the hallways of psychiatry, and instead called for a more engaged, openhanded set of responses to those who seem "broken"<sup>3</sup> and just "hanging around" in the old mental hospitals and elsewhere. This disturbing category of "the broken" is of great moment for us, not least because of how it resonates with portrayals of "the chronically mentally unwell" drifting, as ghost-like legions, in the margins of multiple historical, polemical, and policy-facing claims about mental health care.

Since Barham originally wrote in the early 1990s, many Global North societies have seen extensive deinstitutionalization, the closing of the asylums to be substituted by other services, the goal being that spaces of inpatient and residential care should be reduced as close to zero as possible. A strange alliance—ongoing, recomposing—of "anti-psychiatry,"<sup>4</sup> new pharmaceutical treatments and fiscal conservatism has impelled both hospital closures, or downsizing and reorganization of older asylum sites, and an emergent new patchwork landscape of outpatient psychiatric support hinging on community mental health teams, day or resource centers, drop-in clinics, counseling services, art-music-gardening-and-other therapy groups, and much more. Residential provisions are still required for some individuals discharged from (or never admitted to) hospitals, versions of group homes or sheltered accommodation, given the evidence that such people simply cannot survive, let alone thrive, living alone or with families or friends. Moreover, modern health "campuses" commonly still contain inpatient wards for long-term ("chronic") psychiatric patients, alongside others for short-term ("acute") patients who should never be detained more than a few days (Commander and Rooprai 2008).

Greatly compressing issues underlying much that follows, it might be said that Wessely's preferences have been realized, and that the emphasis—in terms

of public rhetoric, professional activity, policy, and investment—has switched to those patients most approximating the "responsible," we might say "neoliberal," subject who can be enlisted in enabling their own "cure" and return to normal socioeconomic duties (Esposito and Perez 2014).<sup>5</sup> In the United Kingdom, a personalization agenda, supposedly enabling patients actively to choose how they deploy personal care budgets in acquiring services best suited for their own individual needs, hails the subject as a rational decision maker, capable of informed, intelligent, and strategic choices. Most people struggle to approximate such an ideal, and the problem is intensified for those who depart markedly, particularly if over the long term, from its requirements of cognitive calculation.<sup>6</sup> More broadly, the emphasis in many politics and policy circles has pivoted more drastically still from mental ill health to mental health, from assisting individuals with negative mental health to promoting positive mental health at the population level. Hence a whole raft of initiatives now arise with the goals of enhancing "well-being" and "happiness" (Helliwell, Layard, and Sachs 2017; Uranue et al. 2017).

Yet, mental ill health remains—lurking in individuals, felt and feared by them, debilitating and devastating for them—and persists as the darkened, invisibilized, distaff side of the equation. More than that, Barham's "broken" are still there, the "failed" subjects, lingering in the spaces left behind by almost all those more energetic trends preoccupied with the making of a mentally healthy civil society. It is especially in their name that we envisage our contribution. In an interpretative essay lightly skirting tangled thickets of scholarship, concepts, politics, practices, and ethics, we call for mental health geography not to forsake its origins in humane work on mental ill health. Moreover, we propose a (re)humanizing of the field, arguably holding implications for human geography more broadly, alert to the challenges of surviving with mental ill health and thereby reestablishing a mandate for addressing mental ill health geographies. Set against the real-world shifts just relayed, we begin by charting changes in the subdiscipline of mental health geography from its inception to more recent incarnations, particularly in North America and as documented in the *Annals*, noting how the emphasis today often becomes the flourishing of mental well-being rather than any

reckoning with mental ill-being. In parallel, we underline how attention has shifted from the asylum, the more-or-less institutional settings housing those with chronic mental ill health, to the wider ranges of everyday social space (of overall societies and populations).

The status of the “broken,” those clinically diagnosed but slipping out of view as individuals with names and faces, is then refracted through Agamben’s contested category of “bare life” and its relationship to the genre of Holocaust writing. Careful parallels are drawn between “the asylum” and “the camp,” itself a novel intervention in conceptualizing mental (ill) health geography, in the process triangulating materials from three authors—Levi, Bettelheim, and Barton—that, with caution, flesh out commonalities between certain categories of asylum and camp dwellers. Attention is lent to how fragments of humanity might be recovered—methodologically and ethically—from the (clearly not equivalent) inhumanities of these respective spaces, asylum and camp. This act of recovery, salvage even, is set alongside one effort, however imperfect, to repeople mental (ill) health geography, specifically referencing attempts to locate and curate artworks (termed *Art Extraordinary*) produced by little- or entirely unknown Scottish asylum patients. The point here is not to seek purported deeper truths of “madness” or clues about the causes and expressions of psychiatric disturbance, unlike in some approaches to so-called “outsider art” (Prinzhorn [1922] 1972; Carter Park, Simpson-Housley, and deMan 1994), but simply to recover whatever fragments of humanity can be discerned behind both the artworks and the will to gather them. We conclude with critical self-reflections but also hopes for a rehumanized social geography and revived mental (ill) health geography.

## Mental Health Geography: A Thumbnail Critical History

However we define geography ... there are ... sound logical reasons for studying many social phenomena that we have traditionally tended to ignore. These would include such matters as racial segregation, poverty, hunger, infant mortality, morbidity, drug addiction, *mental illness*, suicide, illegitimacy, sexual deviance, welfare services, medical care, crime, justice ... and so on.

—D. M. Smith (1971, 156, italics added)

A half-century has passed since D. M. Smith penned these words in response to the “radical geography” calls prominent at the 1971 Boston meeting of the Association of American Geographers. If some of his terminology might need overhauling, many of the “social phenomena” identified here have now become staples of human-geographical inquiry, “mental illness” included.<sup>7</sup> The intervening years have seen the appearance of a subdisciplinary field, named “the geography of mental health” (C. J. Smith 1978; Philo 2005) or “mental health geography/ies” (Lowe, DeVerteuil, and Moon 2014; Philo 2014). Book-length monographs or collections have delimited and developed the subfield (e.g., Dear and Taylor 1982; Dear and Wolch 1987; C. J. Smith and Giggs 1988; Philo 2004; Parr 2008; Curtis 2010) and review articles can be cited (e.g., Philo 1986, 1997, 2005; Holley 1998; Wolch and Philo 2000; Jones 2007; McGeachan and Philo 2017). In her compendious *Annals* survey of texts on health-medical geography (HMG), including Curtis (2010), Meade (2012) suggested that “[m]ental illness studies have a long but very shallow history in HMG” (1224). Conversely, in their recent *Annals* paper, Evans and Wilton (2019, 88–90), appraising “geographies of mental differencing,” effectively countered Meade’s “shallow” sideswipe by highlighting how mental health geographers have innovated conceptually, methodologically, and in substantive focus.

One strand that emerged in North America—with classic early papers in the *Annals* (Wolpert, Dear, and Crawford 1975; Wolpert 1976; Dear 1977; Dear, Taylor, and Hall 1980; Wolch 1980)—explored the transition related earlier, from sizable mental hospitals often sited in rural or exurban locations to a kaleidoscope of deinstitutionalized services peppered around relatively run-down inner-city neighborhoods (also Vallée et al. 2022). This strand—“the bedrock of analyses of health siting in the geographical literature” (Pierce et al. 2012, 1085)—dealt unequivocally with mental ill health and how it became placed in either remote hospitals or city districts, often subject to fierce contestation from residents fearful of negative “externalities” affecting their own well-being. The optic was “landscapes of despair” (Dear and Wolch 1987), alert to the sad, stigmatized worlds under study, even as scholars contemplated more progressive locational politics and practices to reform the worlds in

question (see also Pierce et al. 2012). Subsequent inquiries have touched more closely on the lived experiences, identities, and micropolitics associated with community mental health care spaces, including at the intersection between homelessness and the timing and spacing of access to outpatient psychiatric (and pharmaceutical) support (Rowe and Wolch 1990). Of special note is Parr's (2008) account of how grassroots initiatives in such spaces—involving gardening, arts, and virtual platforms—might aid in the individual "recovery" of some mental health patients, but only if set within a wider concern to prompt a social "rescripting" of the figure of the mental health patient that promises less stigmatized futures (Parr 2008). Her approach to "rescriptive geographies" (Evans and Wilton 2019, 89) adopts a guarded "hopeful ontology," echoed by Evans and Wilton (2019) when hoping that their inquiries into mental health geography—here into economic spaces, but the claim is generalizable—"can make a critical contribution to a broader politics of ... possibility in which new ways of living are imagined and enacted" (100).

A second strand of this field—indebted to the sociological Chicago study by Faris and Dunham (1939)—tackled the geographical incidence of mental unwellness, typically mapped using home addresses of individuals clinically diagnosed with "mental illness." The iconic geographical study here is Giggs (1973) on the inner-city "production" of schizophrenia in Nottingham, UK. C. J. Smith (1977, 1980, 1984), studying Michigan, explored neighborhood and other factors preventing the "recidivism" (relapse and return to hospital) of people discharged from psychiatric inpatient care. Tellingly, C. J. Smith (1976) used his work on people with mental ill health to ask what properties of neighborhoods might render them "humane environments" conducive, in his own words, to the "well-being" or even "happiness" of all residents. He explicitly proposed that work on "geography and mental health should not concentrate solely on the study of people already ill, or on the institutions and agencies provided to cater to the ill," but also recognize that "[b]eyond those people and their places are the majority of community residents" (C. J. Smith 1977, 43–44) whose potential for mental well-being should be addressed.<sup>8</sup> This flip from mental ill health to mental well-being<sup>9</sup> is emblematic of a switch occurring more widely in the "ecological" literature,

one evident in the *Annals* through papers such as Helburn (1982), pondering "neighborhoods where people feel good about themselves and each other" (451), or Andrews (1985), interfacing "the ecology of risk" with "the health and well-being of urban children." More recently, Groenewegen et al. (2012) stated that "[g]reenspace was found to be especially important for mental health" (1001), and Schwanen and Wang (2014) acknowledged the rise of "positive psychology" and proposed that "[s]cholarship on spatial variations in well-being is nascent but rapidly expanding" (833, 835). Pykett, Osborne, and Resch (2020) critically reviewed "neourbanism" and "neuroarchitecture" as fresh avenues for researching "city well-being."<sup>10</sup>

Reflecting on this field-in-transition, we diagnose a clear movement—both actual, in where academic attention has fallen, and prescriptive, in terms of what should be studied—from the asylums of old, and more specifically their occupants with severe and enduring poor mental health, to a range of de- and noninstitutional settings supposed to enable individual recoveries, social rescripting, and population-level good mental health. Evans and Wilton (2019) commented on how by the mid-twentieth century, "places of containment came to be heavily critiqued as inhumane warehouses for the mentally unwell" (89), implying a sense of the asylum as an ancient, passing, and inherently problematic object unappealing to newer generations of researchers. The "warehouses" reference plays to a familiar trope in histories of "madness" and psychiatry concerned with the nineteenth-century rise of mammoth, overcrowded and (inevitably) depersonalized lunatic asylums. "[W]hat had purported to be humane institutions," wrote Scull (2015), "were degenerating ... into places providing 'convenient storage of heaps of social debris,' warehouses for the unwanted, the 'Bluebeard's cupboard of the neighbourhood'" (223). Few geographers have delved into these settings; fewer still have engaged with the "social debris" compelled to reside there.<sup>11</sup> Attracted instead to more lively worlds and the more ostensibly tractable challenge of enhancing mental well-being (Atkinson 2021), and perhaps also seduced by a wider disciplinary lure of exploring vital, energetic, "enchanted geographies" free from the "gloominess" of older work (Philo 2017a), the trajectory has been to leave behind the asylum and its occupants. Without denying the validity of less institutionally



attuned, more affirmative inquiries into the making of mentally healthy worlds, our plea is nonetheless for at least some mental health geographers to tarry a while, to “linger” with or to “stay with the trouble” of spaces that might, on some accounts, be seen as the “back wards” (Wolch, Nelson, and Rubalcaba 1988) still hosting those “hanging around in their brokenness.”<sup>12</sup>

## The Asylum and Camp: Tentative Connections

But isn't it probable that, despite the grotesque setting in which she danced, dancing made her once again a person? Dancing, she was singled out as an individual, asked to perform in what had once been her chosen vocation. No longer was she a number, a nameless, depersonalised prisoner, but the dancer she used to be. Transformed, however momentarily, she responded like her old self, destroying the enemy bent on her destruction, even if she had to die in the process.

—Bettelheim ([1960] 1986, 265)

For geographers, the conceptualization of “closed spaces” (Wolpert 1976)—of carceral institutions housing troubled or troublesome human cohorts of all sorts—has borrowed from diverse sources, including Foucault (e.g., Philo 2004; Moran, Turner, and Schliehe 2017) and Goffman (e.g., Schliehe 2016), but perhaps most disturbingly from the Italian cultural-political theorist Giorgio Agamben. We say “disturbingly” because, at first blush, Agamben's account of what happens to those people decanted to the spaces of what he terms “the camp” is uncompromisingly bleak in depicting them as “bare life,” stripped of all that might otherwise render them recognizable as humans with their own individual stories, personalities, and capacities. The basics of his arguments are familiar (Ek 2006): Through his texts *Homo Sacer* and *State of Exception* (Agamben [1995] 1998, [2003] 2005), a picture emerges of how humans designated by wider society as “outcast ... banned, tabooed, dangerous” (in Agamben [1995] 1998, 79)—too “impure” even to be “sacrificed” but who can be legally killed—get siphoned into sites that spatialize a “state of exception” where all “normal” laws and protections are suspended under the edict of “sovereign power.” Under Greco-Roman law, as a template for Global North ruling power through to the present day, Agamben argues that those outwith or banished from “the polis” become

*zōē*, lacking “political existence” and conceived as merging with the “natural” order of nonhuman beings.<sup>13</sup> His chief preoccupation is with dehumanizing representations implicated in the “baring” of life, but—*contra* certain critiques, including from geographers (e.g., Pratt 2005; Ramadan 2013; Ettlinger 2020)<sup>14</sup>—he also leaves open for retrieval the attributes, identities, practices, and acts of self-presentation, even resistance, associated with camp dwellers themselves. For Agamben, as we elaborate shortly, bare life in the flesh always exceeds being merely bare life and might still find ways for its humanity to manifest.

Agamben extends his analysis to all manner of spaces, not least when declaring that “the camp—as the pure, absolute and impassable biopolitical space (insofar as it is founded solely on the state of exception)—will appear as the hidden paradigm of the political space of modernity” (Agamben [1995] 1998, 123).<sup>15</sup> He detects it in the machinations of Guantanamo Bay, the extralegal space of detention of the United States for so-called illegal combatants on the southeast Cuban coast, leading Minca (2005; see also Gregory 2006, 2007) to identify both “the return of the camp” and the need for geographers to be “exploring the ... spatialisation of the politics of exception” (405). Minca (2006) also followed Agamben to name the “new biopolitical *nomos*” of “modern totalitarianism,” whereas Springer (2012) positioned “the exception” at the heart of “neoliberalising violence.” Others have more narrowly contemplated the applicability of Agamben on the camp to a diversity of overtly carceral forms. As Debrix (2015) wrote, “labour camps, youth camps, refugee camps, detention camps, concentration camps, to name only a few, have been described topographically: demarcated, closed off, identified, occupied, politically mobilised, territorially recognised, mapped” (445). For Debrix and others, the topographical specificity of these studies should be supplemented by a more expansive topological alertness to all spaces where an Agambendian “exceptionalism” perverts the operations of politics and law. Nonetheless, for Tyner and Cromley (2018), “[t]he broad-stroke painting of these disparate forms of spatial control risks covering up the particular in favour of the abstract” (543), necessitating inquiries that, if retaining an Agambendian hue, remain open to what peculiarly textures any specific place or species of space under scrutiny. Martin,

Minca, and Katz (2020, 749–53), meanwhile, distinguished “institutional camps” with custodial aims, colonial origins, and “ghostly” Nazi applications, ones where Agamben’s original conceptual apparatus justifiably retains critical purchase, from “refugee camps” where legal norms may be suspended but crevices exist for cultivating creative political agency, ones now tackled by a “post-Agambendian camp studies” demanding other (or at least supplementary) theoretical lenses.

These remarks prepare the ground for contemplating possible connections between the asylum and the camp, as does the book that Agamben authored between his two key texts cited earlier: namely, giving its instructive full title, *Remnants of Auschwitz: The Witness and the Archive* (Agamben [1999] 2002). It is obvious in Agamben ([1995] 1998) the extent to which his thoughts were already shaped by Auschwitz and the World War II Nazi labor and death camps:

Now imagine the most extreme figure of the camp inhabitant. Primo Levi has described the person who in camp jargon was called “the Muslim,” *der Muselmann*—a being from whom humiliation, horror, and fear had so taken away all consciousness and all personality as to make him absolutely apathetic ... . He no longer belongs to the world of men in any way; he does not even belong to the threatened and precarious world of the camp inhabitants who have forgotten him from the very beginning. Mute and absolutely alone, he has passed into another world without memory and without grief. (Agamben [1995] 1998, 103–04)

The first thing to note is the borrowing from Primo Levi (1919–1987), perhaps the best known firsthand chronicler of Auschwitz, whose detailed, controlled, and unsettlingly honest bearing witness (Levi [1947] 1987, [1986] 1989; Carter-Wight 2009, 2012) provides the spine for Agamben’s arguments in *Remnants*. The second is this reference to the *Muselmann*, a term “used by the old ones of the camp to describe the weak, the inept, those doomed to selection [for extermination]” (Levi [1947] 1987, 98). We fully acknowledge the problematically racialized dimensions of this term, but it is unavoidable that we deploy it in what follows.<sup>16</sup>

Unlike “the saved,” those who found a way to survive Auschwitz, including Levi himself,<sup>17</sup> “the drowned” sank and “followed the slope down to the bottom, like streams that run down to the sea” (Levi [1947] 1987, 100):

Although engulfed and swept along without rest by the innumerable crowd of those similar to them, they suffer and drag themselves along in an opaque intimate solitude, and in solitude they die or disappear, without leaving a trace in anyone’s memory.

...

Their life is short, but their number is endless; they, the *Muselmannen*, the drowned, form the backbone of the camp, an anonymous mass, continually renewed and always identical, of non-men who march and labour in silence, the divine spark dead within them, already too empty to really suffer. One hesitates to call them living: one hesitates to call their death death, in the face of which they have no fear, as they are too tired to understand. (Levi [1947] 1987, 99, 101)

Numerous parallel descriptors attached to these camp dwellers: “a staggering corpse,” “mummy-men, the living dead,” “cripples,” “cretins,” “donkeys,” and “useless garbage” (in Agamben [1999] 2002), all tainted by death, disability, animality, and waste. From a chapter in *If This Is a Man* (Levi [1947] 1987), authored soon after the events, through to his final book, *The Drowned and the Saved* (Levi [1986] 1989), the fate of these barely humans loomed large for Levi. Indeed, he argued that they were the only true witnesses to what happened, not him or other survivors who “never fathomed them [the Lagers or camps] to the bottom,” but rather “[t]hose who did ... not return or [whose] capacity for observation was paralysed by suffering and incomprehension” (Levi [1986] 1989, 9).<sup>18</sup> The underlying problematic of Agamben’s *Remnants* is given by this figure, languishing at the indefinite limits between human and nonhuman, between life and death, where Levi’s question “if this is a man?” cannot be met with a definitive answer. As Agamben ([1999] 2002) speculated: “the *Muselmann* is an indefinite being in whom not only humanity and non-humanity, but also vegetative existence and relation, physiology and ethics, medicine and politics, and life and death, continuously pass through each other” (48). Repeatedly, Agamben returns with Levi to the limits—of experience, language, comprehension, death—that ensure the unlikelihood of the *Muselmannen* testifying.<sup>19</sup>

The Nazis inflicted gross abuses in Germany’s lunatic asylums, including a “Holocaust” of many with mental illness or disability under the so-called T-4 program, killed by lethal injection or gas chamber in these remote institutions (Strous 2006;

Benedict and Chelouche 2008; Torrey and Yolken 2010). Explicit equations in an Agambendian register—or any register (Hilton 2018, 315)—between the asylum and the camp nonetheless remain rare, probably due to understandable reservations about whether asylum doctors, managers, and staff have ever, excepting isolated incidents, meant the magnitude of harm to their patients imposed by the personnel of a Nazi death camp. Nowhere in the frontlines of scholarly inquiry into the histories of “madness,” asylums, and psychiatry have we found mention of Agamben, even in contributions continuing the fiercely critical lines of Foucault ([1961] 1965, [1961] 2006) or Scull (1979, 2015). On the fringes of social mental health studies, however, some telling recent contributions do push toward Agamben. Weller (2017) argued that people with disabilities, particularly mental disabilities, are placed in an Agambendian “state of exception” through being excluded from “full participation in the law,” a state historically “justified by the narrative of asylum” and sanctioning “nonconsensual psychiatric treatment” for many—including compulsory detention—“as a form of lawful violence” (403, 405). Harmer et al. (2017) proposed that mental health service users have their everyday citizenship, especially the right to work or occupation, fundamentally “interrupted” by a psychiatric diagnosis: “In this state of exception, the service user’s persona changes from *homo occupacia* to *homo sacer*, whereby the person is reduced to a biological existence (*zoë*) unable to exercise his or her political life of speech and action (*bios*). Service users are thus regarded as the outcast and dangerous” (78). Reflecting on investigations into abuses permeating “[i]nstitutions for people with mental health problems, learning disabilities, dementia or other long-term conditions,” Waring and Bishop (2020, 174) explicitly reached across to “Agamben’s ideas” about “the way life itself is (de)valued.” Most bluntly, dos Santos Correia (2018) declared that through Brazil’s history of mental health care “the psychotic is no longer only in the place of the excluded” but also “in the place of *homo sacer*,” with their study participants “recognis[ing] the psychiatric hospital as a place where people are abandoned by all to die, ... drowning in the river of biopolitics.”

There is thus warrant for exploring further the asylum as an instance of what Martin, Minca, and Katz (2020) designated the “institutional camp,” and

for us a promising angle presents itself in the work of Bruno Bettelheim (1903–1990), a trained (Freudian) psychoanalyst<sup>20</sup> consigned to German concentration camps at Dachau and Buchenwald in the late 1930s. Bettelheim ([1960] 1986) deployed his skills to craft “a psycho-social study of the concentration camp” on route to generalizable claims about the origins of “schizophrenia as a reaction to extreme situations” (13). Intriguingly for the geographer, Bettelheim critiqued Freudian psychoanalysis for its too inwardly directed emphasis on individual psychodynamics, one underestimating the “relevance of the environment” (Bettelheim [1960] 1986, 35) for the workings of “personality” as it develops and suffers.<sup>21</sup> Thrown into the camp, Bettelheim became acutely aware of “how deeply the environment can influence the individual,” particularly in “extreme situations” where all standard coordinates of status, relations, and activities are scrambled, which “led to the conviction that as much as the environment can destroy, it can heal” (Bettelheim [1960] 1986, 38, 39). He even advanced the notion of a “therapeutic milieu” (Bettelheim and Sylvester 1948), applied to his own foundation of the Orthogenic School for autistic children in Chicago, where he settled after release by the Nazis.<sup>22</sup>

Initially in a 1943 publication, delayed because U.S. reviewers doubted the situation was as dire as depicted, and then in other publications, Bettelheim clarified how the camp created psychopathologies (Bettelheim 1943, 1979). He gathered these thoughts in his 1960 book *The Informed Heart* (Bettelheim [1960] 1986), linking critique of how “mass society” erodes individual senses of “autonomy”<sup>23</sup> to analysis of “behaviour in extreme situations” based on what he witnessed—alongside the brutal beatings and casual killings—at the camps. Like Levi, Bettelheim distinguished those who “survived” from those who “simply died” or “deteriorated into a deathlike state” (Bettelheim [1960] 1986, 145, 146), the *Muselmänner*, the “walking corpses” or “walking shadows” (Bettelheim [1960] 1986, 151, 152):

... the environment can only move around empty shells, as the camp routine did with these moslems [sic.]; they behaved as if they were not thinking, not feeling, unable to act or respond, moved only by things outside themselves.

...

They still looked about, or at least moved their eyes around. ... [T]hey still moved their bodies when ordered, but never did anything on their own any



more. Typically, this stopping of action began when they no longer lifted their legs as they walked, but only shuffled them. When finally even the looking about on their own stopped, they soon died. (Bettelheim [1960] 1986, 152, 153)

Bettelheim asked how these individuals became such hollowed-out automatons, conjecturing that, "[p]robably as a result of malnutrition, mental anguish and ambivalence toward the outside world, prisoners tended to forget names, places and events of their past lives," becoming passive, childlike, "emasculate[d]"<sup>24</sup> and "sinking" into being a "subhuman stratum" of camp society (Bettelheim [1960] 1986, 167, 184). He also reconstructed the psychological "defences"—the "emotional detachment," the angers projected sideways, the collaborations, the dissembling—that nurtured psychoses different from those of the *Muselmänner*, ones that—to borrow from Levi discussing his campmate Elias—might lead the individuals concerned, if surviving postcamp, to "be confined to the fringes of human society, in a prison or a lunatic asylum" (Levi [1947] 1987, 109). Bettelheim thereby detected myriad psychopathologies accruing when "the influence of the environment over the individual ... become[s] total" (Bettelheim [1960] 1986, 147), paralleling what Goffman claimed about how asylums, as "total institutions," enact a "mortification of the self" obscuring all aspects of selfhood associated with a previous "home-world" (Goffman [1961] 1968, 23–72).<sup>25</sup>

A further angle arises with Russell Barton (1923–2002), a British psychiatrist who, as part of a volunteer medical team assisting the relief of the Belsen camp in May 1945, came face-to-face with the horrors of camp life. "For Barton, his experience at Belsen intimately linked to his determination to improve psychiatric hospital care," wrote Hilton (2018, 312), and in various ways—occasional statements, a commissioned painting, an essay in a series about World War II (Barton 1968)—he explicitly interfaced the abusive worlds of the Nazi camp system with violations of patient welfare not unknown in UK mental hospitals. Hilton (2018) disentangled the controversy greeting Barton's (1968) essay and wider reasoning: It angered psychiatrists for suggesting a parallel with manifest evil, but also angered Holocaust experts for an apparent downplaying of such evil through equating it with the deficiencies of "normal" congregate institutions elsewhere.<sup>26</sup> Of most relevance here, however, is how his Belsen experience shaped Barton's theorization of "institutional

neurosis," a distinctive "illness" or "syndrome" arising in some mental patients due to their long-term confinement in psychiatric facilities. His book *Institutional Neurosis* (Barton [1959] 1976) identified "a disease characterised by apathy, lack of initiative, loss of interest ... in things and events not immediately personal or present, submissiveness, and sometimes no expression of feelings of resentment" (Barton [1959] 1976, 2).<sup>27</sup> Lack of inquisitiveness about the future and a "loss of individuality" were accompanied by a "characteristic posture, the hands held over the body or hands tucked behind an apron, the shoulders dropped and the head held forward ... [and] the gait has a shuffling quality" (Barton [1959] 1976, 3). He mined case notes of "chronic patients" for terms commonly deployed by clinicians (e.g., "withdrawn," "inaccessible," "childish," "cooperative"; Barton [1959] 1976, 3–4), and gave detailed accounts of asylum life seemingly causing these symptoms, including, by the 1976 third edition, a section on "brutality, browbeating and teasing." Plausibly talking about the *Muselmänner* of the camp, he cited Bettelheim and recognized "a similar set of symptoms ... sometimes found in people without mental disorders in other institutions—prisoner-of-war camps, displaced persons camps, orphanages, tuberculosis sanatoria, prisons and convents" (Barton [1959] 1976, 4–5).<sup>28</sup>

We have only scratched the surface of this triangle between Levi, Bettelheim, and Barton, only poked a stick at the complexities and pitfalls of interrelating asylum and camp. Rather, our chief but narrow finding concerns the commonalities between those asylum and camp dwellers who arguably filtered to the fringes, becoming in the process barely human, barely alive, barely there. They are the cousins of Barham's long-term mental patients "hanging around in their brokenness," achingly familiar to anyone passably familiar with the large psychiatric establishments of not-so-distant times, particularly the psychogeriatric units, and who might now reside in care or nursing homes of various sorts. It is also telling to revisit these authors because of their deeply humane wish to witness the lives of these forgotten souls, to remember what they have endured, and to formulate alternative worlds, words, therapies, and practices more kindly, more "life-enhancing" (Bettelheim [1960] 1986, xix). In their own acts of witnessing, these authors strove to retrieve pockets of individuality, naming names and telling stories, as in the epigraph to this section where Bettelheim speaks of the dancer who danced once

more at the entrance to the gas chamber. Remarkably, moreover, what did Agamben do when closing his *Remnants* book, this scholar of bare life for whom, according to some critics, the individual human representative of *homo sacer* does not matter? Even given the difficult maneuvers of the book's final chapter—reworking Levi's paradox that the only true witnesses of Auschwitz, the *Muselmänner*, cannot speak; rehearsing the “remnant” that may remain at the limits of what can ever be said about the unsaid—Agamben ([1999] 2002) decided that, after all, “we leave them—the *Muselmänner*—the last word” (165).<sup>29</sup> Borrowing from German sources (Ryn and Klodzinski 1987) containing testimony from former camp dwellers, ten of whom expressly self-identified as having been *Muselmänner*, Agamben ended with ten quotes of varying lengths from the camp's “broken”: “I still see the saw, the heaps of wood blocks, the barracks, *Muselmänner* keeping each other warm, their gestures” (Agamben [1999] 2002, 171, italics in original).

## Imperfect Acts of Salvage: Stories and Artwork from the Asylum

The term outsider can carry with it more derogatory meanings and can alienate rather than attract. In my own search for this form of art in Scotland ... I began to call it “art extraordinary.” People would react with gasps of amazement, often they were particularly fascinated by these artists' use of materials, not normally associated with art work. The exclamation “extraordinary” seemed to belong to the works I had discovered and thus *The Scottish Art Extraordinary Collection* was established.

—Laing (2016)

Our excavations of asylum and camp lead us to consider the power and possibility held within retrieving traces of peripheral existence, of the barely human in out-of-the-way spaces, as a fresh pathway into geographies of mental ill health. What potential do they hold for understanding the discarded lives of Barham's “broken” scattered across the fragmented landscapes of past and present mental health systems? In very partial answer, we report research undertaken with the Art Extraordinary collection—a unique collection of Scottish “outsider art”—to showcase ways of attending to modalities of “brokenness.” The recent turn to material culture within historical geography and allied disciplines (Majerus 2017; Slatter

2019), coupled with increasing attention to voicing the histories of mental (ill) health (Coleborne 2020; Ellis, Kendal, and Taylor 2021), prompts awareness of how the “mad” may speak, but not only or necessarily in words. Art (and art therapy) has long been used to reveal the inner workings of minds and emotional worlds, offering a complex and at times problematic window on mental ill health (Cardinal 1972; Prinzhorn [1922] 1972; MacGregor 1989; Morgenthaler [1921] 1992; Philo 2006). Yet, the likes of the Art Extraordinary collection arguably sensitize viewers to ways of encountering the lifeworlds of “madness” in ways intimately attuned to their “brokenness.” For a decade we have worked in collaboration with the collection to explore the power of creativity for understanding the lived geographies of mental ill health. Since we first met Joyce Laing in 2012, the collection has moved from its home in Pittenweem to Glasgow Museums Resource Centre, where we have worked alongside museum curators, communities with lived experience of mental ill health and incarceration, artists, educators, and others to undertake research and community engagement with the collection. Drawing on the method of geographical biography (McGeachan, Barron, and Ehgartner 2021) to track the people, places, and material remnants of the collection, it is feasible to salvage the lived geographies of individuals trying to find—or to anchor—their being-in-the-world while surviving with mental distress (McGeachan 2017, 2021). In so doing, so we have tried to humanize their stories, staying attentive to both the “bareness” and the “life.”

A set of chance encounters here pulled the forgotten back into existence. A carved stone in the form of a human head staring out from its delicately placed position in an asylum garden wall (McGeachan 2017); a pair of skillfully woven grass boots hidden underneath a hedge in a mental hospital's “farm ward”; a hospital bedsheet intricately embroidered with flowers: These are all remnants of the asylum and its dwellers. Unnoticed for decades, these pieces silently attend to nothingness, but what happens when someone stops and takes time to notice, when someone sees value in the seemingly valueless, when someone pays attention? Joyce Laing, one of the first art therapists in Scotland, is someone who stopped and paid attention, becoming

the founder of the Art Extraordinary collection of Scottish "outsider art" salvaged from the wreckage of Scotland's decaying asylum system.

Indeed, it was a patient in a northeast Scotland mental hospital where Laing worked as an art therapist during the 1960s that propelled her lifelong quest actively to source and gather such material (Hutchinson 2011). The corridor of the hospital was a space of unexpected and spontaneous art making, as Laing realized when frequently passing a woman sitting on the corridor floor. Her name was Antonia Jabloner,<sup>30</sup> a long-stay resident, neither a patient of Laing's nor someone she was supposed to meet; indeed, Antonia was simply there. It was what this woman was making that caught Laing's attention, for she was compulsively creating, always embroidering hospital bed sheets and turning discarded fragments of thread into delicate tapestries. She also painted vibrant flowers and drew intricate pencil plans for what she described as "designs for a new world," but on completion she would instantly discard them, immediately moving her attention to the next piece. This humble corridor encounter inspired Laing to conduct an expedition around Scotland, beginning in 1977, searching for equivalent artworks and artists. Visiting many of the old Victorian asylums, she made her way directly to the long-stay wards, asking staff about artwork that they might have seen or kept; very little immediately came to light, though, and instead she started scouring hospital cupboards, gardens, and rubbish bins to furnish the collection.

Laing's approach to Art Extraordinary, itself only recoverable from fragments collected over a decade of interviews and residing in fugitive exhibition texts and archival scrapbooks,<sup>31</sup> turns upon connections to disposal, dispersal, and barely there scraps of human existence. For her, "artists extraordinary" are self-taught and use whatever materials they can find suiting their needs, are excessively compulsive and spontaneous in their making, and remain disinterested in the opinions of any audience. Often they inhabit marginal spaces, frequently institutions such as asylums or prisons, and can experience mental ill health of varying kinds.<sup>32</sup> Inspired by Dubuffet's (1973) notion of *Art Brut* and his concern for artistic creation "in the nameless crowd of ordinary people" (37), Laing became dissatisfied with how certain treatments of outsider art attach so much significance to the spatial separation of artists from mainstream society and culture. Instead, she closed

that gap: not to extract the "extraordinary" from the ordinary, but rather to find it in the ordinary; not to abstract the artworks from their original contexts, but rather to trace them back there.

The "extraordinary" character of the artworks salvaged from the asylums serves itself to recover something of their creators and their stories, drawing attention to the peripheral spaces where they ended up dwelling.<sup>33</sup> Although Laing (1996) claimed to seek "an art which has the ability to amaze me" (12), the reasons for this enchantment are unconfined to artistic talent alone, but rather arise in the glimpses afforded of asylum lifeworlds in and beyond the artworks in question. Moreover, she remained eternally tortured by what she did not salvage, by what was once again left behind, by many more people rendered "voiceless" by her failure to find them or their often throwaway productions (Laing 2000). Haunted by these thoughts, Laing not only vowed never to stop looking and encouraging others to do the same, but also probed the artworks that she did uncover to discern as much as possible about the people, places, and practices that made them. During the demolition of an old hospital building in the late 1970s, for instance, she found in the rubble a folio of ink drawings by a patient from the Victorian period. She named the dusty, brittle roll of drawings "the Victorian Folio," and spent years excavating hospital records for any small reference to these pieces and their creation, but no clues ever emerged. A strange black mouse made from scraps of cloth, buttons, and red thread, retrieved from a rubbish skip on a crumbling asylum site (Figure 1), is another example from the collection that contains no name, no date, no signature, no ward. When given attention, though, these pieces of art surely say something, even if it is unclear exactly what, about the experiences of mental ill health and its geographies.

Laing's determination to witness the "broken" through their discarded artworks positions her as a collector of wounded and wounding matter (A. Smith 2012), and the collection suggests the multiple geographies of mental ill health, from the physical corridors and gardens of the mental hospital to the imaginary felt worlds of individuals, all vital markers of neglected existence. Revealing fragments of lives lived, lost, and bound to the varying places of mental health care, the wounded nature of the matter comes from its exposing qualities. To hint at the experiences of these others, their pain, joy, boredom, fear, and shame, is to be touched by them,



**Figure 1.** The mouse from the Art Extraordinary collection.

however fleetingly and imperfectly. Better known examples from the Art Extraordinary collection, such as the intricate grass weavings of Angus McPhee, more fully evoke mental ill health and institutional worlds (Laing 2016, 2000), but many other examples exist from the collection that have yet to receive such widespread notice. One is Mrs. McGilp, a name passed down through generations of nurses to Laing even though her exact identity and circumstances remain obscure. Piles of decaying painted paper uncovered in a hospital cupboard reveal the fantasy underworld of flowers and fauna created—and we might say inhabited—by Mrs. McGilp throughout her years of incarceration in a western Scotland mental hospital. Dream-like gardens are filled with fluorescent bunnies and birds under a sky where the sun, moon, and stars all shine at once. Laing (1996) described these garden worlds as “a land of fable, too fragile for humans” (18), and the salvaged stories of their creation signal Mrs. McGilp’s childhood as the daughter of a market gardener. Attending carefully, sensitively, to this and equivalent artworks intimates the painful wounds of its creators, but also the everyday lived realities of institutional life that often remain marginalized and ill understood.<sup>34</sup>

The woundedness of these pieces is intimately enfolded into their abandonment, painful reminders of a wider neglect of individuals experiencing mental ill health who have been forgotten and left behind. Yet, their retrieval offers hopeful potential, and in recognizing these individuals through the remnants of their existence, however incomplete, we—viewers, scholars—can remember what they have endured and use this sensibility to connect our understandings, perhaps of mental (ill) health geographies, across time and space. Mrs. McGilp’s paper shards left unnoticed in a hospital cupboard echo a recent encounter in a contemporary Glasgow psychiatric unit. As part of our work with Art Extraordinary, we have shared the collection with individuals currently experiencing mental ill health, in varying institutional settings, and used the pieces and their stories as a tool to unearth, and further to understand, lived experiences of mental ill health (McGeachan 2021).<sup>35</sup> When we were packing up materials from one of our workshops in a psychiatric hospital, a nurse opened a cupboard in the room. A large pile of paper sat scruffily on one of the shelves, and the nurse told a story about a long-stay elderly patient who, every day for years until his death, came into the ward and silently drew one picture and then



subsequently left, never uttering a word. The fine pencil drawings were always based around the same theme of family and portrayed love, loss, and aspects of home, and he would often weep as he drew. The nurse admitted that something impelled her to keep these drawings, wishing somehow to keep his experiences present, wanting him to be remembered. This tiny act of recovering lost humanity speaks profoundly about how drawing attention to the "broken" through the Art Extraordinary collection enables a formulation of kinder worlds where people's lives are valued for what they truly are, not decried for what they seemingly lack, and are finally seen to matter.

## Conclusion

The feeling that the diagnosed mentally ill don't know what they are talking about limits the scope of our lives ... [Am I] to be confined to a category of persons whose experience is devalued, status diminished, and rational evidence dismissed, simply because at a certain time, or times, I lost contact with the consensus view of reality agreed on by my peers[?] ... My experience is shared and is relevant. It is not an interesting cul-de-sac. Tut-tutting and sympathetic frowns from those who are paid to intervene in my affairs merely confirms my powerlessness. They accept me as an individual pathology; they deny me as a cogent element of a social reality.

—Campbell (in Barham [1992] 2020, 16)

Mental patient Peter Campbell insisted on his humanity, despite the longevity of his mental ill health and how he became configured as "irrational" and divorced from "social reality." In attending to the "broken" such as Campbell in the manner outlined earlier, we challenge mental health geography to delve deeper into the social fabric of place, to excavate the humanness that exists outwith the pervasive sightlines of, to use useful if problematic shorthands, Western Enlightenment, capitalist productivity, and neoliberal citizenship. We call for at least part of this field to remain true to its origins, orientated to mental ill-health geographies, to the obdurate realities of people weighed down with mental ill health, particularly if enduring and serious, and the dedicated spaces that they end up inhabiting and perhaps regarding as "home" (Parr, Philo, and Burns 2003). Pushing back at recent disciplinary trajectories suspicious about the claims of "humanism,"

we heed the remnants of humanity that can be glimpsed here, a claim energized by what we discern in Laing's salvage work as she scours the wards, walls, and waste bins of Scotland's old asylums. We might sometimes be enchanted, seduced even, by the intimations of otherness—secret truths—implanted in these found artworks, but we are just as concerned to identify the shards of human thought, feeling, and practice associated with a doodle, a roughly carved wooden figure, a knitted hat, and the like. They speak to and about people surviving, placing themselves in the world, finding something to do in their "hanging-aroundness." They also prompt reflections on why these artworks mattered to their makers and maybe also to other patients, nurses, and even researcher-gatherers such as Laing and ourselves. They offer another way in, often the only way, to engaging the detail of mental ill-health geographies as lived and placed.

This all said, we are conscious of avoiding a comfortable recuperative ethos whereby "nice" artifacts are retrieved and allowed to hint at lives lived well and happily. Rather, just as Barham knowingly deployed the unforgiving term "brokenness," we know that our humanistic gesture, our recovery of human remnants, must always be attuned to the systemic erosion of the human, the subtractions toward the "less-than-human" (Philo 2017a), unavoidably prevalent within the likes of an institutionalized inpatient facility. It is for this reason that we sharpen a critical edge to our argument, borrowing from Agamben and his biting accounts of how the camp—for us, via Bettelheim and Barton, also used as a lens to think about the asylum—necessarily produces bare life, the barely human, the barely there. A further provocation of our article is thus to feed such critical-conceptual content into mental (ill) health geographies, to bring them into dialogue with some of the most insightful—sometimes termed biopolitical or even necropolitical—critical theorizing now common elsewhere in human geography (and beyond). In a further twist, though, we show how even Agamben, in *Fragments of Auschwitz*, after Levi, sought to witness the worst excesses of dehumanization through attending to human word and gesture,<sup>36</sup> a move echoed, with cautious therapeutic ambition, by Bettelheim. Such is the difficult sensibility that we refract back into our own works on "asylum geographies"—mental ill-health geographies—of all sorts.

We recognize the many limitations of our project, including an apparent contradiction arising precisely because of our reliance on Barham's depiction of "brokenness." We are wary about adopting this term, and indeed all the many terms freighted with equivalent negativity recurring throughout our text. Yet, the people to whom we are referring do feel broken: their bodies, minds, and worlds wounded not only by the pain of their experiences, but, as Campbell made plain, through the heavy expectations of systems and society that consistently set them up to "fail" and then to "fail some more." That sense of overarching failure is destructive, debilitating, and dehumanizing. Moreover, "brokenness" is intimately intertwined into human existence: It configures, delimits, and shatters lifeworlds; it induces shame and encourages abandonment; it kills. The aspect of "hanging around" in Barham's text is also highly significant for intimating varying geographies of "brokenness": the everyday spaces of survival (or not) for people within, outside, and between diverse systems of care and confinement.<sup>37</sup> Our wish is not simply to incorporate these spaces and experiences into our geographical dialogues, but to prioritize them, to attune ourselves more fully to the human condition of mental ill health and to trace out its lived geographies. We are conscious of much wonderful writing that has foregrounded these experiences in the field to date, yet our earlier reflections on the current direction of travel in mental health geographies—too swiftly perhaps toward well-being, wellness, and recovery—do press us to reflect deeply about the consequences for the people and worlds encountered in our inquiries. We stand with Barham and others in advocating that "an obsession with severe mental illness should not be a matter of personal latitude but ... an urgent social obligation" (Barham [1992] 2020, 179).

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experiences with us. We would like to dedicate this article to Joyce Laing, who sadly passed away during the writing of this piece.

## Notes

1. By *asylum*, we mean what were once called lunatic asylums but became known as mental or psychiatric hospitals. We acknowledge that many different types of spaces, more or less institutional in constitution, have featured in the history of what now gets termed mental health care, varying greatly by period and place, as well as whether publicly, privately, or voluntarily run (Philo 2004). In what follows, we nonetheless deploy asylum as a blanket term for all such spaces and institutions, notwithstanding crucial distinctions in their scale, degrees of closure, underlying rationales, prevailing practices, and more.
2. We use *mental ill health* as an umbrella term referencing a range of real but varied states of being that are distressing for the individuals affected. We are wary of biomedical accounts treating these states as mental illness and positing bio-physio-chemical causes. Neither do we regard mental illness and its variants (psychoses, neuroses) as merely mischievous labels applied to all who depart from accepted patterns of thought and conduct, although such labeling doubtless occurs. For sage commentary, see Scull (2015).
3. We continue throughout to put quotes around Barham's "broken" and "brokenness," thereby continually reemphasizing their problematic nature.
4. The antipsychiatry movement of the 1960s was incarnated in the title of Cooper (1967). A persuasive critique, anticipating dangers residing in antipsychiatry's will to dismantle collectivized mental health care, remains Sedgewick (1982).
5. Problems posed by neoliberal agendas reconfiguring mental health care into efficient, clinical, squeaky-clean service "hubs-and-spokes" for mental health "consumers," potentially losing much of the lively, humane, compassionate "spark" characterizing the best of older institutions, are assessed in Högström and Philo (2023; see also <https://gart-psyspac.eu/>).
6. Challenges posed by austerity, neoliberalism, and personalization are addressed by geographers studying intellectual disability (e.g., Power 2013; also see discussion and references in Power and Hall 2018).
7. D. M. Smith (1973) included "mental health" variables (numbers of mental hospital patients, etc.) when researching the geography of social well-being in the United States. The *Annals* carried an exchange about this work between D. M. Smith (1974) and Stutz (1974a, 1974b), including discussion of mental health dimensions.
8. Research by Stahler et al. (2009) on "neighbourhood environments influencing rehospitalisation" of patients previously receiving in-patient care echoes, without referencing, C. J. Smith's work. A study from the same team, reported in the *Annals*, investigates factors influencing access

to community-based treatment for "drug-dependent patients," mainly African Americans, previously receiving psychiatric care at an inner-city hospital (Mennis, Stahler, and Baron. 2012).

9. Valuable as is Curtis (2010), it flips disconcertingly between (negative) mental ill health and (positive) mental health: "The book reviews research that investigates geographical factors associated with risk of psychological distress or mental illness, or, conversely, with the chances of enjoying a 'healthy' mental state and positive sense of well-being" (1).
10. Pykett, Osborne, and Resch (2020, 2) worry that "[t]his renewed interest ... often occurs in isolation from a much earlier history of urban stress within urban sociology ( ... Faris and Dunham 1939)."
11. There are notable exceptions, as in two unpublished theses: Liggins (2016), an autoethnography of the author's inpatient experience at a private psychiatric hospital, including in-depth interviews with patient friends, suggesting that forms of "healing" are still possible for "chronic" patients; and Laws (2012), an ethnographic and "narrative research" inquiry getting in-depth with individuals—some "delusional" and all mentally unwell—accessing community mental health care, maybe on day release from inpatient psychiatric facilities, all of whom had experience of such facilities or in earlier times would likely have been consigned to them. Laws (2017), meanwhile, used arguments compellingly paralleling our own.
12. The notion of "lingering" with subjects-objects derives from Adorno's critical theory (Philo 2017b); that of "staying with the trouble" from Haraway's speculative feminist more-than-human theorizing (Philo and Parr 2019).
13. The distinction is between *bios*, its Greek origins suggesting the deliberate living and speaking of a "good life" in the spaces of civic society, and *zoē*, suggesting a simple, unaware living of life in nature.
14. Feminist, antiracist, and postcolonial critiques conjoin in these critiques. We concur with much that they convey, even as we partially defend Agamben.
15. The reference to "biopolitics" signals Agamben's reworking of Foucault's thinking—and chronologies—about "biopower" and "sovereign power" (e.g., Agamben [1999] 2002, 155; see Coleman and Grove 2009).
16. For commentary on this naming, with its problematic attributions of the Muslim or Arab in a Jewish context, see Agamben ([1999] 2002, 44–45) and Bettelheim ([1960] 1986, 151–52).
17. "Levi's suicide provides for the alternative reading that, more than forty years after the event, Auschwitz had claimed another victim and Levi, through depression and survivor's guilt, in fact belonged to the drowned" (Carter-Wight 2009, 292). Bettelheim, too, took his own life.
18. "I must repeat—we, the survivors, are not the true witnesses. ... Those who did so, those who saw the Gorgon, have not returned to tell about it or have returned mute, but they are the 'Muslims,' the submerged, the complete witnesses, the ones whose deposition would have a general significance. They are the rule, we are the exception" (Levi [1986] 1989, 89).
19. In geography, these concerns permeate early nonrepresentational reflections (Harrison 2007, 2010, 2011).
20. Controversy clings to Bettelheim regarding plagiarism, fraudulence in his academic credentials, and his conduct at the Orthogenic School. Critical biographies (Pollok 1997; Sutton 1996) meet spirited defense (Marcus 1999; Zimmerman 1997, 2000).
21. Other moves to ground/world psychoanalysis include McGeachan (2014), reworking R. D. Laing's existential psychoanalysis and psychiatry.
22. Bettelheim on "therapeutic milieu" might be interfaced with health-geographical constructs such as "therapeutic landscape" (Williams 2007) or "therapeutic retreat" (Conradson 2005).
23. Citing Adorno and Horkheimer ([1944] 1979); see Bettelheim ([1960] 1986, 78).
24. The camps where Bettelheim was consigned during the late 1930s only held male inmates, and were not then systematically exterminating Jewish inmates, unlike Auschwitz and other death camps subsequently.
25. Goffman drew parallels with concentration camps (e.g., Goffman [1961] 1968, 44, 47, 63, 65, 176, 178, and numerous footnotes) and borrowed from Bettelheim (Goffman [1961] 1968, 63).
26. Barton's testimony in legal proceedings appeared to cast Belsen as "not too bad," excusing camp authorities for food shortages. Belsen was a peculiar camp, partly for prisoners of war and displaced persons and without gas chambers, but death rates clearly remained high due to far-from-benign neglect.
27. Barton spoke of neurosis, not psychosis, but attributed little diagnostic weight to this distinction: "Neurosis' is used in a general descriptive sense. It describes symptoms and signs, not psychodynamic hypotheses" (Barton [1959] 1976, 2).
28. Barton advocated for community-based care: "He never regretted his role in the deinstitutionalisation movement, although he recognised ... that the actual performance fell well short of what he would have wished to see happen" (Ristich 2003, 196).
29. The paradox here—of finally offering words from those who supposedly could not survive, speak, or bear witness, despite being the only "true" witnesses—is logically insurmountable, although the reality must be that a handful of *Muselmänner* were "saved" after all and rehabilitated back into life and speech. Mambrol (2018) suggested that the *Muselmänner* are witnesses who "speak solely in an incapacity to speak—that is, in his or her body as subject" (158), unable to articulate their "subjecthood" but still, merely in speaking at all, bearing witness to the brutalities of Holocaust spaces. Our depiction of what is occurring here, if a touch glib, is that Agamben, after Levi, attends to

- “remnants” of humans reduced to being nonhuman in the face of the inhuman, where the remnants can be stuttered words but could potentially be other signals of a vestigial humanity: the dance described by Bettelheim, for instance, or the artworks discussed in the latter part of our article.
30. Naming individual artists, showing their artworks, and telling their stories of mental ill health without their explicit consent, which cannot now be secured, is contentious (O’Flynn and Ruane 2020). The choice to do so here echoes Laing’s desire to draw us closer to these individuals and their worlds.
  31. The first author has worked for over a decade with Glasgow Museums on the collection, interviewing Laing in the process, and detects considerable variability in how Laing defines Art Extraordinary.
  32. Laing acknowledged that mental ill health is not an essential feature of work in the collection, but that it is rare to find such work without this connection.
  33. Laing’s encounters with Scottish asylum worlds traverse multiple system changes and time periods. Although her collecting began in the 1970s during the process of deinstitutionalization in the United Kingdom and into the varied postasylum spaces of mental health care that make up our contemporary landscape (Kritsotaki, Long, and Smith 2016), many of the pieces recovered are intimately bound to older asylum spaces with aspects of the collection dating back to the late 1800s.
  34. Initial research suggests that Mrs. McGilp experienced a horrific fire, the ongoing trauma of which led her to seek institutional care.
  35. See Coia (2020) and McGeachan (2021) for case studies of the collaborative work undertaken with the Art Extraordinary collection.
  36. We are aware that our article skirts around the question of Agamben’s relationship to humanism. Salzani (2022, xiii) argued that Agamben remains “rooted in the anthropocentrism of the Western tradition,” even as he continually pushes at its limits. We hence agree with Ziarek (2007, 188, 193) that Agamben, specifically in *The Open* (Agamben [2002] 2004), “remains vestigially humanist and anthropological” because—even as he “unworks” humanism by seeking to deny anything meaningful to be discerned by constant intellectualizing over (or striving to “master”) the human–animal divide—he cannot quite shake a sense of something significant in how “human animality” always creeps back into the constitution of the human. Arguably, if via steps that cannot be specified here, this “vestigial humanism” surfaces in Agamben’s concern for how *Muselmänner* as “bare life” (sunk into “nature”) can still signify matters of import about the humanity both destroyed by the Holocaust and present in ongoing attempts to reconvene the “remnants” of those events for current-day scholarly, political, and ethical purpose.
  37. One reviewer wondered whether our hint here at many different everyday spaces of survival—at a renewed focus on what was sometimes called in early issues of *Antipode* “survival geographies”—is

also a gesture to the camp as “a hidden paradigm across disparate spaces.” Our response is a cautious “yes,” but in the vein of what Martin, Minca, and Katz (2020) claimed about that wider spectrum of more informal, noncustodial, less disciplined, more pragmatically open and generative spaces that come into the purview of a “post-Agambenian camp studies.”

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CHERYL McGEACHAN is a Senior Lecturer in Human Geography in the School of Geographical & Earth Sciences, University of Glasgow, Glasgow, G12 8QQ, UK. E-mail: [cheryl.mcgeachan@glasgow.ac.uk](mailto:cheryl.mcgeachan@glasgow.ac.uk). Her research interests include the lived worlds of mental ill health; outsider art and art therapy; and the historical geographies of crime, violence, and forensics.

CHRIS PHILO is a Professor of Geography in the School of Geographical & Earth Sciences, University of Glasgow, Glasgow, G12 8QQ, UK. E-mail: [Christopher.Philos@glasgow.ac.uk](mailto:Christopher.Philos@glasgow.ac.uk). His ongoing research interests concern the historical, cultural, and rural geographies of mental ill health, supplemented by scholarship in the following fields: social geographies of “outsiders”; children’s geographies; new animal geographies; historical and contemporary figurations of public space; geographies of “new spiritual practices”; Foucauldian studies; and the history, historiography, and theoretical development of geography.