

**“A Convenient Place for Inconvenient People”: madness, sex and the asylum in American Horror Story**

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## **‘A Convenient Place for Inconvenient People’: Madness, Sex and the Asylum in *American Horror Story***

The asylum in contemporary American visual culture offers a site of representation that is rich in possibilities for cultural and social comment, using an image of madness<sup>1</sup> that plays with modern-day conceptions of mental illness to connote and critique contemporary social insecurities and fears. Although the asylum fell out of favour, due in part to negative connotations and a restructuring of in-patient care in the latter half of the twentieth century – such institutions are more commonly referred to as psychiatric hospitals or (sometimes) the euphemistic “residential assessment units” – the term persists in common parlance, and the physical space is a frequent location in horror and other fictional stories. The fictional asylum provides a theatrical location onto which the contemporary idea of madness can be imprinted and into which a cast of characters can be placed so as to re-enact our fears and misconceptions. *American Horror Story: Asylum* (henceforth *AHSA*) is one such popular offering. As with many recent television series, *AHSA* engages in a high degree of cultural and historical reference. The meshing of a rich selection of historically-inspired characters and locations, allusions to both popular culture and reportage and common cultural tropes creates a postmodern pastiche; the viewer is invited to locate themselves within these “recognisable” aspects and the largely fantastical narrative using these touchstones. However, this is complicated by the uncanny nature of the representations at play. Sigmund Freud’s 1919 essay ‘The Uncanny’ discusses the unique nature of a type of terror that is at once familiar and unfamiliar, destabilizing and dreamlike. In *AHSA*, the series’ heavy use of intertextuality exaggerates the already uncanny nature of the asylum and emphasizes both the seeming universality of certain images of horror and fear and also that the series is not just a reflection of reality, but is actively constructing it through the composition of elements.

*AHSA* follows the patients and staff at Briarcliff Manor, an asylum for the criminally insane. The institution is run by Sisters Jude and Mary Eunice, overseen by Monsignor Howard and Drs. Arden and Thredson. The story revolves around the interactions of the patients and staff, as Lana Winters, a journalist, tries to uncover abuse within the asylum. Though *AHSA* undoubtedly classifies itself as horror (including medical and Catholic horror), the story also contains elements of other forms, such as alien abduction narratives. Catholic horror evolved from the anti-Catholic feeling that was rampant in the gothic literature of the eighteenth and nineteenth centuries, epitomised in texts like *The Monk* (1796) and *Melmoth the Wanderer* (1820). The anti-Catholic gothic saw Catholicism as an inherently evil and unnatural institution that preyed on innocence and fought to maintain rigid control over society through theatrical pomp and damaging dogma. The Catholic Church is intensely visual, with many sacraments and practices that are no longer common practice in other churches, and so it films well. Catholic horror, epitomised in films such as *The Exorcist* (1973) and *Rosemary's Baby* (1968), plays on the visual appeal of the Church's rites and rituals. *AHSA* is no exception. An asylum run by the Catholic Church has a dual horror focus: the grimness of the asylum and its abuses, and a negative, bleak version of Catholicism that is rife in cinematic presentations. In the case of Briarcliff, this cinematic Catholicism is represented by forced penance and religious abuse, adding an additional layer of horror.

As is often the case in asylum narratives, those in charge greatly abuse their power. Briarcliff's Medical Superintendent Dr. Arden is a former Nazi scientist and SS Officer, unambiguously based on Dr. Mengele, who performs gruesome experiments on patients in an attempt to create immortality. (Instead, he creates hideous monsters that survive on raw human flesh.) In the twenty-first century, the threat of Nazi experimentation is echoed in fear of unregulated biomedical experimentation involving human subjects. Indeed, medical (and pseudo-medical) torture has remained a constant in horror films and television, because

torture *is* a contemporary threat to many. As Beth Kattelman notes, depictions of extreme violence ('torture porn') have become increasingly common in American cinema and television since the September 11, 2001, attacks, signalling a shift in collective consciousness similar to the social response to America's involvement in Vietnam: "We are once again in a period of great societal stress (5)." According to Kattelman, 'the current spate of extreme films has become popular because they reflect and refract America's fears' (8). The case of quintessential torture porn film *Hostel* depicts "the xenophobia that is currently rampant in the United States; it fosters a misanthropic view of the world (7)." These are genuine issues rendered onscreen in a festival of gore. *AHSA* can easily be added to the list of torture porn productions. Though not strictly a programme in the torture porn genre, it contains similar graphic depictions of extreme violence.

### **A Very Brief History of the Asylum**

Mental hospitals are by no means a recent phenomenon. The first hospitals were opened in the Middle East in the ninth and tenth centuries; Ahmad Ibn Tulun is credited with building a hospital in Cairo that cared for the insane population and treated them with a variety of treatments, including music therapy (Koenig 29). The West took considerably longer to begin to make specific arrangements for the care of mad patients but it has been noted by Roy Porter (2002) that, during the medieval period, such patients were variously cared for in monasteries and alms-houses (12). Some towns had buildings to house mad people (in Germany they were referred to as '*Narrentürme*' or 'fools' towers'), but these buildings provided only lodging and not care. The oldest asylum in Europe – the Royal Bethlehem Hospital, more commonly known as 'Bedlam' – is generally listed as having begun to care for the mentally ill in 1377, but records are patchy. It was not until the eighteenth century that

asylums as we generally know them began to operate. On the whole, they were not pleasant places to be. Patients were routinely chained to walls, received poor quality diets and were subjected to treatments so barbaric that they were in all probability traumatised by their experiences. The popular image of warders selling tickets to jeering crowds is not an exaggeration; most asylums opened their doors as a source of grim entertainment. Ironically, this may have protected patients to some extent from worse brutality. As Patricia Alderidge and Jonathan Andrews state, the transparency of staff actions lessened acts of cruelty but when the hospital began to close its doors to visitors in 1770, staff enjoyed the freedom to act without being observed.<sup>2</sup>

It was around the same time that provision for the mentally ill was becoming commonplace in the nascent United States. The Pennsylvania Hospital, opened in 1751, had a small wing for the mentally ill and the first asylum opened at Williamsburg in Virginia in 1768. As with asylums in Europe, gross abuses of power were committed by staff on patients and conditions were in no way ideal. It was only in 1841 with the campaigning of Dorothea Dix that conditions began to improve. Dix's campaign received a notable boost with the 1887 publication of Nellie Bly's book *10 Days in a Madhouse*. Bly feigned madness in order to be sent to the rat-infested women's lunatic asylum on Blackwell's Island. She reported horrific brutality and acts of extreme cruelty against the patients. Her exposé revolutionized the way in which madness was diagnosed prior to hospitalisation and triggered a series of reviews of hospitals in the United States.

Since the late 1880s, mental hospitals have undergone dramatic changes, largely involving medication, surgery and deinstitutionalisation. Since the first lobotomy in 1935, the birth of electro-convulsive therapy in 1937 and the advent of psychiatric medications (the first being chlorpromazine in 1950), treatment has concentrated on daily management of conditions and, in some cases, 'curing' the condition itself, as is the case in lobotomised

patients.<sup>3</sup> Whether these treatments are less cruel than previous attempts is debated by some. In the twenty-first century, the days of the asylum are largely over – at least in the US and the majority of Europe – and instead, patients are cared for increasingly within the community. Many now-abandoned asylums sit empty across the United States, remaining sites of fascination and horror. This article is interested in why this fascination and horror remains and what it means for contemporary culture.

### **Keeping the Asylum Alive**

Despite their fall from favor in medical circles, the idea of the asylum as a site of madness is alive and well in the popular imagination.<sup>4</sup> Indeed, it is likely *because* they are no longer common practice that we have fetishized them as sites of madness and horror to such an extent: their removal from the medical landscape crystallised the popular view of the asylum as ‘hell on earth’. Although abuse and cruelty did play a part in the death of the asylum and the deinstitutionalisation of the mentally ill, it was not the only factor. Our commonly accepted view of the asylum derives from the most dramatic and sensational version of events; not all asylums were places of neglect and abuse. Much of the shift in treatment and confinement of the mentally ill came about because of developments in psychology and psychiatry. Regardless of historical accuracy (or in spite of it), the asylum has featured prominently as the central location in a large number of recent films, including (but by no means limited to) *Stonehearst Asylum*, (2014), *Changeling* (2008) and *Session 9* (2001).<sup>5</sup> Additionally, there are many films that, while not primarily concerned with the idea of the asylum, do use it as a plot location to some degree. *AHSA* is aware of its place within this catalogue, a fact that is made most obvious in the last episode, which refers to Briarcliff as a ‘snake pit’ on three occasions. This is a dual reference. On the one hand, it alludes to the

1948 film *The Snake Pit*, in which a young woman with schizophrenia (played by Olivia de Havilland) is institutionalised. On the other, it references New York Senator Robert Kennedy, who used the phrase to describe Willowbrook State School in 1965; Kennedy's use of the phrase refers back to the original film but increased the phrase's popularity. Willowbrook is an inspiration for the exposé on Briarcliff that ambitious journalist Lana films in the final episode of the series. Much of the footage is inspired by Geraldo Rivera's Peabody Award-winning exposé of Willowbrook in 1972. Similarly, Lana's narration closely mirrors Rivera's. She says, "These images and sounds are far more powerful than any words that can be spoken. But how can I describe to you the way it smells? It reeks of filth, of disease. It smells of death." When we compare this to the original the similarity is unmistakable.<sup>6</sup> Both the fictional asylum in *The Snake Pit* and the real Willowbrook School (though not strictly an asylum, certainly a place for people with mental health conditions and intellectual disabilities) contribute to the overwhelmingly negative image of asylums to which our popular culture so gleefully clings.

One striking aspect of the corpus of recent asylum narratives is the singular way in which the asylum itself is presented. The vast majority deal specifically with asylums for the 'criminally insane' – those who have committed violent acts and have been hospitalised as much for punitive reasons as medical. Immediately, the view we are receiving of both asylums and the mentally ill is skewed. Although there are maximum security hospitals for the criminally insane, they make up a very small percentage of hospitals. (For example, there are three such hospitals in England and one in Scotland.) That they are so prominently paraded across popular culture suggests otherwise. But what is more striking is the *type* of narratives that these places appear in: they are overwhelmingly horror and thriller narratives. It is rare to see asylums in any other genre (with the exception of the 2005 romantic drama *Asylum* and 2012 comedy *Mental*); the portrayal of the asylum within non-horror films is

often considerably more tempered and realistic. In his monograph on horror and American culture, Kendall Phillips suggests that there is a close relationship between horror films and society's anxiety:

By drawing upon our collective anxieties – projecting them, even if indirectly, upon the screen before us – horror films can be said to be vitally interested in the broader cultural politics of their day [...] By resonating with these anxieties, whether explicit or implicit, horror films provide a space for reflecting on them (8-9).

The horror film is a way of reimagining cultural concerns and mastering them. Phillips also notes that “certain films become the touchstone of fear for an entire generation (3).” Certain tropes also become touchstones of horror, and that is exactly what has happened with the asylum. It should be noted that the majority of these asylum films are not set in the present day, but often in the 1960s and 1970s, if not further back in the Victorian period. In a review of *Shutter Island* in *The Lancet*, Sonia Shah discussed Bridgewater Hospital in Massachusetts as the inspiration for this view of asylums:

Bridgewater's treatment of its charges during the 1950s has been well documented. Patients were kept chained to walls, naked in solitary confinement for decades, harassed by guards, and deprived of adequate treatment. Some were admitted to the maximum security institution for crimes no worse than urinating in public. Patients in such institutions were subject to both therapeutic and non-therapeutic experimentation. Revelations of these and other transgressions at state psychiatric hospitals led to their wholesale abandonment in the second half of the 20th century, an exodus that has arguably left some patients who once roamed their halls worse off, untreated and on the streets or in prisons.



Unfortunately, Bridgewater Hospital has been at the centre of many controversies as recently as 2014. In general, it is much easier to consider the portrayal of the brutal asylum as accurate when it is not set in our own time, when such treatment occurs in only a small number of cases. That said, despite the historical setting, this does not mean the film's presentation has no bearing on contemporary understandings.

That madness and the idea of the asylum so freely invokes terror can be understood through the Freudian concept of the 'uncanny'. Freud suggests that the uncanny is "undoubtedly related to what is frightening – to what arouses dread and horror: equally certainly, too, the word is not always used in a clearly definable sense, so that it tends to coincide with what excites fear in general. Yet we may expect that a special core of feeling is present (219)." It is not enough for Freud that something be frightening; the uncanny must bring us back to things "known of old and long-familiar (220)." That which is uncanny has many of the qualities and appearances we recognise but, through a process of infantile repression, appear to us changed – being both familiar and unfamiliar at once. Referencing Ernst Jentsch's 1906 work on the uncanny, Freud states that we should consider 'the uncanny effects of . . . manifestations of insanity, because these excite in the spectator the impression of automatic, mechanical processes at work behind the ordinary appearance of mental activity' (226). If the uncanny is that which is familiar made unfamiliar, then the asylum clearly fits into this definition for what is it at the basic level but a hospital. The asylum takes the familiar image of the hospital and removes any notion of comfort and warmth, adding in their place torture and confinement. The patients one meets in these places are human, but they do not function as we would expect – they are in themselves uncanny. In part, this confirms Freud's suggestion that madness is uncanny, because it mimics basic functioning but with an overwhelmingly unnatural affect. Most of the patients in asylum film and television do not suffer from commonplace mental conditions (depression, bipolar disorder or eating disorders,

for example) but cover the entire spectrum of unusual behaviours, including breast milk obsession, compulsive masturbation, and coprophilia. Though it is easy to suggest that this is for shock value and visual effect, there is more at play here: each of these behaviours has at its root something normal and healthy (breastfeeding, sexual engagement, eating, and defecating), but these activities become abnormal in the afflicted patient. The healthy action is made uncanny in the way it is expressed.

Furthermore, there is a typically monstrous and animalistic quality to filmic and televisual representations of asylum patients. In his famed study *Madness and Civilization* (1964), French thinker Michel Foucault suggests that “a certain image of animality . . . haunted the hospitals of the period. Madness borrowed its face from the mask of the beast. Those chained to the cell walls were no longer men whose minds had wandered, but beasts preyed upon by a natural frenzy. . . This model of animality prevailed in the asylums and gave them their cagelike aspect, their look of the menagerie (72).” He goes on to add that ‘the animality that rages in madness dispossesses man of what is specifically human in him; not in order to deliver him over to other powers, but simply to establish him at the zero degree of his own nature’ (74). The suggestion that mad patients are animalistic is common in contemporary representations. In *AHSA* – as well as a great number of other asylums, including Ashecliffe Hospital in *Shutter Island* (2010) and Arkham Asylum in the Batman franchise – the asylum space is peppered with characters who are clear representations of this bestial monstrosity. The asylum film, then, not only depicts extreme confinement, but renders the mad as monstrous, inhuman, and animalistic. Madness robs us of our humanity and asylums are there, not only to protect society from these ‘monsters’, but to create them in the first place.

Viewers of any recent asylum film or television program will notice that there are many similarities in the setting. Invariably, the asylum will be a labyrinthine mess of grey,

dreary tunnels and cells, with bars and barricades at regular points. The patients will wear drab, shapeless clothing and appear unkempt at best, filthy at worst. Great emphasis is put on heavy locked doors, restraints and barred windows. Any garden will be either uncannily manicured to an unreal extent (consider the gardens in Bryan Forbes' 1975 film *The Stepford Wives*) or wildly overgrown. These asylums are not places from which one can escape with great ease, and the overwhelming feeling is one of claustrophobia and confinement. The architecture itself reminds an astute reader of the drab, sprawling houses, built atop miles of tunnels and hidden passageways that were the settings of choice for Gothic literature of the eighteenth and nineteenth centuries. The setting itself invokes in the reader a horror and fear which colors the narrative and forewarns of the events of the story. Briarcliff Manor in *AHSA* is heavily inspired by the architectural fancies of gothic literature but also takes its physical inspiration from the New York City Lunatic Asylum on Roosevelt Island (then Blackwell's Island), recognisable by its octagonal rotunda and made famous by Nellie Bly's *Ten Days in a Madhouse*. The rotunda is copied with notable accuracy in Briarcliff's central staircase; this recognisable architecture, deeply entwined with its grim history, inspires feelings of dread and claustrophobia.

### **Monstrous Women and Corrupted Virgins**

If the asylum is no longer a very real possibility then we find a way to represent our fears through asylums set in the 1960s. In *AHSA*, it is through representations of sexuality and sexual repression that contemporary fears are considered. Two patients (Lana and Shelley) are detained because of how they express their sexuality. Lana is in a lesbian relationship with Wendy, a schoolteacher. After being caught sneaking into the hospital, Lana is forcibly detained and Wendy is coerced into signing over her care to the asylum. Her threats to expose the abuses of the asylum make her particularly dangerous to the governing body, and it controls Lana through her sexuality that Lana. In one scene, she attempts aversion therapy

under the guidance of Dr Thredson ('I am Anne Frank Part 1'). He pumps her with an emetic drug while making her view images of naked women; she vomits constantly into a bucket, sweating profusely. The final image is of Wendy, evidently a private photograph from the women's relationship. The scene is painful to watch, especially as we consider that aversion therapy is not effective and yet is still performed today.<sup>7</sup> As the scene progresses, Dr Thredson brings in a young, effeminate man and tells Lana that she must 'regard his physique', before commanding her to masturbate while looking at his genitals. She tries, before vomiting copiously again. What is most horrifying about this scene is not so much the uncomfortable sense of voyeurism at watching Lana's uneasy masturbation, nor even the numerous vomiting spells – it is the dogged determination with which she attempts to 'cure herself' of her 'sickness'. For the viewer, this reinforces the notion that this asylum is both abusing its power as a closed institution with total control over its charges and that the criteria to become a patient is not as rigid as we may wish. As twenty-first century viewers, who are used to a more liberal view of homosexuality, Lana's incarceration is horrifying to begin with.<sup>8</sup> The treatment she must endure to apparently rid herself of her sexual expression is doubly horrifying.

Of all of the unfortunate patients at Briarcliff, it is Shelley, a 'nymphomaniac' who faces the grimmest punishment. She narrates her own story:

Ever since I was five years old and I slipped my fingers inside for the very first time. I could do it all day. My mother made me wear mittens to bed. Because she didn't understand me. So I ran away from home, met some jazz musicians, real free thinkers. I fell in love with the bass player. Mistake. As soon as he put a ring on my finger, I was his property. He could screw every Betty in town, and I had to stay home and scrub his dirty drawers. So come fleet week, he gets home and finds me in bed with two Navy guys. And I told him, "It's not for self, but for

country". He decked me flat out, threw me in the car and locked me in the nuthouse. And the sickest part is they let him. Because I like sex. That's my crime. ('Tricks and Treats')

As she is keen to declare, if she were a man there would be no problem, because men are allowed to express themselves sexually and receive no censure. This is a contemporary issue that appears constantly in the news, as society places constraints on women's sexual agency with no equal constraint for men. That Shelley is not only incarcerated but also tortured and mutilated for so benign a crime as being fond of sex represents the fear of women's sexuality. She appears to be a quintessential female victim of masculine dominance; she is raped and abused, before finally being smothered in a bizarre mercy killing by the monsignor ('The Origins of Monstrosity'). However, she is more than that – she is monstrous. In her book *The Monstrous Feminine*, Barbara Creed states that, in horror films, "as with other stereotypes of the feminine, from virgin to whore, [woman] is defined in terms of her sexuality (3)." Shelley's embracing of her own sexuality removes her from the control of men and, as such, measures have to be taken to 're-control' her: 'When woman is presented as monstrous it is almost always in relation to her mothering and reproductive functions' (7). Shelley is monstrous in the eyes of man by her 'uncontrolled' sexuality. Ironically, it is when she refuses the advances of Dr Arden that she is made truly monstrous. After resisting him and laughing at his penile abnormality, Arden retaliates by amputating Shelley's legs and injecting her with pathogens, causing hideous boils and mutations ('Nor'easter'). Julia Kristeva's work makes it clear that,

definitions of the monstrous as constructed in the modern horror text are grounded in ancient religious and historical notions of abjection – particularly in relation to the following religious 'abominations': sexual immorality and perversion . . . and

the feminine body. These forms of abjection are also central to the construction of the monstrous in the modern horror film (9).

Shelley's monstrousness, tied originally to her sexuality, creates her as abject, further attested to in her final, boil-encrusted, monstrous form.

Both Lana and Shelley are monstrous because of their sexuality, which reconfigures sex as an act of female power. It is entirely accurate that these would have been reason enough to confine someone in the 1960s, but, of course, this would not happen today. However, the legislation of sexuality *does* still occur and is a daily reality for a large proportion of the population. Thus, in their persecution and incarceration, Shelley and Lana become microcosmic representations of the constraints put on women by contemporary society. They are made monstrous by social control but the true horror of these characters is in their sanity. These women are both eloquent and strong. There is no reason at all for them to be in the asylum; they are merely inconvenient. A patient in an asylum claiming to be sane is unlikely to be taken seriously, even if it is entirely true. This is the situation that Lana and Shelley find themselves in, and this is the central horror of this genre: it could be us. In *AHSA*, Briarcliff is a site of madness, not simply because it contains madness but because it creates it.

*AHSA* blends elements of Catholic horror and madness. In the second episode, 'Tricks and Treats', Jed Potter is brought to the hospital by his concerned parents who are convinced that he is possessed. Monsignor Howard, along with Dr Thredson and Exorcist Father Malachi, perform an exorcism. This scene is clearly influenced by the 1973 film *The Exorcist*, in which a young girl is exorcised; the process of the exorcism in almost identical ways to the original film: both characters' faces are grey and veiny, their eyes are red and they are both bound to metal bed frames, writhing and screaming in changed voices. During

the exorcism, the demon leaves Jed and enters Sister Mary Eunice, a nun almost crippled by her innocence and purity. Her transformation is immediate – she becomes a cruel woman, who is happy to murder and mutilate to get her own way; she becomes a monster. And, as with the other female characters, her sexual expression is what makes her monstrous. While Shelley embraces and enjoys her sexuality and Lana removes the requirement for male input altogether, Mary Eunice becomes a sexual aggressor. She shares a strange relationship with Dr. Arden, whose relationships with women are marked by his fierce adherence to a Madonna/whore dichotomy. He is unable to relate to women on any other level than that of their sexuality; any woman who exhibits even the smallest amount of sexual agency becomes a whore.<sup>9</sup> Mary Eunice is his ideal of perfection and he is devoted to her to an unnatural degree. In the second episode, prior to her being possessed, Mary Eunice is offered a candy apple as a thank you treat by Dr. Arden ('Tricks and Treats'). He encourages her to bite it, holding it low so she must stoop to nibble at it timidly. After her possession, she remembers this event with a sneer, mocking the purity that Arden holds in such high esteem.

Her displays of sexual aggression come to a head when she rapes Monsignor Howard in the tenth episode ('The Name Game'). He prays for strength to cast out the demon but she disrupts proceedings. Having been recently nailed to a crucifix by an escaped killer, Howard is not strong enough to fight her off. As he is a priest, her attack is not only a sexual violation but a spiritual one. However, what is more horrifying here is not the fact that both characters have taken a vow of chastity but that the woman is the rapist. There are not many studies into female rapists and statistics are not easy to come by. This is not necessarily to say that women do not rape, but that they are less likely to do so. It is also far more likely that a male victim will remain silent, especially if the perpetrator was a woman. This is not helped by the persistent myth that women cannot rape men. It is this myth, which grows from an essentialist belief that women are sexually submissive and lack the physical strength to

dominate a man, which imbues the rape scene with much of its horror. This woman has broken free from what is expected of her sexually and is committing a crime that is usually considered a male crime. Her aggression is both against her gender and against her vows. Her sexual voraciousness and aggression make her monstrous because she becomes a danger to men. Sister Mary Eunice has only ever existed at the extremes of the scale: either she is the painfully timid little girl who fears everything and has to be coerced into eating a candy apple, or she is the sexual aggressor who manipulates men with her body and will take by force what she wants.

In *American Horror Story*, the asylum is a theatre of madness, in which the mad are not only contained but created. Those who society deems to be ‘inconvenient’ are labelled ‘insane’ and stripped of their rights and personal autonomy. To be considered mad is to be considered unable to take care of oneself in all aspects of life, and so the label is incredibly useful for the control of the individual. After all, it is infuriatingly difficult to prove one is not insane to a group who are want to believe otherwise. The asylum in horror television and film becomes a microcosmic representation of contemporary concerns. In the case of *American Horror Story*, a social concern with sexual repression and control is most evident. Using three diverse characters, social fears are acted out. What is most interesting in these characters is their endings – only one of the three is given a ‘happy ending’. Lana, the lesbian reporter, is able to leave the hospital and embark on a successful career in investigative journalism, culminating in an award at the Kennedy Centre. In the last episode, after giving an interview prior to receiving her award, her son (the result of being raped by Thredson) appears in her apartment (‘Madness Ends’). Aware that he means to kill her for denying his existence, Lana kills him first. In this act, she reiterates her position as monstrous woman: originally, it was her homosexuality that made her thus but in killing her own child, but now she takes on a



new level of monstrosity by going against all maternal instinct to act for her own safety instead of that of her offspring.

For Sister Mary Eunice and Shelley, the ending is not so pleasant. Both women are killed by the same man. In this respect, Monsignor Howard represents the ultimate in male sexual repression – not only does his role as priest mark him as celibate but also makes him part of a wider repressive organisation that seeks to control and mandate against female sexual agency.<sup>10</sup> Shelley is forced to conform to a narrow image of female sexuality, being labelled mad to ensure she is coercible, before being tortured and murdered when she does not. Sister Mary Eunice is violently thrown to her death to rid her of the demon that possessed her and turned her into a sexual aggressor ('The Name Game'). In *AHSA*, violence is acceptable when it is being used to control wayward women. What contemporary viewers see in these character depictions are examples of sexual behaviour that are deemed abhorrent and punished. The perpetrator is given a label that separates them from society and then they are tortured, sometimes to death. Female sexual agency can be seen by some to undermine the dominance of men and the patriarchal structure of 'normal' relationships. In the twenty-first century western society, where such issues of gender equality and freedom are central to many socio-political debates, *AHSA* shows us what we fear the most, doing so in a genre that is capable of recreating fears in visceral ways and using a location that inspires dread – the dark, gothic corridors of a lunatic asylum.

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*Shutter Island*. Dir. Martin Scorsese. 2010. DVD.

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<sup>1</sup> I use the terms 'mad' and 'madness' as an umbrella definition to consider all forms of mental illness, as well as other conditions that were historically grouped together, including Epilepsy, Tertiary Syphilis and Porphyria.

<sup>2</sup> This is not to suggest that all asylums fit this mould of a hospital-cum-prison full of torture and hardship. In *Madness: A Brief History* (2002), Roy Porter makes the point that many institutions of the time were praised for their care and compassion; a notable example is The Retreat in York, run by the Quaker Samuel Tuke, himself an advocate of moral treatment and compassionate care. However, as is often the case, these good examples are less widely discussed than their horrific cousins, which dominate our histories of mental health, making it impossible to say which image formed the majority of institutions. It is the negative image that endured.

<sup>3</sup> The suggestion that this constitutes a cure is vehemently disputed by some anti-psychiatry advocates, who claim that the lobotomy removes all free will and is a device of 'convenience' that has no benefit to the patients themselves. Such advocates further add that the use of psychiatric medication makes patients complacent and is tantamount to chemical lobotomies.

<sup>4</sup> Though my primary source is a television series, most (if not all) of my other examples are from films. This is because there are very few other examples of television series set in asylums. I am aware of the differences involved in writing and production for television and film. However, as my examples consider the thematic and basic representations, rather than technical aspects of the productions, I do not consider this to be a serious issue.

<sup>5</sup> There are a great many other more famous asylum films, including *One Flew Over the Cuckoo's Nest* (1973) and *The Silence of the Lambs* (1993). However, as I am concerned with contemporary renderings, these examples fall outside of my temporal parameters and will not be herein discussed. The setting of the asylum does occur in other television series, including Dan Williams' science-fiction series *Asylum* (2010) and paranormal series *Ghost Asylum* (2014).

<sup>6</sup> The original quotation is as follows: "This is what it looked like, this is what it sounded like but how can I tell you about the way it smelled? It smelled of filth, it smelled of disease, and it smelled of death". Taken from Geraldo Rivera's *Willowbrook: The Last Great Disgrace* (1972).

<sup>7</sup> Aversion therapy can be seen as an effective treatment for addictions, as outlined in Kraft and Kraft's 2005 article in *Contemporary Hypnosis*. However, they make the point that this is not aversion therapy as demonstrated in AHS; chemical or electrical aversion has been replaced by a technique called 'covert sensitization', first described by Cautela in his 1967 paper.

<sup>8</sup> Many viewers of AHS (myself included) will be too young to remember the removal of homosexuality from the *Diagnostic and Statistical Manual* in 1973. However, I am not too young to remember the decriminalisation of homosexuality in the US, which occurred nationwide in 2003 – or the legalisation of same-sex marriage following a landmark decision in *Obergefell v. Hodges* on the 26<sup>th</sup> June 2015. Though this is a decision of utmost importance for sexual freedom in the USA, many restrictions to sexual expression are still regularly enforced.

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<sup>9</sup> In one scene, Arden calls a statue of the Virgin Mary a whore, before smearing it with red lipstick and the pushing it off its pedestal, shattering on the floor.

<sup>10</sup> The Catholic Church has long been outspoken on issues of sexual agency that overwhelmingly affect women, including abortion, contraception and promiscuity.