247: PROTECTED, CARED FOR, CURED, AND RELEASED

by

RACHEL ALANA WATSON

BA, University of North Georgia, 2014

A Report Submitted to the Lamar Dodd School of Art of the University of Georgia in
Partial Fulfillment of the Requirements for the Degree

MASTER OF FINE ARTS

ATHENS, GEORGIA

2020
2020

247: PROTECTED, CARED FOR, CURED, AND RELEASED

by

RACHEL ALANA WATSON

Approved:

Mary Hallam Pearse, Major Professor

April 20th, 2020
Acknowledgements:

I would like to thank my major professor Mary Hallam Pearse and committee members Derek Faust, and Martijn van Wagendonk for their unconditional support and guidance throughout this degree. I truly feel that the three of you have pushed me to become a better artist.

I would like to thank Chris Cogan and Eileen Wallace for their knowledge and help through many classes and processes.

I would like to thank my supervisor and committee member Robert Lay Jr for his encouragement the last two years. Thank you for giving me an internship and assistantship around the material that I continuously research and have grown to love. Thank you for all your help with the Georgia Disability History Symposium and your continued support.

I would like to thank my parents for their love, kindness, and support for the last 28 years. I would not have been able to finish this work without your help and encouragement. Thank you for helping me install for 8 hours, even if we were all sore for days after, you volunteered and helped without complaint. Thank you for always being there for me. I love you both more than anything.

I would like to thank Katie Hamby for always being there for me, whether about my art or life in general, I can always count on you. Thank you for helping expose sheets on hot days, always being my paparazzi, and being my rock.

I would like to thank Kim Truesdale for being my confidant. I am so happy that we became friends during the first weeks of our first semester. I could not have done this without your continued support and love.

I would like to thank the guards at Central State Hospital for allowing me to create and install on site.

Thank you to all of you. I am forever grateful.
Introduction

My work focuses on the forgotten, the neglected, the abandoned. It focuses on the people who were uprooted from their homes and admitted into a place with a horrifying reputation and the fear they must have felt. The buildings that they lived in; that they died in, that forever changed them are the subject of my recent multi-media exploration of a well-known, defunct mental institution, in Milledgeville, Georgia (Figure 1).

My current work is about the research and the discovery of this place and I hope will continue with the discovery of more places like it.

Central State Hospital (1842-2010), like most mental institutions of its time, has a very dark past. 30,000 patients lost their lives on this property, many through neglect and mistreatment. At times, there was a disregard for human dignity all together. My extensive research of this institution, primarily conducted at the Special Collections Library and the Georgia Archives where I have read handwritten notes, patient registrars, newspaper articles, and a variety of booklets and schedules, has made my relationship to this place complex and multifaceted. While most of my research has been conducted at the Special Collections Library, I have also had the privilege to access to the grounds, as well as the inside of some of the buildings. I think about the individuals who lived there while I walk the grounds and document. Whether represented through drone photography, super8 videography, plaster casts, silicone molds, or alternative photography, the people that walked these halls are
always on my mind. My work aims to document this site before it is torn down and to individualize the patients. These people were given numbers and left here by friends and family, my work intends to give a voice to the silenced and finally put them at peace - to let people know that they were not forgotten in life and in death.

A Brief History of Central State Hospital

In 1837 Georgia’s first state mental hospital was authorized. It would be called: The Georgia Lunatic Asylum from 1837-1897, The Georgia State Sanitarium 1897-1928, Milledgeville State Hospital 1928-1967, and finally Central State Hospital 1967-2010.¹ The hospital was opened in the state capital at the time, Milledgeville, on December 1, 1842. The first patient admitted was Tilman Barnett on December 15, 1842. The newspapers reported of his trip from Macon, Georgia, to be admitted into this new facility. They wrote of him arriving by carriage with “his wife, men kin folks, and guards to the only place in the state that could offer asylum and hope.”² He was classified as a lunatic from Bibb County, age 30, married, cause and duration of insanity unknown, died of maniacal exhaustion June 18, 1843.³ Each of the thousands of patients record begins with a list of basic facts: name, county origin, age, marital status, and other facts depending on the particular patient. The registrars are at the whim of the nurse or attendant taking record at the time so the registers vary heavily. Some nurses only wrote

¹ Edwin Atkins, Colorful Moments of Central State Hospital (Scotts Valley: CreateSpace, 2012).
out the name, while others wrote pages and pages of information about each patient, how they arrived, whom they arrived with, their symptoms, and their past.

The campus began with forty acres and eventually expanded to 1,750 acres at its height. In the 1950s Central State Hospital grew into the largest mental health facility in the world, housing 12,000 patients. There are believed to be 30,000 unmarked graves throughout the 2,000 acres that make up Central State Hospital. During the 1960s some buildings were converted into prisons but were eventually discontinued as they realized that the buildings were not suitable for that type of confinement. Central State Hospital was officially closed in 2010.

**Open Door Policy**

On September 27, 1973, Dr. Gary Miller, head of the State Division of Mental Health, directed that the Open Door Policy would be implemented at Central State Hospital by October 12, 1973. The Open Door Policy gave patients in the Freeman Building (Figure 2) more freedom to move about if approved by doctors. They could come and go from the building and visit the neighboring town of Milledgeville if desired. The policy actually went into effect more than a week before, many psychiatrists at the

---

4 Ibid, i.
hospital agreed that the new program was started too quickly as the staff was not properly trained and patient evaluation was not as thorough as it could have been.\textsuperscript{5} Dr. James Craig, superintendent of all the facilities for the mentally ill at Central State Hospital, was vocally opposed to the new policy. Craig believed that the physical setup of the Freeman Building did not lend itself to the unlocked door and mixing of patient’s policy. Siding with Craig on the opposition of the Open Door Policy was senator Culver Kidd, who was originally from Milledgeville. Kidd was accused of using scare tactics and deliberately praying on the patients at Central State Hospital. Kidd was also accused of riling up the citizens of Milledgeville to begin a petition to oppose the new policy.\textsuperscript{6} Kidd’s own mother began collecting signatures to shut down the new policy. Mrs. Kidd said that people were afraid of the Open Door Policy and that citizens were now afraid to go out at night in Milledgeville. Mrs. Kidd said she stopped going to church at night out of fear.\textsuperscript{7} Governor Jimmy Carter, Culver Kidd’s main political rival, completely backed Director Gary Miller’s policy. Governor Carter expressed “complete, unadulterated backing” for Miller’s policy, suggesting that selfish economic interests could be behind the resistance to the new policy. Carter said in a speech to a political action group in Atlanta, “we look on mental patients as someone to be protected, cared for, cured, and released, not kept there to support the economic structure of a community.”\textsuperscript{8} Carter and others believed that

\textsuperscript{6} Ibid.
\textsuperscript{7} Ibid.
Kidd was purposely drawing public attention away from his supposed involvement in the efforts to free convicted drug kingpin Lee Gilstrap from prison.⁹

As the petition gained traction, Kidd allegedly threatened and intimidated witnesses that were pro Open Door Policy with a threat of bodily harm.¹⁰ As a response to this, Carter dispatched state Division of Investigation agents to Milledgeville to investigate reports that hospital employees that supported Carter’s polices have been intimidated and harassed. Carter said “I have found it really difficult to get angry during my 2 ½ years of governor…but I am really disturbed at the deliberate attempt of some people to prey on the welfare, happiness and care of mental patients just to get political advantage.”¹¹

A rape of a patient in the Freeman Building during the time of the Open Door Policy was the petitioner’s main weapon. Saying that the patient’s rights and safety were being violated as a result of the policy. The rape took place on the fourth floor of the building, which is supposed to be locked and sealed off from the bottom three floors where the Open Door Policy was in effect.¹² A male patient raped the female patient after she received shock therapy and was left unattended by the guard that was supposed to be watching her.¹³ Authorities were also critical of the policy as it allowed a youth who committed murder of three of his family members to return to his town of Cordele to visit

---

¹² Nordan, “Carter, Kidd Feud.”
his mother. The 19 year old was acquitted of the charge but his presence in town made citizens and authorities wary.\textsuperscript{14}

During the hearing to determine if the Open Door Policy should stay in effect, Craig testified at the hearing in behalf of the two women patients who claimed their rights and safety have been violated as a result of the policy.\textsuperscript{15} Petitioners argued that the individual dignity of the patients has not been respected at all times and occasions as required by Georgia Code 88-502.1 and 88.502.3. They also felt that the policy violated 88-112, 88-115(A), and 88-6.\textsuperscript{16} During the early days of the proceedings, Miller said “we’re trying to bring Georgia out of the Dark Ages in treatment of mental patients, and in this hearing we are arguing for the rights of the patients so we won’t have to go back into our caves.”\textsuperscript{17} Later into the trial Dr. Miller said “we’re trying to prepare persons to go back to their homes, and you don’t do that by locking them up.” Judge Calvin “Mack” Simpson, after a weeklong hearing, ordered that the official “cease and desist from further implementation of Open Door Policy and take action to correct the violation of the patients dignity and relieve the patients of their fear for their safety.”\textsuperscript{18}

On November 23, 1973, a decision was made by the State Board of Human Resources, the governing body for the Department of Human Resources, and the state mental health division, extending the Open Door Policy to all state mental hospitals in Georgia. The Human Resources Board said the “open hospital policy means that

\textsuperscript{16}“Court Issues Order On Open Hospital Policy,” \textit{The Atlanta Journal-Constitution}, (1973).
restrictions of patients’ freedom should be used only when medically warranted or necessary to protect the patients’ safety and the safety of others.”19 While this decision was a backwards step for Central State Hospital, it proved to be a positive step for the field of mental health. In the end, the Open Door Policy was extended to all state mental hospitals in Georgia and a forward push in implementing these patients back into society began.

I first found out about this policy while I was conducting research at the Special Collections Library. I remember thinking that it was absurd that this was such an issue. Of course patients that were fit enough to leave should be able to. How else would you implement them back into society? Definitely not by keeping them locked up. It is with this discovery that I realized that Central State Hospital, and other institutions like it, were not only behind, and in some ways cruel, in the 1800s but that it also carried on until the 1970s (during the Open-Poor Policy) and beyond. While the mental health field has come a long way from the 1800s, it still has a long road ahead of it as procedures, diagnoses, and people evolve over time. It is hard to image that less than one hundred years ago the first lobotomy and shock therapy treatment was given in the United States. That shock therapy is still a form of treatment for severe depression today and even though large institutions were disbanded in the United States that the field of mental health is still in constant flux.

Labor as Devotion

To properly honor each individual, I believe the work needs to be done by hand. I need to sit down and spend time with each step of the process. I need to feel the raw materials in my hand and slowly watch them transform. The minutes and hours accumulated are what makes the work. It shows the dedication and commitment I have to these people’s stories as I feel that time shows devotion.

The act of creating the work, the repetitive sometimes-mindless work, also helps me work through my thinking and understanding of the piece. It is like a meditative state where I can focus on the knowledge I have accumulated over the years and sort through it. The cutting and filling of copper in *For Them* is a perfect example of this. It is the tedious and slow part of the work, however, I have brainstormed how to finish and display the work as well as remembering as many individual patients as I can. As I work I remember the names on the registrars. Sometimes I remember a set of brothers, or a mother and son who were committed together. Sometimes I think of the patients that escaped, that returned, that died. I think of the mass number of people and their unmarked graves. I wonder what will happen to their bodies, what even happened to them in the first place. Why the death rate was so high. Why shock therapy became so popular even at a time when it was unsure of the long-term effects.

The physical effort that goes into my work is how I show that I care. I care enough to spend my days working to remember and memorialize the patients at Central State Hospital and to anyone that has been overlooked. Labor is also my connection to the work itself. For me, I have a need to be involved in every part of the process. I need to be the one to cut the markers, to tear the paper, to stamp, to develop, to expose. I need
to be involved in everything because that is how I feel connected to the work. If I don’t feel connected through process I feel like there is something crucial missing from the work.

**Collecting**

The act of collecting plays an important role in my work and the way I think. For each piece I start by collecting information from primary sources; scouring journals, registrars, and letters by patients, doctors, and nurses. The information adds up to an accumulation of first hand experiences that influence how I see the grounds and buildings. I think of the people that I read about, that I feel like I now know, and it changes how I perceive my surroundings. I end up trying to put myself in their shoes. I think about how they would have felt walking these halls, around these buildings, being confined in these rooms. I think about specific events that happened when I walk near certain buildings, like the Freeman Building and the Open Door Policy from 1973. Not only does the information inform how I think, it also informs how and what I make. While shooting video, I may linger on an area that has significance to that place or to a certain person. Maybe I walk slower in some areas, maybe I avoid others. Even if I am not consciously aware, the research is always with me.

While collecting the information from primary sources, I photograph everything I read. Knowing that I may not need the information now but may in the future. I also take notes of pertinent information that directly influence my current work. I take notes on the loose paper provided by the library and a pencil, as pens are not allowed inside the reading rooms for preservation purposes. While on site, I typically take notes in
personally handmade notebooks, however, I have had to be resourceful when I forgot a notebook and used a UGA parking ticket to write on. I write what I see, how I feel, and my ideas for current and future pieces.

I not only collect information but also physical objects from the site. I collect objects from charged areas, such as heavily walked pathways, rooms, and converted prisons. I choose objects that speak to me in some way, maybe it was because I imagined a specific person using it; maybe it was from an area where a major event happened. I not only collect objects but also organic material specifically from the site. Dirt, rocks, and grass imbed themselves into the plaster casts and then into the bronze and silicone positives taken from them. I also collected dirt from the site specifically for the piece *For Them*, which is in process but will be composed of 30,000 objects, either hand cut copper grave markers or blind embossed paper. When the piece was displayed at the Special Collections Library for the Disability History Symposium in 2019, dirt from the site was placed in black metal planters with the markers sticking out of them. Placing the markers in material from the site they are referencing brings forth the importance of place. Once this installation is finished, these markers will return to Central State to honor the deceased that passed on those very grounds and will be documented for future use. The dirt collected will either be returned to the site, or will be used for potentially installing the piece in galleries and museums. This will be decided after the many years it takes to finish the installation. I also collect the copper dust and small bits of copper leftover from each sheet of metal that is used. I started doing this instinctually, not knowing what I’ll do with them in the end, but I have filled many mason jars with them along with each worn out or broken saw blade.
Archeology also plays a huge role in my work, as there are some 30,000 unmarked graves on the grounds of Central State and construction is supposed to begin shortly, however, they have been saying that for years. As these potential dorms (for the neighboring college), nursing homes, and apartments begin construction, I hope to be around the area or able to travel back when they break ground. Once they uncover bones, they’ll have to contact archaeologists and depending on the amount will determine what they are allowed to do. I will be around and act as an activist if others won’t. These bodies deserve to be handled with respect, even if the people weren’t always treated that way when they were alive.

People collect different things for a variety of reasons. Some want to relive their childhood; others want to feel a connection to a person, time, or place; some want the past to continue to exist in the present. The reason I collect information and objects from Central State falls into all of these categories. My childhood was filled with spending time with my grandmother, exploring the woods behind my house, and watching scary movies. Exploring a place in the same town where my grandmother went to college is a way to reconnect with her, as she passed away when I was in the tenth grade. It is a way to also understand her depression, which was the reason for her shock therapy that she received in Athens, Ga. I still remember the last time I saw her. It was around Christmas 2007, we were heading to my grandfathers house to celebrate with the family and stopped by her nursing home along the way. My grandparents had been separated for some 30 years at that point. She wasn’t herself. She was frail and couldn’t talk much. I remember that her memory had started to fade. I knew she wasn’t doing well. We didn’t stay long. I can still remember crying on the way to my grandfather’s house. How I tried to hide it
from my parents, while I sat in the backseat looking out the window. I didn’t want that to be the last memory I had of her, but it was. She passed away a few months later and I always hated not going back one last time. So in a way, my work is not only a dedication to the patients at Central State, but also to my grandmother. To someone that probably shouldn’t have had shock therapy, maybe that was why her memory was so bad in the end. We called her Bebe but her name was Betty. She was kind, soft-spoken, loved hedgehogs, Betty Boop, and reading.

Importance of Place

Since arriving at graduate school place has played an important role in my work. Since I was a child I have had an interest in the idea of place. My family and I would travel often but always returned to one home, where I grew up and where my parents still live today. My work is about not only the people that were admitted in Central State Hospital, but also about the buildings and the grounds themselves. The buildings that were once built in the 1840s are now decrepit. The roofs are falling in and there are no trespassing signs surrounding them. Is this demolition by neglect? These buildings will be torn down soon to make way for nursing homes, apartment complexes, and dorms. Will this place be forgotten once it is torn down? Will the people that walked the halls of these buildings and the grounds be forgotten too?
Castings of the Ground

I began this work to explore the grounds that make up Central State Hospital. I used my knowledge of primary sources about the site to determine where to walk and cast. In the end I chose to focus on heavily walked paths. Paths that were in and out of the Freeman Building, the converted prisons, the Powell Building (the intake and outtake building, which every patient would have passed through.). I cast these walkways in plaster, which collected rocks, dirt, and grass. The imbedded objects charged these pieces for me, as it added a physical component and not just a memory of the place. I chose the ceramic shell process for the final pieces and cast them in bronze (Figure 3). The bronze seemed appropriate as many memorials are made out of bronze, and this was a memorial to the physical place of Central State. I poured wax onto the plaster to start the ceramic shell process and the wax picked up about half of the imbedded objects, mainly the rocks, and in turn imbedded them into the bronze. The bronze was then the positive of the ground and the plaster the negative. After I cleaned up these castings, I noticed that the plaster casts themselves, still imbedded with objects, were just as much a part of the place as the bronze, as they both preserve the collected objects. I also experimented with pouring silicone onto the plaster molds, which again, picked up parts of the ground, this time
more sand and dirt (Figure 4). The silicone I used was soft and skin like to the touch. The translucent nature of the silicone also has a bodily look to it. The addition of a skin like substance mixed with physical material from the site of these horrific treatments and events adds to idea of both people and place for me. There is a connection between these materials, when morphed together, that humanizes the patients and makes their stories more relatable.

**Figure 4. Silicone and Plaster Casts. 2019.**

7: 1973

As you walk into the rooms of the Freeman Building, the only light you see is from the seven projections on the walls (Figure 5, 6). Many are projected near bed frames missing their mattresses and sheets. Some are projected around eye height, others seem as if you were lying in bed looking up at the blank white wall. Men, women, and children
were released for those two months before the Open Door Policy was shut down. Imagine being a patient at Central State Hospital in the 1970s. Imagine spending days, months, years inside the Freeman Building, unable to leave. Now imagine being let out for the first time. How would you react? Would you have run away? Would you be too anxious and instead sit at the tree beside the entrance? Maybe you would have been excited, ran to the road, only to be scared by a car or a person walking on the street, and it forced you to run back. Maybe you were curious about the converted prison next door. These videos show seven potential viewpoints of how these patients could have reacted to their newfound freedom. Maybe none of them reacted in this way. Maybe they all did. Think about how they would have felt and reacted. How being trapped in this building would have felt and then how the month long release would have felt. Would it feel liberating? Terrifying? We can’t know how these patients felt, we can only try to put ourselves in their shoes.

After the Open Door Policy was shut down, memories of the two months of freedom were all that remained; a taste of what could, and should, have been. These seven videos act as placeholders for those patients’ memories (Figures 7, 8, 9, 10). I chose to use black and white super 8 reversal film to reference the 1970s, when these patients were affected by the policy. Super 8 was mainly used for home movies and gained popularity after its release in 1965. The aspect of film and black and white add to the ethereal quality of the piece. It’s as if you are looking through the eyes of someone else: a sometimes distorted and warped view of a past event. Something that you try to hold on to but will inevitably begin to fade.
Figure 7. Still from Video 1. 2020.

Figure 8. Still from Video 4. 2020.
Figure 9. Still from Video 4. 2020.

Figure 10. Still from Video 4. 2020.
247: Protected, Cared For, Cured and Released

247: Protected, Cared For, Cured, and Released (Figures 11, 12, 13, 14, 15) is a symbolic response to the Open Door Policy and the patients that were effected by it. The 247 twin sheets create a cameraless photograph of the shadow of the Freeman Building, where the Open Door Policy was implemented. The sheets were laid out in a grid surrounding the building and engulfing the shadow. The Open Door Policy was an important event that happened at Central State Hospital. It paved the way for future institutions to implement this type of policy, however, it didn’t work out well for Central State. It was shut down within a month of it opening, but not for the right reasons. Institutions like this were used as pawns in the political world and the policy paid the price in the end. I feel as though Jimmy Carter said it best, “we look on mental patients as someone to be protected, cared for, cured, and released, not kept there to support the economic structure of a community.”

These words by Jimmy Carter inspired the title of my thesis, which was virtually displayed at the Georgia Museum of Art for the MFA Exhibition.

I spent three months visiting thrift stores in Georgia gathering all 247 twin sheets. Ten were donated by Legacy Health and Rehabilitation, 60 were donated from the Salvation Army in Savannah, Georgia, and the other 177 were found by visiting individual thrift stores throughout the months of January, February, and March of 2020. Like all of my work, time, labor, and repetition play an important role. Finding the sheets in person added an element of connectivity for myself as I feel a need to be involved in every part of the process. I also found myself documenting each store I visited and

---

Figure 13. Installation View. 2020.

Figure 14. Installation View. 2020.
Figure 15. Installation View. 2020.
adopted that into my process as well. Before walking into a store I would snap a quick photograph of the exterior of the building and while inside I would take a few photographs of the sheets. I found it intriguing how unique each set up could be. Even in the Goodwill’s that I visited (where the sheets were almost always in the back left corner) there was still something unique about each space. Maybe children’s clothes were hung on the rack because they ditched the outfit for sheets, maybe they were stacked perfectly, or maybe they were thrown in there and you truly had to dig to find anything. Some were in bins, others were hanging on racks, or rolled up tightly and wrapped with plastic wrap (Figure 16).

Cyanotypes are an alternative photography process where ferric ammonium citrate and potassium ferricyanide are used as a photographic emulsion. This light sensitive chemistry, discovered by Sir John Hershel, was put to use in 1842. 1842 is the same year that the now named “Central State Hospital” opened its doors. I found this method of capturing time and light especially poignant in this work. The passage of time that must take place to create a cyanotype image seemed like the appropriate process to reflect the passage of time that the structures of the hospital themselves had experienced.

I specifically timed when I exposed the sheets in 247: Protected, Cared For, Cured, and Released to coincide with the same time of day that judge Calvin “Mack”
Simpson ordered the official “cease and desist from further implementation of the Open Door Policy” in 1973.\textsuperscript{21} This decision was a step backwards at Central State Hospital. It was a way of keeping the “unwanted” out of Milledgeville. Although this was not a win for Central State, it was a win for advocates of the mental health field, as the open door policy was extended to all state mental hospitals in Georgia later that year.

Another reason I chose to use cyanotypes was because of their use in the process of making architectural blueprints, which is a contact print of a technical drawing. This process was used for reproduction as it allowed rapid and an unlimited number of copies. As these are contact prints, no optical system is required and the reproduced document will have the same scale as the original. Just as the grid of cyanotypes that represent the shadow of the building is a one to one aspect.

The word “shadow” has a large number of meanings. It can simply be referred to as a dark figure that is cast onto a surface by an object intercepting the rays from a source of light. It can be referred to as an inseparable companion, an imperfect or faint representation, a dark spot on x-rays, a source of gloom, a shelter from danger, and emaciated people.\textsuperscript{22} The shadow at the Freeman Building, to me, is a looming weighted presence. It is a reminder of the treatments and events that took place in this building on the grounds of Central State Hospital. It can be seen as the shadow of mistreatment hangs over this large mental health facility.

Community played a surprisingly important role in the creation and installation of this work. I was reliant on assistance from my friends and family to help both with the

exposing of the sheets as well as the installation of the finished piece. I also relied on the five security guards turning a blind eye every time I was on site. I feel as though the introduction of community into this work is important, as it was something that the patients lacked. Inside the walls of the Freeman Buildings they were, for the most part, closed off from one another. They had leisure areas that they were allowed to visit at different times, always keeping members of the opposite sex separated, but I imagine they never truly felt as though they were part of a community. They each had separate small rooms. Some would decorate them with drawings or newspaper articles to make it feel more like a home, but they were devoid of physical contact and interaction. To create this work, however, my community was brought together to touch every sheet and walk along the entirety of the outside of the building.

The last four sheets (247, 246, 245, and 244) are of particular importance to this work. 247 and 246 (Figure 17) were both my grandmothers’ sheets. I was surprised when my mother told me that she still had two sets of twin sheets that once belonged to my grandmother and offered them up for the installation. They are both trimmed with lace. Delicate like she was. I chose to put them at the end of this piece, as she is the reason for my interest in mental health. I felt that it was important to come full circle in this work. 245 and 244 (Figure 18) are both marked “state property” as they were both found inside the Freeman Building during my first trip inside. They were hanging off of a desk in one of the patient rooms. Both still clean and crisp, like they were waiting to be used that same day. Both abandoned for ten years since Central State closed its doors in 2010.
Figure 17. Detail of 246 and 247. 2020.

Figure 18. Detail of 244 and 245. 2020.
People/The Individual

888


These names are the first 15 patients admitted into Central State Hospital (originally called Georgia State Lunatic, Idiot, and Epileptic Asylum). The facility was open from 1842-2010 in Milledgeville, Georgia. The first eight hundred and eighty-eight patients that were admitted were categorized as lunatics for reasons such as religious excitement, inclination to study, jealousy, disappointed affection, and intemperance. Out of these men, women, and children; 38 escaped, 409 died, 143 were cured, 45 were removed by friends or family, 27 readmitted, and 226 of these patients files were incomplete (admittance date but no account to what happened to them).

888 (Figures 19, 20, 21, 22) uses data visualization to recount these records. I used six different types of wood to represent what happened to each patient. Red represents escaped, black walnut is for the patients that died, hickory shows how many were cured, poplar is for the patients that were removed by friends or family, eastern red cedar is for those who were readmitted, and ambrosia maple is for the unknown. The heights depend on the length of stay of each patient, 1/16” equals one month. The longest stay was by Harriet Gadis, her block is 47 1/4 inches, which equals 63 years and 22 days.

23 Graham, Admission Register, 1-112.
Figure 19. **888.** Installed at OCAF. Wood. 2018.

Figure 20. **888.** Installed at Mason Fine Art. Wood. 2019.

Figure 21. **888.** Installed at OCAF. Wood. 2018.

Figure 22. **888 (Detail).** Wood. 2018.
is a memorial of sorts, a way to individualize the people that were thrown into this type of facility and in a lot of cases forgotten about. I want the people viewing this installation to realize that these people were cared about, even if it was after they passed away.

For Them

As mentioned before Tilman Barnett arrived by carriage with his wife to the Georgia State Lunatic, Idiot, and Epileptic Asylum in December of 1842. He was the first patient admitted into what became the largest mental institution in the world. He was classified as a lunatic. His cause and duration of insanity was unknown. He was 30 years old. He died of manic exhaustion on June 18th, 1843, 6 months after he arrived at this facility.24

Tilman Barnett may have been the first person that died at what is now called Central State Hospital, but he was not the last. There are believed to be 30,000 unmarked graves on the 200 acres at Central State. Since the hospital closed in 2010, the Central State Hospital Local Redevelopment Authority has been trying to sell off the land bit by bit to whoever will buy it. The question I keep asking is, what is going to happen to these people’s remains? To the forgotten.

The installation For Them (Figure 23) is centered on this place and these people. Graves at Central State were originally marked with iron grave markers with a number instead of a name. During the 1960’s many of the numbered grave markers were gathered up and discarded in order for prison inmates to clean up the grounds more efficiently. The Georgia Consumer Council responded to this in the 1990’s and collected as many

24 Ibid.
Figure 23. *For Them*. Copper and Paper. Ongoing.

Figure 24. Blind Embossed Paper. 2019
iron markers as they could find and assembled them into the Cedar Lanes Cemetery.\textsuperscript{25}

These iron markers, which have numbers instead of names, no longer represent an individual. The paperwork was burned or shredded or lost years ago. Now the 1763 remaining markers represent the 30,000 people that lost their life on these grounds. This work involves cutting out copper grave markers by hand, the shape of which is a miniature replica of the Cedar Lanes Cemetery iron markers. These miniature markers are then filed, sanded, stamped, and patinaed. My goal is to collect as many names, from the Georgia Archives, of the deceased as possible and to cut out and stamp an individual name onto each marker. For the names I can’t find, I am blind embossing (Figure 24) the shape of the marker onto a piece of hand torn white paper. My current research has led me to the Georgia Archives where I scan microfilm of patient registrars from 1862-1924. By the end of this piece there will be 30,000 objects between the copper markers and the embossed paper. One for each patient who passed away on these grounds.

In the installation I pay special attention to the family members who were admitted together. I feel that it is important for them to remain side by side. Judah and James Delt were brothers that were admitted on February 3, 1846. Judah was 13 and James was 7. Both were classified as an idiot, both were “deformed”\textsuperscript{26}, James was blind. James died within three months of being at Central State. Judah died just under a year later.

\textsuperscript{25} Larry Fricks, \textit{The Georgia Story: How to Successfully Restore a State Hospital Cemetery} (Tucker: Georgia Consumer Council, 1997).
\textsuperscript{26} Graham, \textit{Admission} Register, 10.
To this day I have spent 69 hours and 58 minutes working on this piece. Every hour. Every minute. Every second is for them. For every person that was mistreated because of an illness or disability. After this place is torn down, I do not want the people to be forgotten. The people who spent time here deserve to be remembered. It makes me wonder if people are just forgetting or are people trying to forget?

**Conclusion**

I have learned a lot about myself during the three years of graduate school. I have developed a better studio practice and figured out the way I work best, which is with a lot of planning, scheduling, and working from primary sources. Central State Hospital helped me realize not only how I work, but also things about my family that I never knew. The deep exploration into this defunct institution helped me learn about mental illness, which many of my friends and family suffer from, but also about a time period that fascinates me, the 1800s. Through this exploration of people and place, I can now begin to expand my knowledge of other institutions in the Southeast, but eventually broaden it to the rest of the United States. I will explore the difference in what happened specifically at Central State Hospital and what happened across many states and to many people. Hopefully throughout my research I will begin to understand why and how these methods were used and why some of them are still employed today.
Figure 25. Digital Photograph. 2018.
Bibliography:


